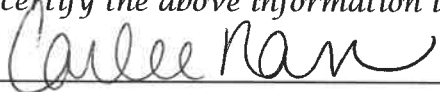


Agenda Summary Report (ASR)

Franklin County Board of Commissioners

DATE SUBMITTED: 10/21/2021	PREPARED BY: Carlee Nave
Meeting Date Requested: 11/2/2021	PRESENTED BY: Carlee Nave
ITEM: (Select One) <input checked="" type="checkbox"/> Consent Agenda <input type="checkbox"/> Brought Before the Board Time needed:	
SUBJECT: 2022 Life Flight Group Membership Agreement	
FISCAL IMPACT: Voluntary Benefit 100% funded by employee contribution via payroll deduction. Minor indirect fiscal impact for staff time to administer enrollment and facilitate payroll deduction and payment process. LEOFF I retirees are also enrolled in this benefit, at a total cost of \$354 for 2021, to be covered within the approved 1240 budget.	
BACKGROUND: 2022 will be the fourth year that Franklin County has offered Life Flight as a voluntary benefit to employees, allowing employees to purchase Life Flight coverage at a reduced group rate. Life Flight requires a Group Membership Agreement to form or renew a group for the purposes of obtaining group rate coverage. This benefit continues to be popular amongst the employee population, with 29% of eligible employees enrolling in this benefit for 2021. Additionally, the LEOFF I Disability Board has added this as a required benefit for LEOFF I retirees in order to mitigate cost to the County in the event a LEOFF I retiree requires transport. The Statement of Understanding, attached to, and referenced in the Group Membership Agreement, are the terms that individual employees agree to when joining the network and purchasing the benefit.	
RECOMMENDATION: HR and Conover Insurance recommend approval as presented.	
COORDINATION: HR has again worked with our benefits broker, Conover Insurance, to facilitate the Life Flight enrollment process for 2022 Life Flight benefits. Legal review of the agreement was completed by J Johnson, Chief Civil Deputy Prosecuting Attorney/Risk Manager.	
ATTACHMENTS: (Documents you are submitting to the Board) 1. Resolution 2. Group Membership Agreement	
HANDLING / ROUTING: (Once document is fully executed it will be imported into Document Manager. Please list <u>name(s)</u> of parties that will need a pdf) n/a	

I certify the above information is accurate and complete.



Carlee Nave, HR Director

FRANKLIN COUNTY RESOLUTION _____

**BEFORE THE BOARD OF COUNTY COMMISSIONERS
FRANKLIN COUNTY, WASHINGTON**

***AUTHORIZING THE BOARD CHAIR TO EXECUTE LIFE FLIGHT GROUP
MEMBERSHIP AGREEMENT FOR 2022 EMPLOYEE VOLUNTARY BENEFIT***

WHEREAS, pursuant to RCW 36.01.010 and RCW 36.32.120 the legislative authority of each county is authorized to enter into contracts on behalf of the county and have the care of county property and management of county funds and business; and

WHEREAS, the Board of Franklin County Commissioners constitutes the legislative authority of Franklin County and desires to enter into the attached contract in the best interest of Franklin County.

NOW, THEREFORE IT IS HEREBY RESOLVED the Group Membership Agreement between Life Flight Network and Franklin County for 2022 is hereby approved by the Board.

AND, BE IT FURTHER RESOLVED the Board of Franklin County Commissioners authorizes the Chair of the Board to sign the Group Membership Agreement.

DATED this _____ day of _____, 2021.

**BOARD OF COUNTY COMMISSIONERS
FRANKLIN COUNTY, WASHINGTON**

Chair

Chair Pro Tem

ATTEST:

Member

Clerk of the Board



There. When You Need Us.®

Group Membership Agreement

Thank you for your interest in forming or renewing a group with Life Flight Network. We appreciate your support and look forward to the opportunity to provide your members/employees with financial peace of mind in the event of an unexpected medically necessary emergent transport.

◆ **To enroll or renew a group the following terms must be met:**

1. NEW members and existing members with any changes to their household- must complete an enrollment form.
2. One payment for the entire group; check or credit card must accompany individual enrollment forms.
3. Eligibility for group enrollment and group renewals will be determined solely by Life Flight Network.
4. All memberships belong to the individual and cannot be canceled or transferred to another individual.
5. Membership fees are non-refundable.
6. Group memberships have a term of one year. Renewal instructions will be sent to the group's Primary Contact approximately two months in advance of expiration.
7. Additional members may be added at any time by contacting the Membership Services office to request a prorated rate. This allows the member to be enrolled through the group's current expiration date.
8. Courtesy membership ID cards will be mailed to each individual household following enrollment.
9. This agreement is to be signed annually by the group's representative at time of group enrollment or renewal.

