

IN THE MATTER OF ACCEPTING THE "REGULATIONS FOR THE THIRD PARTY CONNECTION AGREEMENT AND FORM" AND AUTHORIZING THE COUNTY ADMINISTRATOR TO EXECUTE SAID AGREEMENTS.

The Board of County Commissioners of Auglaize County, Ohio met in regular session on the 15th day of March, 2016.

Commissioner Spencer moved the adoption of the following:

RESOLUTION

WHEREAS, the County Administrator, Erica L. Preston, has drafted and presented a form "Third Party Connection Agreement" to be executed by third party vendors/providers wishing to access the county's network. The proposed form would help to ensure that a secure method of connectivity is provided between the Board of County Commissioners and the third party and to provide guidelines for the use of network and computing resources associated with the Network Connection; and,

WHEREAS, the Board has reviewed and approves the Third Party Connection Agreement which it feels is necessary for protection of the county's website.

NOW, THEREFORE, BE IT RESOLVED, that the Board of County of Commissioners of Auglaize County, Ohio, does hereby approve the "Third Party Connection Agreement" as to the form for use by third party vendors seeking network access; and,

BE IT FURTHER RESOLVED that the Board does hereby authorize the County Administrator to enter into the approved agreement with third party vendors/providers seeking network access in order to perform necessary functions for the county.

Commissioner Bergman seconded the Resolution and upon the roll being called. The vote resulted in the adoption of the Resolution as follows:

Adopted this
15th day of
March, 2016

BOARD OF COUNTY COMMISSIONERS
AUGLAIZE COUNTY, OHIO

Don Regula, yes
Don Regula

John N. Bergman, yes
John N. Bergman

Douglas A. Spencer, yes
Douglas A. Spencer

Third Party Connection Agreement

This Third Party Connection Agreement (the "Agreement") by and between the Auglaize County Commissioners (the "BOCC") and _____ ("Connector"), is hereby entered into as of the date last written below (the "Effective Date").

This Agreement consists of this signature page and the following attachments that are incorporated into this Agreement by this reference:

1. Attachment 1: Third Party Connection Agreement Terms and Conditions
2. Attachment 2: Network Connection Procedure

This Agreement is the complete agreement between the parties hereto concerning the subject matter of this Agreement and replaces any prior oral or written communications between the parties. There are no conditions, understandings, agreements, representations, or warranties, expressed or implied, which are not specified herein. This Agreement may only be modified by a written document executed by the parties hereto. Any disputes arising out of or in connection with this Agreement shall be governed by Ohio law without regard to choice of law provisions.

By signing this Agreement, the Connector agrees to maintain the integrity and security of the BOCC's network and to take all necessary and reasonable actions to achieve the same.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be duly executed. Each party warrants and represents that its respective signatories whose signatures appear below have been and are on the date of signature duly authorized to execute this Agreement.

Connector:

BOCC:

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date _____

Date _____

Name of Authorized Connector Employees:

Attachment 1: Third Party Network Connection Agreement Terms and Conditions

Object: To ensure that a secure method of connectivity is provided between BOCC and Connector and to provide guidelines for the use of network and computing resources associated with the Network Connection as defined below.

Definition: “Network Connection” means one of the BOCC connectivity options listed in Section A of the Network Connection Procedure.

1. ***Right to Use Network Connection.*** Connector may only use the Network Connection for business purposes as authorized by the BOCC. Under no circumstances may Connector access data, information or any other network items unrelated to the business purpose as authorized by the BOCC. In the event that Connector exceeds the scope of access granted, BOCC shall have the right to immediately terminate Connector’s ability to access any data of the BOCC.
2. ***BOCC Owned Equipment.***
 - a. Connector may modify the configurations of BOCC equipment only after notification and approval in writing by authorized BOCC personnel.
 - b. Connector will not change or delete any passwords set on BOCC owned equipment without prior approval by authorized BOCC personnel. Promptly upon any such change, Connector shall provide BOCC with such changed password.
3. ***Network Security.***
 - a. Company will allow only Connector employees approved in advance by BOCC (“Authorized Connector Employees”) to access any BOCC owned equipment. Connector shall be solely responsible for ensuring that Authorized Connector Employees are not security risks, and upon BOCC’s request, Connector will provide BOCC with any information reasonably necessary for BOCC to evaluate security issues relating to any Authorized Connector Employee.
 - b. Connector will promptly notify BOCC whenever any Authorized Connector Employee leaves Connector’s employ or no longer requires access to the Network Connection or BOCC owned equipment.
 - c. Each party will be solely responsible for the selection, implementation and maintenance of security procedures and policies that are sufficient to ensure that (a) such party’s use of the Network Connection (and Connector’s use of BOCC owned equipment) is secure and is used only for authorization purposes, and (b) such party’s business records and data are protected against improper access, use, loss, alteration or destruction.

