

# EXECUTIVE OFFICE REQUEST FOR LEGISLATIVE ACTION

OCT 03 2018

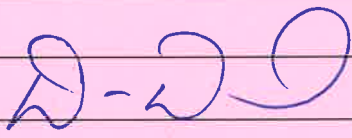
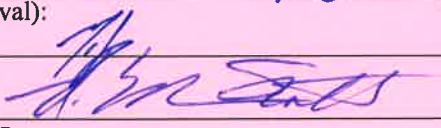
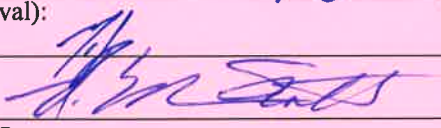
Completed by County Counselor's Office:

Res/Ord No.: 20000

Sponsor(s): Crystal Williams

Date: October 8, 2018

SUBJECT	<p>Action Requested  <input checked="" type="checkbox"/> Resolution  <input type="checkbox"/> Ordinance</p> <p>Project/Title: <u>Requesting a twelve-month extension of a Term and Supply Contract with Blue Cross and Blue Shield of Kansas City under the terms and conditions of Request for Proposal 48 - 16.</u></p>												
<p>BUDGET INFORMATION  <i>To be completed  By Requesting  Department and  Finance</i></p>	<table border="1"> <tr> <td>Amount authorized by this legislation this fiscal year:</td><td>\$</td></tr> <tr> <td>Amount previously authorized this fiscal year:</td><td>\$</td></tr> <tr> <td>Total amount authorized after this legislative action:</td><td>\$</td></tr> <tr> <td>Amount budgeted for this item * (including transfers):</td><td>\$</td></tr> <tr> <td>Source of funding (name of fund) and account code number; FROM / TO</td><td>FROM ACCT</td></tr> <tr> <td></td><td>TO ACCT</td></tr> </table> <p>* If account includes additional funds for other expenses, total budgeted in the account is: \$</p> <p>OTHER FINANCIAL INFORMATION:</p> <p><input type="checkbox"/> No budget impact (no fiscal note required)  <input checked="" type="checkbox"/> Term and Supply Contract (funds approved in the annual budget); estimated value and use of contract:  Department: Estimated Use: \$</p> <p>Prior Year Budget (if applicable):  Prior Year Actual Amount Spent (if applicable):</p>	Amount authorized by this legislation this fiscal year:	\$	Amount previously authorized this fiscal year:	\$	Total amount authorized after this legislative action:	\$	Amount budgeted for this item * (including transfers):	\$	Source of funding (name of fund) and account code number; FROM / TO	FROM ACCT		TO ACCT
Amount authorized by this legislation this fiscal year:	\$												
Amount previously authorized this fiscal year:	\$												
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Amount budgeted for this item * (including transfers):	\$												
Source of funding (name of fund) and account code number; FROM / TO	FROM ACCT												
	TO ACCT												
PRIOR LEGISLATION	<p>Prior ordinances and (date):</p> <p>Prior resolutions and (date): Resolution 19253 on September 12, 2016 <del>10, 2016</del></p>												
CONTACT INFORMATION	<p>RLA drafted by (name, title, &amp; phone): Dennis Dumovich, Director of Human Resources; 816-881-3140</p>												
REQUEST SUMMARY	<p>On September 19, 2016 Resolution No. 19253 awarded a twelve-month Term and Supply Contract with two twelve-month options to extend, for the furnishing of Employee Group Health Insurance for Jackson County Associates to Blue Cross and Blue Shield of Kansas City.</p> <p>This extension will provide three types of health plans (HMO, PPO, QHDHP) with an additional network (Blue Select) for each plan and access to the new SPIRA Care Facilities effective 1/1/19. These additional networks will give associates six total choices regarding their health plans. Plan benefit levels will remain almost the same. Associate premiums will either stay the same or be reduced, depending on the plan selection.</p> <p>The total premium costs (employee and county) for 2019 by plan type and rate option are as follows:</p>												

	Blue Care HMO: 698.27 / 1587.58 / 1958.61 Blue Select EPO: 620.15 / 1411.18 / 1740.21 Preferred Care PPO: 684.01 / 1559.66 / 1916.27 EPO Blue Select SPIRA: 601.28 / 1368.52 / 1687.48 Blue Saver QHDHP (HSA): 642.42 / 1477.78 / 1794.67 Blue Saver – Blue Select SPIRA QHDHP (HSA): 550.84 / 1268.72 / 1539.87	
CLEARANCE	<input type="checkbox"/> Tax Clearance Completed (Purchasing & Department) <input type="checkbox"/> Business License Verified (Purchasing & Department) <input type="checkbox"/> Chapter 6 Compliance - Affirmative Action/Prevailing Wage (County Auditor's Office)	
ATTACHMENTS	Summary of Rates	
REVIEW	Department Director: Dennis Dumovich 	Date: 10/3/18
	Finance (Budget Approval): <i>If applicable</i> 	Date: 10/3/18
	Division Manager: 	Date: 10/3/18
	County Counselor's Office:	Date:

Fiscal Information (to be verified by Budget Office in Finance Department)

- ☐ This expenditure was included in the annual budget.
- ☐ Funds for this were encumbered from the \_\_\_\_\_ Fund in \_\_\_\_.
- ☐ There is a balance otherwise unencumbered to the credit of the appropriation to which the expenditure is chargeable and there is a cash balance otherwise unencumbered in the treasury to the credit of the fund from which payment is to be made each sufficient to provide for the obligation herein authorized.
- ☐ Funds sufficient for this expenditure will be/were appropriated by Ordinance #
- ☐ Funds sufficient for this appropriation are available from the source indicated below.

