# AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

**AgendaTitle:**
Consent 02 - Acknowledgment of County Manager Signature; First Amendment to the Gunnison County, Colorado Employee Medical Benefit Plan as Amended and Restated, Effective January 1, 2014

**Action Requested:** Motion

**Parties to the Agreement:**

**Term Begins:** **Term Ends:** **Grant Contract #:**

**Summary:**
The attached was signed by the County Manager on 3/2/15, and the original was given back to the HR Director.

**Fiscal Impact:**

**Submitted by:** Katherine Haase for Amy Sharkey **Submitter's Email Address:** khaase@gunnisoncounty.org

**Finance Review:** (●) Required ( ) Not Required

Comments:

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 3/4/2015

**County Attorney Review:** (●) Required ( ) Not Required

Comments:

Reviewed by: GUNCOUNTY1\atrezise Discharge Date: 3/4/2015 Certificate of Insurance Required Yes ( ) No (●)

**County Manager Review:**

Comments:

Reviewed by: GUNCOUNTY1\mbirnie Discharge Date: 3/6/2015

(●) Consent Agenda ( ) Regular Agenda ( ) Worksession Time Allotted:

Agenda Date: 3/17/2015 Follow Up Agenda Date:

*Revised April 2013*

**FIRST AMENDMENT TO THE**
**GUNNISON COUNTY, COLORADO**
**EMPLOYEE MEDICAL BENEFIT PLAN**
**AS AMENDED AND RESTATED**
**EFFECTIVE JANUARY 1, 2014**

**WHEREAS**, Gunnison County, Colorado has adopted the Gunnison County, Colorado Employee Medical Benefit Plan as Amended and Restated Effective January 1, 2014, (The Plan); and

**WHEREAS**, Gunnison County, Colorado has reserved the right to amend the Plan at anytime; and

**WHEREAS**, Gunnison County, Colorado wishes to amend the Plan at this time to ensure a certain level of benefits for Plan participants.

**NOW, THEREFORE, BE IT RESOLVED**, that the Plan is hereby amended, effective January 1, 2015 as follows:

**EFFECTIVE JANUARY 1, 2015**

In the OVERVIEW OF BENEFITS the Out-of-Pocket section on page 1 is deleted and replaced with:

| | Network | Non-Network |
|---|---|---|
| **Medical Out-Of-Pocket**<br>(Includes medical **deductible** and medical co-pays) applies to essential and non-essential benefits | | |
| • Individual | $3,200 | Unlimited |
| • Family<br>(One member meets $3,200 – all others meet additional $3,200) | $6,400 | Unlimited |
| **Prescription Out-Of-Pocket**<br>(Includes prescription **deductible** and prescription co-pays) | | |
| • Individual | $3,000 | Unlimited |
| • Family<br>(One member meets $3,000 – all others meet additional $6,000) | $6,000 | Unlimited |

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In PLAN STRUCTURE the section titled WHAT IS YOUR OUT-OF-POCKET MAXIMUM? on page 15 is deleted and replaced with:

**What Is Your Out-Of-Pocket Maximum?**

This plan is designed to limit your out-of-pocket expense. The **out-of-pocket maximum** limits are for covered services rendered during each calendar year. Your **out-of-pocket maximum** varies whether you choose to receive services from a **network** or **non-network provider**. For **out-of-**

**pocket maximum** amount(s) and other specific benefit information, refer to the section titled "Overview of Benefits."

Expenses applied toward the Non-Network out-of-pocket will not be used to satisfy the Network **out-of-pocket maximum** and expenses applied to the Network **out-of-pocket maximum** will not be applied to the Non-Network out-of-pocket.

The medical **out-of-pocket maximum** limit is calculated separately from the prescription **out-of-pocket maximum** limit.

Medical Out-of-Pocket

This plan shares with you the expense for certain medical services. Your co-payment is the balance that you must pay of the **reasonable and customary** charge for covered benefits when payment is made at less than 100% after the applicable annual **deductible** has been met.

For services rendered during the remainder of the calendar year after a **covered individual** reaches their medical **out-of-pocket maximum** limit, this plan will pay 100% of the **reasonable and customary** charges for subsequent medical expenses which would otherwise be paid at a percentage other than 100%, after satisfaction of the annual **deductible**. In addition, after a **covered individual** reaches their **out-of-pocket maximum** limit, any applicable medical co-pay will be waived.

Co-payments that cannot be used to satisfy the **out-of-pocket maximum** limit and not eligible for 100% payments even if the **out-of-pocket maximum** is met are:

- Ineligible expenses
- **Non-network provider** expenses
- Charges over **reasonable and customary**
- **Prescription drug deductible** and co-pays

Prescription Out-of-Pocket

This plan shares with you the expense for prescription drugs filled by a retail pharmacy or mail order pharmacy. Your co-payment is the balance that you must pay of the **reasonable and customary** charge for covered benefits when payment is made at less than 100% after the applicable annual prescription **deductible** has been met.

For covered prescription drugs filled by a retail pharmacy or mail order pharmacy during the remainder of the calendar year after a **covered individual** reaches their prescription **out-of-pocket maximum** limit, this plan will pay 100% of the **reasonable and customary** charges.

Co-payments that cannot be used to satisfy the prescription **out-of-pocket maximum** limit and not eligible for 100% payments even if the prescription **out-of-pocket maximum** is met are amounts over **reasonable and customary**.

**IN WITNESS WHEREOF**, Gunnison County, Colorado has adopted this First Amendment to the Plan, this 2nd day of March, 2014/15

**GUNNISON COUNTY, COLORADO**

BY: _____

TITLE: County Manager

**SUMMARY OF PLAN CHANGE TO**
**GUNNISON COUNTY, COLORADO**
**EMPLOYEE MEDICAL BENEFIT PLAN**
**AS AMENDED AND RESTATED**
**EFFECTIVE JANUARY 1, 2014**

## EFFECTIVE JANUARY 1, 2015

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