4. ***Notifications.*** Connector shall notify BOCC in writing promptly upon a change in the user base for the work performed over the Network Connection or whenever in Connector's opinion a change in the connection and/or functional requirements of the Network Connection is necessary.
5. ***Term, Termination.*** This Agreement will remain in effect until terminated by either party. Either party may terminate this Agreement for convenience by providing not less than ten (10) days prior written notice, which notice will specify the effective date of termination.
6. ***Miscellaneous.***
 - a. **Severability.** If for any reason a court of competent jurisdiction finds any provision or portion of this Agreement to be unenforceable, that provision of the Agreement will be enforced to the maximum extent permissible so as to effect the intent of the parties, and the remainder of this Agreement will continue in full force and effect.
 - b. **Waiver.** The failure of any party to enforce any of the provisions of this Agreement will not be construed to be a waiver of the right of such party thereafter to enforce such provisions.
 - c. **Assignment.** Neither party may assign this Agreement, in whole or in part, without the other party's prior written consent. Any attempt to assign this Agreement, without such consent, will be null and of no effect. Subject to the foregoing, this Agreement is for the benefit of and will be binding upon the parties' respective successors and permitted assigns.
 - d. **Force Majeure.** Neither party will be liable for any failure to perform its obligations in connection with any transaction or any document if such failure results from any act of God or other cause beyond such party's reasonable control (including, without limitation, any mechanical, electronic or communication failure) which prevents such party from transmitting or receiving any documents.

Attachment 2: Network Connection Procedure

Purpose: To ensure that a secure method of network connectivity between BOCC and all third parties and to provide a formalized method for the request, approval and tracking of such connections.

Scope: External company data network connections to BOCC can create potential security exposures if not administered and managed correctly and consistently. These exposures may include non-approved methods of connection to the BOCC network, the inability to shut down access in the event of a security breach, and exposure to hacking attempts. Therefore, all external company data network connections will be via the BOCC Third Party VPN Network. This Procedure applies to all new Third Party Network Connection requests and any existing Third Party Network Connections. When existing Third Party Network Connections do not meet all of the guidelines and requirements outlined in this document, they will be re-engineered as needed.

Definitions: A “Network Connection” is defined as one of the connectivity options listed in Section A. below. “Third Parties” is defined as BOCC vendors, suppliers and the like.

A. Connectivity Options

The following connectivity options are the standard methods of providing Third Party Network Connection.

1. Encrypted Virtual Private Networks (VPN) tunnels must be used to access BOCC trusted devices when the connection is initiated from the Connector’s device off site.
2. A VPN tunnel is not required when connections are initiated from the BOCC trusted devices on site to other devices.
3. This agreement must be executed for all Third Party Network Connections to or from BOCC equipment that require “root level” or administrator access.

B. Services Provided

In general, services provided over Third Party Network Connections should be limited only to those services needed, and only to those devices needed.

C. Authentication for Third Party Network Connections

Third Party Network Connections made via VPN tunnels will be authenticated using the Third Party Authentication database maintained by the BOCC’s IT department.

D. Review of Third Party Network Connections

If deemed necessary by the BOCC, the BOCC shall monitor the third party network connections, up to but not including the Connector’s firewall. BOCC shall have the exclusive right to terminate any connections.

**IN THE MATTER OF AUTHORIZING AN AMENDMENT TO THE AUGLAIZE COUNTY-MEBC
BENEFIT PLAN.**

The Board of County Commissioners of Auglaize County, Ohio met in regular session on the 15th day of March, 2016.

Commissioner Spencer moved the adoption of the following:

RESOLUTION

WHEREAS, the Board of County Commissioners has considered an amendment to the Auglaize County-MEBC Benefit Plan for the county employees for the sections "MEDICAL SCHEDULE OF BENEFITS"; and,

WHEREAS, this attached notice describes how "Medical schedule of benefits" will be amended and the effective date of this notice is January 1, 2016 which are part of the Plan Document and Employee Benefit Booklet.

THEREFORE, BE IT RESOLVED, that the Board of Commissioners, Auglaize County, Ohio, does hereby approve and authorize the Amendment to the Auglaize County-MEBC Insurance Plan Document and Summary Plan Description for the approval of the "MEDICAL SCHEDULE OF BENEFITS" effective retrospectively as of January 1, 2016; and,

BE IT FURTHER RESOLVED that said Amendment be hereto attached and thus be made part of this Resolution.

