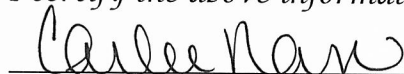


# Agenda Summary Report (ASR)

## Franklin County Board of Commissioners

<b>DATE SUBMITTED:</b> 12/6/2019	<b>PREPARED BY:</b> Carlee Nave
<b>Meeting Date Requested:</b> 12/17/2019	<b>PRESENTED BY:</b> Carlee Nave
<b>ITEM:</b> (Select One) <input checked="" type="checkbox"/> Consent Agenda <input type="checkbox"/> Brought Before the Board <div style="text-align: right; margin-right: 100px;">Time needed:</div>	
<b>SUBJECT:</b> 2020 Life Flight Group Membership Agreement	
<b>FISCAL IMPACT:</b> 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 2020, to be covered within the approved 1240 budget.	
<b>BACKGROUND:</b> 2020 will be the second 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. For 2020, Life Flight has introduced a Group Membership Agreement required to form or renew a group for the purposes of obtaining group rate coverage.  This benefit is popular amongst the employee population, with 27% of eligible employees enrolling in this benefit for 2020. 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.	
<b>RECOMMENDATION:</b> HR and Conover Insurance recommend approval as presented.	
<b>COORDINATION:</b> HR has worked with our benefits broker, Conover Insurance, to facilitate the Life Flight enrollment process for 2020 Life Flight benefits. Legal review of the agreement was completed by J Johnson, Chief Civil Deputy Prosecuting Attorney/Risk Manager.	
<b>ATTACHMENTS:</b> (Documents you are submitting to the Board) <ul style="list-style-type: none"> <li>1. Resolution</li> <li>2. Group Membership Agreement</li> </ul>	
<b>HANDLING / ROUTING:</b> (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 2020 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 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 \_\_\_\_\_, 2019.

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

\_\_\_\_\_  
Chair

\_\_\_\_\_  
Chair Pro Tem

ATTEST:

\_\_\_\_\_  
Member

\_\_\_\_\_  
Clerk of the Board



## Group Membership Agreement

There. When You Need Us.®

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 receive a discounted group rate the following terms must be met:

1. Minimum of 10 individual / family memberships.
2. An individual membership enrollment form must be completed by each primary member.
3. One payment for the entire group; check or credit card. Payment must be accompanied by individual enrollment forms and a group roster.
4. Eligibility for group enrollment and group renewals will be determined solely by Life Flight Network.
5. All memberships belong to the individual and cannot be cancelled or transferred to another individual.
6. Membership fees are non-refundable.
7. 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.
8. 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.
9. Participants must complete and sign a new enrollment form annually or the group's Primary Contact must provide updated enrollment information for each group participant, including contact information and eligible household members.
10. Courtesy membership ID cards will be mailed to each individual household following enrollment.
11. This agreement is to be signed annually at time of group 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](http://www.lifeflight.org).

Agreed to by: \_\_\_\_\_  
Group or Employer Representative Date

Group Name Franklin County  
Mailing Address: 1016 North 4th Avenue  
City: Pasco State: WA Zip: 99301  
Phone: 509-546-5813 Email: hr@co.franklin.wa.us  
Primary Contact: Carlee Nave, HR Director  
Phone: 509-546-5817 Email: cnave@co.franklin.wa.us

Annual Renewal Packet Preference: ☐ Mail ☒ This is an employer paid benefit ☐  
☒ Email

LFN Representative: Mary Gilmore

**Return to Membership Services with enrollment forms and payment**  
Life Flight Network Foundation  
PO Box 3841 Portland, OR 97208-3841  
800.982.9299 | [membership@lifeflight.org](mailto:membership@lifeflight.org) | fax 503.678.4369



## 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 72 hours after 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.

The group's Primary Contact may be required to provide supplemental information prior to initial enrollment and renewal date(s). Life Flight Network reserves the right to deny eligibility for group enrollment at any time.

**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](http://www.lifeflight.org)

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

- ♦ FireMed Memberships are honored by FireMed Membership programs of Oregon. LifeRide Memberships are honored by LifeRide Membership programs in Idaho. FireMed and LifeRide Memberships cover ground ambulance charges only, subject to the reciprocating program's rules.
- ♦ I transfer directly to the FireMed/LifeRide program my rights to ground insurance payments due to me for services provided by FireMed or LifeRide, as the case may be. Such payments shall not exceed FireMed/LifeRide regular charges.
- ♦ I specifically release and waive any and all rights, claims or causes of action against the FireMed and LifeRide programs, their respective employees and agents with respect to my FireMed and/or LifeRide Membership.
- ♦ For additional terms and conditions specific to FireMed programs in Baker City, Lebanon, Molalla, and Redmond see [www.lifeflight.org](http://www.lifeflight.org).