

**REQUEST FOR LEGISLATIVE ACTION**

**Version 6/10/19**

Completed by County Counselor's Office:

Res/~~Ord~~ No.: 20522

Sponsor(s): Crystal Williams

Date: October 12, 2020

<p>SUBJECT</p>	<p>Action Requested  <input checked="" type="checkbox"/> Resolution  <input type="checkbox"/> Ordinance</p> <p>Project/Title: Requesting a twelve-month extension of the Term and Supply contract with Blue Cross Blue Shield of Kansas City under the terms and conditions of Request for Proposal No. 26-19</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 style="text-align: right;">\$</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 style="text-align: right;">\$</td> </tr> <tr> <td>Amount budgeted for this item * (including transfers):</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Source of funding (name of fund) and account code number:</td> <td style="text-align: right;">\$</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:	\$
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:	\$										
<p>PRIOR LEGISLATION</p>	<p>Prior ordinances and (date): _____          Prior resolutions and (date): Resolution 20271 / 9/26/2019</p>										
<p>CONTACT INFORMATION</p>	<p>RLA drafted by (name, title, &amp; phone): Michelle Chrisman, Director of Human Resources, 816-881-1204</p>										
<p>REQUEST SUMMARY</p>	<p>On October 7, 2019, Resolution No. 20271 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 Blue Shield of Kansas City.</p> <p>This extension will provide seven types of health plans (1-HMO, 1-PPO, 1-QHDHP, 1-EPO w/o Spira, 1-EPO w/Spira, 1-QHDHP w/Spira) with the addition of St. Luke's Custom plan with the Blue High Performance Network. St. Luke's Custom will only be affiliated with St. Luke's Hospital and Children's Mercy Hospitals and utilize the Blue High Performance Network (Blue HPN). The overall rate increase for 2021 is 8.3%.</p> <p>The total premium costs for 2021 by plan type and rate option are as follows:</p> <p style="text-align: center;">(Assoc. Only / Assoc.+1 / Family)</p> <p>Blue Care HMO: \$789.82 / \$1,797.62 / \$2,216.58          Preferred Care PPO: \$773.88 / \$1,766.82 / \$2,169.32          Blue Select QHDHP (HSA): \$727.44 / \$1,675.40 / \$2,033.54          Blue Select EPO <i>no Spira</i>: \$702.58 / \$1,601.02 / \$1,972.72          Preferred Care Blue Select EPO <i>with Spira</i>: \$681.52 / \$1,553.40 / \$1,913.84          Blue Select QHDHP (HSA) <i>w/Spira</i>: \$625.20 / \$1,441.96 / \$1,749.04          EPO (Blue HPN) St. Luke's Custom Network: \$751.98 / \$1,717.02 / \$2,113.34</p>										
<p>CLEARANCE</p>	<p></p>										

	<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)	
COMPLIANCE	<input type="checkbox"/> MBE Goals <input type="checkbox"/> WBE Goals <input type="checkbox"/> VBE Goals	
ATTACHMENTS		
REVIEW	Department Director: <i>Mamelle Christian</i>	Date: <i>10/7/2020</i>
	Finance (Budget Approval): <i>If applicable</i>	Date:
	Division Manager: <i>Whitehills</i>	Date: <i>9/7/20</i>
	County Counselor's Office: <i>Bryan Cousins</i>	Date: <i>10/8/20</i>

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, MO

Jan 1, 2021 Renewal - Illustrative Maximum Funding Rates

	<u>2021 COBRA</u>	<u>2021 vs. 2020 Increase</u>	<u>2021 Funding (DIVISIBLE BY 2)</u>	<u>2020 Funding</u>
<b><u>BC</u></b>				
Employee	\$805.61	8.3%	\$789.82	\$729.28
Employee + 1	\$1,833.58	8.3%	\$1,797.62	\$1,659.86
Family	\$2,260.91	8.3%	\$2,216.58	\$2,046.71
<b><u>\$1,000 DED</u></b>				
Employee	\$789.36	8.3%	\$773.88	\$714.58
Employee + 1	\$1,802.16	8.3%	\$1,766.82	\$1,631.42
Family	\$2,212.70	8.3%	\$2,169.32	\$2,003.06
<b><u>H.S.A.</u></b>				
Employee	\$741.98	8.3%	\$727.44	\$671.70
Employee + 1	\$1,708.90	8.3%	\$1,675.40	\$1,547.00
Family	\$2,074.21	8.3%	\$2,033.54	\$1,877.69
<b><u>BS+ EPO</u></b>				
Employee	\$716.63	8.3%	\$702.58	\$648.74
Employee + 1	\$1,633.04	8.3%	\$1,601.02	\$1,478.33
Family	\$2,012.18	8.3%	\$1,972.72	\$1,821.54
<b><u>SPIRA EPO</u></b>				
Employee	\$695.15	8.3%	\$681.52	\$629.28
Employee + 1	\$1,584.47	8.3%	\$1,553.40	\$1,434.36
Family	\$1,952.12	8.3%	\$1,913.84	\$1,767.18
<b><u>H.S.A. - BS+ SPIRA</u></b>				
Employee	\$637.70	8.3%	\$625.20	\$577.28
Employee + 1	\$1,470.80	8.3%	\$1,441.96	\$1,331.46
Family	\$1,784.02	8.3%	\$1,749.04	\$1,614.99
<b><u>St. Luke's Custom</u></b>				
Employee	\$767.02		\$751.98	
Employee + 1	\$1,751.36		\$1,717.02	N/A
Family	\$2,155.60		\$2,113.34	



