AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: CoreSource, Inc – First Amendment; Employee Medica

Action Requested: Board of County Commissioners' Signature

Parties to the Agreement: Gunnison County and CoreSource, Inc.

Term Begins: **Term Ends:** **Grant Contract #:**

Summary:

Please see the attached summary.

Fiscal Impact:

Submitted by: Cheryl Seling **Submitter's Email Address:** cseling@gunnisoncounty.org

Finance Review: ○ Required ◉ Not Required

Comments:

Reviewed by: Discharge Date:

County Attorney Review: ◉ Required ○ Not Required

Comments:

Reveiwed by: GUNCOUNTY1\mhoyt Discharge Date: 8/17/2018 Certificate of Insurance Required Yes ○ No ◉

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\khaase Discharge Date: 8/17/2018

◉ Consent Agenda ○ Regular Agenda ○ Worksession Time Allotted: 0

Agenda Date: 8/21/2018

Revised April 2015

After a recent audit was performed for CoreSource, Inc. entire book of business, it was brought to their attention **Gunnison County CoreSource Medical Plan Amendment #1 - Effective 9/1/2017** had not been signed. This medical plan amendment was drafted shortly after the medical plan was restated effective 9/1/2017. Although CoreSource did not have this signed medical plan amendment, services for Gunnison County were not impacted or interrupted. In this amendment the following changes are reflected;

This is a CoreSource global change. Current legal action plan language was reviewed by CoreSource legal and the below timeframes were revised.

EXISTING LANGUAGE:

The decision by the plan administrator/claims processor on review will be final, binding, and conclusive, and will be afforded the maximum deference permitted by law. All claim review procedures provided for in this Plan Document must be exhausted before any legal or equitable action is brought. Notwithstanding any other state or federal law, any and all legal actions to recover benefits, whether against the Plan, plan administrator/claims processor, any other fiduciary, or their employees, must be filed within two (2) years from the date the expense was incurred or one (1) year from the date the completed claim was filed, whichever occurred first.

NEW LANGUAGE:

The decision by the *plan administrator/claims processor* on review will be final, binding, and conclusive, and will be afforded the maximum deference permitted by law. All claim review procedures provided for in this *Plan* Document must be exhausted before any legal or equitable action is brought. Notwithstanding any other state or federal law, any and all legal actions to recover benefits, whether against the *Plan*, *plan administrator/claims processor*, any other fiduciary, or their employees, must be filed within one (1) year from the date all claim review procedures provided for in this *Plan* Document have been exhausted.

FIRST AMENDMENT TO THE
GUNNISON COUNTY, COLORADO
EMPLOYEE MEDICAL BENEFIT PLAN
EFFECTIVE SEPTEMBER 1, 2017

WHEREAS, Gunnison County, Colorado has adopted the Gunnison County, Colorado Employee Medical Benefit Plan as Amended and Restated Effective September 1, 2017, (The Plan); and

WHEREAS, Gunnison County, Colorado has reserved the right to amend the Plan at anytime; and

WHEREAS, Gunnison County, Colorado wishes to amend the Plan at this time to ensure a certain level of benefits for Plan participants.

NOW, THEREFORE, BE IT RESOLVED, that the Plan is hereby amended as follows:

EFFECTIVE SEPTEMBER 1, 2017

The section "Is The Decision On Review Final?" is deleted and replaced with:

Is The Decision On Review Final?

The decision by the **Plan Administrator/Claims Administrator** on review will be final, binding, and conclusive, and will be afforded the maximum deference permitted by law. **All claim review procedures provided for in this Plan Document must be exhausted before any legal or equitable action is brought.** Notwithstanding any other state or federal law, any and all legal actions to recover benefits, whether against the plan, **Plan Administrator**, **Claims Administrator**, **company**, any other fiduciary, or their employees, must be filed within one (1) year from the date all claim review procedures provided for in this Plan Document have been exhausted.

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IN WITNESS WHEREOF, Gunnison County, Colorado has adopted this First Amendment to the Plan, this _____ day of _____, 2017.

GUNNISON COUNTY, COLORADO

BY: _____

TITLE: _____

SUMMARY OF PLAN CHANGE TO
GUNNISON COUNTY, COLORADO
EMPLOYEE MEDICAL BENEFIT PLAN
EFFECTIVE SEPTEMBER 1, 2017

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