

**Personnel Committee Meeting
Tuesday, June 4, 2024 5:00 PM
Crete City Hall
243 E 13th Street
Crete, NE 68333**

1. Open Meeting

- In accordance with Nebraska law, a copy of the Open Meetings Act can be found in the back of the Council Chambers.
- Items listed on the agenda may be considered in any order.

2. Roll Call

- Attendance of members will be recorded to determine the presence of a quorum for official actions.

3. Items of Business

- The Committee may discuss or limit discussion on, hear testimony in favor of or in opposition to, or take action to provide a recommendation to the City Council on any matter presented under this title.

3.A. Consider the Principal plans and rates

3.B. Consider the BlueCross BlueShield renewal agreement

3.C. Consider the Mutual of Omaha Critical Illness and Accident Insurance renewal agreement

3.D. Consider the part-time and seasonal employee drug testing policy

4. Officers' Reports

- Reports may be given by the Mayor, Officers, Departments, or Councilmembers concerning the current operations of the City.
- No action can be taken on matters presented under this title except to answer any questions or to refer the matter for further action.

5. Adjournment

Disclaimers & Notices

- The Council may enter into closed session to discuss any matter on this agenda when it is determined that a closed session is clearly necessary for the protection of the public interest or the prevention of needless injury to the reputation of an individual (if such individual has not requested a public meeting) or as otherwise allowed by law. Any closed session shall be limited to the subject matter for which the closed session was called. If the motion to close passes, then immediately prior to the closed session the Mayor shall restate on the record the limitation of the subject matter of the closed session.
- The City of Crete assures that no person shall on the grounds of race, color, national origin, age, disability, handicap or sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity of the City receiving Federal financial assistance. To report discrimination, contact the City Clerk's office.
- The complete agenda with attachments is available at www.crete.ne.gov.

Rates

Presented to: CITY OF CRETE
 Effective date: July 1, 2024



Dental benefit choice ¹ all members electing low plan	
	Monthly rate
Employee	\$27.53
Employee & spouse	\$53.89
Employee & child(ren)	\$59.05
Family	\$89.17

¹Lives, monthly cost and annual cost determined upon final enrollment.

Dental benefit choice ¹ all members electing high plan	
	Monthly rate
Employee	\$34.12
Employee & spouse	\$66.79
Employee & child(ren)	\$83.39
Family	\$121.94

¹Lives, monthly cost and annual cost determined upon final enrollment.

Rate includes:

- Orthodontia - child

Rate guarantee: this policy change does not impact your next renewal or rate guarantee period.

Vision

ALL MEMBERS					
	Lives	Current rates	Renewal rates	Current monthly premium	Renewal monthly premium
Employee	15	\$9.54	\$9.54	\$143.10	\$143.10
Employee & spouse	9	\$14.19	\$14.19	\$127.71	\$127.71
Employee & child(ren)	4	\$14.19	\$14.19	\$56.76	\$56.76
Family	13	\$23.97	\$23.97	\$311.61	\$311.61
Total				\$639.18	\$639.18

Renewal rates are guaranteed through June 30, 2025.

Your rates aren't changing.





Voluntary vision for all other members, council and voluntary fire and rescue, employee and voluntary fire and rescue, fraternal order of police, fraternal order of police and voluntary fire and rescue		
VSP choice network		
Covered charges	Benefit	Frequency
Exams	\$10 copay	1 per 12 months
Prescription glasses	\$25 copay	1 pair per 12 months
Lenses	Single vision, lined bifocal, lined trifocal, and lenticular lenses; polycarbonate lenses for dependent children under age 18	
Frames*	\$130 allowance for a wide selection of frames; 20% off amount over allowance ¹	
Elective contacts	Up to \$60 copay for standard and premium elective contact lens exams (fitting and evaluation) \$130 allowance for elective contacts	1 per 12 months Instead of lens and frames benefit
Necessary contacts²	\$25 copay Covered in full for members who have specific conditions. Contact lenses can be chosen instead of glasses.	1 per 12 months Instead of lens and frames benefit
Lens enhancements¹	\$0 copay standard progressive lenses Most other popular options are covered after a copay, saving members an average of 30%. Members should see their doctor for special pricing on additional lens enhancements.	1 per 12 months
Additional savings¹	Savings on laser vision correction and additional pairs of prescription glasses and non-prescription sunglasses.	

Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392. Coverage administered by VSP.

GP61693-14 | 11/2021 | Proposal number: 01102210175-3 | 1047409 | Today's date: 01/12/2022 | SIC



... continued

Limitations	<p>The proposed policy contains restrictions and limitations. Before making a purchase decision, review the following limitations and resolve any questions. The following limitations and restrictions are applied as required by state law or as otherwise described in the group policy.</p> <p>No benefits will be paid for: visual analysis or vision aids that are not medically necessary / services and/or materials not specifically included in the benefit schedule / plano lenses / two pairs of glasses instead of bifocals / replacement of lenses, frames and/or contact lenses furnished under this plan which are lost or damaged / orthoptics, vision training or supplemental testing / medical or surgical treatment of the eyes / contact lens insurance policies or service agreements / refitting of contact lenses after the initial fitting period / contact lens modification, polishing or cleaning, local state and/or federal taxes, except where required by law. Benefits will not be paid for any vision care expense for: which proof is submitted by a person who is part of the member's or dependent's immediate family / vision aids provided outside the United States.</p>
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VSP is not a member of the Principal Financial Group.



Group insurance benefits

Count on Principal for your employee benefits.

Presented to
CITY OF CRETE

Prepared by
BRIAN E COADY

Effective date
July 1, 2024

Solutions
Dental

The information in this proposal explains your dental coverage.

