



BELLA VISTA

A place to call home

MEETING: **SPECIAL CITY COUNCIL MEETING**
DATE AND TIME: **Wednesday Nov. 2, 2016 – 5:15 P.M.**
Location: City Hall Conference Room
101 Town Center, Bella Vista, Arkansas

- I. **CALL TO ORDER:** This meeting has been given public notice in accordance with the Section 25-19-106 of the Freedom of Information Act, in such form that will apprise the general public and news media of subject matter that is intended for consideration and action.
- II. **ROLL CALL:** Mayor Peter Christie, Aldermen Frank Anderson, John Flynn, Becky Morgan, James Wozniak and Larry Wilson
- III. **BUSINESS:**

A. APPROVING A HEALTH INSURANCE AND BENEFIT PLAN FOR CITY EMPLOYEES TO BEGIN JANUARY 1, 2017.

ADJOURNMENT

*** Please note: Upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through appropriate aids and services. For additional information or to request this service, please contact the City Clerk at 479-876-1255.

NOTICE: At the completion of the special meeting to approve the health plan for 2017 the City Council will participate in a Work Session to go over the details of the City Budget for 2017.

RESOLUTION NO. _____

CITY OF BELLA VISTA, ARKANSAS

**APPROVING A HEALTH INSURANCE AND BENEFIT PLAN FOR CITY
EMPLOYEES TO BEGIN JANUARY 1, 2017**

**BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF BELLA VISTA,
ARKANSAS:**

SECTION 1: The City Council of the City of Bella Vista, Arkansas hereby authorizes the Mayor and City Clerk to enter into necessary agreements with QualChoice to effectuate new health insurance benefits for City employees to begin January 1, 2017, authorizes termination of the current self-funded health plan administrated through Cigna, and further approves and authorizes the employee benefits plan as presented to the City Council on November 2, 2016.

PASSED THIS _____ DAY OF _____, 2016.

APPROVED:

Mayor Peter Christie

Attest:

City Clerk Wayne Jertson

Requested by Mayor Christie
Prepared by Jason Kelley, Staff Attorney



2017 Employee Benefits Enrollment Guide

The City of Bella Vista will offer employees a comprehensive benefit package for the 2017 plan year. Please note this guide is not a contract booklet, but a brief snapshot of the plan benefits. For a complete benefit review, refer to the contract booklets and benefit summaries available in Human Resources. Medical, Dental, Vision, Life, Voluntary Life, Disability, Flex Spending, Identity Theft Protection, and supplementary benefits are all offered through the Benefits Package.

Medical

Medical and prescription coverage is offered through **QualChoice**. In an effort to maintain affordable healthcare, we will offer a choice of four different plans. **The deductible is based on a calendar year (January 1 – December 31)**. The following chart compares the in-network benefits that are available to you. Providers can be accessed at www.qualchoice.com.