# Kansas City

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## Jackson County

Renewal Date: 1/1/2021

<b>Current/ Renewal Plans</b>
<b>\$75,000</b>

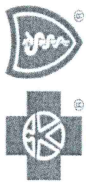
<b>Optional Plan EPO St. Luke's Custom Network</b>
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### Wellness Stipend

Wellness Stipend is to be used during the plan year; unused funds will not roll over to the following plan year.

	<b>Blue-Care HMO</b>	<b>BlueSelect + EPO</b>	<b>St. Luke's Custom Network</b>
Hospital Copay	\$400x5	\$400x5	\$400x5
Office Visit Copay	\$30/\$60	\$30/\$60	\$30/\$60
Urgent Care Copay	\$60	\$60	\$60
ER Copay	\$300	\$300	\$300
Out-Of-Pocket Maximum	\$3,500/\$8,750	\$3,500/\$8,750	\$3,500/\$8,750
Drugs			
Deductible	None	None	None
Retail	\$12/20% to \$100/50% to \$250	\$12/20% to \$100/50% to \$250	\$12/20% to \$100/50% to \$250
Mail	\$24/20% to \$200/50% to \$500	\$24/20% to \$200/50% to \$500	\$24/20% to \$200/50% to \$500
MRI, MRA, CT and PET scan copay	\$250	\$250	\$250
% Membership	21.5%	24.0%	
Deductible			
In-network (indiv/family)	\$1,000/\$2,000	\$2,000/\$4,000	
Out-of-network (indiv/family)	\$2,500/\$4,500	N/A	
Coinsurance	80%/60%	100%	
Medical Out-of-Pocket			
In-network (indiv/family)	\$4,500/\$9,000	\$2,000/\$4,000	
Out-of-network (indiv/family)	\$8,500/\$16,500	N/A	
Office Visit Copay	\$30/\$60	\$0 @ Spira Care	
Urgent Care Copay	\$60	Ded	
ER Copay	\$250, Ded/Coins	Ded	
Drugs			
Deductible	None	None	
Retail	\$12/20% to \$100/50% to \$250	\$15/\$50/Deductible	
Mail	\$24/20% to \$200/50% to \$500	\$15/\$125/Deductible	
% Membership	13.8%	7.5%	
Deductible			
In-network (indiv/family)	\$2,800/\$5,600	\$2,800/\$5,600	
Out-of-network (indiv/family)	\$2,800/\$5,600	N/A	
Coinsurance	100%/80%	100%	
Medical Out-of-Pocket			
In-network (indiv/family)	\$2,800/\$5,600	\$2,800/\$5,600	
Out-of-network (indiv/family)	\$5,600/\$11,200	N/A	
Office Visit Copay	Ded	Ded	
Urgent Care Copay	Ded	Ded	
ER Copay	Ded	Ded	
Drugs			
Deductible	Plan Ded Then:	Plan Ded Then:	
Retail	No Copays	No Copays	
Mail	No Copays	No Copays	
% Membership	13.1%	20.0%	

Rates and benefits quoted are subject to change based on ACA guidance/regulation and any other applicable laws, rules or regulations or other governmental guidance (local, state, federal, etc.) to said effective date.



# Kansas City

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## Jackson County 1/1/2021 Cost Plus Renewal Summary

<u>Renewal Components</u>	<u>Current</u>	<u>Renewal Needed</u>	<u>%</u>	<u>Renewal Offer - \$200K</u>	<u>%</u>
Aggregate Claims	\$15,987,489	\$18,834,429	17.8%	\$16,786,863	5.0%
Admin Fee	\$712,515	\$712,515	0.0%	\$712,515	0.0%
Access Fee	\$318,240	\$318,240	0.0%	\$318,240	0.0%
Pooling Fee	\$1,047,614	\$2,359,226	125.2%	\$1,871,038	78.6%
ACA Excise Tax	\$54,112	\$0		\$0	
Pharmacy Carve In Credit	-\$389,376	-\$479,232		-\$479,232	
<b>Maximum Funding</b>	<b>\$17,730,593</b>	<b>\$21,745,178</b>	<b>22.6%</b>	<b>\$19,209,424</b>	<b>8.3%</b>