Account Number:	Account Title:	Amount Not to Exceed:

- ☒ This award is made on a need basis and does not obligate Jackson County to pay any specific amount. The availability of funds for specific purchases will, of necessity, be determined as each using agency places its order.
- ☐ This legislative action does not impact the County financially and does not require Finance/Budget approval.

# JACKSON COUNTY, MISSOURI

## 2019 HEALTH INSURANCE RATES - PROPOSED

HEALTH PLANS BLUE-CARE HMO & PREFERRED CARE BLUE PPO NETWORK	2018 RATES					2019 RATES					RATE CHANGE	
	2018 Total Monthly Premium	2018 County Monthly Contribution	2018 Associate Monthly Premium	2018 Associate Cost PPP(24)	2019 Total Monthly Premium	2019 County Monthly Contribution	2019 Associate Monthly Premium	2019 Associate Cost PPP(24)	2019 Associate Monthly Premium	2019 Associate Cost PPP(24)	2019 Associate Monthly Premium	2019 Associate Cost PPP(24)
HMO - Associate Only	\$690.54	\$575.85	\$114.69	\$57.34	\$698.27	\$583.58	\$114.69	\$57.34	\$0 -	\$0 -	\$0 -	\$0 -
HMO - Associate +1	\$1,572.14	\$1,251.91	\$320.23	\$160.12	\$1,587.24	\$1,267.01	\$320.23	\$160.12	\$0 -	\$0 -	\$0 -	\$0 -
HMO - Family	\$1,938.22	\$1,449.70	\$488.52	\$244.26	\$1,958.61	\$1,470.09	\$488.52	\$244.26	\$0 -	\$0 -	\$0 -	\$0 -
PPO - Associate Only	\$676.66	\$575.18	\$101.48	\$50.74	\$684.01	\$582.53	\$101.48	\$50.74	\$0 -	\$0 -	\$0 -	\$0 -
PPO - Associate +1	\$1,545.30	\$1,243.24	\$302.06	\$151.03	\$1,559.66	\$1,257.60	\$302.06	\$151.03	\$0 -	\$0 -	\$0 -	\$0 -
PPO - Family	\$1,897.02	\$1,434.83	\$462.19	\$231.10	\$1,916.27	\$1,454.08	\$462.19	\$231.10	\$0 -	\$0 -	\$0 -	\$0 -
QHDHP/HSA - Associate Only	\$636.18	\$566.04	\$70.14	\$35.07	\$642.42	\$572.28	\$70.14	\$35.07	\$0 -	\$0 -	\$0 -	\$0 -
QHDHP/HSA - Associate +1	\$1,465.60	\$1,225.41	\$240.19	\$120.10	\$1,477.78	\$1,237.59	\$240.19	\$120.10	\$0 -	\$0 -	\$0 -	\$0 -
QHDHP/HSA - Family	\$1,778.66	\$1,402.31	\$376.35	\$188.18	\$1,794.67	\$1,418.32	\$376.35	\$188.18	\$0 -	\$0 -	\$0 -	\$0 -
HEALTH PLANS BLUE SELECT PLUS & BLUE SELECT PLUS WITH SPIRA CARE	2018 RATES					2019 RATES					RATE CHANGE	
	2018 Total Monthly Premium	2018 County Monthly Contribution	2018 Associate Monthly Premium	2018 Associate Cost PPP(24)	2019 Total Monthly Premium	2019 County Monthly Contribution	2019 Associate Monthly Premium	2019 Associate Cost PPP(24)	2019 Associate Monthly Premium	2019 Associate Cost PPP(24)	2019 Associate Monthly Premium	2019 Associate Cost PPP(24)
EPO Associate Only (BSPN) No Spira Care Ctr	\$629.28	\$575.85	\$53.43	\$26.72	\$620.15	\$575.85	\$44.30	\$22.15	\$9.13	(\$4.57)	\$9.13	(\$4.57)
EPO Associate +1 (BSPN) No Spira Care Ctr	\$1,434.10	\$1,251.91	\$182.19	\$91.09	\$1,411.18	\$1,251.91	\$159.27	\$79.64	\$22.92	(\$11.46)	\$22.92	(\$11.46)
EPO Family (BSPN) No Spira Care Ctr	\$1,766.96	\$1,449.70	\$317.26	\$158.63	\$1,740.21	\$1,449.70	\$290.51	\$145.26	\$26.75	(\$13.38)	\$26.75	(\$13.38)
EPO Associate Only (BSPN & SPIRA)	Not Applicable					\$601.28	\$566.04	\$35.24	\$17.62	Not Applicable		
EPO Associate +1 (BSPN & SPIRA)						\$1,368.52	\$1,225.41	\$143.11	\$71.55			
EPO Family (BSPN & SPIRA)						\$1,687.48	\$1,402.31	\$285.17	\$142.59			
QHDHP/HSA- Associate (BSPN & SPIRA)						\$550.84	\$546.84	\$4.00	\$2.00			
QHDHP/HSA- Associate +1 (BSPN & SPIRA)						\$1,268.72	\$1,181.98	\$86.74	\$43.37			
QHDHP/HSA- Family (BSPN & SPIRA)						\$1,539.87	\$1,364.13	\$175.74	\$87.87			

### Additional HSA Data:

2019 County Contribution to HSA: Associate = \$1,000; Associate +1 = \$1,500; Family = \$2,000. HSA IS NOT ALLOWED WITH FSA-MEDICAL

2019 IRS Contribution HSA Maximums: Associate = \$3,500; Associate +1 = \$7,000; Family = \$7,000. Age 55+ may add \$1,000 to the IRS HSA Max.