	High Deductible Plan HSA Compatible	Economy Plan	Base Plan	Buy-Up Plan
Professional Services	City HSA Contribution: \$50 Single, \$100 Family each month	In-Network Benefits		
Physician Visit Specialist Visit Urgent Care Visit	Deductible Deductible Deductible	\$20 Co-pay \$35 Co-pay \$35 Co-pay	\$35 Co-pay \$60 Co-pay \$60 Co-pay	\$35 Co-pay \$60 Co-pay \$60 Co-pay
Preventive Care	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Emergency Room	Deductible	\$100 Co-pay	\$200 Co-pay	\$200 Co-pay
Hospitalization	In-Network Benefits			
Inpatient Outpatient (Lab/X-ray) Advanced Imaging	Deductible Deductible Deductible	DED+20% Coinsurance DED+20% Coinsurance DED+20% Coinsurance	DED+20% Coinsurance DED+20% Coinsurance DED+20% Coinsurance	DED+20% Coinsurance DED+20% Coinsurance DED+20% Coinsurance
Diagnostics	In-Network Benefits			
X-ray/Lab at Physician's Office X-ray/Lab Outpatient Advanced Imaging Outpatient	Deductible Deductible Deductible	Included in Co-pay DED+20% Coinsurance DED+20% Coinsurance	Included in Co-pay DED+20% Coinsurance DED+20% Coinsurance	Included in Co-pay DED+20% Coinsurance DED+20% Coinsurance
Deductibles	In-Network Benefits			
Deductible - Individual - Family	\$3,000 \$6,000	\$5,000 \$10,000	\$3,000 \$6,000	\$1,500 \$4,500
Coinsurance	0%	20%	20%	20%
Out-of-Pocket Max - Individual - Family	\$3,000 \$6,000	\$6,000 \$12,000	\$5,000 \$10,000	\$3,500 \$10,500
Prescription Drugs	In-Network Benefits			
Generic Preferred Brand Name Non-Preferred Brand Name Specialty	Deductible Deductible Deductible Deductible	\$15 \$35 \$50 \$100	\$10 \$40 \$60 \$100	\$10 \$40 \$60 \$100
Your Cost in 2017 – Cost Per Pay Period (26 Deductions) with full participation in the Live Your Best Life program				
Employee	\$24.70	\$27.98	\$31.39	\$53.05
Employee Spouse	\$82.37	\$96.37	\$103.53	\$149.01
Employee Child(ren)	\$74.53	\$87.18	\$93.66	\$134.81
Family	\$117.67	\$137.66	\$147.89	\$212.86

Below are the per pay period rates (26 deductions) with less than full participation in the Live Your Best Life program.

	High Deductible Plan HSA Compatible			
	3 points	2 Points	1 Point	No Points
Employee	\$29.31	\$33.93	\$38.54	\$43.16
Employee Spouse	\$86.99	\$91.60	\$96.22	\$100.83
Employee Child(ren)	\$79.14	\$83.76	\$88.37	\$92.99
Family	\$122.29	\$126.90	\$131.52	\$136.13

	Economy Plan			
	3 points	2 Points	1 Point	No Points
Employee	\$32.60	\$37.21	\$41.83	\$46.44
Employee Spouse	\$100.99	\$105.60	\$110.22	\$114.84
Employee Child(ren)	\$91.80	\$96.42	\$101.03	\$105.65
Family	\$142.27	\$146.89	\$151.50	\$156.12

	Base Plan			
	3 points	2 Points	1 Point	No Points
Employee	\$31.39	\$36.01	\$40.62	\$45.24
Employee Spouse	\$103.53	\$108.15	\$112.76	\$117.38
Employee Child(ren)	\$93.66	\$98.28	\$102.90	\$107.51
Family	\$147.89	\$152.50	\$157.12	\$161.73

	Buy-Up Plan			
	3 points	2 Points	1 Point	No Points
Employee	\$53.05	\$57.66	\$62.28	\$66.90
Employee Spouse	\$149.01	\$153.63	\$158.24	\$162.86
Employee Child(ren)	\$134.81	\$139.43	\$144.04	\$148.66
Family	\$212.86	\$217.47	\$222.09	\$226.70

It's not too late to participate in the Live Your Best Life program. You have until December 1st to earn your reward incentive points. Rewards are earned for completing each of the following 4 items below. Each point is worth a \$10/month premium credit with up to \$40 a month in premium credit possible.

1 point = Complete online Health Risk Assessment (HRA)

1 point = Complete biometric screening (either onsite or through physician) which includes:

- Blood pressure
- Cholesterol (Total, LDL, HDL)
- Glucose (diabetes screening)
- Body Mass Index (BMI) or waist circumference

1 point = Receive annual physical in 2016

1 point = Tobacco/nicotine-free lifestyle OR complete the cessation program

The tracking of completion for the above items will be conducted by Northwest Health System. **Your results will be confidential.** Northwest Health System will not share your results with the City, only confirm that you have completed the items noted above to receive your incentive.