Insurance issued by Principal Life Insurance Company®, 711 High Street, Des Moines, IA 50392

Proposal number: 05132410375-7

1047409

Contract state: NE

GP61690-14 | 07/2022

Today's date: 05/17/2024

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Rates



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Effective date: July 1, 2024

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¹Lives, monthly cost and annual cost determined upon final enrollment.

Rate includes:

- Orthodontia - child

Rate guarantee: this policy change does not impact your next renewal or rate guarantee period.

Rating assumptions



Presented to: CITY OF CRETE
Effective date: July 1, 2024

Rating assumptions

These rates are based on the following:

Nebraska as the contract state. If you have employees located in other states, we may apply benefits based on those states' provisions, when applicable.

An effective date of July 1, 2024. Suggested premiums and benefits are provided for illustration purposes only. Acceptance of your group, the final premium rates and actual benefits cannot be offered to you until all necessary information about your group has been received and reviewed by home office underwriters of Principal Life and approved by an officer of Principal Life. Rates will be recalculated based on actual enrollment under the policy and are subject to change if the number of employees on the effective date varies by more than 15% from the sold proposal. Changes in assumptions, group demographics, policy design and policy effective date may also affect your rates. Final rates will apply for the period of time specified in the contract. Rates may increase on renewal in accordance with the terms of the policy. This proposal assumes the group has been in business for 12 months.

There are limitations, restrictions and exclusions in this policy. There are also certain restrictions involving payment of premium, termination, fraud, eligibility and participation. Final rates are dependent on entering into an insurance contract where all limitations, exclusions, and restrictions are taken into consideration.

As a result of this sale, your broker may receive commissions, administrative service fees, other compensation including non-cash compensation, and bonuses based on factors such as total premium volume and persistency or profitability of the business. The cost of this compensation may be directly or indirectly reflected in the premium or fee for this product. This compensation is in addition to any compensation your broker may receive from you. Contact your broker for further details.

Presented to: CITY OF CRETE
 Effective date: July 1, 2024

Dental PPO network benefit design						
Benefit choice for all members electing low plan						
	Calendar year deductible		Coinsurance (policy pays)		Calendar year maximum	
	In-network	Non-network	In-network	Non-network	In-network	Non-network
Preventive	\$0	\$0	100%	80%	\$1,000	\$1,000
Basic	\$25	\$25	80%	80%	\$1,000	\$1,000
Major	\$25	\$25	50%	50%	\$1,000	\$1,000

Family deductible = 2 x per person deductible.
 Combined deductibles: deductibles for basic and major in-network services are combined.
 Deductibles for basic and major non-network services are combined.
 Services applied to the in-network deductible will apply to the non-network deductible and vice versa.
 Combined maximums: calendar year maximums for preventive, basic and major in-network services are combined.
 Calendar year maximums for preventive, basic and major non-network services are combined.
 Services applied to the in-network maximum will apply to the non-network maximum and vice versa.
 We process claims using prevailing fees at the 90th percentile.
 A minimum of 10 enrolled lives is required for a choice offering.

Participation:

- If the employer contributes less than 50% of the employee cost for both plans, combined participation of 20% or 10 lives, whichever is greater, is required between choice offerings.
- If the employer contributes 50-99% of the employee cost for either choice plan, 50% combined employee participation is required between choice offerings.
- If the employer contributes 100% of the employee cost for either choice plan, 100% combined employee participation is required between choice offerings.

Covered services	
Preventive	Exams (2 per calendar year) Emergency exams (subject to exam frequency) Second opinion consultation Cleanings (2 per calendar year) <ul style="list-style-type: none"> • Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning. X-rays <ul style="list-style-type: none"> • Bitewing (1 per calendar year) • Occlusal (2 per calendar year) • Periapical (4 per calendar year) • Full mouth survey (1 per 36 months) • Extraoral (2 per 12 months)

	<p>Fluoride application (1 per calendar year); covered only for dependent children under age 19</p> <p>Sealants on first and second permanent molars for dependent children under age 19 (1 per 36 months)</p> <p>Space maintainers (covered only for dependent children under age 19; repairs not covered)</p>
Basic	<p>Periodontal maintenance (if 3 months have elapsed after active surgical periodontal treatment; subject to routine cleaning frequency limit)</p> <ul style="list-style-type: none"> Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning. <p>Harmful habit appliance (covered only for dependent children under age 19)</p> <p>Fillings</p> <p>Stainless steel crowns</p> <p>Simple oral surgery</p> <p>Complex oral surgery</p> <p>General anesthesia/IV sedation</p> <p>Periodontics (non-surgical), including scaling and root planing (1 per quad per 24 months)</p> <p>Periodontal surgical procedures (1 per quad per 36 months)</p> <p>Simple endodontics (root canal therapy for anterior teeth)</p> <p>Complex endodontics (root canal therapy for molar teeth)</p>
Major	<p>Crowns (1 per tooth per 120 months) if tooth cannot be restored by a filling</p> <p>Inlays, onlays, cast post and core, core buildup (1 per tooth per 120 months)</p> <p>Bridges - initial placement; replacement after 120 months</p> <p>Complete or partial dentures - initial placement; replacement after 60 months</p> <p>Repairs - partial denture, bridge, crown, relines, rebasing, tissue conditioning and adjustment to bridge/denture (within policy limitations)</p>

Dental PPO network benefit design
Benefit choice for all members electing high plan

	Calendar year deductible		Coinsurance (policy pays)		Calendar year maximum	
	In-network	Non-network	In-network	Non-network	In-network	Non-network
Preventive	\$0	\$0	100%	80%	\$1,500	\$1,500
Basic	\$25	\$25	80%	80%	\$1,500	\$1,500
Major	\$25	\$25	50%	50%	\$1,500	\$1,500

Family deductible = 2 x per person deductible.

Combined deductibles: deductibles for basic and major in-network services are combined.

Deductibles for basic and major non-network services are combined.

Services applied to the in-network deductible will apply to the non-network deductible and vice versa.

