AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Second Amendment to the Gunnison County, Colorado

Action Requested: County Manager Signature

Parties to the Agreement: Gunnison County, Colorado and the Employee Medical Benefit Plan

Term Begins: September 1, 2017 **Term Ends:** **Grant Contract #:**

Summary:

This is the second amendment to the Employee Medical Benefit Plan adding three (3) subsections as part of the Plan: Physician Access, Benefit Details and Glossary, respectively.

Fiscal Impact:

Submitted by: Cheryl Seling **Submitter's Email Address:** cseling@gunnisoncounty.org

Finance Review: (●) Required ( ) Not Required

Comments:
No concerns. ln

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 4/20/2018

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

Comments:
ok db 4/25/18

Reveiwed by: GUNCOUNTY1\dBaumgarten Discharge Date: 4/25/2018 Certificate of Insurance Required Yes ( ) No (●)

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\mbirnie Discharge Date: 4/26/2018

(●) Consent Agenda ( ) Regular Agenda ( ) Worksession Time Allotted: 0

Agenda Date: 5/1/2018

Revised April 2015

SECOND AMENDMENT TO THE
GUNNISON COUNTY, COLORADO
EMPLOYEE MEDICAL BENEFIT PLAN
EFFECTIVE SEPTEMBER 1, 2017

WHEREAS, Gunnison County, Colorado has adopted the Gunnison County, Colorado Employee Medical Benefit Plan as Amended and Restated Effective September 1, 2017, (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 as follows:

EFFECTIVE SEPTEMBER 1, 2017

In the section "PHYSICIAN ACCESS," the following subsection is added and made part of the Plan:

Practitioners Who Provide a Discount

The plan has entered into an agreement with the practitioners listed below. These practitioners have agreed to provide medical services at a specific discounted rate. These providers are independent contractors and the plan does not provide any guarantee concerning the care provided by the providers.

Sherry Niccoli Effective 9/1/2017
Elk Mountain Therapy Associates, LLC. Effective 9/1/2017
Gunnison Valley Naturopathic Clinic Effective 9/1/2017

In the section "BENEFIT DETAILS," the subsection "What If I Need Services Facility Providers?" is deleted and replaced with:

What If I Need Services by a Facility Provider?

Services provided by a **facility** provider are covered if such services would have been covered if performed in a **hospital** or ambulatory surgical facility.

The plan has entered into an agreement with the **facilities** listed below. These **facilities** have agreed to provide medical services at a specific discounted rate. Covered expenses for these providers will not be determined by the DDM. These **facilities** are independent contractors and the plan does not provide any guarantee concerning the care provided by the providers.

Gunnison Valley Hospital (TIN 846008116) Effective 12/18/2017
Gunnison Valley Naturopathic Clinic Effective 9/1/2017

Covered expenses for all other **facilities** will be determined under the plan's Claim Review and Audit Program. Please refer to the section titled "Claim Review and Audit Program" for additional information.

In the section "GLOSSARY" the subsection "Facility" is deleted and replaced with:

Facility: a healthcare institution which meets all applicable state or local licensure requirements. For the purposes of the Claim Review and Audit Program, **facility** includes, but is not limited to, **hospitals**, emergency, rehabilitation and skilled nursing centers, **ambulatory surgical facility**, laboratories, X-ray, MRI or other CT facilities, and any other health care facility. For the purposes of the Claim Review and Audit Program, **facility** does not include those **facilities** that have entered into an agreement with the plan as explained in the subsection "What If I Need Services by a Facility Provider?"

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IN WITNESS WHEREOF, Gunnison County, Colorado has adopted this First Amendment to the Plan, this _____ day of _____, 2017.

GUNNISON COUNTY, COLORADO

BY: _____

TITLE: _____

SUMMARY OF PLAN CHANGE TO
GUNNISON COUNTY, COLORADO
EMPLOYEE MEDICAL BENEFIT PLAN
EFFECTIVE SEPTEMBER 1, 2017

EFFECTIVE SEPTEMBER 1, 2017

The following subsection is added to the "PHYSICIAN ACCESS" section:

Practitioners Who Provide a Discount

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Sherry Niccoli Effective 9/1/2017
Elk Mountain Therapy Associates, LLC. Effective 9/1/2017
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What If I Need Services by a Facility Provider?

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The plan has entered into an agreement with the **facilities** listed below. These **facilities** have agreed to provide medical services at a specific discounted rate. Covered expenses for these providers will not be determined by the DDM. These **facilities** are independent contractors and the plan does not provide any guarantee concerning the care provided by the providers.

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