Life Flight Network's full Statement of Understanding is found on the back of this contract. These terms apply to all members of the group and are provided on enrollment forms, membership cards and at www.lifeflight.org.

Agreed to by: _____
Group or Employer Representative Date

Group Name Franklin County

Mailing Address: 1016 N 4th Ave

City: Pasco **State:** WA **Zip:** 99301

Phone: 509-546-5813 **Email:** hr@co.franklin.wa.us

Primary Contact: Carlee Nave

Phone: 509-546-5813 **Email:** cnave@co.franklin.wa.us

Next Annual Renewal Packet Preference:

Mail _____ Future Renewal packet will be mailed two months prior of group renewal date

Email Future Renewal packet will be sent as a secure message two months prior to group renewal date

I request 100 decals for members

* Decals will be mailed to group address. ID cards will be mailed to members address.

Return to Membership Services with enrollment forms and payment:

Life Flight Network Foundation
PO Box 3841 Portland, OR 97208-3841
Payment included \$ _____ Total households multiplied by applicable rate- found on enrollment form

STATEMENT OF UNDERSTANDING

By becoming a Life Flight Network Member, you agree to the terms stated below.

A Life Flight Network Membership relieves you from liability for out-of-pocket costs of emergent, medically necessary transports completed and billed by Life Flight Network. Your membership is not an insurance policy but secondary to insurance carriers and health care cost sharing programs. All available insurances will be billed first including health, auto, workers compensation and third-party insurance. Life Flight Network will accept payment from insurance carriers and other third party payers as payment in full.

Membership benefits are available for those eligible household members listed on the member record at the time of transport if the transport is an emergent, medically necessary transport to the closest, most appropriate facility, performed by Life Flight Network, its contracted agents, or reciprocal partners, subject to the reciprocal program's rules.

Membership benefits are extended to the primary member, his/her spouse or domestic partner and dependents claimed on their income tax return. Dependents must be added to the member record within 30 days of birth or adoption. Elderly (age 65+) and disabled family members living in the same household are also covered. Life Flight Network may require documentation or other verification of membership eligibility.

Emergency medical transports are based on medical need, not membership status. Medical need can only be determined by a physician, EMS provider, hospital or another qualified third-party recognized by Medicare, and is in all cases subject to the final determination of the health insurance carrier, if any. Non-emergent transports are not eligible for Life Flight Network membership benefits.

Availability of service cannot be guaranteed due to weather conditions, maintenance, commitment to another transport, out-of-service equipment and other reasons.

New and lapsed membership benefits take effect upon receipt of a completed enrollment with payment.

Membership fees are non-refundable, non-transferable and are not tax-deductible. Life Flight Network may cease selling and servicing memberships should any governmental body, now or in the future, determine memberships can no longer be offered within their jurisdiction. No refunds will be made for any memberships already purchased.

I transfer directly to Life Flight Network my rights to insurance payments due to me for services provided by Life Flight Network. Such payments shall not exceed Life Flight Network's regular charges. Denial of a claim by an insurance provider must be received by Life Flight Network in writing. Membership benefits do not extend to transports deemed not medically necessary or when insurers deny payments due to coordination of benefit issues. Per government regulations, individuals covered by Medicaid are not eligible for Life Flight Network membership and should not apply.

I specifically release and waive any and all rights, claims or causes of action against Life Flight Network and its employees and agents with respect to my Life Flight Network Membership.

The Membership Program may be canceled at any time for any reason, including financial feasibility and governmental regulation of such programs. Terms and conditions are subject to change. For current terms see www.lifeflight.org

By becoming a FireMed Ground Ambulance Program Member, you agree to the above terms as well as these additional terms

- ◆ FireMed Memberships are honored by participating FireMed Membership programs of **Oregon** and cover ground ambulance charges only, subject to the reciprocating program's rules.
- ◆ I transfer directly to the FireMed program my rights to ground insurance payments due to me for services provided by FireMed. Such payments shall not exceed FireMed regular charges.
- ◆ **I specifically release and waive any and all rights, claims or causes of action against the FireMed programs, their respective employees and agents with respect to my FireMed membership.**
- ◆ **For additional terms applicable to FireMed programs in Baker City, Eugene Springfield, Lebanon, Molalla and Redmond see www.lifeflight.org**