INSTRUCTIONS:

To earn your points, complete the tasks noted above by December 1, 2016 and follow the instructions below for verifying your completion.

Complete Section 1 of the provided form. Print CLEARLY so all content is readable.

1. HRA: Complete the HRA online at <https://bellavista.ezonlineregistration.net>. Northwest Health System will receive a completion report. Once you have completed the online survey, you do not need to do anything to verify this.
2. Biometric Screening: Participate in the onsite biometric screening October 4, 5, or 6. If you prefer to see your physician, provide a copy of your biometric screening report to Northwest Health System by faxing it to (615) 988-0076.
3. Annual Physical: Have your physician complete and sign Section 2 of this form or attach an Explanation of Benefits (EOB) from your insurance provider showing the wellness code (V70.0) for an annual physical received in calendar year 2016.
4. Tobacco: Affirm your tobacco-free lifestyle by signing Section 3 of this form, OR have an Arkansas State cessation program representative sign section 3 upon your completion of the cessation program prior to December 1, 2016.

Once you have all of the items you plan to complete, provide the form on the following page to Northwest Health System via fax at (615) 988-0076. Only one submission per employee will be accepted.

For questions regarding this incentive program, contact Human Resources at (479) 876-1255.

Health Savings Account

If you enroll in medical plan **HDHP/HSA Compatible**, the City will contribute to a Health Savings Account on your behalf. The contribution amount is **\$50** monthly if you enroll in single, employee only coverage. The contribution amount is **\$100** monthly if you enroll in dependent coverage. The Health Savings Account will be administered through **Healthcare Bank**. The funds you contribute are pre-taxed and can be used towards the cost of eligible medical, dental and vision expenses for yourself and your dependents. The contribution limits for 2017 for single coverage are \$3,400 and \$6,750 for family coverage. If you are age 55 and older, you may contribute up to \$1,000 in catch-up contributions in 2017. You must reduce the amount you contribute by \$600 for single coverage and \$1,200 for family coverage in order to not exceed the maximum contribution limits.

Flexible Spending Account (MEDFSA, DEPFSA)

The City of Bella Vista provides employees the opportunity to participate in the Medical and Dependent Care Flexible Spending Accounts (FSA). The Medical FSA allows you to pay for out-of-pocket medical, dental, and vision expenses with pre-tax dollars. You can save 25-40% on expenses when you participate. Medical Reimbursement Account (MEDFSA) expenses are limited to **\$2,600** in 2017. The Dependent Care FSA allows you to pay for child care expenses with pre-tax dollars. The Dependent Care FSA expenses are limited to **\$5,000** in 2017. **Healthcare Bank** will administer the FSA accounts.

If you are enrolled in **HDHP/HSA Compatible** plan and are contributing to a Health Savings Account, you are eligible to participate in the FSA program on a **limited basis** to cover dental and vision expenses only. You will not be able to use FSA funds towards expenses claimed by your Health Savings Account.

Dental

Dental insurance will be offered through **MetLife**. This plan allows you the **freedom to use any dentist**; however, the benefits will be greater if you use a dentist in-network. You can access a list of network providers by going to www.metlife.com. There is an annual open enrollment for the dental coverage. If you have declined to enroll in the past and want to enroll now, you may do so without late entrant penalties. The overview plan summary description is below:

Coverage Type	Option 1 High Plan		Option 2 Low Plan	
	Based on 90 th Percentile of Reasonable & Customary (R&C)		Based on 90 th Percentile of Reasonable & Customary (R&C)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Type A–Preventive	100%	100%	100%	100%
Type B–Basic	80%	80%	80%	80%
Type C–Major	50%	50%	50%	50%
Type D–Orthodontia	50%	50%	50%	50%
Deductible For Basic & Major	\$50 Per Person \$150 Family	\$50 Per Person \$150 Family	\$50 Per Person \$150 Family	\$50 Per Person \$150 Family
Calendar Year Max	\$5,000	\$5,000	\$1,000	\$1,000
Orthodontia Lifetime Max	\$1,000	\$1,000	\$1,000	\$1,000

