

RESOLUTION NUMBER 7768

WHEREAS, the Mayor and City Council have previously adopted a health care plan for its full-time employees; and

WHEREAS, the Mayor and City Council find and determine that the “City of Beatrice/Board of Public Works Employee Health Plan: OAP Option” should be amended as stated in Amendment Number 5, attached hereto as Exhibit “A” and incorporated herein by this reference, (hereinafter “OAP Amendment Number 5”) and that such amendment go into effect on January 1, 2026; and

WHEREAS, the Mayor and City Council find and determine that the “City of Beatrice/Board of Public Works Employee Health Plan: High-Deductible Health Plan Option” should be amended as stated in Amendment Number 5, attached hereto as Exhibit “B” and incorporated herein by this reference, (hereinafter “HDHP Amendment Number 5”) and that such amendment go into effect on January 1, 2026.

NOW, THEREFORE, BE IT RESOLVED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF BEATRICE, NEBRASKA:

SECTION 1. That the OAP Amendment Number 5 be and hereby is adopted.


SECTION 2. That the HDHP Amendment Number 5 be and hereby is adopted.

SECTION 3. That the City Administrator be and hereby is authorized to execute the OAP Amendment Number 5, HDHP Amendment Number 5, and any and all other contracts, documents, exhibits and memoranda necessary to effectuate said Amendment.

SECTION 4. That all resolutions or parts of resolutions in conflict herewith are hereby repealed.

RESOLUTION PASSED AND ADOPTED this 20th day of April, 2026.

Attest:



Erin Saathoff, MMC, City Clerk



Robert Morgan, Mayor

Exhibit "A"

AMENDMENT #5
 TO THE
 PLAN DOCUMENT/SUMMARY PLAN DESCRIPTION
 for the
 CITY OF BEATRICE/BOARD OF PUBLIC WORKS
 EMPLOYEE HEALTH PLAN
 OAP OPTION - GROUP 2001026

Effective January 1, 2026, the City of Beatrice/Board of Public Works Employee OAP Option is amended as follows (**red** and *italics* means change or addition and ~~strikeout~~ means deletion):

Within "**SCHEDULE OF MEDICAL BENEFITS - PREMIUM PLAN**", as amended, "**PREVENTIVE CARE**", as amended, is replaced as follows:

TYPE OF SERVICE / LIMITATIONS	BENEFIT PERCENTAGE	
	NETWORK	NON-NETWORK
PREVENTIVE CARE		
	100%, Deductible Waived	70% after Deductible
<p>Covered Services:</p> <ul style="list-style-type: none"> ◆ Well-Child Care ◆ Physical examinations ◆ Pelvic examination and pap smear ◆ Laboratory and testing ◆ Hearing and vision screening ◆ Breast cancer screening (e.g., Mammograms, Magnetic Resonance Imaging (MRIs), Ultrasounds and similar breast cancer screening services) ◆ Mammograms. <i>If additional imaging (e.g., Magnetic Resonance Imaging (MRI), Ultrasound or other mammogram) and pathology evaluation are indicated, these services are also recommended to complete the screening process for malignancies after initial mammogram</i> ◆ <i>Individualized patient navigation services for breast and cervical cancer screening and follow-up</i> ◆ Prostate cancer screening Prostate-specific Antigen (PSA) or Digital Rectal Examination (DRE) ◆ Cardiovascular screening blood tests ◆ Colorectal cancer screening tests ◆ Vaccinations and Immunizations recommended by Physician ◆ BRCA1 and BRCA2 when medically indicated ◆ Nutritional counseling ◆ Well Women Preventive Care subject to Plan limitations on sterilization procedures ◆ <i>Screening for adolescent and adult women for intimate partner and domestic violence, at least annually and, when needed, providing or referring to intervention services</i> <p>Complete list of recommended preventive services can be viewed at: https://www.healthcare.gov/coverage/preventive-care-benefits/</p> <p>If any diagnostic x-rays, labs or other tests or procedures are ordered or provided in connection with any of the Preventive Care covered services, those tests or procedures will not be covered as Preventive Care and will be subject to the cost sharing that applies to those specific services.</p>		

Within "SCHEDULE OF MEDICAL BENEFITS - CORE PLAN", as amended, "PREVENTIVE CARE", as amended, is replaced as follows:

