

**BOARD OF COUNTY COMMISSIONERS
SARPY COUNTY, NEBRASKA**

**RESOLUTION APPROVING, ADOPTING, AND AUTHORIZING CHAIRMAN TO SIGN
SARPY COUNTY'S PARTIAL SELF-FUNDED HEALTH PLAN WITH EBS**

WHEREAS, pursuant to Neb. Rev. Stat. §23-104(6), the County has the power to do all acts in relation to the concerns of the county necessary to the exercise of its corporate powers;

WHEREAS, pursuant to Neb. Rev. Stat. §23-103, the powers of the County as a body are exercised by the County Board;

WHEREAS, the County of Sarpy desires to adopt a partial self-funded health plan ("Plan"), administered by Employee Benefit Services ("EBS"), effective July 1, 2013; and

WHEREAS, said Plan is for unique, non-competitive and professional services and are in the best interests of the citizens of Sarpy County.

NOW, THEREFORE, BE IT RESOLVED by the Sarpy County Board of Commissioners that this Board hereby approves and adopts the Plan with EBS, and any other related documents, the same being approved and adopted by the Board.

BE IT FURTHER RESOLVED that the Chairman of this Board, together with the County Clerk, are hereby authorized to sign on behalf of this Board the Plan with EBS, a copy of which is attached hereto.

The above Resolution was approved by a vote of the Sarpy County Board of Commissioners at a public meeting duly held in accordance with applicable law on the 24th day of September, 2013.

Attest

SEAL



[Handwritten signature]
County Clerk

[Handwritten signature]
Sarpy County Board Chairman



SARPY COUNTY HUMAN RESOURCES

MEMORANDUM

To: County Commissioners
From: Karen Buche, Human Resources Director *Kab*
Date: September 18, 2013
Subject: Sarpy County Partial Self-Funded Health Plan

Each year the County updates its Plan Document for its Partially Self-funded Health Plan (PSHP), as required. The PSHP supplements the County's fully-insured coverage provided by Blue Cross and Blue Shield. The PSHP provides for reduced annual deductibles as well as lowered out-of-pocket in-network claims. The PSHP is administered under contract by Employee Benefit Systems (EBS).

Annually, the Plan Document is reviewed by Human Resources for compliance with state and federal laws. It has also been reviewed by the County Attorney's Office.

I respectfully request the Board pass a Resolution adopting the Partially Self-funded Health Plan effective 7/01/2013.

Please contact me at 402-593-4485 with any questions.

Thank you.

**PLAN DOCUMENT
FOR
SARPY COUNTY
PARTIAL SELF-FUNDED HEALTH PLAN**

Claims Administrator



EMPLOYEE BENEFIT SYSTEMS
HELPING ADMINISTER YOUR SUCCESS

*EMPLOYEE BENEFIT SYSTEMS
214 NORTH MAIN STREET, P.O. BOX 1053
BURLINGTON, IA 52601
319-752-3200 800-373-1327 FAX 319-753-6114
www.ebs-tpa.com*

contactus@ebs-tpa.com

INTRODUCTION

This document is a description of the Sarpy County Partial Self-Funded Health Plan (the Plan). No oral interpretations can change this Plan. This is a non-ERISA plan.

Employees eligible to participate in the Plan include all active employees, working the regularly scheduled work week of the Employer which is not less than 30 hours per week. The term employee does not include leased employees. Coverage under the Plan will take effect for an eligible Employee and designated Dependents on the first of the month following date of hire, unless hire date is on the 1st then immediately eligible.

Elected Officials and Chief Deputy will be eligible to participate under the Plan immediately upon taking office.

The term dependent shall mean any of the following:

- a) The covered employee's legally married spouse, provided such spouse is not legally separated or divorced from the employee; or
- b) The covered employee's natural child, adopted child, step children, a child for whom you are the court-appointed legal guardian, who is under 26 years of age.
- c) The covered employee's child who is considered to be an "Alternate Recipient" under the terms of a Qualified Medical Child Support Order; or
- d) A covered dependent child who reaches the limiting age and is Totally Disabled, incapable of self-sustaining employment by reason of mental or physical handicap, primarily dependent upon the covered Employee for support and maintenance and unmarried. The Plan Administrator may require, at reasonable intervals during the two years following the Dependent's reaching the limiting age, subsequent proof of the child's Total Disability and dependency.

If you experience a change in certain family or employment circumstances that results in you or a covered dependent gaining or losing eligibility under a health plan, you can change your coverage to fit your new situation without waiting for the next annual open enrollment period. As defined by the Internal Revenue Service (IRS), status changes applicable to health care coverage include:

- Your marriage;
- The birth, adoption, or placement for adoption of a child;
- Your death or the death of your spouse or other eligible dependent;
- Your divorce, annulment or legal separation;
- A change in a dependent child's eligibility due to age or eligibility for other coverage;

- A change in employment status for you or your spouse that affects benefits (including termination or commencement of employment, strike or lockout, or commencement of or return from an unpaid leave of absence);
- A change in your Company work location or home address that changes your overall benefit option and/or prices;
- A significant change in coverage or the cost of coverage;
- A reduction or loss of your or a dependent's coverage under another plan;
- A court order, such as a QMCSO or NMSN, that mandates coverage for an eligible dependent child.

If you experience a change in certain family or employment circumstances, you can change your coverage. Changes must be consistent with status changes as described above. You should report a status change as soon as possible, but no later than 31 days, after the event occurs.