Covered Services and Frequency Limitations – High and Low Plan	
Type A – Preventive	How Many / How Often
Examinations Cleanings Space Maintainers Sealants Fluoride Bitewing X-Rays Full Mouth X-Rays	2 times in 12 months / 1 in 6 months 2 times in 12 months / 1 in 6 months Once per lifetime, up to 19 th birthday 1 per molar in lifetime for a child under age 16 2 times in 12 months for a child under age 16 1 time in 12 months for a child under age 14 / 1 time in 12 months adults Once in 36 months
Type B – Basic Restorative	How Many / How Often
Consultations Amalgam Fillings Root Canal Periodontal Maintenance / Surgery Prefabricated Crowns Emergency Palliative Treatment General Anesthesia Resin Composite Fillings Oral Surgery: Simple and Surgical Extractions General Services	1 in 12 months 1 replacement per surface in 24 months 1 per tooth per lifetime 2 treatments per year, 1 surgery per quadrant in 36-month period 1 per tooth in 10 calendar years Excludes coverage for composite fillings on molars
Type C – Major Restorative	How Many / How Often
Crown Buildups / Post Core Repairs Recementations Dentures Immediate Temporary Dentures – Complete / Partial Dentures – Rebases / Relines Fixed Bridges Implants	1 per tooth in 10 calendar years 1 in 12 months 1 in 12 months 1 in 10 calendar years 1 replacement in 12 months 1 in 36 months 1 in 10 calendar years 1 in 10 calendar years
Type D – Orthodontia (High Plan)	How Many / How Often
Orthodontia Services and Appliances	Dependent children are covered up to 19 th birthday (new orthodontics only)

Dental Cost Per Pay Period (26 Deductions)		
	Option 1 – High Plan	Option 2 – Low Plan
Employee	\$3.16	\$1.84
Employee & Spouse	\$8.64	\$5.81
Employee & Child(ren)	\$8.70	\$7.07
Family	\$14.11	\$10.92

Vision

The City of Bella Vista will offer vision insurance through **Superior Vision**. Vision care benefits are provided on a scheduled basis. This plan allows you the freedom to use any vision provider you choose; however, the benefits will be greater if you use a provider in the **Superior Vision National** network. You can access a list of network providers by going to www.superiorvision.com.



Service	Option 1 High Plan		Option 2 Low Plan	
	In-Network Cost	Out-of-Network Reimbursement	In-Network Cost	Out-of-Network Reimbursement
Exam with Dilation	\$10 Co-pay	Up to \$42	\$10 Co-pay	Up to \$42
Materials (Lenses, Frames)	\$25 Co-pay		\$25 Co-pay	
Frames	Covered in Full after Co-Pay \$175 Allowance	Up to \$82	Covered in Full after Co-Pay \$125 Allowance	Up to \$60
Lenses	Covered in Full after Co-pay	Up to \$28 - \$78	Covered in Full after Co-pay	Up to \$28 - \$78
Contact Lenses	\$175 Allowance	Up to \$100	\$120 Allowance	Up to \$100
Frequency:	Exam: 12 Months Frames: 24 Months Contact Lenses: 12 months		Exam: 12 Months Frames: 24 Months Contact Lenses: 12 months	

Vision Care Benefits	
Standard Plastic Lenses	Lens Options
Single Vision	UV Treatment
Bifocal	Tint
Trifocal	Polycarbonate
Standard Progressive Lens	Anti-Reflective Coating
Premium Progressive Lens	Plastic Scratch Coating
Contact Lens Fit and Follow-Up	Contact Lens Options
Standard Fit and Follow-Up	Conventional
Premium Fit and Follow-Up	Medically Necessary
	Disposable

Vision Cost Per Pay Period (26 Deductions)		
	Option 1 – High Plan	Option 2 – Low Plan
Employee	\$3.78	\$3.08
Employee & Spouse	\$7.57	\$6.16
Employee & Child(ren)	\$8.94	\$7.26
Family	\$13.69	\$11.12

Basic Life Insurance

The City of Bella Vista provides all full-time employees with Group Basic Life and Accidental Death & Dismemberment (AD&D) Insurance through **USAbLe** in the amount of \$50,000. This benefit is 100% employer paid.