Combined maximums: calendar year maximums for preventive, basic and major in-network services are combined.

Calendar year maximums for preventive, basic and major non-network services are combined.

Services applied to the in-network maximum will apply to the non-network maximum and vice versa.

We process claims using prevailing fees at the 90th percentile.

Additional benefit riders

	Lifetime deductible		Coinsurance (policy pays)		Lifetime maximum	
	In-network	Non-network	In-network	Non-network	In-network	Non-network
Orthodontia Child	\$0	\$0	50%	50%	\$1,000	\$1,000

Minimum enrolled lives required for child orthodontia: 5
Child orthodontia provides coverage for children up to age 19.
A minimum of 10 enrolled lives is required for a choice offering.

Participation:

- If the employer contributes less than 50% of the employee cost for both plans, combined participation of 20% or 10 lives, whichever is greater, is required between choice offerings.
- If the employer contributes 50-99% of the employee cost for either choice plan, 50% combined employee participation is required between choice offerings.
- If the employer contributes 100% of the employee cost for either choice plan, 100% combined employee participation is required between choice offerings.

Covered services

Preventive	<p>Exams (2 per calendar year)</p> <p>Emergency exams (subject to exam frequency)</p> <p>Second opinion consultation</p> <p>Cleanings (2 per calendar year)</p> <ul style="list-style-type: none"> • Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning. <p>X-rays</p> <ul style="list-style-type: none"> • Bitewing (1 per calendar year) • Occlusal (2 per calendar year) • Periapical (4 per calendar year) • Full mouth survey (1 per 36 months) • Extraoral (2 per 12 months) <p>Fluoride application (1 per calendar year); covered only for dependent children under age 19</p>
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	<p>Sealants on first and second permanent molars for dependent children under age 19 (1 per 36 months)</p> <p>Space maintainers (covered only for dependent children under age 19; repairs not covered)</p>
Basic	<p>Periodontal maintenance (if 3 months have elapsed after active surgical periodontal treatment; subject to routine cleaning frequency limit)</p> <ul style="list-style-type: none"> Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning. <p>Harmful habit appliance (covered only for dependent children under age 19)</p> <p>Fillings</p> <p>Stainless steel crowns</p> <p>Simple oral surgery</p> <p>Complex oral surgery</p> <p>General anesthesia/IV sedation</p> <p>Periodontics (non-surgical), including scaling and root planing (1 per quad per 24 months)</p> <p>Periodontal surgical procedures (1 per quad per 36 months)</p> <p>Simple endodontics (root canal therapy for anterior teeth)</p> <p>Complex endodontics (root canal therapy for molar teeth)</p>
Major	<p>Crowns (1 per tooth per 120 months) if tooth cannot be restored by a filling</p> <p>Inlays, onlays, cast post and core, core buildup (1 per tooth per 120 months)</p> <p>Bridges - initial placement; replacement after 120 months</p> <p>Complete or partial dentures - initial placement; replacement after 60 months</p> <p>Repairs - partial denture, bridge, crown, relines, rebasing, tissue conditioning and adjustment to bridge/denture (within policy limitations)</p>
Orthodontia	<p>X-rays and other diagnostic procedures</p> <p>Fixed and removable appliances</p> <p>Lifetime maximum</p>

Highlights	
Coordination of benefits	As allowed by state law, we coordinate benefits with coverage provided by any other employer, trust, union, association, or educational institution - other than student accident policies, governmental program or state law. Total benefits from all sources cannot exceed 100% of covered charges.

Eligibility	<p>Employee: Eligible employees include all active, full-time employees living in the United States (except part-time, seasonal, temporary or contract employees) who work at least 30 hours per week. Employees must be enrolled with coverage before it can be offered to their dependents.</p> <p>Dependent: Eligible dependents include the employee's spouse and children. Additional eligibility requirements may apply.</p>
Waiting periods	None
Prior dental coverage	This proposal assumes the group had prior dental coverage for preventive/basic/major services.
Open enrollment period	Any employee or dependent that didn't enroll within 31 days of being eligible can only enroll during the open enrollment period.
Limitations	<p>The proposed policy contains restrictions and limitations. Before making a purchase decision, review the following limitations and resolve any questions. The following limitations and restrictions are applied as required by state law or as otherwise described in the group policy.</p> <p>The insurance does not pay for treatment or services above: unless specifically mentioned above, veneers, anterior ¾ cast crowns, personalization or cosmetic reasons / performed by an immediate family member / performed by any person who is not a dentist, dental hygienist, or other authorized provider / that do not meet professionally recognized standards of quality / that are not for a covered charge / that exceed prevailing fee charges / unless specifically mentioned above, implants / to alter or maintain vertical dimension or restore or maintain occlusion / that are temporary / for provisional and permanent splinting / for a work related sickness or injury / paid for by U.S. government or its agencies (except Medicaid or as required under state or federal law) / resulting from participation in certain criminal activities / resulting from war or an act of war / for which there would be no cost in the absence of insurance / for duplicating or replacing lost or stolen appliances or prosthetic devices / for replacing tooth structure lost from abrasion or attrition / not expected to correct your dental condition for more than 3 years / for services performed outside a dental office / for patient management / unless specifically mentioned above, occlusal guards / that are an experimental or investigational measure / paid for by a Medicare Supplement Insurance Plan. The insurance also does not cover: drugs or medicines other than antibiotic injections / instructions for plaque control, oral hygiene, or diet control / bite registration or occlusal analysis orthodontic treatment, service, appliance or bands provided prior to Ortho Procedures effective date / temporomandibular joint (TMJ) disorders.</p>