Commissioner Bergman seconded the Resolution and upon the roll being called, the vote resulted in the adoption of the Resolution as follows:

Adopted this
15th day of
March, 2016

BOARD OF COUNTY COMMISSIONERS
AUGLAIZE COUNTY, OHIO

Don Regula, yes
Don Regula

John N. Bergman, yes
John N. Bergman

Douglas A. Spencer, yes
Douglas A. Spencer

cc: Arthur J. Gallagher
Deputy Auditor – Lori Yahl

Amendment 01
Effective January 1, 2016
AUGLAIZE COUNTY (MEBC)

The Health Benefit Summary Plan Description is amended as follows:

1. The **MEDICAL SCHEDULE OF BENEFITS, Benefit Plan(s) 001** provision is deleted and replaced with the following:

MEDICAL SCHEDULE OF BENEFITS

Benefit Plan(s) 001

All health benefits shown on this Schedule of Benefits are subject to the following: Deductibles, Co-pays, Plan Participation rates, and out-of-pocket maximums, if any. Refer to the Out-of-Pocket Expenses section of this SPD for more details.

Benefits are subject to all provisions of this Plan including any benefit determination based on an evaluation of medical facts and covered benefits. Refer to the Covered Medical Benefits and General Exclusions sections of this SPD for more details.

Important: Prior authorization may be required before benefits will be considered for payment. Failure to obtain prior authorization may result in a penalty or increased out-of-pocket costs. Refer to the Care Management section of this SPD for a description of these services and prior authorization procedures.

Note: Refer to the Provider Network section for clarifications and possible exceptions to the In-Network or Out-of-Network classifications.

If a benefit maximum is listed in the middle of a column on the Schedule of Benefits, that means that it is a combined Maximum Benefit for services that the Covered Person receives from all In-Network and Out-of-Network providers and facilities.

	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible Per Calendar Year:		
• Per Person	\$750	\$1,000
• Per Family	\$1,500	\$2,100
Plan Participation Rate, Unless Otherwise Stated Below:		
• Paid By Plan After Satisfaction Of Deductible	80%	70%
Annual Out-Of-Pocket Maximum:		
• Per Person	\$2,000	\$2,850
• Per Family	\$4,000	\$5,700
True Emergency Ambulance Transportation:		
• Paid By Plan After In-Network Deductible	80%	80%
Non-True Emergency Ambulance Transportation:		
• Paid By Plan After Deductible	80%	70%
Breast Pumps:		
• Paid By Plan After Deductible	100% (Deductible Waived)	70%

	IN-NETWORK	OUT-OF-NETWORK
Contraceptive Methods And Contraceptive Counseling Approved By The FDA: For Men: <ul style="list-style-type: none"> • Paid By Plan After Deductible For Women: <ul style="list-style-type: none"> • Paid By Plan After Deductible 	80% 100% (Deductible Waived)	70% 70%
Durable Medical Equipment: <ul style="list-style-type: none"> • Paid By Plan After Deductible 	80%	70%
Emergency Services / Treatment: Urgent Care: <ul style="list-style-type: none"> • Paid By Plan After Deductible True Emergency Room / Emergency Physicians: <ul style="list-style-type: none"> • Paid By Plan After In-Network Deductible Non-True Emergency Room / Emergency Physicians: <ul style="list-style-type: none"> • Paid By Plan After Deductible 	80% 80% 50%	70% 80% 50%
Extended Care Facility Benefits, Such As Skilled Nursing, Convalescent, Or Subacute Facility: <ul style="list-style-type: none"> • Maximum Days Per Calendar Year • Paid By Plan After Deductible 	120 Days 80%	70%
Home Health Care Benefits: <ul style="list-style-type: none"> • Maximum Visits Per Calendar Year • Paid By Plan After Deductible <p><i>Note: A Home Health Care Visit Will Be Considered A Periodic Visit By Either A Nurse Or Qualified Therapist, As The Case May Be, Or Up To Four Hours Of Home Health Care Services.</i></p>	120 Visits 80%	70%
Hospice Care Benefits: Hospice Services: <ul style="list-style-type: none"> • Maximum Benefit Per Lifetime • Paid By Plan After Deductible Bereavement Counseling: <ul style="list-style-type: none"> • Paid By Plan After Deductible 	26 Weeks 80% 80%	70% 70%
Hospital Services: Pre-Admission Testing: <ul style="list-style-type: none"> • Paid By Plan After Deductible Inpatient Services / Inpatient Physician Charges; Room And Board Subject To The Payment Of Semi-Private Room Rate Or Negotiated Room Rate: <ul style="list-style-type: none"> • Paid By Plan After Deductible Outpatient Services / Outpatient Physician Charges: <ul style="list-style-type: none"> • Paid By Plan After Deductible 	80% 80% 80%	70% 70% 70%