TYPE OF SERVICE / LIMITATIONS	BENEFIT PERCENTAGE	
	NETWORK	NON-NETWORK
PREVENTIVE CARE		
	100%, Deductible Waived	70% after Deductible
<p>Covered Services:</p> <ul style="list-style-type: none"> ◆ Well-Child Care ◆ Physical examinations ◆ Pelvic examination and pap smear ◆ Laboratory and testing ◆ Hearing and vision screening ◆ Breast cancer screening (e.g., Mammograms, Magnetic Resonance Imaging (MRIs), Ultrasounds and similar breast cancer screening services) ◆ Mammograms. <i>If additional imaging (e.g., Magnetic Resonance Imaging (MRI), Ultrasound or other mammogram) and pathology evaluation are indicated, these services are also recommended to complete the screening process for malignancies after initial mammogram</i> ◆ <i>Individualized patient navigation services for breast and cervical cancer screening and follow-up</i> ◆ Prostate cancer screening Prostate-specific Antigen (PSA) or Digital Rectal Examination (DRE) ◆ Cardiovascular screening blood tests ◆ Colorectal cancer screening tests ◆ Vaccinations and Immunizations recommended by Physician ◆ BRCA1 and BRCA2 when medically indicated ◆ Nutritional counseling ◆ Well Women Preventive Care subject to Plan limitations on sterilization procedures ◆ <i>Screening for adolescent and adult women for intimate partner and domestic violence, at least annually and, when needed, providing or referring to intervention services</i> <p>Complete list of recommended preventive services can be viewed at: https://www.healthcare.gov/coverage/preventive-care-benefits/</p> <p>If any diagnostic x-rays, labs or other tests or procedures are ordered or provided in connection with any of the Preventive Care covered services, those tests or procedures will not be covered as Preventive Care and will be subject to the cost sharing that applies to those specific services.</p>		

"COVERAGE FOR A MILITARY RESERVIST" is replaced as follows:

COVERAGE FOR A MILITARY RESERVIST

To the extent required by the Uniform Services Employment and Reemployment Rights Act (USERRA), the following provisions will apply:

1. If a Participant is absent from employment with Employer by reason of service in the uniformed services *or by reason for services as a reservist in the Federal Emergency Management Agency (FEMA)*, the Participant may elect to continue coverage under this Plan for himself or herself and his or her eligible Dependents as provided in this subsection. The maximum period of coverage under such an election will be the lesser of:
 - A. The twenty-four (24) month period beginning on the date on which the Participant's absence begins; or

- B. The period beginning on the date on which the Participant's absence begins and ending on the day after the date on which the Participant fails to apply for or return to a position of employment, as required by USERRA.
2. A Participant who elects to continue Plan coverage under this Section may be required to pay not more than one hundred two percent (102%) of the full premium under the Plan (determined in the same manner as the applicable premium under Section 4980B(f)(4) of the Internal Revenue Code of 1986) associated with such coverage for the Employer's other Employees, except that in the case of a person who performs service in the uniformed services for less than thirty-one (31) days, such person may not be required to pay more than the regular Employee share, if any, for such coverage.
 3. In the case of a Participant whose coverage under the Plan is terminated by reason of service in the uniformed services, an exclusion or Waiting Period may not be imposed in connection with the reinstatement of such coverage upon reemployment if an exclusion or Waiting Period would not have been imposed under the Plan had coverage of such person by the Plan not been terminated as a result of such service. This paragraph applies to the Employee who notifies the Employer of his or her intent to return to employment in a timely manner as defined by USERRA, and is reemployed and to any Dependent who is covered by the Plan by reason of the reinstatement of the coverage of such Employee. **This provision will not apply to the coverage of any illness or injury determined by the Secretary of Veterans Affairs to have been caused by or aggravated during, performance of service in the uniformed services.**
 4. The requirements of this section shall not supersede any anti discrimination in coverage requirement promulgated by TRICARE/CHAMPVA related to eligibility for those coverages.

Nothing in this amendment is deemed to change any other provision of the Plan Document/Summary Plan Description of which it becomes a part.

