

**IN THE COUNTY LEGISLATURE OF JACKSON COUNTY, MISSOURI**

**AN ORDINANCE** appropriating \$55,153.00 from the fund balance of the 2014 Grant Fund in acceptance of a grant received from the United States Executive Office of the President's Midwest High Intensity Drug Trafficking Area Investigative Support Center Initiative for use by the Jackson County Sheriff's Office and authorizing the County Executive to execute a Memorandum of Understanding with the Kansas Bureau of Investigation.

**ORDINANCE NO. 4681**, October 27, 2014

**INTRODUCED BY** Crystal Williams, County Legislator

WHEREAS, the United States Executive Office of the President's Midwest High Intensity Drug Trafficking Area (HIDTA) Investigative Support Center has allocated a total of \$55,153.00, for an intelligence analyst to be hired by the Jackson County Sheriff's Office, for the period of January 1, 2014, to December 31, 2015; and,

WHEREAS, the attached Memorandum of Understanding with the Kansas Bureau of Investigation, which will serve as the Fiscal Agent for this grant, provides a suitable mechanism by which to implement this arrangement; and,

WHEREAS, an appropriation is necessary to place these grant funds in the appropriate spending accounts; now therefore,

**BE IT ORDAINED** by the County Legislature of Jackson County, Missouri, that the following appropriation be and hereby is made from the undesignated fund balance of the 2014 Grant Fund:

<u>DEPARTMENT/DIVISION</u>	<u>CHARACTER/DESCRIPTION</u>	<u>FROM</u>	<u>TO</u>
Grant Fund HIDTA - High Intensity Drug Trafficking Area 010-4278	45855 - Increase Revenue	\$55,153	
010-2810	Undesignated Fund Balance		\$55,153
010-2810	Undesignated Fund Balance	\$55,153	
010-4278	55010 - Regular Salaries		\$41,253
010-4278	56140 – Travel Expense		\$ 2,000
010-4278	56750 – Education Benefits		\$ 2,000
010-4278	56630 – Vehicle Lease		\$ 6,300
010-4278	57110 - Gasoline		\$ 3,600

and,

BE IT FURTHER ORDAINED that the County Executive be and hereby is authorized to execute the attached Memorandum of Understanding with the Kansas Bureau of Investigation and any and all other documents necessary to give effect to this grant.

Effective Date: This ordinance shall be effective immediately upon its signature by the County Executive.

APPROVED AS TO FORM:



Senior Deputy County Counselor

County Counselor

I hereby certify that the attached Ordinance, Ordinance No. 4681 introduced on October 27, 2014, was duly passed on \_\_\_\_\_, 2014 by the Jackson County Legislature. The votes thereon were as follows:

Yeas \_\_\_\_\_

Nays \_\_\_\_\_

Abstaining \_\_\_\_\_

Absent \_\_\_\_\_

This Ordinance is hereby transmitted to the County Executive for his signature.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mary Jo Spino, Clerk of Legislature

I hereby approve the attached Ordinance No. 4681.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Michael D. Sanders, County Executive

Funds sufficient for this appropriation are available from the source indicated below.

ACCOUNT NUMBER: 010 2810  
ACCOUNT TITLE: Grant Fund  
Undesignated Fund Balance  
NOT TO EXCEED: \$55,153.00



Date



Director of Finance and Purchasing

# REQUEST FOR LEGISLATIVE ACTION

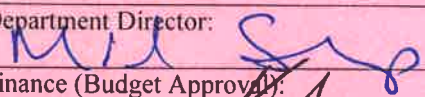
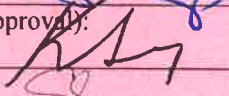

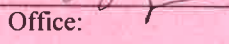
Completed by County Counselor's Office:

