

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

**RESOLUTION AUTHORIZING CORRECTION TO AGREEMENT WITH BLUE**  
**CROSS BLUE SHIELD OF NEBRASKA**

WHEREAS, the County of Sarpy, of the State of Nebraska, a body politic and corporate, is committed to providing for adequate fringe benefits to its employees: and,

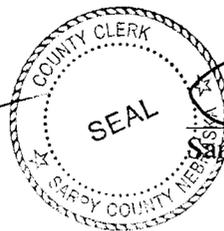
WHEREAS, this Board had approved a Master Group Application Agreement with Blue Cross and Blue Shield of Nebraska, said approval made by Resolution 2014-194; and,

WHEREAS, through error and inadvertence, said Master Group Application Agreement contained an incorrect rate sheet, and a corrected rate sheet is attached hereto.

NOW, THEREFORE, BE IT RESOLVED by the Sarpy County Board of Commissioners (hereinafter "Board") that said Board does hereby authorize the substitution of the attached "APP-ATT-EMPLOYER CONTRIBUTION AND MONTHLY CHARGES FORM" for the incorrect page within the Master Group Application Agreement approved by Resolution 2014-194.

The above and foregoing Resolution was duly approved by a vote of the Sarpy County Board of Commissioners at a public meeting duly held in accordance with applicable law on this 24<sup>th</sup> day of June, 2014.

  
 Chairman, Sarpy County Board



  
 Sarpy County Clerk

**APP-ATT-EMPLOYER CONTRIBUTION AND MONTHLY CHARGES FORM**

Contract Form No. 96-067-1 1/11

Group-Roll No. 300074- All

**EMPLOYER CONTRIBUTION AND MONTHLY CHARGES**

- Please check this box if you are only contributing towards the cost of the employee only (single) rate for all tiers of coverage.
  
- For Health Coverage Only:** Please check this box if the employer contribution is different among employees within the same option. (For example, employer pays 85 percent of premium for employees earning less than \$35,000; the employer pays 80 percent for those making 35,000 to \$99,999; and the employer pays 75 percent for those earning more than \$100,000.) If you checked this box, please describe the different employer contribution scenarios:

\_\_\_\_\_

\_\_\_\_\_

Option: [Option 1 ]                      Option: [ \_\_\_\_\_ ]

	Employer Contribution			Total Monthly Charge	Employer Contribution			Total Monthly Charge
	Percent	or	Fixed Amount		Percent	or	Fixed Amount	
<input checked="" type="checkbox"/> Single	90%			\$631.37				
<input checked="" type="checkbox"/> Family	83%			\$1,551.36				
<input checked="" type="checkbox"/> Employee & Spouse	83%			\$1,352.74				
<input checked="" type="checkbox"/> Employee & Child/ren	83%			\$1,352.74				
<input type="checkbox"/> Employee & One Dependent								
<input type="checkbox"/> Employee & Two or More Dependents								

Option: [ \_\_\_\_\_ ]                      Option: [ \_\_\_\_\_ ]

	Employer Contribution			Total Monthly Charge	Employer Contribution			Total Monthly Charge
	Percent	or	Fixed Amount		Percent	or	Fixed Amount	
<input type="checkbox"/> Single								
<input type="checkbox"/> Family								
<input type="checkbox"/> Employee & Spouse								
<input type="checkbox"/> Employee & Child/ren								
<input type="checkbox"/> Employee & One Dependent								
<input type="checkbox"/> Employee & Two or More Dependents								

Other Monthly Charge or Contribution Provisions: \_\_\_\_\_