Jackson County, Missouri  
Health Rates for 2021

	2020					2021 RATES				
	2020 Total Monthly Premium	2021 County Monthly Contribution	2020 Associate Monthly Premium	2020 Associate Cost PPP(24)	2021 Total Monthly Premium BCBS	2021 County Monthly Contribution (Total ER)	2021 Associate Monthly Premium	2021 Associate Cost PPP(24)		
<b>HEALTH PLANS BLUE-CARE HMO &amp; PREFERRED CARE BLUE PPO</b>										
HMO - Associate Only	\$729.28	\$614.60	\$114.68	\$57.34	\$789.82	\$675.14	\$114.68	\$57.34		
HMO - Associate +1	\$1,659.86	\$1,339.63	\$320.23	\$160.12	\$1,797.62	\$1,477.39	\$320.23	\$160.12		
HMO - Family	\$2,046.71	\$1,558.19	\$488.52	\$244.26	\$2,216.58	\$1,728.00	\$488.58	\$244.29		
PPO - Associate Only	\$714.58	\$613.10	\$101.48	\$50.74	\$773.88	\$672.40	\$101.48	\$50.74		
PPO - Associate +1	\$1,631.42	\$1,329.36	\$302.06	\$151.03	\$1,766.82	\$1,464.76	\$302.06	\$151.03		
PPO - Family	\$2,003.06	\$1,540.87	\$462.19	\$231.10	\$2,169.32	\$1,707.13	\$462.19	\$231.10		
QHDHP/HSA - Associate Only	\$671.70	\$601.56	\$70.14	\$35.07	\$727.44	\$654.70	\$72.74	\$36.37		
QHDHP/HSA - Associate +1	\$1,547.00	\$1,306.81	\$240.19	\$120.10	\$1,675.40	\$1,424.09	\$251.31	\$125.66		
QHDHP/HSA - Family	\$1,877.69	\$1,501.34	\$376.35	\$188.18	\$2,033.54	\$1,626.83	\$406.71	\$203.35		
	2020 RATES					2021 Rates				
	2020 Total Monthly Premium	2020 County Monthly Contribution	2020 Associate Monthly Premium	2020 Associate Cost PPP(24)	2021 Total Monthly Premium	2021 County Monthly Contribution	2021 Associate Monthly Premium	2021 Associate Cost PPP(24)		
<b>HEALTH PLAN BLUE SELECT &amp; BLUE SELECT PLUS NETWORK (BSPN+Spira)</b>										
EPO Associate Only (BSPN) No Spira Care Ctr	\$648.74	\$604.44	\$44.30	\$22.15	\$702.58	\$632.32	\$70.26	\$35.13		
EPO Associate +1 (BSPN) No Spira Care Ctr	\$1,478.33	\$1,319.06	\$159.27	\$79.64	\$1,601.02	\$1,360.87	\$240.15	\$120.08		
EPO Family (BSPN) No Spira Care Ctr	\$1,821.54	\$1,531.03	\$290.51	\$145.26	\$1,972.72	\$1,578.18	\$394.54	\$197.27		
EPO Associate Only (BSPN & SPIRA)	\$629.28	\$594.04	\$35.24	\$17.62	\$681.52	\$613.37	\$68.15	\$34.08		
EPO Associate +1 (BSPN & SPIRA)	\$1,434.36	\$1,291.25	\$143.11	\$71.55	\$1,553.40	\$1,320.39	\$233.01	\$116.51		
EPO Family (BSPN & SPIRA)	\$1,767.18	\$1,482.01	\$285.17	\$142.59	\$1,913.84	\$1,531.07	\$382.77	\$191.38		
QHDHP/HSA- Associate (BSPN & SPIRA)	\$577.28	\$573.28	\$4.00	\$2.00	\$625.20	\$562.68	\$62.52	\$31.26		
QHDHP/HSA- Associate +1 (BSPN & SPIRA)	\$1,331.46	\$1,244.72	\$86.74	\$43.37	\$1,441.96	\$1,225.67	\$216.29	\$108.15		
QHDHP/HSA- Family (BSPN & SPIRA)	\$1,614.99	\$1,439.25	\$175.74	\$87.87	\$1,749.04	\$1,399.23	\$349.81	\$174.90		
ST. LUKE'S CUSTOM - Associate Only					\$751.98	\$676.78	\$75.20	\$37.60		
ST. LUKE'S CUSTOM - Associate +1					\$1,717.02	\$1,459.47	\$257.55	\$128.78		
ST. LUKE'S CUSTOM - Family					\$2,113.34	\$1,690.67	\$422.67	\$211.33		