~~Res~~/Ord No.: 4681

Sponsor(s): Crystal Williams

Date: October 27, 2014

<p><b>SUBJECT</b></p>	<p>Action Requested  <input type="checkbox"/> Resolution  <input checked="" type="checkbox"/> Ordinance</p> <p>Project/Title: <u>An ordinance authorizing the County Executive to execute an agreement with the Kansas Bureau of Investigation / HIDTA "High Intensity Drug Trafficking Area"</u></p>																								
<p><b>BUDGET INFORMATION</b>  <i>To be completed By Requesting Department and Finance</i></p>	<table border="1" data-bbox="310 552 1187 1140"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td>\$55,153.00</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>\$55,153.00</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 :</td> <td>\$55,153.00</td> </tr> <tr> <td>From: <del>\$55,153.00</del> <sup>K5</sup> Grant Fund 010-2810 undesignated fund</td> <td>FROM ACCT 010-2810</td> </tr> <tr> <td>To: Grant Fund 010-4278</td> <td>TO ACCT 010-4278</td> </tr> <tr> <td>55010 Regular Salary</td> <td>\$41,253.00</td> </tr> <tr> <td>56140 Travel Expense</td> <td>\$2,000.00</td> </tr> <tr> <td>56630 Rent - Auto</td> <td>\$6,300.00</td> </tr> <tr> <td>56750 Education Benefits</td> <td>\$2,000.00</td> </tr> <tr> <td>57110 Gasoline</td> <td>\$3,600.00</td> </tr> </table> <p>* If account includes additional funds for other expenses, total budgeted in the account is:</p> <p><b>OTHER FINANCIAL INFORMATION:</b></p> <p><input type="checkbox"/> No budget impact (no fiscal note required)  <input 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): \$55,153.00  Prior Year Actual Amount Spent (if applicable):</p>	Amount authorized by this legislation this fiscal year:	\$55,153.00	Amount previously authorized this fiscal year:	\$	Total amount authorized after this legislative action:	\$55,153.00	Amount budgeted for this item * (including transfers):	\$	Source of funding (name of fund) and account code :	\$55,153.00	From: <del>\$55,153.00</del> <sup>K5</sup> Grant Fund 010-2810 undesignated fund	FROM ACCT 010-2810	To: Grant Fund 010-4278	TO ACCT 010-4278	55010 Regular Salary	\$41,253.00	56140 Travel Expense	\$2,000.00	56630 Rent - Auto	\$6,300.00	56750 Education Benefits	\$2,000.00	57110 Gasoline	\$3,600.00
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<p><b>PRIOR LEGISLATION</b></p>	<p>Prior ordinances and (date): #4275 on 12-06-2010, #4341 on 09-12-11, #4452 on 09-24-2012, and #4554 on 08/26/2013.</p> <p>Prior resolutions and (date):</p>																								
<p><b>CONTACT INFORMATION</b></p>	<p>RLA drafted by (name, title, &amp; phone): Sergeant R. Montgomery #9 / 816-524-4302</p>																								
<p><b>REQUEST SUMMARY</b></p>	<p>An ordinance to appropriate \$55,153.00 from the undesignated fund balance of the 2014 Grant Fund to cover a grant received from the United States Executive Office of the President's Midwest HIDTA Investigative Support Center through the Kansas Bureau of Investigation for use by the Jackson County, MO Sheriff's Office and authorizing the County Executive to executive an agreement with the Kansas Bureau of Investigation. This project/contract, # G14MW0003A, is for the term of January 1, 2014 to December 31, 2015.</p>																								

	From 010-2810 to 010-4278-45636 55010 Regular Salary 56140 Travel 56750 Education 56630 Vehicle Lease 57110 Fuel	
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		
REVIEW	Department Director: 	Date: 10/15/14
	Finance (Budget Approval): If applicable 	Date: 10/16/14
	Division Manager: 	Date: 10/20/14
	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:
010-2810	Grant Fund Undesignated Fund Balance	\$51,153.00

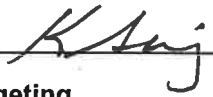
- This award is made on a need basis and does not obligate Jackson County to pay any specific amount. The availability of funds for specific purchases will, of necessity, be determined as each using agency places its order.
- This legislative action does not impact the County financially and does not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

## Supplemental Appropriation Request Jackson County, Missouri

Funds sufficient for this appropriation are available from the source indicated below.