	IN-NETWORK	OUT-OF-NETWORK
Outpatient Imaging Charges: <ul style="list-style-type: none"> • Paid By Plan After Deductible 	80%	70%
Outpatient Lab And X-Ray Charges: <ul style="list-style-type: none"> • Paid By Plan After Deductible 	80%	70%
Outpatient Surgery / Surgeon Charges: <ul style="list-style-type: none"> • Paid By Plan After Deductible 	80%	70%
Manipulations: <ul style="list-style-type: none"> • Maximum Visits Per Calendar Year • Paid By Plan After Deductible 	12 Visits 80%	70%
Maternity:		
Routine Prenatal Services: <ul style="list-style-type: none"> • Paid By Plan After Deductible 	100% (Deductible Waived)	70%
Non-Routine Prenatal Services, Delivery, And Postnatal Care: <ul style="list-style-type: none"> • Paid By Plan After Deductible 	80%	70%
Mental Health, Substance Use Disorder, And Chemical Dependency Benefits: <ul style="list-style-type: none"> • Paid By Plan After Deductible 	80%	70%
Morbid Obesity Treatment: <ul style="list-style-type: none"> • Paid By Plan After Deductible 	80%	70%
Bariatric Surgery: <ul style="list-style-type: none"> • Maximum Benefit Per Lifetime • Paid By Plan After Deductible 	1 Surgery 80%	70%
Nursery And Newborn Expenses: <ul style="list-style-type: none"> • Paid By Plan After Deductible 	80%	70%
Note: Deductible And / Or Co-pay Will Be Waived For Preventive/Routine Well Newborn Charges, Initial Stay (Days 0-5).		
Physician Office Visit: <ul style="list-style-type: none"> • Paid By Plan After Deductible 	80%	70%
Physician Office Services: <ul style="list-style-type: none"> • Paid By Plan After Deductible 	80%	70%
Preventive / Routine Care Benefits. See Glossary Of Terms For Definition. Benefits Include:		
Preventive / Routine Physical Exams At Appropriate Ages: <ul style="list-style-type: none"> • Paid By Plan After Deductible 	100% (Deductible Waived)	70%
Immunizations: <ul style="list-style-type: none"> • Paid By Plan After Deductible 	100% (Deductible Waived)	70%
Preventive / Routine Diagnostic Tests, Lab, And X-Rays At Appropriate Ages: <ul style="list-style-type: none"> • Paid By Plan After Deductible 	100% (Deductible Waived)	70%

	IN-NETWORK	OUT-OF-NETWORK
Preventive / Routine Mammograms And Breast Exams: <ul style="list-style-type: none"> Maximum Exams Per Calendar Year Paid By Plan After Deductible 	1 Exam 100% (Deductible Waived)	70%
Preventive / Routine Pelvic Exams And Pap Tests: <ul style="list-style-type: none"> Maximum Exams Per Calendar Year Paid By Plan After Deductible 	1 Exam 100% (Deductible Waived)	70%
Preventive / Routine PSA Test And Prostate Exams: <ul style="list-style-type: none"> Maximum Exams Per Calendar Year Paid By Plan After Deductible 	1 Exam 100% (Deductible Waived)	70%
Preventive / Routine Screenings / Services At Appropriate Ages And Gender: <ul style="list-style-type: none"> Paid By Plan After Deductible 	100% (Deductible Waived)	70%
Preventive / Routine Autism Screening: From Age 0 To 21 <ul style="list-style-type: none"> Paid By Plan After Deductible 	100% (Deductible Waived)	70%
Preventive / Routine Colonoscopies, Sigmoidoscopies, And Similar Routine Surgical Procedures Performed For Preventive Reasons: <ul style="list-style-type: none"> Paid By Plan After Deductible 	100% (Deductible Waived)	70%
Preventive / Routine Hearing Exams: <ul style="list-style-type: none"> Paid By Plan After Deductible 	100% (Deductible Waived)	70%
Preventive / Routine Counseling For Alcohol Or Substance Use Disorder, Tobacco Use, Obesity, Diet, And Nutrition: <ul style="list-style-type: none"> Paid By Plan After Deductible 	100% (Deductible Waived)	70%
Preventive / Routine Oral Fluoride Supplements Prescribed For Children Ages 6 Months To 5 Years Whose Primary Water Source Is Deficient In Fluoride: <ul style="list-style-type: none"> Paid By Plan After Deductible 	100% (Deductible Waived)	70%

