SUBJECT	Out-of-Network Health Coverage Reimbursement Policy
POLICY #	02-020
City Commission Approval	

I. Purpose

The City of Cooper City recognizes that continuity of medical care is critical to the well-being of its employees and their families. When a change in the City's group health insurance coverage results in the loss of access to an employee's in-network health care providers, the City will provide limited financial assistance for out-of-network service coverage in accordance with this policy.

II. Eligibility

In order for an employee to be entitled to reimbursement under this policy, all of the following conditions must be satisfied:

1. The employee must be a **full-time, benefits-eligible** City employee enrolled in the City's group health insurance plan.

2. A change in the City's health insurance plan or provider network results in the **removal** of in-network access to a health care provider with whom the employee or an eligible dependent has an established treatment relationship.

3. The out-of-network care is **medically necessary** and would have been covered under the City's prior health insurance plan.

4. The employee has first attempted to obtain the service from an available in-network provider, unless continuity of care considerations or medical urgency apply.

III. Covered Expenses

Reimbursable costs are limited to:

1. Out-of-network provider fees for medically necessary services.

2. Deductible or co-insurance amounts exceeding in-network equivalents, up to the approved cap.

3. Pre-approved continuing treatment plans were already underway at the time of network change.

Non-reimbursable expenses:

1. Elective or cosmetic procedures.

2. Services not covered by the City's health insurance plan in any form.

3. Charges above the usual and customary rate without prior approval by the City Manager, or his/her designee.

V. Reimbursement Limits

1. Annual maximum reimbursement: **$2,000.00 per employee household**.

2. Payments will be made **directly to the provider** when possible; otherwise, employees will receive reimbursement upon submission of receipts for eligible services rendered.

3. All reimbursements will be processed through payroll or the City's benefits administrator to ensure IRS compliance.

VI. Procedure

1. Employee submits a **Request for Out-of-Network Coverage Assistance** form to HR within **30 days** of the appointment or treatment.

2. HR reviews the request for eligibility and obtains necessary medical justification (HIPAA-compliant).

3. HR issues written approval or denial within **15 business days**.

4. Approved expenses are paid within the City's standard accounts payable cycle.

VII. Funding

This program is funded from the City's **employee benefits budget** as authorized under §112.08, Florida Statutes. No payments under this policy shall be considered "extra compensation" in violation of §215.425, Florida Statutes, as they are part of the employee's pre-established compensation package.

VIII. Annual Review

This policy shall be reviewed by the City's professional staff on an annual basis during open enrollment. The City Commission's approval of this policy shall not be considered a continuing employee benefit, and may be repealed by the City Commission at any time.

IX. Authority

This policy is established pursuant to the following authority:

1. **Sec. 112.08, F.S.** – Authorizing local governments to provide and pay for health insurance coverage for employees.

2. **Article VIII, Section 2(b), Florida Constitution** and **Ch. 166, F.S.** – Municipal home-rule powers.

3. **Sec. 215.425, F.S.** – Ensuring that compensation for public employees is authorized by pre-existing policy.