Date: October 16, 2014

ORD # 4681

<u>Department / Division</u>	<u>Character/Description</u>	<u>From</u>	<u>To</u>
<b>Grant Fund - 010</b>			
4278 - HIDTA	45855 - Increase Revenues	55,153	
2810	Undesignated Fund Balance		55,153
2810	Undesignated Fund Balance	55,153	
4278 - HIDTA	55010 - Regular Salaries		41,253
4278 - HIDTA	56140 - Travel Expense		2,000
4278 - HIDTA	56630 - Rent - Auto		6,300
4278 - HIDTA	56750 - Education Benefits		2,000
4278 - HIDTA	57110 - Gasoline		3,600
			
<b>Budgeting</b>		<b>55,153</b>	<b>55,153</b>

**Ord. 4681**

**MIDWEST HIGH INTENSITY DRUG TRAFFICKING AREA (HIDTA)**

**MEMORANDUM OF UNDERSTANDING**

**MIDWEST HIDTA INVESTIGATIVE SUPPORT CENTER INITIATIVE**

**January 1, 2014 to December 31, 2015**

**Grant #G14MW0003A**

**CFDA number 95.001**

The Office of National Drug Control Policy (ONDCP) has awarded HIDTA 2014 funding to federal, state and local law enforcement agencies in the region comprised of the states of Kansas, Missouri, Nebraska, Iowa, South Dakota and North Dakota for the purpose of combating the manufacture and importation of methamphetamine and the disruption of poly-drug trafficking organizations. The Kansas Bureau of Investigation (KBI) has been designated as the fiscal agent for award proceeds to be distributed to state and local agencies participating in the Midwest HIDTA program within Kansas and in selected regional initiatives. These funds shall be used for purposes designated in the MIDWEST HIDTA INVESTIGATIVE SUPPORT CENTER INITIATIVE (Appendix A) and associated budget (Appendix B), as approved by ONDCP.

**Scope of Service**

The services carried out under this Memorandum of Understanding shall be consistent with those contained in the initiative proposal and budget as approved for funding by ONDCP. Changes shall not be made in the subject or the proposed objectives of the initiative without prior written approval from the Midwest HIDTA Executive Director the Midwest HIDTA Executive Committee.

The signatories agree to provide written notice to the KBI and to the Midwest HIDTA Executive Director, at least (30) days in advance of any planned withdrawal from this agreement. In the event of withdrawal from this initiative by any party, all property and equipment acquired with HIDTA funds by the withdrawing party, shall be re-distributed as per Midwest HIDTA policy and procedure. Upon the date specified in the written notice of withdrawal, this agreement shall become void with respect to the agency giving notice but shall remain in effect for all other participants. The KBI shall process all allowable reimbursement requests for the withdrawing agency through the date of the withdrawal.

**Reprogramming of Funds**

Reprogramming of funds within a HIDTA award requires different levels of approval based upon the amount to be reprogrammed and whether the reprogramming is inter-agency or inter-initiative. In all cases the recipient agency is responsible for forwarding a request for authorization for reprogramming to the KBI to be forwarded to the Midwest HIDTA Executive Director and Midwest HIDTA Executive Committee. The recipient agency is also responsible for maintaining detailed records of any reprogramming activities.

G14MW0003A

### **Reporting Requirement**

All participants may be required to prepare a final report of initiative expenditures, which shall be submitted to the KBI within 30 days of the close of the program fiscal year. The financial report will be of a form approved by the KBI and shall contain a listing of expenditures/costs by cost category from the approved initiative budget (Appendix B). The report shall also contain a comparison of actual costs/expenditures against budget estimates. Failure to submit reports on a timely basis may result in the interruption or termination of the initiative funding for your agency. Detailed information on the financial reporting requirements is found in the HIDTA Program Policy and Budget Guidance publication and the Midwest HIDTA Policies and Standard Operating procedures document.

### **Program Standards**

Each agency agrees to abide by the standards and rules defined in the HIDTA Program Policy and Budget Guidance publication and the Midwest HIDTA Policies and Standard Operating procedures document as well as all formal written program guidance regarding financial management standards, reporting, records retention, equipment, vehicles, and procurement and supplanting requirements for any agency accepting HIDTA funds.

### **Assurances**

Each agency agrees to abide by the terms and conditions set out in OMB Form 424B, Assurances - Non-Construction Programs (Appendix D) and ONDCP Certifications regarding Lobbying, Debarment, Suspension and Other Responsibility Matters; Drug Free Work Place Requirements; Federal Debt Status and Nondiscrimination Statutes and Implementing Regulations (Appendix E). Each agency will also submit a signed OMB form, Disclosure of Lobbying Activities (Appendix F) and will abide by all applicable special conditions included as a part of the award agreement (Appendix H).