CITY OF BEATRICE/BOARD OF PUBLIC WORKS

BY:



TITLE:

City Administrator

Exhibit "B"

AMENDMENT #5
 TO THE
 PLAN DOCUMENT/SUMMARY PLAN DESCRIPTION
 for the
 CITY OF BEATRICE/BOARD OF PUBLIC WORKS
 EMPLOYEE HEALTH PLAN
 HIGH DEDUCTIBLE HEALTH PLAN OPTION - GROUP 2001026

Effective January 1, 2026, the City of Beatrice/Board of Public Works Employee Health Plan High Deductible Health Option is amended as follows (**red** and *italics* means change or addition and ~~strikeout~~ means deletion):

Within "**SCHEDULE OF MEDICAL BENEFITS - SAVER PLAN (HSA)**", "**DEDUCTIBLE**", as amended, and "**PREVENTIVE CARE**", as amended, are replaced as follows:

COST SHARING PROVISIONS	NETWORK	NON-NETWORK
DEDUCTIBLE (Non-Embedded; Combined Medical/Pharmacy)		
Single Coverage Per Benefit Period	\$1,650 1,700	\$1,650 1,700
Family Coverage Per Benefit Period	\$3,300 3,400	\$3,300 3,400
<p>The Deductible (combined Medical/Pharmacy) applies to all benefits unless specifically indicated as waived.</p> <p>Network and Non-network charges will cross accumulate towards the Network and Non-Network Deductible.</p> <p>"Single Coverage" means only the Employee is covered under the Plan. No benefits will be payable until satisfaction of the Single Coverage Deductible.</p> <p>"Family Coverage" means the Employee and one or more Dependent(s) are covered under the Plan. No benefits will be payable until satisfaction of the Family Coverage Deductible.</p>		

TYPE OF SERVICE / LIMITATIONS	BENEFIT PERCENTAGE	
	NETWORK	NON-NETWORK
PREVENTIVE CARE		
	100%, Deductible Waived	70% after Deductible
<p>Covered Services:</p> <ul style="list-style-type: none"> ◆ Well-Child Care ◆ Physical examinations ◆ Pelvic examination and pap smear ◆ Laboratory and testing ◆ Hearing and vision screening ◆ Breast cancer screening (e.g., Mammograms, Magnetic Resonance Imaging (MRIs), Ultrasounds and similar breast cancer screening services) ◆ Mammograms. <i>If additional imaging (e.g., Magnetic Resonance Imaging (MRI), Ultrasound or other mammogram) and pathology evaluation are indicated, these services are also recommended to complete the screening process for malignancies after initial mammogram</i> ◆ <i>Individualized patient navigation services for breast and cervical cancer screening and follow-up</i> ◆ Prostate cancer screening Prostate-specific Antigen (PSA) or Digital Rectal Examination (DRE) ◆ Cardiovascular screening blood tests ◆ Colorectal cancer screening tests ◆ Vaccinations and Immunizations recommended by Physician ◆ BRCA1 and BRCA2 when medically indicated ◆ Nutritional counseling ◆ Well Women Preventive Care subject to Plan limitations on sterilization procedures ◆ <i>Screening for adolescent and adult women for intimate partner and domestic violence, at least annually and, when needed, providing or referring to intervention services</i> <p>Complete list of recommended preventive services can be viewed at: https://www.healthcare.gov/coverage/preventive-care-benefits/</p> <p>If any diagnostic x-rays, labs or other tests or procedures are ordered or provided in connection with any of the Preventive Care covered services, those tests or procedures will not be covered as Preventive Care and will be subject to the cost sharing that applies to those specific services.</p>		

Within "**PHARMACY BENEFIT**", "COST SHARING PROVISIONS - SAVER PLAN (HSA)", as amended, is replaced as follows:

COST SHARING PROVISIONS - SAVER PLAN (HSA)

Deductible per Benefit Period (Combined Medical/Pharmacy)

Single Coverage	\$ 1,650 1,700
Family Coverage	\$ 3,300 3,400

Deductible (combined Medical/Pharmacy) applies to all prescription drug charges payable through the Plan's PBM unless specifically indicated as waived. After satisfaction of the Deductible, Pharmacy Copayments apply as stated in this section.

"Single Coverage" means only the Employee is covered under the Plan. No benefits will be payable until satisfaction of the Single Coverage Deductible.

"Family Coverage" means the Employee and one or more Dependent(s) are covered under the Plan. No benefits will be payable until satisfaction of the Family Coverage Deductible.

