

RESOLUTION NO. 2015-R22

A RESOLUTION AUTHORIZING A CONTRACT
FOR EMPLOYEE INSURANCE PACKAGE

WHEREAS, Edwardsville Township wishes to provide a comprehensive employee benefit package for its employees; and

WHEREAS, Section 60 ILCS 1/100-5 of the Illinois Compiled Statutes permits Townships to provide benefits including insurance coverage to its employees; and

WHEREAS, Edwardsville Township wishes to provide group benefits that may include Life Insurance, Accidental Death and Dismemberment Insurance, Long Term Disability Insurance, Medical Insurance, Dental Insurance, and Vision Insurance.


NOW, THEREFORE, BE IT RESOLVED by the Township Board of Edwardsville, Madison County, Illinois as follows:

SECTION 1: That the Board of Trustees of Edwardsville Township will enter into a contract with Amber Bowen of Warma Witter Kreisler & Associates (as Agent) to provide (through various carriers) the plan design for insurance services which is attached as Exhibit A for the period covering December 1, 2015 to December 31, 2016.

Motion was made by TRUSTEE Williamson, seconded by TRUSTEE Kraameich
that the Resolution be adopted and approved by 3 Ayes and 0 Nays.

PASSED BY THE TOWNSHIP BOARD OF EDWARDSVILLE TOWNSHIP, MADISON COUNTY, ILLINOIS, IN REGULAR AND PUBLIC SESSION THIS 17TH OF NOVEMBER, 2015.

ATTEST:


Township Clerk

APPROVED:

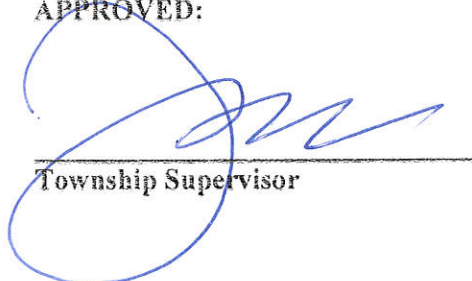

Township Supervisor

Exhibit A

Coventry Health Care of Missouri
PPO QAR2500E

Township HSA Contribution - \$100 per month per employee

PPO QAR2500E	Member Responsibility	
	In-Network	Out-of-Network
ANNUAL DEDUCTIBLE		
Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000
OUT-OF-POCKET MAXIMUM		
Individual (Includes Deductible)	\$3,500	\$10,000
Family (Includes Deductible)	\$7,000	\$20,000
LIFETIME MAXIMUM	Unlimited	Unlimited
PHYSICIAN OFFICE VISITS	0% Coinsurance per visit after deductible	20% Coinsurance per visit after deductible
SPECIALIST OFFICE VISITS	0% Coinsurance per visit after deductible	20% Coinsurance per visit after deductible
PREVENTIVE CARE		
Annual Gynecological Exam	\$0 Copay	20% Coinsurance per visit after deductible
Well Child Care	\$0 Copay	20% Coinsurance per visit after deductible
Adult Physical	\$0 Copay	20% Coinsurance per visit after deductible
INPATIENT HOSPITAL SERVICES		
Coverage provided for semi-private room, lab, x-rays, diagnostic laboratory and radiology, medications, anesthesia, short-term rehabilitation services and radiation therapy.	0% Coinsurance per admission after deductible	20% Coinsurance per admission after deductible **
OUTPATIENT SERVICES		
Outpatient Surgery	0% Coinsurance per visit after deductible	20% Coinsurance per visit after deductible***
Lab	0% Coinsurance per visit after deductible	20% Coinsurance per visit after deductible***
X-Ray	0% Coinsurance per visit after deductible	20% Coinsurance per visit after deductible***
High Tech Diagnostic	0% Coinsurance per visit after deductible	20% Coinsurance per visit after deductible***
EMERGENCY ROOM (Waived if admitted)	0% Coinsurance per visit after deductible	0% Coinsurance per visit after deductible
URGENT CARE	0% Coinsurance per visit after deductible	0% Coinsurance per visit after deductible
VISION SERVICES	\$0 Copay per visit after deductible	20% Coinsurance per visit after deductible
CHIROPRACTIC SERVICES	0% Coinsurance per visit after deductible	20% Coinsurance per visit after deductible
SKILLED NURSING FACILITY (Limited to 45 days per calendar year)	0% Coinsurance per admission after deductible	20% Coinsurance per admission after deductible**
HOME HEALTH CARE	0% Coinsurance per visit after deductible	20% Coinsurance per visit after deductible***
MENTAL HEALTH, SUBSTANCE ABUSE SERVICES		
Inpatient Hospital	0% Coinsurance per admission after deductible	20% Coinsurance per admission after deductible **
Outpatient Office Visit	0% Coinsurance per visit after deductible	20% Coinsurance per visit after deductible
PRESCRIPTION DRUGS (Includes Oral Contraceptives and Managed Formulary)	\$12 Tier 1/ \$30 Tier 2/\$55 Tier 3 / \$150 Tier 4/\$300 Tier 5	Covered at participating pharmacies for in-network copays
CLAIM FORM REQUIRED	No	Yes *

*To receive In-Network benefits, services must be provided by a Coventry Health Care of Missouri contracted Physician or precertified by Coventry Health Care of Missouri.

** \$1,000 penalty for failure to Pre-certify.

*** 20% penalty for failure to Pre-certify.

All Mental Health Services must be prior authorized in advance by calling the Coventry Health Care of Missouri Behavior Health line at 1-877-227-3520.