Discounts and services



Presented to: CITY OF CRETE
 Effective date: July 1, 2024

Discounts and services	
Laser vision correction	Employees, their spouses and dependent children save \$800 with featured providers Lasik Plus , TLC Laser Eye Centers or The LASIK Vision Institute or receive 15% off standard pricing or 5% off promotional pricing on LASIK through the National Lasik Network’s administered by LCA Vision.
Hearing aid program	Through Start Hearing, employees and their families are eligible for up to 48% off hearing aids.
Emotional health support line	Employees, their spouses and dependent children have free access to licensed behavioral health clinicians who can provide emotional support, tips for health coping and referrals to local resources.
Vision care	Employees, their spouses and dependent children can get discounts on eye exams, prescription glasses and lens options, contact lens evaluations and fittings, as well as LASIK surgery through a nationwide network of VSP providers.
Principal oral health center	This resource helps employees make better decisions about oral health care. Certified dentists can answer questions, and a dental cost estimator shows approximate costs in a specific ZIP code. The site is also available in Spanish. Stay informed about your dental health: https://www.principal.com/find-dentist
Teeth whitening	Employees, their spouses and dependent children can save 20% on a dentist-invented teeth whitening technology from GLO Science. Available for home use, it’s fast and sensitivity free.
<p>These discounts are not insurance.</p> <p>The discounts and services listed here are available to members, and/or their dependents or beneficiaries, with group coverage underwritten by or with administrative services provided by Principal Life Insurance Company. The discounts and services are not a part of the policy or contract and may be changed or discontinued at any time. Although Principal has arranged to make these programs available to you, the third party providers are solely responsible for their products and services.</p> <p>⁴The articles and resources on Employers Dental Health Edge are made available for the sole purpose of general education on dental health related matters. This information is not intended as medical advice. For answers to your own health concerns, contact your dentist or other health care provider. Employers Dental Services (EDS) does not provide dental or medical advice. EDS is a member of the Principal Financial Group[®].</p>	

Services & general provisions



Presented to: CITY OF CRETE
 Effective date: July 1, 2024

Our services	
Online benefit administration	eService offers free administration and management of all group insurance for employers and employees. Employers can add or remove employees, view and update employee information, pay premiums and more. Employees can view statuses of claims, confirm covered dependents and more.
Claim services	At Principal Life, we know filing a claim is a defining moment for clients. That's why we strive to make the claims process quick and easy for our customers.

General provisions	
Renewing your coverage	Your insurance runs annually or based on your rate guarantee period, but no less than annually, unless the policy terminates before that date. While the insurance is in force and subject to its termination provisions, you may renew at the applicable premium rates in effect on your anniversary.
Termination and renewability of your coverage	The insurance is renewable at your option. Principal Life has the right to nonrenew or terminate the insurance if: you fail to pay premium / fraud or misrepresentation occurs / your company relocates to a state where Principal Life does not offer group coverage(s) provided by your policy / your company no longer meets the participation or contribution rules / you no longer qualify as an eligible business or group / we give you advance notice of termination as required by your state.
Policy changes	Principal Life has the right to modify coverage under the group policy at any time to meet legal requirements or to ensure consistent application of policy provisions. In addition, you may request coverage changes, subject to approval by Principal Life.
Federal and state laws	Various federal and state laws may affect the rights of insureds to continue coverage. The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), the Family Medical Leave Act (FMLA) and the Uniform Services Employment and Reemployment Rights Act of 1994 (USERRA) are examples. As an employer, you are responsible for meeting the obligations imposed by any federal and state continuation laws. However, we design and administer our policies to comply.

This proposal is a general description. It is not a policy and does not modify or change the provisions of any policy or rider. If there is a discrepancy, the policy is the final arbiter of the coverage. Policy definitions and provisions may vary by state, read your policy carefully for the exact definitions and provisions. Policy limitations and exclusions apply. Benefits are limited when living outside the United States. Insurance issued by Principal Life Insurance Company, a member of the Principal Financial Group®, Des Moines, IA 50392.

Principal®, Principal Financial Group®, and Principal and the logomark design are registered trademarks of Principal Financial Services, Inc., a Principal Financial Group company, in the United States and are trademarks and service marks of Principal Financial Services, Inc., in various countries around the world.

Amendment information



Presented to: CITY OF CRETE
Effective date: July 1, 2024

Existing group amendment information

Principal Life Insurance Company is pleased to team up with you to develop flexible benefit solutions that fit your employees' needs and your budget. With our customer-first approach, we're committed to offering you comprehensive benefits at an affordable price.

We're pleased to present you with this proposal, generated from your existing Principal Life account. The proposal contains additional benefit options you may wish to consider. If this proposal reflects a revision of existing products, the changes indicated on this proposal will be made to the products selected. Other features and provisions would stay the same. The sign-off below will approve the revisions for processing.

If this proposal adds a coverage to your account, [please include a signed application](#) with this proposal.

If non-benefit changes such as updates to eligibility, waiting periods and/or name or contact information are requested, please document in the space below.

- _____
- _____
- _____

Sign below for authorization of request(s):

Officer Signature

Date

Producer Signature

Date

Please note: The final approval of this proposal and any accompanying non-benefit changes are subject to Principal Life underwriting guidelines and federal or state regulations.



PO Box 3248
Omaha, NE 68180-0001

League Insurance Government Health Team

Participation Agreement and Subgroup Application

The undersigned employer/member hereby requests that it be approved as a Participant in the League Insurance Government Health Team Member Health Plan (the "Plan") underwritten by Blue Cross and Blue Shield of Nebraska (BCBSNE), and that insurance become effective as of the date shown on this Subgroup Application, or as of the date specified by BCBSNE, whichever is later, and continue as long as the undersigned employer/member remains an eligible Participant. The benefits provided by such insurance shall be in accordance with the Participant's specified Benefit Option(s) and shall be subject to the terms of the Master Group Contract issued to the League Insurance Government Health Team (LIGHT) by BCBSNE.

The undersigned employer/member agrees to furnish BCBSNE all information required by it for its administration of the Plan, including paying when due, the cost of all insurance premiums. The undersigned employer/member further understands that if premiums are not paid before the expiration of the grace period, all insurance coverage will automatically terminate.

