AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Amendment to Plan Document Dated September 1, 2017

Action Requested: Board of County Commissioners' Signature

Parties to the Agreement: Gunnison County, Colorado Employee Dental & Vision Benefit Plan Cost Plus Plan

Term Begins: January 1, 2021 **Term Ends:** **Grant Contract #:**

Summary:

ELAP Services, LLC Core Services Amendment No. 3 included a few changes to 2021. Because of these changes, the Plan Document needs to be amended. This ELAP Interim Amendment is in place until GPA sends a full amendment to our Plan (2021).

Fiscal Impact:

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

Finance Review: (●) Required ( ) Not Required

Comments:

Reviewed by: GUNCOUNTY1\kweak Discharge Date: 1/29/2021

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

Comments:
Appears legally sufficient and I see no issues. ESG

Reveiwed by: GUNCOUNTY1\egaebler Discharge Date: 1/29/2021 Certificate of Insurance Required Yes ( ) No (●)

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\mbirnie Discharge Date: 1/29/2021

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

Agenda Date: 2/2/2021

Revised April 2015

ELAP
Interim Amendment

As ELAP previously communicated, due to some changes in the program the Plan Document needs to be amended. Please find attached an interim amendment that will allow ELAP to apply the changes as soon as possible.

GPA will send a full amendment with any other changes that need to be made at a later date that will incorporate these changes and those from this interim amendment.

AMENDMENT
To Plan Document Dated September 1, 2017
And Restated January 1, 2020
GUNNISON COUNTY, COLORADO
GUNNISON COUNTY, COLORADO EMPLOYEE DENTAL AND VISION BENEFIT PLAN
COST PLUS PLAN

The following changes to the Plan Document are effective January 1, 2021:

1. **Claim Review and Audit Program, 2. Guidelines, c. Professional Providers,** is deleted in its entirety and replaced with the following:

   c. Professional Providers. The Allowable Claim Limits for professional providers shall be determined using the following:
   - i. For general medical and primary care claims, the Medicare allowed amount in the geographic area plus an additional 40%;
   - ii. For specialist medical and surgical care claims, the Medicare allowed amount in the geographic area plus an additional 55%;
   - iii. For anesthesiologist claims, the Medicare allowed amount in the geographic area plus an additional 100%;
   - iv. For ambulance and air ambulance claims, the Medicare allowed amount in the geographic area plus an additional 20%; or
   - v. For other non-facility claims and supplies (such as, but not limited to, Durable Medical Equipment, laboratory services and supplies, and mid-level providers, etc.), the Medicare allowed amount in the geographic area.

   For purposes of determining the proper Allowable Claim Limits for professional providers in categories (i), (ii), (iii), (iv), or (v), above, the Plan Administrator shall determine the applicable category for each claim based on the taxonomy code used by the professional provider for that claim. The Plan Administrator determines in its sole discretion the type of provider for determining Allowable Claim Limits, as detailed above.

   While this Plan typically pays professional providers based on the Medicare allowed amounts above, certain services may be reimbursed at 110% of the Medicare allowed amount for the service. These services may include, but are not limited to, routine diagnostic tests, evaluation services, telehealth and services for ongoing therapy. A full list of services subject to this rule can be found here: www.planlimit.com/prof1. This list will be updated at least annually to reflect the Plan's current plan design.

2. **Claim Review and Audit Program, 2. Guidelines, e(ii) Pharmaceuticals,** is deleted in its entirety.

In all other respects, the Plan Document remains unchanged.

By signing on behalf of Gunnison County, Colorado, the person signing represents and warrants that he/she has the full and complete authority necessary to bind the terms of this Amendment as set forth herein.

ADOPTED BY THE PLAN SPONSOR:

By: _____

Title: _____

Date: _____