You or an affected eligible dependent may also enroll in coverage if eligibility for coverage is lost under Medicaid or the Children's Health Insurance Program (CHIP), or if you become eligible for premium assistance under Medicaid or CHIP. You must enroll under this Plan within 60 days of the date you lose coverage or become eligible for premium assistance. This "special enrollment right" exists even if you previously declined coverage under the Plan. You will need to provide documentation of the change. Contact the Plan Administrator to determine what information you will need to provide.

The Employer fully intends to maintain this Plan indefinitely. However, it reserves the right to terminate, suspend, discontinue or amend the Plan at any time for any reason.

Changes in the Plan may occur in any or all parts of the Plan including benefit coverage, deductibles, maximums, exclusions, limitations, definitions, eligibility and the like.

The Plan will pay benefits only for the expenses incurred while this coverage is in force. No benefits are payable for expenses incurred before coverage began or after coverage terminated, even if the expenses were incurred as a result of an accident, injury or disease that occurred, began or existed while coverage was in force. An expense for a service or supply is incurred on the date the service or supply is furnished.

Health care has become an increasingly common and expensive cost in recent years. Yet, medical health can be maintained easily through regular, routine care. Therefore, in addition to reimbursement for much of the cost of major procedures, the Plan encourages preventive care in order to avoid more costly major expenses in the future.

This document summarized the Plan rights and benefits for covered Employees and their Dependents. Highlights of this document include:

Schedule of Benefits: Provides an outline of the Plan reimbursement formulas as well as payment limits on certain services.

Benefit Descriptions: Explains when the benefit applies and the types of charges covered. Covered charges and services under the health plan should also be referred to your Blue Cross Blue Shield of Nebraska Plan Document.

PLAN OVERVIEW

Benefits offered through Sarpy County Partial Self-Funded Health Plan, for employee health coverage is Partially Self-Funded (PSF). A fully insured health plan through Blue Cross Blue Shield of Nebraska is purchased with high Deductible and Out-of-Pocket benefit limits. The PSF portion of the Plan processes any claims going to Deductible and Out-of-Pocket down to the Deductible and Out-of-Pocket limits established for Sarpy County employees.

The Blue Cross Blue Shield of Nebraska fully insured Plan Document governs the plan coverage features, limits and exclusions of Medical and Prescription Drug Coverage. Under the Partially Self-Funded contract annual Deductible maximums and annual Out-of-Pocket maximums are funded and paid by the PSF account administrated by Employee Benefit Systems (EBS). Prescription drug claims, Doctor's office co-pays, Deductible amounts in excess of the PSF and Out-of-Pocket maximums in excess of the PSF are covered under the Blue Cross Blue Shield of Nebraska fully insured contract.

The Plan is designed to comply to the extent possible with the requirement of all applicable laws, including but not limited to: COBRA, USERRA, HIPAA, Newborn's and Mother's Health Protection Act of 1996 (NMHPA), the Mental Health Parity and Addiction Equity Act of 2008, WHCRA, FMLA, PPACA, HITECH, Michelle's Law, Title I of GINA and Mental Health Parity Act.

Any claims questions and inquiries can be made directly to EBS relative to any and all portions of your benefit coverage. You may contact EBS Monday through Friday 8:00 AM to 5:00 PM central standard time at 800-373-1327.

PLAN FEATURES

Calendar Year Deductible: (In-Network)

Per Person	\$500
Per Family	\$1,000

Out-of-Pocket Calendar Year Maximums: (In-Network)

Per Person	\$2,500
Per Family	\$5,000

All other benefits will be paid from your fully-insured plan through Blue Cross Blue Shield of Nebraska.

GENERAL PLAN INFORMATION

Type of Administration

This document describes the Sarpy County Plan for Partially Self-Funded Medical Coverage. This medical coverage, including prescription drug coverage, is provided through a fully insured plan utilizing Partial Self-Funding. The governance of claims approved is administered by Blue Cross Blue Shield of Nebraska.

Plan Funding

The Company and employees both contribute to the Plan. Assets of the Plan are used for the exclusive purpose of providing benefits to Plan participants and their beneficiaries. Any premium contributions will remain part of the general assets of the Company and benefits will be paid solely from those general assets.

Plan Name: Sarpy County Partial Self-Funded Health Plan

Employer Information:

Sarpy County
East Annex:
1261 Golden Gate Drive
Suite 4E
Papillion, NE 68046-2895
402-593-4486

Tax I.D. Number: 47-6006504

Plan Administrator:

Sarpy County
East Annex:
1261 Golden Gate Drive
Suite 4E
Papillion, NE 68046-2895
402-593-4486

Agent for Service of Legal Process: If any disputes arise under the Plan, papers may be served upon:

Sarpy County
HR Director
East Annex:
1261 Golden Gate Drive
Suite 4E
Papillion, NE 68046-2895
402-593-4486

Fully Insured Insurance Carrier:

Blue Cross Blue Shield of Nebraska
1919 Aksarben Drive
Omaha, NE 68106

Blue Cross Blue Shield of Nebraska Plan Number: 300074

Plan Effective Date: July 1, 2009

Plan Amended and Revised Date: July 1, 2013

Plan Year Begins: July 1

Plan Year Ends: June 30

Claims Administrator:

Employee Benefit Systems
214 North Main Street
P.O. Box 1053
Burlington, IA 52601
(319) 752-3200 or (800) 373-1327

Adoption of the Plan

The Sarpy County Partial Self-Funded Medical Plan, effective 7/1/2009, as amended and restated herein, is hereby adopted as of 7/1/2013.

IN WITNESS WHEREOF, the parties have caused this document to be executed on this 24th day of September, 2013

BY: 
TITLE: Chairman