Out-of-Pocket Maximum per Benefit Period (Combined Medical/Pharmacy)

Single Coverage	\$3,100
Family Coverage	\$6,200

Out-of-Pocket Maximum (combined Medical/Pharmacy) includes the Deductible and any applicable Pharmacy Copayments. Pharmacy Benefits are payable at 100% after satisfaction of the Out-of-Pocket Maximum for the remainder of the Benefit Period. Patient assistance programs may not apply to the Deductible and Out-of-Pocket Maximum.

“Single Coverage” means only the Employee is covered under the Plan. Benefits are payable at 100% after satisfaction of the Single Coverage Out-of-Pocket Maximum.

“Family Coverage” means the Employee and one or more Dependent(s) are covered under the Plan. Benefits are payable at 100% after satisfaction of the Family Coverage Out-of-Pocket Maximum.

Copayment per Prescription			
Drug Type	Retail PBM Network	Mail Order	Specialty Drug
Tier 1 Generic	20%	20%	20%
Tier 2 Preferred Brand	20%	20%	20%
Tier 3 Non-Preferred Brand	20%	20%	20%
Insulin	20% (\$35 max) 1-30 day supply 20% (\$105 max) 30-90 day supply Deductible Waived		Not Applicable
<p>The following are payable at 100% and are not subject to any Deductible or Copayment:</p> <ol style="list-style-type: none"> 1. Prescribed generic contraceptives or brand if generic is unavailable; 2. Smoking cessation products prescribed by a Physician or Licensed Health Care Provider; and 3. Over-the-counter (OTC) medications only when prescribed by a Physician or Licensed Health Care Provider, and only if listed as an A or B recommendation as a Preventive Service covered under the Affordable Care Act which can be viewed at: https://www.healthcare.gov/coverage/preventive-care-benefits/. 4. Vaccines. 			
<p>Generics Preferred - Member Choice (DAW2): If the Physician does not prescribe “Dispense as Written” (DAW), and there is a generic alternative for the prescription drug, and the Covered Person chooses a brand name instead, the Covered Person must pay the difference in cost between the generic and brand name medication plus the applicable brand Copayment amount.</p>			

“**COVERAGE FOR A MILITARY RESERVIST**” is replaced as follows:

COVERAGE FOR A MILITARY RESERVIST

To the extent required by the Uniform Services Employment and Reemployment Rights Act (USERRA), the following provisions will apply:

1. If a Participant is absent from employment with Employer by reason of service in the uniformed services *or by reason for services as a reservist in the Federal Emergency Management Agency (FEMA)*, the Participant may elect to continue coverage under this Plan for himself or herself and his or her eligible Dependents as provided in this subsection.

The maximum period of coverage under such an election will be the lesser of:

- A. The twenty-four (24) month period beginning on the date on which the Participant's absence begins; or
 - B. The period beginning on the date on which the Participant's absence begins and ending on the day after the date on which the Participant fails to apply for or return to a position of employment, as required by USERRA.
2. A Participant who elects to continue Plan coverage under this Section may be required to pay not more than one hundred two percent (102%) of the full premium under the Plan (determined in the same manner as the applicable premium under Section 4980B(f)(4) of the Internal Revenue Code of 1986) associated with such coverage for the Employer's other Employees, except that in the case of a person who performs service in the uniformed services for less than thirty-one (31) days, such person may not be required to pay more than the regular Employee share, if any, for such coverage.
 3. In the case of a Participant whose coverage under the Plan is terminated by reason of service in the uniformed services, an exclusion or Waiting Period may not be imposed in connection with the reinstatement of such coverage upon reemployment if an exclusion or Waiting Period would not have been imposed under the Plan had coverage of such person by the Plan not been terminated as a result of such service. This paragraph applies to the Employee who notifies the Employer of his or her intent to return to employment in a timely manner as defined by USERRA, and is reemployed and to any Dependent who is covered by the Plan by reason of the reinstatement of the coverage of such Employee. **This provision will not apply to the coverage of any Illness or Injury determined by the Secretary of Veterans Affairs to have been caused by or aggravated during, performance of service in the uniformed services.**
 4. The requirements of this section shall not supersede any anti discrimination in coverage requirement promulgated by TRICARE/CHAMPVA related to eligibility for those coverages.

Nothing in this amendment is deemed to change any other provision of the Plan Document/Summary Plan Description of which it becomes a part.

CITY OF BEATRICE/BOARD OF PUBLIC WORKS

BY: 

TITLE: City Administrator