Employer or LIGHT Member Signature

Title

Date

NEW

RENEWAL or REVISION

Account/Group Number: 102837

EFFECTIVE DATE OF COVERAGE

This coverage shall be effective on 7/1/2024 provided this Subgroup Application is accepted by BCBSNE and payment of the charges is made as provided in this Subgroup Application. Changes in the terms of this Subgroup Application may be made only in conjunction with the renewal of the Master Contract, unless our prior approval is obtained for an off-anniversary change.

APPLICANT INFORMATION

A. Parent Account: League Insurance Government Health Team

Applicant/Employer City of Crete

(If Employer Name is over 40 characters, please provide an abbreviated 40 character name)

Physical Address: (must be a Nebraska address)

Mailing/Billing Address (if different than physical):

243 E 13th St

(Street)

(Street)

(PO Box)

Crete, NE 68333-2238

(City, State, ZIP Code)

(City, State, ZIP Code)

Employer Tax Identification Number (EIN): 47-6006154

Market Affiliation Code: 10820

NAICS Code: 921110

Group Leader/Group Health Plan Primary Contact

Billing Contact (if different)

Name: Tom Ourada

Name: Wendy Thomas

Title: City Administrator

Title: Finance Director

Phone: 402-826-4132

Phone: 402826-6418

Email: Tom.Ourada@Crete.NE.Gov

Email: Wendy.Thomas@Crete.NE.Gov

Allow BluesEnroll Access? Yes No

Allow BluesEnroll Access? Yes No

Please select one contact at the group who should receive correspondence. If other is selected, please indicate below who should receive correspondence.

Group Leader/Group Health Plan Primary Contact Billing Contact Other

Name: Savannah Anderson

Title: Human Resources Coordinator

Phone: 402-826-4313

Email: Savannah.anderson@Crete.NE.Gov

Allow BluesEnroll Access? Yes No

NOTE: If you have additional Authorized Plan Contacts (APC), please enter them on page 6.

B. Does the Subgroup Applicant/Employer authorize Blue Cross and Blue Shield of Nebraska to administer all dependent coverage requests involving court-ordered alternate recipients, which will include reviewing and determining dependent coverage and notifications required by OBRA '93 regarding Qualified Medical Child Support Orders (QMCSO)?

Yes No

C. Do you meet the definition of "Small Employer" as defined below? Yes No

Small employer shall mean any person, political subdivision, firm, corporation, limited liability company, partnership, or association that is actively engaged in business that, on at least 50% of its working days during the preceding calendar quarter, employed at least two and no more than 50 eligible employees, the majority of whom were employed within Nebraska. Eligible employee shall mean an employee who works on a full-time basis and has a normal work week of 30 or more hours.

ELIGIBILITY AND ENROLLMENT

A. **Employee Eligibility:** An employee will be eligible for coverage on the first of the month following 0 days of service (not to exceed 60 days) and for so long as such employee continues to work a minimum of 30 hours per week (17½ hours or more) on a regular calendar year basis.

If "0" Waiting Period days above, employee's coverage will be effective (please check):

- The first of the month following the 1st day of work.
- The first of the month following the 1st day of work, unless that day is the first of the month, then coverage is effective on the first of that month.
- the 1st day of work.

Dependents enrolling for coverage at the same time as the employee will become effective on the same day as the employee.

If an otherwise eligible employee is not actively at work on his or her normal effective date for other than personal health reasons, coverage for that employee will go into effect on the first of the month following his/her return to active employment, subject to our receipt of an enrollment form within 31 days of the return to work date. As of the effective date indicated above, there are _____ employees not actively at work. Please list the names and corresponding Social Security Numbers on the lines listed below.

Except as provided and limited below, if an employee is not actively at work or fails to meet the minimum weekly working hours requirement for four (4) consecutive weeks, the employee's coverage will be terminated. The "actively at work" requirement shall be met under the following three circumstances: (1) the employee is actively performing the customary duties, responsibilities, and obligations of the role which the employee is employed to perform; (2) the employee is on leave under the Family and Medical Leave Act (FMLA), whether paid or unpaid; and/or (3) the employee is on an approved paid leave. The minimum weekly working hours requirement is waived for all periods in which the employee is on FMLA leave, but shall apply in all other circumstances, including periods of approved paid leave. Where an employee is on approved paid leave, to meet the minimum weekly working hours requirement, the employee must have available and use paid leave equal to or in excess of such requirement.

LIGHT employer members are required under the LIGHT Membership Agreement to notify Blue Cross and Blue Shield of Nebraska of any changes to the eligibility for coverage of an employee or an employee's dependent within thirty (30) days of such change. Certify the Applicant's understanding of these eligibility requirements and the Applicant's obligations by checking the boxes below:

- I understand the employee eligibility requirements as stated above.
- I understand that as an LIGHT employer/member, the Applicant is required to report any changes to the eligibility of an employee or an employee's dependent within thirty (30) days of such change.

B. Consolidated Omnibus Budget Reconciliation Act (COBRA) / Employee Retirement Income Security Act (ERISA)

Is the Subgroup Applicant/Employer subject to COBRA, as amended, during this calendar year?* Yes No

If yes, does the Subgroup Applicant/Employer have a COBRA Administrator? Yes No

Does the Subgroup Applicant/Employer have a direct relationship with the vendor? Yes No

Please provide the name of the COBRA Administrator: WEX

* A Subgroup Applicant/Employer is subject to COBRA if it normally employed twenty (20) or more employees on a typical business day during the preceding calendar year.