	IN-NETWORK	OUT-OF-NETWORK
In Addition, The Following Preventive / Routine Services Are Covered For Women: <ul style="list-style-type: none"> ➤ Treatment For Gestational Diabetes ➤ Papillomavirus DNA Testing ➤ Counseling For Sexually Transmitted Infections (Provided Annually)* ➤ Counseling For Human Immune-Deficiency Virus (Provided Annually)* ➤ Breastfeeding Support, Supplies, And Counseling ➤ Counseling For Interpersonal And Domestic Violence For Women (Provided Annually)* <ul style="list-style-type: none"> • Paid By Plan After Deductible 	100% (Deductible Waived)	70%
*These Services May Also Apply To Men.		
Sterilizations: For Men: <ul style="list-style-type: none"> • Paid By Plan After Deductible For Women: <ul style="list-style-type: none"> • Paid By Plan After Deductible 	80% 100% (Deductible Waived)	70% 70%
Temporomandibular Joint Disorder Benefits: <ul style="list-style-type: none"> • Paid By Plan After Deductible 	80%	70%
Therapy Services: <ul style="list-style-type: none"> • Maximum Visits Per Calendar Year • Paid By Plan After Deductible Note: Medical Necessity Will Be Reviewed After 25 Visits.	80% 60 Visits	70%
Wigs (Cranial Protheses), Toupees, Or Hairpieces Related To Cancer Treatment And Alopecia Areata: <ul style="list-style-type: none"> • Maximum Benefit Per Calendar Year • Paid By Plan After Deductible 	80% \$500	80%
All Other Covered Expenses: <ul style="list-style-type: none"> • Paid By Plan After Deductible 	80%	70%

2. The TRANSPLANT SCHEDULE OF BENEFITS, Benefit Plan(s) ALL is amended to revise the following:

Transplant Services At A Designated Transplant Facility: Transplant Services: <ul style="list-style-type: none"> • Paid By Plan After Deductible 	80%
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3. The ELIGIBILITY AND ENROLLMENT provision is amended to revise the following:

An **eligible Dependent** includes:

- A Dependent Child until the Child reaches his or her 26th birthday. The term "**Child**" includes the following Dependents:

EXTENDED COVERAGE FOR DEPENDENT CHILDREN

- Proof of the disability must be submitted as required (Notice of Award of Social Security Income is acceptable); and

4. The COBRA CONTINUATION OF COVERAGE provision is amended to revise the following:

EMPLOYEE OBLIGATIONS TO PROVIDE NOTICE OF THE QUALIFYING EVENT

- The date on which there is a Loss of Coverage (or would be a Loss of Coverage) due to the original Qualifying Event; or

THE RIGHT TO EXTEND THE LENGTH OF COBRA CONTINUATION COVERAGE

Social Security Disability Determination (For Employees and Dependents): A Qualified Beneficiary may be granted an 11-month extension to the initial 18-month COBRA continuation period, for a total maximum of 29 months of COBRA, in the event that the Social Security Administration determines the Qualified Beneficiary to be disabled either before becoming eligible for, or within the first 60 days of being covered by, COBRA continuation coverage. This extension will not apply if the original COBRA continuation was for 36 months.

The Qualified Beneficiary must give the COBRA Administrator a copy of the Social Security Administration letter of disability determination before the end of the 18-month period and within 60 days of the later of:

- The date the Qualified Beneficiary loses (or would lose) coverage due to the original Qualifying Event; or

5. The Preventive / Routine Care portion of the COVERED MEDICAL BENEFITS provision is deleted and replaced with the following:

The Plan pays benefits for Preventive Care services provided on an Outpatient basis at a Physician's office, an Alternate Facility, or a Hospital that encompass medical services that have been demonstrated by clinical evidence to be safe and effective in either the early detection of disease or in the prevention of disease, have been proven to have a beneficial effect on health outcomes, and include the following as required under applicable law:

- Evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force;
- Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention;
- With respect to infants, Children, and adolescents, evidence-informed Preventive Care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration;

- Additional preventive care and screenings as provided for in comprehensive guidelines supported by the Health Resources and Services Administration; and
- Well-Woman Preventive Care visit(s) for women to obtain the recommended preventive services that are age and developmentally appropriate, including preconception and prenatal care. The well-woman visit should, where appropriate, include the following additional preventive services listed in the Health Resources and Services Administrations guidelines, as well as others referenced in the Affordable Care Act:
 - Screening for gestational diabetes;
 - Human papillomavirus (HPV) DNA testing;
 - Counseling for sexually transmitted infections;
 - Counseling and screening for human immune-deficiency virus; and
 - Screening and counseling for interpersonal and domestic violence.