### **Invoicing**

Each agency receiving reimbursements shall invoice once per month, on or about the fifteenth of the month, for expenditures incurred during the prior month. Invoices shall be of a form approved by the KBI (Appendix G) and shall contain a listing of expenditures by category. Each agency shall retain the original supporting documentation and provide a copy to the KBI with the monthly report.

### **Acceptance**

Acceptance of this MOU by participating agencies is acceptance of all standards and conditions of the HIDTA Award, included as Appendix A, B, C, D, E, F, G, and H.

Appendix A: Task Force Initiative

Appendix B: Task Force Budget

Appendix C: Application for Federal Assistance

Appendix D: OMB Form 424B, Assurances - Non-Construction Programs

Appendix E: ONDCP Certifications regarding Lobbying, Debarment, Suspension and Other Responsibility Matters; Drug Free Work Place Requirements; Federal Debt Status and Nondiscrimination Statutes and Implementing Regulations

Appendix F: OMB form, Disclosure of Lobbying Activities



Appendix G: HIDTA Reimbursement Form  
Appendix H: HIDTA Award Agreement

**Fiscal Contact KBI:** Neet O'Connor  
Kansas Bureau of Investigation  
1620 SW Tyler  
Topeka, Kansas 66612  
785-296-6782  
785-296-0915 (FAX)  
neet.oconnor@kbi.state.ks.us

**Project Manager KBI:** Frank Papish, Assistant Director  
Kansas Bureau of Investigation  
7700 Shawnee Mission Parkway, Ste 12  
Overland Park, KS 66202  
913-671-2043

**Fiscal Contact JCOSO:** Ronda Montgomery, Sargent  
Jackson County Sheriff's Department  
3310 NE Rennau Dr  
Lee's Summit, MO 64064  
816-524-4302 ext 972218

**State Coordinator:** Allan King  
**Midwest HIDTA** 7700 Shawnee Mission Parkway, Suite 12  
Overland Park, Kansas 66212  
913-671-2051  
913-671-2042 (FAX)

**Participating Agencies:**  
Jackson County Missouri

\_\_\_\_\_  
Michael D. Sanders, County Executive      Date  
Jackson County, Missouri

**Through Jackson County Missouri Sheriff's Office**

 \_\_\_\_\_      10/15/14  
Michael Sharp, Sheriff      Date

**Fiscal Agent:**  
Kansas Bureau of Investigation

\_\_\_\_\_  
Kirk D. Thompson, Director      Date

## FY 2014 INTELLIGENCE AND INFORMATION SHARING INITIATIVE BUDGET PROPOSAL

**HIDTA:** Midwest

**INITIATIVE TITLE:** Midwest HIDTA Investigative Support Center

**LEAD AGENCY(S):** Drug Enforcement Administration  
Kansas City, MO Police Department

**LOCATION:** Kansas City, MO

### 1. INITIATIVE DESCRIPTION

(Includes Initiatives involved in Investigative, prosecution, and interdiction activities.)

- A. The Midwest HIDTA Investigative Support Center (MHISC) has been operational since 1998 and is con-managed by the Drug Enforcement Administration and the Kansas City, Missouri Police Department. The ISC is a multi-agency coalition consisting of federal, state, and local agencies located within the seven state Midwest HIDTA region. Located in Kansas City, Missouri the MHISC is electronically linked to task force locations and key state agencies in each of the states. The MHISC collects and analyzes information from all Midwest HIDTA task forces and participating task forces and agencies. The MHISC provides event and subject deconfliction services, multi-source name checks, investigative case support, toll analysis, charting, graphic work, post seizure analysis and trend/predictive analysis.

The MHISC continues to develop and expanding its mission to support a seven-state region. Even deconfliction through the Watch Center is fully implemented in many metropolitan areas throughout the region. Expansion to other areas will continue with system expansion steadily increasing each year. The Watch Center is currently manned by elements of the Missouri and Kansas National Guards and the Kansas City, Missouri Police Department.

The MHISC also provides continual evaluation of the threat to the region, identifying changes in patterns and trends. By improving the exchange of intelligence and information through more efficient coordination and communications, the MHISC enhances the ability of federal, state, and local law enforcement agencies to identify, arrest, and prosecute key members of drug trafficking organizations and individuals involved in the clandestine manufacturing of narcotics. Trend and predictive analysis developed by the MHISC assists the Midwest HIDTA Executive Board in utilizing its limited resources more efficiently.