Voluntary Term Life and AD&D

The City of Bella Vista will provide full-time employees the opportunity to enroll in Voluntary Life and Accidental Death and Dismemberment Insurance. This benefit is provided through **USAbLe** and the cost can be paid through post-taxed payroll deductions. Employees who want to supplement their group life insurance benefits may purchase additional coverage at higher levels. You can purchase coverage on yourself, spouse and your dependent child(ren). There is no age reduction for this coverage.

IF YOU CURRENTLY HAVE ADDITIONAL LIFE INSURANCE THROUGH STANDARD, YOUR CURRENT VOLUME OF COVERAGE WILL BE GRANDFATHERED IN WITH USAbLe. IF YOU HAVE PREVIOUSLY DECLINED THIS BENEFIT IN THE PAST, YOU WILL NOW HAVE A ONE-TIME OPEN ENROLLMENT WITH USAbLe.

EMPLOYEE: You may elect coverage on yourself in increments of \$10,000 to a maximum of \$300,000, not to exceed 5 times your annual basic annual earnings. As a newly eligible employee, there is a one-time guarantee issue amount of \$120,000 (through age 69). Any amount elected over \$120,000 will require medical questions for approval.

SPOUSE: You may purchase up to 50% of the employee amount in \$5,000 increments to a maximum of \$150,000 on your spouse. **Your spouse's premium is based on their age, not yours.** As a newly eligible employee, there is a one-time guarantee issue amount of \$30,000. Any amount elected over \$30,000 for your spouse will require medical questions for approval.

DEPENDENT CHILD(REN): You may elect coverage in \$2,000 increments to a maximum of \$10,000. All eligible children can be covered for one premium. Children between the ages of 6 months and 26 years may be covered. Children age live birth to 6 months may be covered for \$1,000. Children aged 6 months but less than 26 years can elect up to the \$10,000 maximum.

Disability Income Benefits

The City of Bella Vista provides full-time employees Long-Term Disability income benefits through **USAbLe**. Employees may elect voluntary Short-Term Disability benefits. In the event you become disabled from a non-work related accident, injury or sickness, disability income benefits are provided as a source of income. You are not eligible to receive disability benefits if you are receiving Workers' Compensation benefits. **The City of Bella Vista will pay the full cost of the Long-Term Disability premiums.**

	Voluntary Short-Term Disability
Elimination Period	30 Days Accident, Illness (Includes Pregnancy)
Benefits Duration	9 Weeks
Percentage of Income Replaced	60% of Pre-disability Earnings
Maximum Weekly Benefit	\$1,500
Pre-Existing Conditions Apply	None

	Employer Paid Long-Term Disability
Elimination Period	90 Days
Benefits Duration	Normal Social Security Retirement Age
Percentage of Income Replaced	60% of Pre-disability Earnings
Maximum Monthly Benefit	\$5,000
Pre-Existing Conditions Apply	3 months prior to insured / 12 months after insured

Voluntary Products

The City of Bella Vista will offer a full range of voluntary supplemental products to full-time employees, which can be payroll deducted on a bi-weekly basis. The following benefits are available to you and your dependents.