Please visit the following links for additional information:

<https://www.healthcare.gov/preventive-care-benefits/>
<https://www.healthcare.gov/preventive-care-children/>
<https://www.healthcare.gov/preventive-care-women/>

6. The COVERED BENEFITS portion of the MENTAL HEALTH BENEFITS provision is deleted and replaced with the following:

COVERED BENEFITS

Inpatient Services means services provided at a Hospital or facility accredited by a recognized accrediting body or licensed by the state as an acute care psychiatric, chemical dependency, or dual-diagnosis facility for the treatment of Mental Health Disorders. If outside the United States, the Hospital or facility must be licensed or approved by the foreign government or an accreditation of the licensing body working in that foreign country.

Residential Treatment means a sub-acute facility-based program that is licensed to provide “residential” treatment and delivers 24-hour-per-day, 7-day-per-week assessment and diagnostic services, as well as active behavioral health treatment for mental health conditions or substance-related disorders. (Coverage does not include services provided in a community-based residential facility or group home.)

Day Treatment (Partial Hospitalization) means a day treatment program that offers intensive, multidisciplinary services not otherwise offered in an Outpatient setting. The treatment program generally consists of a minimum of 20 hours of scheduled programming extended over a minimum of five days per week. The program is designed to treat patients with serious mental or nervous disorders and offers major diagnostic, psychosocial and prevocational modalities. Such a program must be a less restrictive alternative to Inpatient treatment.

Outpatient Therapy Services are covered, subject to all of the following:

- The Covered Person must receive the services in person at a therapeutic medical facility; and
- The services must include measurable goals and there must be continued progress toward functional behavior and termination of treatment. Continued coverage may be denied if positive response to treatment is not evident; and
- The services must be provided by a Qualified Provider. If outside the United States, Outpatient Services must be provided by an individual who has received a diploma from a medical school recognized by the government agency in the country in which the medical school is located. The attending Physician must meet the requirements, if any, set out by the foreign government or regionally recognized licensing body for treatment of Mental Health Disorders.

7. The **COVERED BENEFITS** portion of the **SUBSTANCE USE DISORDER AND CHEMICAL DEPENDENCY BENEFITS** provision is deleted and replaced with the following:

COVERED BENEFITS

Inpatient Services means services provided at a Hospital or facility accredited by a recognized accrediting body or licensed by the state as an acute care psychiatric, chemical dependency, or dual-diagnosis facility for the treatment of substance use disorders and chemical dependency. If outside the United States, the Hospital or facility must be licensed or approved by the foreign government or an accreditation of the licensing body working in that foreign country.

Residential Treatment means a sub-acute facility-based program that is licensed to provide "residential" treatment and delivers 24-hour-per-day, 7-day-per-week assessment and diagnostic services, as well as active behavioral health treatment for mental health conditions or substance-related disorders. (Coverage does not include services provided in a community-based residential facility or group home.)

Day Treatment (Partial Hospitalization) means a day treatment program that offers intensive, multidisciplinary services not otherwise offered in an Outpatient setting. The treatment program generally consists of a minimum of 20 hours of scheduled programming extended over a minimum of five days per week. Such a program must be a less restrictive alternative to Inpatient treatment.

Outpatient Therapy Services are covered, subject to all of the following:

- The Covered Person must receive the services in person at a therapeutic medical facility; and
- The services must include measurable goals and there must be continued progress toward functional behavior and termination of treatment. Continued coverage may be denied if positive response to treatment is not evident; and
- The services must be provided by a Qualified Provider. If outside the United States, Outpatient Services must be provided by an individual who has received a diploma from a medical school recognized by the government agency in the country in which the medical school is located, or a therapist with a Ph.D., or master's degree that denotes a specialty in psychiatry. The attending Physician, psychiatrist, or a counselor must meet the requirements, if any, set out by the foreign government or regionally recognized licensing body for treatment of substance use disorder and chemical dependency disorders.

8. The **CARE MANAGEMENT** provision is amended to revise the following:

NurseLine/Nurse Chat

NurseLine is a health information line that is available 24 hours per day, 7 days per week, that assists Covered Persons with medical-related questions and concerns. NurseLine gives Covered Persons access to highly trained registered nurses so they can receive guidance and support when making decisions about their health and/or the health of their Dependents.

Nurse Chat is an online source of health and wellness information that is available 24 hours per day, 7 days per week. Covered Persons have one-on-one secure, real-time access to registered nurses through the Health Center on umr.com. These nurses provide information on a variety of health and wellness topics. Note: Triage is not part of the Nurse Chat experience. If a Covered Person needs triage assistance, Nurse Chat refers the Covered Person to NurseLine.

9. The CLAIMS AND APPEAL PROCEDURES provision is amended to revise the following:

APPEALS PROCEDURE FOR ADVERSE BENEFIT DETERMINATIONS

First Level of Appeal: This is a **mandatory** appeal level. The Covered Person must exhaust the following internal procedures before taking any outside legal action.

