

**CITY OF CRAIG  
RESOLUTION NO. 20-16-2**

**CITY OF CRAIG HEALTH REIMBURSEMENT ARRANGEMENT**

**WHEREAS**, on this date, the Craig city council did meet to discuss the implementation of the City of Craig Health Reimbursement Arrangement, to be effective July 1, 2020. Let it be known that the following resolution is duly adopted by the Craig city council and that this resolution has not been modified or rescinded as of the date hereof:

**WHEREAS**, the form of Health Reimbursement Arrangement, as authorized under Section 105 of the Internal Revenue Code, presented to this meeting is hereby adopted and approved and that the proper officers of the Employer are hereby authorized and directed to execute and deliver to the Plan Administrator one or more copies of the Plan.

**WHEREAS**, the Plan Year shall be for a 12-month period, beginning on July 1, 2020.

**WHEREAS**, the Employer shall contribute to the Plan amounts sufficient to meet its obligation under the Health Reimbursement Plan, in accordance with the terms of the Plan Document and shall notify the Plan Administrator to which periods said contributions shall be applied.

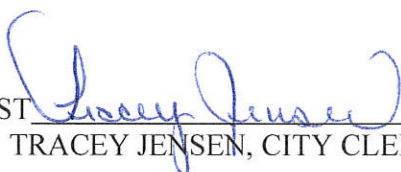
**WHEREAS**, the proper officers of the Employer shall act as soon as possible to notify employees of the adoption of the Health Reimbursement Arrangement by delivering to each employee a copy of the Summary Plan Description presented to this meeting, which form is hereby approved.

**NOW THEREFORE BE IT RESOLVED**, the undersigned certifies that attached hereto is a true copy of the Plan Document for City of Craig Health Reimbursement Arrangement approved and adopted by this resolution.

The undersigned further certifies and attests that the above resolution is made with the consent of the Craig city council.

APPROVED June 17, 2021

  
MAYOR, TIM O'CONNOR

ATTEST   
TRACEY JENSEN, CITY CLERK



### **CITY OF CRAIG HEALTH REIMBURSEMENT ARRANGEMENT**

Employees of City of Craig enrolled in the Premera Blue Cross Blue Shield of Alaska health plan called the Preferred Choice HP that covers only the employee (single plan) shall be responsible for the first \$500 of the enrolled plan (Preferred Choice HP). The Preferred Choice HP Plan in network deductible is \$3,000 and the out of network is \$6,000. Employees will be reimbursed for the annual deductible minus the first \$500 up to a maximum annual benefit of \$2,500 for the in network expenses or a maximum of \$5,500 for the out of network expenses. The Preferred Choice HP plan maximum in network out of pocket expenses is \$6,000. Employees will be reimbursed for in network out of pocket expenses greater than \$5,000 to a maximum of \$1,000. The maximum annual benefit is \$3,500 for in network expenses and \$5,500 for out of network expenses.

Employees of City of Craig enrolled in the Premera Blue Cross Blue Shield of Alaska health plan that covers the employee and dependents; employee and spouse; and family, the first two participants in the Preferred Choice HP plan shall be responsible for the first \$500 for a total of \$1,000 of the enrolled plan (Preferred Choice HP) annual deductible. The Preferred Choice HP plan in network deductible is \$6,000 and the out of network is \$12,000. Employees will be reimbursed for the annual deductible minus the first \$1,000 up to a maximum benefit of \$5,000 for the in network expenses to a maximum of \$11,000 for the out of network expenses for the Preferred Choice HP Plan. The Preferred Choice HP plan maximum in network out of pocket expenses is \$12,000. Employees will be reimbursed for in network out of pocket expenses greater than \$10,000 to a maximum of \$2,000. The maximum annual benefit is \$7,000 for in network expenses and \$11,000 for out of network expenses.