A large portion of the support provided by the MHISC is tactical case support. The MHISC lends support to numerous high profile drug related investigations to include OCDEF, Priority, Regional (RPOT) and Consolidated Priority Investigations (CPOT). Case support is, and will continue to be a high priority for the MHISC.

- B. Is this initiative collocated with other HIDTA initiatives?

Yes  
 No

- C. Is this initiative staffed with fulltime federal and fulltime state/local personnel?

Yes  
 No

(If not, attach Program Policy Waiver Request.)

- D. Are fulltime members of the initiative collocated and commingled with federal and state/local personnel?

Yes  
 No

(If not, attach Program Policy Waiver Request.)

## Budget Detail

### 2014 - Midwest

Initiative - Midwest HIDTA Investigative Support Center

Award Recipient - Kansas Bureau of Investigation (G14MW0003A)

Resource Recipient - Kansas Bureau of Investigation

<b>Input</b>			
			<b>\$753,862.00</b>
Personnel	Quantity	Amount	Comments
Administrative Staff	1	\$49,650.00	Administrative Specialist
Analyst - Intelligence	9	\$337,767.00	8 fulltime (3 KCMO PD, 3 KBI, 1JC SO, 1 Indep PD), 1 parttime KBI
Director - Deputy	1	\$74,676.00	Deputy Director - KCMO PD
<b>Total Personnel</b>	<b>11</b>	<b>\$462,093.00</b>	
Fringe	Quantity	Amount	Comments
Administrative staff	1	\$14,408.00	Administrative Specialist
Analyst - Intelligence	8	\$82,525.00	7 fulltime (3KCMO PD, 3 KBI, 1 Indep PD) 1 part time KBI
Director - Deputy	1	\$30,762.00	Deputy Director - KCMO PD
<b>Total Fringe</b>	<b>10</b>	<b>\$127,695.00</b>	
Travel	Quantity	Amount	Comments
Administrative	9	\$9,712.00	Employees & agencies listed above
Investigative/Operational	9	\$1,676.00	Employees & agencies listed above
<b>Total Travel</b>	<b>18</b>	<b>\$11,388.00</b>	
Services	Quantity	Amount	Comments
Communications - data lines	0	\$3,177.00	Alert line
Communications - mobile phones & pagers	0	\$9,720.00	15 cell (2DEA, 1 Indep PD, 2 NG, 2 KCMO PD, 2 KBI, 1JC SO, 5 ATF)
Equipment rentals	0	\$16,614.00	3 copiers, Pitney Bowes
Printing & document support	0	\$1,350.00	Threat Assessment
Service contracts	0	\$6,750.00	DISH
Shipping & postage	0	\$2,700.00	Postage & Federal Express

## Budget Detail


### 2014 - Midwest

Initiative - Midwest HIDTA Investigative Support Center

Award Recipient - Kansas Bureau of Investigation (B14MW0003A)

Resource Recipient - Kansas Bureau of Investigation

<i>Input</i>		<b>\$753,968.00</b>	
Software - maintenance	0	\$40,311.00	12 I-2, 9 Perlink
Subscriptions - database	0	\$15,525.00	Leads Nexis for 12
Vehicle lease - passenger	4	\$27,720.00	2 KOMO PD, 1 JC SO, 1 KCKS PD
<b>Total Services</b>	<b>4</b>	<b>\$123,557.00</b>	
<i>Supplies</i>		<i>Amount</i>	<i>Comments</i>
Investigative/operational	0	\$14,400.00	Fuel for 4 vehicles. 2 KOMO PD, 1 KCKS PD, 1 JC SO
Office	0	\$5,175.00	General office supplies
Software - licenses	0	\$9,000.00	12 celebrity licenses
<b>Total Supplies</b>		<b>\$28,575.00</b>	
<i>Other</i>		<i>Amount</i>	<i>Comments</i>
Administrative costs	0	\$350.00	Direct grant costs
<b>Total Other</b>		<b>\$350.00</b>	
<b>Total</b>		<b>\$753,968.00</b>	