C. Enrollment Data:

The following is from and agrees with your payroll and personnel records:

1. Total eligible employees on the payroll on the effective date of the contract	<u>62</u>
2. Eligible employees not enrolling due to other group coverage, Medicare, or Medicaid	<u>8</u>
3. Eligible employees not enrolling due to individual coverage, other or unknown reasons	<u>0</u>
4. Total employees enrolling	<u>54</u>
5. Total employees eligible minus valid waivers (1. minus 2.)	<u>54</u>
6. Gross percentage of employees enrolling (Total enrolling/total eligible 4. ÷ 1.)	<u>.87</u>
7. Net percentage of employees enrolling (Total enrolling/Total employees eligible minus valid waivers 4. ÷ 5.)	<u>-7.13</u>

D. Medical Coverage - Rating

Subgroups will be medically underwritten and offered rates based upon medical underwriting. The rating structure is a 15-tier rating structure and the subgroup will be quoted the rates depending on the tier it falls into, based on medical experience. A subgroup must provide notification to the LIGHT and BCBSNE at least 60 days in advance of the annual anniversary for enrollment if the subgroup intends to terminate coverage under the Plan for a subsequent Plan year. If a subgroup cancels medical coverage, it will not be allowed to reapply for Plan coverage for a period of 24 months from the date of cancellation.

The subgroup must contribute a minimum of 50% of the employee cost of the Plan for all eligible employees enrolled in the subgroup. The subgroup must meet minimum participation requirements of 75% of eligible employees, less valid waivers, but with no less than 25% of total eligible employees, or 50% of total eligible employees.

E. Late/Open Enrollment:

Late enrollment is allowed only during the month prior to the annual renewal date, which is the month of June each year for a July 1 effective date.

F. Other eligibility and enrollment provisions:

COVERAGE ENDS ON THE LAST DAY OF THE MONTH

BENEFIT PLANS AND NETWORK OPTIONS

Groups with 2-49 enrolled employees can select up to two medical plan options and any combination of the three network options.

Groups with 50+ enrolled employees can select up to three medical plan options and any combination of our three network options.

Health Coverage Options:

- PPO Option 1 PPO Option 2 PPO Option 3
- HSA Option 1 HSA Option 2 HSA Option 3 HSA Option 4

Make a network selection below:

- NETwork BLUE Blueprint Health Premier Select BlueChoice

Dental Coverage Options:

- Option 1 Option 2

Name of HSA Administrator, if applicable: Union Bank and Trust

Name of HRA Administrator, if applicable: Mid-America Benefits Inc.

MONTHLY CHARGES AND EMPLOYER CONTRIBUTION

- A. Does your plan have a Section 125 plan which offers employees cash in lieu of health plan benefits? Yes No
- B. It is understood that the amount shown as employer contribution will be paid by you without charge to the eligible employees and the remainder collected by you from the eligible employees by payroll deduction and remitted monthly to BCBSNE.
- C. The monthly charges will not change prior to 7/1/2025 as long as BCBSNE underwriting guidelines are met. This rate guarantee is subject to the Applicant continuing to meet our underwriting guidelines.

NOTE: Rates may be indicated on the attached quote.

COMPLETE CONTRIBUTION INFORMATION ON THE FOLLOWING PAGE

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:

Plan Option: PPO OPT 1 Rx Option: 1 Network: NETWORK BLUE					Plan Option: HSA OPT 3 Rx Option: Network: NETWORK BLUE					
		Employer Contribution		Total Monthly Charge			Employer Contribution		Total Monthly Charge	
		Percent	or	Fixed Amount			Percent	or	Fixed Amount	
<input checked="" type="checkbox"/>	Employee	95			855.03	<input checked="" type="checkbox"/>	Employee	95		655.15
<input checked="" type="checkbox"/>	Employee & Spouse	80			1752.81	<input checked="" type="checkbox"/>	Employee & Spouse	80		1343.06
<input checked="" type="checkbox"/>	Employee & Child(ren)	80			1496.30	<input checked="" type="checkbox"/>	Employee & Child(ren)	80		1146.51
<input checked="" type="checkbox"/>	Family	80			2479.59	<input checked="" type="checkbox"/>	Family	80		1899.94
Plan Option: PPO OPT 1 (UNION) Rx Option: Network:					Plan Option: HSA OPT 3 (UNION) Rx Option: Network:					
		Employer Contribution		Total Monthly Charge			Employer Contribution		Total Monthly Charge	
		Percent	or	Fixed Amount			Percent	or	Fixed Amount	
<input checked="" type="checkbox"/>	Employee	100			855.03	<input checked="" type="checkbox"/>	Employee	100		655.15
<input checked="" type="checkbox"/>	Employee & Spouse	85			1752.81	<input checked="" type="checkbox"/>	Employee & Spouse	85		1343.06
<input checked="" type="checkbox"/>	Employee & Child(ren)	85			1496.30	<input checked="" type="checkbox"/>	Employee & Child(ren)	85		1146.51
<input checked="" type="checkbox"/>	Family	85			2479.59	<input checked="" type="checkbox"/>	Family	85		1899.94

AUTHORIZED PLAN CONTACTS

The HIPAA Privacy Rules provide that the Group Health Plan (GHP) is a separate legal entity from the Employer/Plan Sponsor. In compliance with the HIPAA Privacy Rules, it is necessary to designate Authorized Plan Contacts (APC) for the GHP.

The GHP Primary Contact is indicated on page 1 of this Participation Agreement and Subgroup Application. The GHP Primary Contact serves as BCBSNE's primary contact for the GHP, and may also designate additional APC for the GHP. The GHP Primary Contact shall notify BCBSNE of any additions or deletions to the following list, by utilizing the Amendment to Application form and contacting your account management team.

If you want your GHP Agent of Record as one of your APC, please include him/her in the section below.

NOTE: APCs need to be noted in the Participation Agreement and Subgroup Application or they will be removed (regardless of data or amendments submitted in prior years.)

In addition, the following individuals may be given access to our GHP information received from BCBSNE in accordance to the requirements set forth within the HIPAA Privacy Rules.