Key Advantages:	<ul style="list-style-type: none"> • Benefits are paid directly to you to be spent any way you choose • Pays in addition to any other coverage you may have • Fast and accurate claims services • Coverage is portable 								
Accident	<p>Level premiums with no increase in rates with age; covers accident and follow-up treatment; ground and air ambulance; second and third-degree burns; concussion; dislocations; doctor's office visit (including urgent care and walk-in clinic); emergency dental benefit; emergency room treatment; eye injuries; fractures; herniated disc; hospital admission, confinement, ICU; laceration; lodging; surgery, transportation (Guarantee Issue)</p>								
*Critical Illness One-time open enrollment	<p>Covered conditions include heart attack, heart transplant, stroke, arteriosclerosis, aneurysm; end stage renal failure, major organ transplant (excluding heart), acute respiratory distress syndrome; ALS, advanced Alzheimer's disease; advanced MS, advanced Parkinson's disease, loss of sight, loss of hearing, loss of speech.</p> <p>Pre-existing condition period: 12 months prior / 12 months insured</p> <table border="0" data-bbox="475 856 1440 976"> <tr> <td data-bbox="475 856 966 884">Lump sum benefit:</td> <td data-bbox="1015 856 1440 884">Guarantee Issue:</td> </tr> <tr> <td data-bbox="475 888 966 915">\$20,000 or \$10,000 Employee</td> <td data-bbox="1015 888 1440 915">\$20,000 Employee</td> </tr> <tr> <td data-bbox="475 919 966 947">\$10,000 or \$5,000 Spouse</td> <td data-bbox="1015 919 1440 947">\$10,000 Spouse</td> </tr> <tr> <td data-bbox="475 951 966 978">25% of Employee Amount</td> <td data-bbox="1015 951 1440 978">All Guarantee Issue</td> </tr> </table>	Lump sum benefit:	Guarantee Issue:	\$20,000 or \$10,000 Employee	\$20,000 Employee	\$10,000 or \$5,000 Spouse	\$10,000 Spouse	25% of Employee Amount	All Guarantee Issue
Lump sum benefit:	Guarantee Issue:								
\$20,000 or \$10,000 Employee	\$20,000 Employee								
\$10,000 or \$5,000 Spouse	\$10,000 Spouse								
25% of Employee Amount	All Guarantee Issue								
Cancer Indemnity High Plan	<p>Internal Cancer First Occurrence Benefit: \$5,000 Adult / \$7,500 Child</p> <p>Radiation therapy, chemotherapy, immunotherapy (\$20,000 max); anti-nausea; hormone therapy, experimental treatment; cancer screening; surgical, anesthesia, bone marrow and stem cell transplant; prosthesis; hospital confinement; outpatient facility; attending physician; dread disease; extended care facility; donor; home health care; hospice care; US government, charity hospital or HMO; second and third opinion; drugs and medicine; hair piece (wig); transportation; blood, plasma and platelets; physical, occupational, speech, audio therapy and psychotherapy.</p>								
Cancer Indemnity Low Plan	<p>Internal Cancer First Occurrence Benefit: \$5,000 Adult / \$7,500 Child</p> <p>Radiation therapy, chemotherapy, immunotherapy (\$10,000 max); anti-nausea; hormone therapy, experimental treatment; cancer screening; surgical, anesthesia, bone marrow and stem cell transplant; prosthesis; hospital confinement; outpatient facility; attending physician; dread disease; extended care facility; donor; home health care; hospice care; US government, charity hospital or HMO; second and third opinion; drugs and medicine; hair piece (wig); transportation; blood, plasma and platelets; physical, occupational, speech, audio therapy and psychotherapy.</p>								
Hospital Indemnity	<p>Provides coverage for hospitalization, intensive care, surgery, anesthesia, and specified injuries. Benefits range from \$750 - \$1,500 for a hospital admission, plus from \$150-\$300 per day for inpatient hospital stays for sickness and accidents.</p> <p>Hospital admission; hospital confinement; intensive care confinement; ground and air ambulance; surgery; anesthesia; pre-op visit; second surgical opinion; diagnostic procedure; emergency treatment; physician office visit; wellness</p>								

*The Critical Illness plan has a one-time open enrollment. If you decline to enroll in this plan now and wish to enroll later, you must complete the Evidence of Insurability medical questionnaire for approval through medical underwriting.