- The Covered Person must file the appeal within 180 days of the date he or she received the EOB form from the Plan showing that the claim was denied. The Plan will assume the Covered Person received the EOB form seven days after the Plan mailed the EOB form.

Second Level of Appeal: This is a **voluntary** appeal level. The Covered Person is not required to follow this internal procedure before taking outside legal action.

- The Covered Person or his or her Personal Representative must submit a written request for a second review within 60 calendar days following the date he or she received the Plan's decision regarding the first appeal. The Plan will assume that the Covered Person received the determination letter regarding the first appeal seven days after the Plan sent the determination letter.

10. The CLAIMS AND APPEAL PROCEDURES provision is amended to delete the following:

TIME PERIODS FOR MAKING DECISIONS ON APPEALS

Send second-level Pre-Service Claim Medical appeals to:
UHC APPEALS UMR
PO BOX 400046
SAN ANTONIO TX 78229

11. The PLAN AMENDMENT AND TERMINATION INFORMATION provision is amended to revise the following:

COVERED PERSON'S RIGHTS IF PLAN IS AMENDED OR TERMINATED

The Plan will assume that You receive the written amendment or termination letter from the Plan Administrator seven days after the letter is mailed.

BY THIS AGREEMENT,

The AUGLAIZE COUNTY (MEBC) Health Benefit Summary Plan Description

is amended January 1, 2016.

Authorized Signature Don Regula

Print Name Don Regula

Title President, Auglaize County Board of Commissioners

Date March 15, 2016

IMPORTANT NOTICE:

The employer agrees to all provisions of this amendment as the basis for Plan administration. Except as specifically stated above, nothing in this amendment will alter or amend the summary plan description.

Any applicable stop loss policies typically rely on formally approved amendments or updated summary plan descriptions when determining whether reimbursement is appropriate. Failure to notify the stop loss carrier of plan changes may result in a stop loss gap or lapse in coverage. Notice to the stop loss carrier of all plan changes is required.

Please sign and return this amendment to your UMR strategic account executive as soon as possible. Note, however, that since the corresponding system changes have been implemented, these changes are considered final, regardless of whether or not a signature is received. If you have any questions, please contact your UMR strategic account executive.

Contingent upon your signed approval of the initial plan document, this amendment will be posted to the UMR member portal upon UMR's receipt of your signature, or within 14 days of your receipt of the amendment if a signature is not received by UMR. Please note that UMR will not print amendments or booklets until a signature is received.

Remember to keep a copy for your records.

IN THE MATTER OF AUTHORIZING BUCKEYE EXTERMINATING INC. TO SPRAY THE COUNTY'S ADMINISTRATION BUILDING OFFICE, COURTHOUSE IN WAPAKONETA AND WEST DISTRICT COURT IN ST. MARYS FOR GENERAL PEST CONTROL.

The Board of County Commissioners of Auglaize County, Ohio met in regular session on the 15th day of March 2016.

Commissioner Spencer moved the adoption of the following:

RESOLUTION

WHEREAS, annually it is necessary to have an exterminator make an application of insecticide to ward off insects of various kinds in the county offices and departments located in the County Administration Building, Courthouse in Wapakoneta and West District Court in St. Marys; and,

WHEREAS, a quotation has been submitted by Buckeye Exterminating Inc. for the spraying of insecticide in all three buildings mentioned at the cost of \$425.00 for the Administration Building, \$475.00 for the Courthouse in Wapakoneta and \$150.00 for the West District Court in St. Marys.

THEREFORE, BE IT RESOLVED that the Board of Commissioners, Auglaize County, Ohio, does hereby authorize Buckeye Exterminating Inc. to perform the insecticide spraying for General Pest Control in the offices and departments located in the County Administration Building, Courthouse in Wapakoneta and West District Court in St. Marys; and,

BE IT FURTHER RESOLVED that the Board directs the Clerk of the Board to encumber \$1,050.00 to Buckeye Exterminating Inc. for the above authorized pest control treatment.

Commissioner Bergman seconded the Resolution and upon the roll being called, the vote resulted in the adoption of the Resolution as follows:

Adopted this
15th day of
March, 2016

BOARD OF COUNTY COMMISSIONERS
AUGLAIZE COUNTY, OHIO

Don Regula . yes
Don Regula

John N. Bergman . yes
John N. Bergman

Douglas A. Spencer . yes
Douglas A. Spencer

- cc: Maintenance/Housekeeping staff
✓ Buckeye Exterminating Inc.
✓ Clerk of the Board



Buckeye Exterminating, Inc.