NOTE: Do NOT duplicate Primary, Billing or Correspondence Contact information on Page 1.

Name: S. Jane Limbach Group Contact Agent
Agency if applicable: McInnes Group, Inc.
Title: Account Manager
Phone Number: 913-831-0999
Email: jane@Mcinnesgroup.com
Allow BluesEnroll Access? Yes No

Name: Dennis Maggart Group Contact Agent
Agency if applicable: McInnes Group, Inc.
Title: Executive Vice-President
Phone Number: 913-831-0999
Email: Dennis@Mcinnesgroup.com
Allow BluesEnroll Access? Yes No

Name: Troy Shreve Group Contact Agent
Agency if applicable: Benefit Management/OCI
Title: Agent/Owner
Phone Number: 402-420-7776
Email: TShreve@Benefit-Management.Com
Allow BluesEnroll Access? Yes No

Name: Savannah Anderson Group Contact Agent
Agency if applicable: _____
Title: Human Resources Coordinator
Phone Number: 402-826-4313
Email: Savanah.Anderson@Crete.Ne.Gov
Allow BluesEnroll Access? Yes No

Name: Wendy Thomas Group Contact Agent
Agency if applicable: _____
Title: Finance Director
Phone Number: 402-826-6418
Email: wendy.thomas@crete.ne.gov
Allow BluesEnroll Access? Yes No

If you have additional APC, Please check here and add supplemental sheet ensuring all information in the fields above is provided.

BCBSNE will not release protected health information (PHI) to fully insured groups, except as specifically agreed in writing by BCBSNE the Plan and Plan Sponsor. When there is a written agreement, all disclosure of PHI from BCBSNE shall be made to the Plan, or an Authorized Plan Contact.

CERTIFICATION AND SIGNATURE

I have read the entire Participation Agreement and Subgroup Application and any supplement(s) thereto. To the best of my knowledge, there have been no material misrepresentations. I further agree and understand that any individual Enrollment Forms submitted to or accepted by the Subgroup employer/member which do not meet the provisions specified hereunder may be declared null, void, and without effect. I UNDERSTAND THAT LEAGUE GROUPS MUST BE MEMBERS OF THE LEAGUE OF NEBRASKA MUNICIPALITIES (LONM) IN ORDER TO MAINTAIN ELIGIBILITY FOR THIS PLAN AND THAT THE SUBGROUP MUST ENTER INTO A MEMBERSHIP AGREEMENT WITH LIGHT TO BE ELIGIBLE TO PARTICIPATE IN THE PLAN. I understand the possible effect of canceling our current group health plan prior to receiving final approval from BCBSNE. I understand that it is the Subgroup employer/member's responsibility to evaluate this and other employee benefits. The Subgroup employer/member should consult its own legal and other counsel regarding tax and benefit implications. Subgroup employer/member is not relying on LIGHT, LONM or BCBSNE with respect to any aspect of the Subgroup employer/member's provision of health and dental benefits to Subgroup employer/member or its employees.

David Bauer _____ Mayor _____
Printed Name of Applicant Printed Title Date

Signature of Applicant/Group

BROKER/AGENT CERTIFICATION:

I have read the entire Participation Agreement and Subgroup Application and any supplement(s) thereto. I certify that I have verified the information in this Participation Agreement and Subgroup Application with the Applicant and to the best of my knowledge, it is true and accurate and there have been no material misrepresentations.

Broker/Agent Printed Name Date

Signature

ACCEPTANCE BY BLUE CROSS AND BLUE SHIELD OF NEBRASKA:

- This Application is accepted.
- This Application is accepted with the following changes: _____

Signature Title Date

The noted changes are acceptable. _____
Signature of Applicant Date

Mutual of Omaha Critical Illness and Accident Insurance July 1, 2024 – June 30, 2025

VOLUNTARY CRITICAL ILLNESS MOO		
MONTHLY PREMIUMS PER \$1,000	2023-2024	2024-2025
UNDER 30	\$ 0.32	NO CHANGE
30-39	\$ 0.62	
40-49	\$ 1.37	
50-59	\$ 2.88	
60-69	\$ 5.88	
VOLUNTARY ACCIDENT MOO		
MONTHLY PREMIUMS	2023-2024	2024-2025
EMPLOYEE	\$ 8.55	NO CHANGE
EMPLOYEE & SPOUSE	\$ 15.25	
EMPLOYEE & CHILDREN	\$ 22.50	
FAMILY	\$ 28.75	

NO CHANGES TO PLAN OR RATES

City of Crete

Non-DOT Anti-Drug Plan & Non-DOT Alcohol Misuse Plan for Part-time/Seasonal Staff

A. DRUGS

I. POLICY OVERVIEW – ANTI-DRUG PLAN SUMMARY

City of Crete has a vital interest in maintaining safe, healthful and efficient working conditions for all of its employees. Being under the influence of a drug or alcohol on the job poses serious safety and health risks, not only to the user, but to all those who work with or otherwise come into contact with the user. The possession, use or sale of illegal drugs or alcohol on the job also poses unacceptable risk for safety, healthful, and efficient operations.

It is the City's right, obligation, and intent to maintain a safe, healthful, and efficient working environment for all of its employees and to protect City property, equipment, and operations from the risks associated with drug use in the workplace.

This Anti-Drug Plan can be altered or modified with proper notice.

II. POLICY APPLICATION

The provisions of the Anti-Drug Plan apply to all employees of the City.

