

Request for Legislative Action

Res. #20773

Sponsor: Jalen Anderson

Date: October 4, 2021

Completed by County Counselor's Office

Action Requested:	Resolution	Res.Ord No.:	20773
Sponsor(s):	Jalen Anderson	Legislature Meeting Date:	10/4/2021

Introduction

Action Items: ['Authorize']

Project/Title:

Requesting a twelve-month extension of the Term and Supply contract with FCL Dental of Sugarland, TX under the terms and conditions of Request for Proposal No. 27-19

Request Summary

On October 7, 2019, Resolution No. 20273 awarded a twelve-month Term and Supply Contract with two twelve-month options to extend, for the furnishing of employee group dental insurance for Jackson County associates to FCL Dental.

This extension will provide the same dental benefit options currently provided for the FCL Dental DHMO plan with no premium increase.

The total premium costs (employee and county) for 2022 by plan type and rate option are as follows:
FCL Dental DHMO: \$8.76 - Individual, \$14.26 - Associate + 1, \$22.00 Family

Contact Information

Department:	Human Resources	Submitted Date:	9/21/2021
Name:	Michelle Chrisman	Email:	MChrisman@jacksongov.org
Title:	Human Resources Director	Phone:	816-881-1204

Budget Information

Amount authorized by this legislation this fiscal year:			\$ 0
Amount previously authorized this fiscal year:			\$ 0
Total amount authorized after this legislative action:			\$
Is it transferring fund?			No
Single Source Funding:			
Fund:	Department:	Line Item Account:	Amount:
			!Unexpected End of Formula

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Prior Legislation	
Prior Ordinances	
Ordinance:	Ordinance date:
Prior Resolution	
Resolution:	Resolution date:
20521	October 12, 2020
20273	September 30, 2019

Purchasing	
Does this RLA include the purchase or lease of supplies, materials, equipment or services?	Yes
Chapter 10 Justification:	Formal Bid
Core 4 Tax Clearance Completed:	Not Applicable
Certificate of Foreign Corporation Received:	Not Applicable
Have all required attachments been included in this RLA?	Yes

Compliance	
Certificate of Compliance	
In Compliance	
Minority, Women and Veteran Owned Business Program	
Goals are waived - insufficient MBE or WBE firms available	
MBE:	.00%
WBE:	.00%
VBE:	.00%
Prevailing Wage	
Not Applicable	

Fiscal Information	
<ul style="list-style-type: none">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.	

Request for Legislative Action

History

Michelle Chrisman at 9/21/2021 3:31:22 PM - [Submitted | We have scheduled the dental broker to be here for the Legislative Meeting on September 27th. Please include this on the agenda.]

Department Director: Michelle K. Chrisman at 9/22/2021 11:43:26 AM - [Approved |]

Finance (Purchasing): Barbara J. Casamento at 9/22/2021 1:36:06 PM - [Approved |]

Compliance: Katie M. Bartle at 9/22/2021 1:52:29 PM - [Approved | eRLA 245]

Finance (Budget): Mark Lang at 9/22/2021 3:07:12 PM - [Approved | Term & Supply contracts do not require a fiscal note.]

Executive: Sylvia Stevenson at 9/22/2021 4:58:09 PM - [Approved |]

Legal: Elizabeth Freeland at 9/28/2021 1:57:07 PM - [Approved |]



September 15, 2021

Kristen Ford
Jackson County
415 E 12th Street
Kansas City, MO 64106

Re: Jackson County - H - DHMO, Group #KB107295 Renewal

First Continental Life & Accident Insurance Company (**FCL Dental/Dental Source Dental Plans**) would like to extend our appreciation for the opportunity to continue to be your trusted Dental Insurance partner. As open enrollment approaches underwriting has completed their annual review of your program.

In order to address the changes that have occurred within the composition of your group, to include but not limited to your overall claims experience, no rate adjustment is appropriate at this time. **Effective January 1, 2022 your new rates will be as follows:**

DHMO	Current	Renewal
EE Only	\$8.76	\$8.76
EE + One	\$14.26	\$14.26
EE + Family	\$22.00	\$22.00

These rates will be reflected on your next Group Billing Notice. Should you have questions or require additional information please contact your employee benefits advisor or you may also contact your FCL dedicated sales representative.

Again, we want to thank you for your business and look forward to being of service to you throughout the coming year. Please feel free ask us about our *Vision Insurance*!

Sincerely,

FCL Dental/Dental Source Dental Plans

CC:

2022 DENTAL & VISION RATES

DENTAL DHMO PLAN	2021 RATES - FCL Dental				2022 RATES - FCL Dental			
	2021 Total Monthly Premium	2021 County Contribution	2021 Associate Monthly Premium	2021 Associate Cost PPP(24)	2021 Total Monthly Premium	2021 County Contribution	2021 Associate Monthly Premium	2021 Associate Cost PPP(24)
Associate Only	\$8.76	\$4.38	\$4.38	\$2.19	\$8.76	\$4.38	\$4.38	\$2.19
Associate + 1	\$14.26	\$7.14	\$7.12	\$3.56	\$14.26	\$7.14	\$7.12	\$3.56
Family	\$22.00	\$11.00	\$11.00	\$5.50	\$22.00	\$11.00	\$11.00	\$5.50

DENTAL PPO BASE PLAN	2021 - Cigna Base Plan				2022 - Blue Cross Base Plan			
	2021 Total Monthly Premium	2021 County Contribution	2021 Associate Monthly Premium	2021 Associate Cost PPP(24)	2022 Total Monthly Premium	2022 County Contribution	2022 Associate Monthly Premium	2022 Associate Cost PPP(24)
Associate Only	\$18.65	\$4.82	\$13.10	\$6.55	\$20.14	\$4.81	\$15.33	\$7.67
Associate + 1	\$34.54	\$7.96	\$25.22	\$12.61	\$37.30	\$7.96	\$29.34	\$14.67
Family	\$62.19	\$12.47	\$47.28	\$23.64	\$67.17	\$12.47	\$54.70	\$27.35

DENTAL PPO BUY-UP PLAN	2021 - Cigna Buy-Up Plan				2022 - Blue Cross Buy-Up Plan			
	2021 Total Monthly Premium	2021 County Contribution	2021 Associate Monthly Premium	2021 Associate Cost PPP(24)	2022 Total Monthly Premium	2022 County Contribution	2022 Associate Monthly Premium	2022 Associate Cost PPP(24)
Associate Only	\$29.49	\$5.07	\$24.42	\$12.21	\$31.85	\$5.07	\$26.78	\$13.39
Associate + 1	\$58.14	\$8.50	\$49.64	\$24.82	\$62.79	\$8.50	\$54.29	\$27.15
Family	\$97.05	\$13.28	\$83.77	\$41.89	\$104.81	\$13.27	\$91.54	\$45.77

EYEMED Vision Plan	2022 Monthly Premium	2022 County Contribution	2022 Associate Monthly Premium	2022 Per Pay Period (24)
Associate Only	\$6.24	\$0.68	\$5.56	\$2.78
Associate + Spouse	\$11.85	\$1.27	\$10.58	\$5.29
Associate + Children	\$12.48	\$1.34	\$11.14	\$5.57
Family	\$18.33	\$1.96	\$16.37	\$8.19