24018 US Rt. 224 • P.O. Box 246

Ottoville, Ohio 45876-0246

www.buckeyeext.com

419-453-3931

1-800-523-1521

Fax 419-453-3937

SERVICE AGREEMENT

April 1, 2016

RECEIVED

MAR 10 2016

Board of County Commissioners
Auglaize County, Ohio

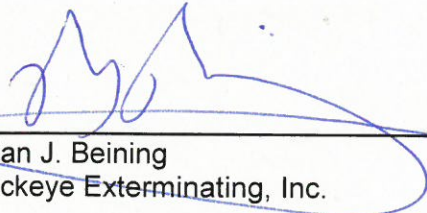
This agreement has been made and entered into between Buckeye Exterminating, Inc., hereinafter to be known as the party of the first part and the Auglaize County Commissioners, hereinafter to be known as the party of the second part.

Party of the first part agrees to provide a General Pest Control treatment for nuisance insect control at the following locations and costs:

\$425	Administration Building, 209 Blackhoof St., Wapakoneta, OH (Inside & Outside Perimeter)
\$475	Court House, Mechanic St., Wapakoneta, OH (Inside & Outside Perimeter)
\$150	West District Court, 114 Main St., St. Mary's, OH (Inside & Outside Perimeter)

Payment to be made within 30 days of invoicing.

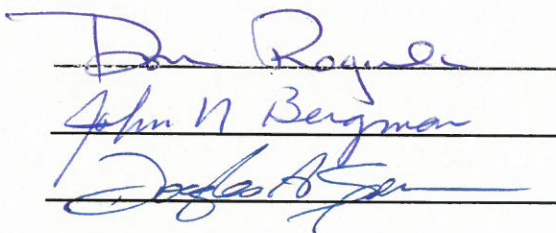
Party of the first part carries Workers' Compensation Insurance and Public Liability/Property Damage Insurance to the \$5,000,000 limit.



Brian J. Beining
Buckeye Exterminating, Inc.

3-7-16

Date



John N. Bergman

Auglaize County Commissioners

3-15-2016

Date

IN THE MATTER OF AUTHORIZING THE COUNTY AUDITOR, AS REQUESTED BY THE SANITARY ENGINEER, TO REIMBURSEMENT THE COUNTY GENERAL FUND FROM VARIOUS SEWER ACCOUNTS FOR LABOR OF THE COUNTY HIGHWAY PERSONNEL.

The Board of County Commissioners of Auglaize County, Ohio met in regular session on the 15th day of March, 2016.

Commissioner Spencer moved the adoption of the following:

RESOLUTION

WHEREAS, the County Sanitary Engineer, Douglas Reinhart requested that the Board of County Commissioners authorizing the following fund reimbursements from various sewer accounts, as listed, to the County General for labor completed by his employees:

Grand Lake

\$9,912.53 100.0016.535800 (Transfers) 001.0700.401802 (Red. from other funds)

Villa Nova

\$ 36.72 101.0016.535800 (Transfers) 001.0700.401802 (Red. from other funds)

Sharlon

\$2,651.20 102.0016.535800 (Transfers) 001.0700.401802 (Red. from other funds)

Beverly Hills

\$8,642.10 103.0016.535800 (Transfers) 001.0700.401802 (Red. from other funds)

Sherwood Forest

\$7,184.06 105.0016.535800 (Transfers) 001.0700.401802 (Red. from other funds)

Pleasantview

\$9,475.43 106.0016.535800 (Transfers) 001.0700.401802 (Red. from other funds)

Arrowhead

\$6,572.77 108.0016.535800 (Transfers) 001.0700.401802 (Red. from other funds)

Uniopolis

\$10,193.95 109.0016.535800 (Transfers) 001.0700.401802 (Red. from other funds)

East Lake/Twin Lakes

\$3,500.05 120.0016.535800 (Transfers) 001.0700.401802 (Red. from other funds)

Forest Lane

\$4,020.58 121.0016.535800 (Transfers) 001.0700.401802 (Red. from other funds)

Sandy Beach

\$4,737.86 122.0016.535800 (Transfers) 001.0700.401802 (Red. from other funds)

THEREFORE, BE IT RESOLVED that the Board of County Commissioners, Auglaize County, Ohio, does hereby authorize County Auditor to complete the reimbursement of funds as requested above by County Sanitary Engineer.

Commissioner Bergman seconded the Resolution and upon the roll being called, the vote resulted in the adoption of the Resolution as follows:

Adopted this
15th day of
March, 2016

BOARD OF COUNTY COMMISSIONERS
AUGLAIZE COUNTY, OHIO

Don Regula, yes
Don Regula

John N. Bergman, yes
John N. Bergman

Douglas A. Spencer, Yes
Douglas A. Spencer

cc: County Sanitary Engineer, County Auditor