III. PROHIBITED CONDUCT

The City prohibits the following conduct:

- (A) Using, being under the influence of, or possessing unauthorized controlled substances while performing City business or while in or about a City facility or worksite except for items held as property or evidence or as required by an official job description. This will subject the offending employee to disciplinary action up to and including termination of employment.
- (B) Using or being under the influence of a legal drug (such as "over-the-counter" and prescription drugs) while performing City business, or while in or about a City facility or worksite, to the extent such use affects the safety of any employees or others. When in doubt about the effects of a certain drug, consult your physician regarding any adverse side effects.
- (C) The unlawful manufacture, distribution, possession, or use of a controlled substance by any employee while performing City business, or while in or about a City facility or worksite, except for items held as property or evidence or as required by an official job description.
- (D) Tampering with a specimen provided for drug testing for the purpose of altering the results of the urine drug test.
- (E) Refusal to take a drug test.

IV. TESTING FOR CONTROLLED SUBSTANCES

A. Reasonable Suspicion Testing

Reasonable suspicion can arise from an accident that reflected questionable judgement or an incident that brings scrutiny upon the participants.

If it is determined that a reasonable suspicion test is required, the supervisor will contact the City Administrator (City Attorney if the City Administrator is unreachable.)

B. Return to Duty Testing

An employee who has a positive drug test result will be required to take a return to duty drug test.

The employee must have a verified negative drug test result to return to their job. If a drug test is cancelled and not rescheduled, the City shall require the employee to submit to and pass another drug test. A positive test result will be cause for termination from the City.

C. Confidentiality

Each individual's record of testing and results under this policy will be private and confidential.

D. Supervisory Training/Employee Awareness

All supervisors are required to complete a training program for detecting signs and symptoms of drug and alcohol use on the job.

Employees will be asked to read a copy of the Drug Policy and sign a statement of acknowledgement.

VI. DRUG TESTING PROCEDURES

Drug testing will be performed utilizing urine sample. Samples will be tested for marijuana, cocaine, opiates, amphetamines and PCP. An employee may request at their own expense the sample be retested after a positive test.

	Initial	Confirmation	Split Sample Retest
Marijuana	50 ng/mL	15 ng/mL	Any detectable presence
Cocaine	150 ng/mL	100 ng/mL	Any detectable presence
Codeine/Morphine	2000 ng/mL	2000 ng/mL	Any detectable presence
Hydrocodone/hydromorphone	300 ng/mL	100 ng/mL	Any detectable presence
Oxycodone/Oxymorphone	100 ng/mL	100 ng/mL	Any detectable presence
6-Acetylmorphine	10 ng/mL	10 ng/mL	Any detectable presence
Phencyclidine	25 ng/mL	25 ng/mL	Any detectable presence
Amphetamine/methamphetamine	500 ng/mL	250 ng/mL	Any detectable presence
MDMA/MDA	500 ng/mL	250 ng/mL	Any detectable presence

The City reserves the right to test for the above drugs or amend the list of drugs with proper notice to employees.

A picture I.D. is required to be shown at the time of collection.

Established chain of custody procedures will be followed.

B. ALCOHOL

I. POLICY OVERVIEW

The City of Crete has a vital interest in maintaining safe, healthful and efficient working conditions for all of its employees. Being under the influence of alcohol on the job poses serious safety and health risks, not only to the user, but to all those who work or otherwise come into contact with the user. The possession, use or sale of alcohol on the job poses unacceptable risks for safe, healthful, and efficient operations.

It is the City's right, obligation, and intent to maintain a safe, healthful, and efficient working environment for all of its employees and to protect City property, equipment, and operations from the risks associated with alcohol use in the work place.

This Alcohol Misuse Prevention Plan can be altered or modified with proper notice.

II. POLICY APPLICATION

The provisions of this Alcohol Misuse Prevention Plan apply to all employees of the City.

III. PROHIBITED CONDUCT

(A) No employee shall report for duty or remain on duty with the odor of alcohol about their person and while having an alcohol concentration of 0.02 or greater. (or)
(or)

(B) No employee shall refuse to submit to the following alcohol tests:

- 1) incident/accident
- 2) return to duty

(C) No employee shall perform their job with alcoholic beverages in his/her possession while being on duty, except for items held as property or evidence or as required by an official job description.

(D) Any attempt to invalidate or tamper with the alcohol test will result in the employee not being eligible for consideration for six months.

IV. ALCOHOL TESTING PROCEDURES

Alcohol testing procedures will be performed using a split urine sample, breath alcohol or blood.

A. Reasonable Suspicion Testing

Reasonable suspicion can arise from an accident that reflected questionable judgement or an incident that brings scrutiny upon the participants.

If it is determined that a reasonable suspicion test is required, the supervisor will contact the City Administrator (City Attorney if the City Administrator is unreachable.)

B. Return to Duty Testing

An employee who has a positive alcohol test of .02 or greater will be required to take a return to duty alcohol test.

No employee who is found to have an alcohol concentration of 0.02 or greater shall perform or continue to perform their job for the City, until the start of the employee's next regularly scheduled duty period, but not less than 24 hours following administration of the test.

The employee must have a verified alcohol test result of less than 0.02 to return to the job. If an alcohol test is cancelled and not rescheduled, the employee will not be eligible for consideration for six months. A positive test result will be cause for termination from the City.

D. Confidentiality

Each individual's record of testing and results under this policy will be private and confidential.

E. Supervisory Training/Employee Awareness

All supervisors are required to complete a training program for detecting signs and symptoms of drug and alcohol use on the job.

Employees will be asked to read a copy of the Alcohol Policy and sign a statement of acknowledgement.

RECEIPT
FOR
CITY OF CRETE
NON-DOT ANTI-DRUG PLAN
& NON-DOT ALCOHOL MISUSE PLAN FOR
PART-TIME/SEASONAL STAFF

I hereby acknowledge that I'm aware that the City of Crete Non-DOT Anti-Drug Plan and Non-Dot Alcohol Misuse Plan for Part-time/Seasonal Staff was implemented on _____.

I understand and acknowledge that failure to comply with this policy may result in disciplinary action up to and including termination from the City.

Print Name

Signature

Department

Date

Please forward completed form to the Human Resources Department