Claims for reimbursement must be submitted with a completed claim form and proof of medical expenses applied to the deductible. The proof can be either the Explanation of Benefits or documentation from the employee's account from Premera's website. As this benefit pays on a calendar year basis, the final day to submit claims for 2020 expenses will be June 30, 2021.

**CITY OF CRAIG  
RESOLUTION NO. 20-16**

**CITY OF CRAIG HEALTH REIMBURSEMENT ARRANGEMENT**

**WHEREAS**, on this date, the Craig city council did meet to discuss the implementation of the City of Craig Health Reimbursement Arrangement, to be effective July 1, 2020. Let it be known that the following resolution is duly adopted by the Craig city council and that this resolution has not been modified or rescinded as of the date hereof:

**WHEREAS**, the form of Health Reimbursement Arrangement, as authorized under Section 105 of the Internal Revenue Code, presented to this meeting is hereby adopted and approved and that the proper officers of the Employer are hereby authorized and directed to execute and deliver to the Plan Administrator one or more copies of the Plan.

**WHEREAS**, the Plan Year shall be for a 12-month period, beginning on July 1, 2020.


**WHEREAS**, the Employer shall contribute to the Plan amounts sufficient to meet its obligation under the Health Reimbursement Plan, in accordance with the terms of the Plan Document and shall notify the Plan Administrator to which periods said contributions shall be applied.

**WHEREAS**, the proper officers of the Employer shall act as soon as possible to notify employees of the adoption of the Health Reimbursement Arrangement by delivering to each employee a copy of the Summary Plan Description presented to this meeting, which form is hereby approved.

**NOW THEREFORE BE IT RESOLVED**, the undersigned certifies that attached hereto is a true copy of the Plan Document for City of Craig Health Reimbursement Arrangement approved and adopted by this resolution.

The undersigned further certifies and attests that the above resolution is made with the consent of the Craig city council.

APPROVED June 25, 2020

  
MAYOR, TIM O'CONNOR

ATTEST

  
JILL CARL, CITY CLERK



### **CITY OF CRAIG HEALTH REIMBURSEMENT ARRANGEMENT**

Employees of City of Craig enrolled in the Premera Blue Cross Blue Shield of Alaska health plan called the Preferred Choice HP that covers only the employee (single plan) shall be responsible for the first \$500 of the enrolled plan (Preferred Choice HP). The Preferred Choice HP Plan in network deductible is \$3,000 and the out of network is \$6,000. Employees will be reimbursed for the annual deductible minus the first \$500 up to a maximum annual benefit of \$2,500 for the in network expenses or a maximum of \$5,500 for the out of network expenses. The Preferred Choice HP plan maximum in network out of pocket expenses is \$6,000. Employees will be reimbursed for in network out of pocket expenses greater than \$5,000 to a maximum of \$1,000. The maximum annual benefit is \$3,500 for in network expenses and \$5,500 for out of network expenses.

Employees of City of Craig enrolled in the Premera Blue Cross Blue Shield of Alaska health plan that covers the employee and dependents; employee and spouse; and family, the first two participants in the Preferred Choice HP plan shall be responsible for the first \$500 for a total of \$1,000 of the enrolled plan (Preferred Choice HP) annual deductible. The Preferred Choice HP plan in network deductible is \$6,000 and the out of network is \$12,000. Employees will be reimbursed for the annual deductible minus the first \$1,000 up to a maximum benefit of \$5,000 for the in network expenses to a maximum of \$11,000 for the out of network expenses for the Preferred Choice HP Plan. The Preferred Choice HP plan maximum in network out of pocket expenses is \$12,000. Employees will be reimbursed for in network out of pocket expenses greater than \$10,000 to a maximum of \$2,000. The maximum annual benefit is \$7,000 for in network expenses and \$11,000 for out of network expenses.

Claims for reimbursement must be submitted with a completed claim form and proof of medical expenses applied to the deductible. The proof can be either the Explanation of Benefits or documentation from the employee's account from Premera's website. As this benefit pays on a calendar year basis, the final day to submit claims for 2020 expenses will be June 30, 2021.