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		<b>2. DATE SUBMITTED</b> 03/13/2014	<b>Applicant Identifier:</b>
<b>1. TYPE OF SUBMISSION</b> Application                      Pre-application _ Construction                      _ Construction <input checked="" type="checkbox"/> Non-Construction                      _ Non-Construction		<b>3. DATE RECEIVED BY STATE</b>	<b>State Application Identifier</b>
		<b>4. DATE RECEIVED BY FED AGENCY</b>	<b>Federal Identifier</b> G14MW0003A
<b>5. APPLICANT INFORMATION</b>			
<b>LEGAL NAME:</b> Kansas Bureau of Investigation		<b>ORGANIZATIONAL UNIT:</b>	
<b>Organizational DUNS:</b> 150943496			
<b>ADDRESS</b> (Give city, county, State and Zip Code) Kansas Bureau of Investigation 1620 SW Tyler Topeka, KS 66612		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Director Dave Barton	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN)</b> 1486029925L2		<b>7. TYPE OF APPLICANT:</b> (Enter appropriate letters in box) A. State                                      H. Independent School District B. County                                      I. State Controlled Institution of Higher Learning C. Municipal                                      J. Private University D. Township                                      K. Indian Tribe E. Interstate                                      L. Individual F. Inter-municipal                                      M. Profit Organization G. Special District                                      N. Other	
<b>8. TYPE OF APPLICATION</b> S New                      _ Continuation                      _ Revision If revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> (Specify) _____ A. Increase Award                      B. Decrease Award C. Increase Duration                      D. Decrease Duration Other (specify) _____		<b>9. NAME OF FEDERAL AGENCY</b> ONDCP	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER (CFDA):</b> 95.001		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT</b> Multiple	
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.):			
<b>13. PROPOSED PROJECT</b>		<b>14. CONGRESSIONAL DISTRICTS OF</b>	
<b>Start Date</b> 1/1/2014	<b>Ending Date</b> 12/31/2015	<b>a. Applicant</b>	<b>b. Project</b>
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
<b>a. Federal</b>	\$3,665,894.00	<b>a. YES.</b> This preapplication/application was made available to the State Executive order 12372 process for b. Applicant review on: <input type="checkbox"/>	
<b>b. Applicant</b>		Date: _____	
<b>c. State</b>		<b>b. No.</b> <input type="checkbox"/> Program is not covered by E.O. 12372	
<b>d. Local</b>		<input type="checkbox"/> or program has not been selected by state for review	
<b>e. Other</b>			
<b>f. Program Income</b>		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
<b>g. Total</b>	\$3,665,894.00	Yes if "Yes", attach an explanation <input checked="" type="checkbox"/> No	
<b>TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
<b>a. Type Name of Authorized Representative</b> Kirk D. Thompson		<b>b. Title</b> Director	<b>c. Telephone</b>
<b>d. Signature of Authorized Representative</b> 		<b>e. Date Signed</b> 3/19/2014	

## ASSURANCES – NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET, SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

**NOTE:** Certain of these assurances may not be applicable to your project or program, if you have questions, please contact the awarding agency. Further, certain Federal-awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-federal share of project cost) to ensure proper planning, management and completion of the project describe in this application.
2. Will give the awarding agency, the Comptroller General of United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all record, books, paper, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U. U. C. 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C. F. R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U. S. C. 1681- 1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U. S. C. 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U. S. C. 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P. L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P. L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) 523 and 527 of the Public Health Service Act of 1912 (42 U. S. C. 290 dd-3 and 290 ce-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U S C. 3601 et seq), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocations Assistance and Real Property Acquisition Policies Act of 1970 (P. L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assistance programs. These requirements apply to all interest in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U. S.C. 1501-1508 and 7324-7328) which limit the political activities are funded in whole or in part with Federal Funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U. S. C. 276a to 276a - 7), the Copeland Act (40 U. S. C. 276c and 18 U. S. C. 874), and the Contract Work Hours and Safety Standards Act (40 U. S. C. 327-333), regarding labor standards for federally assisted construction sub agreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. 1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176 (c) if the Clear Air Act of 1955, as amended (42 U.S.C. 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic: Rivers Act of 1968 (16 U.S.C. 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties) and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984 or OMB Circular No. A-133, Audits of Institutions of Higher Learning and other Non-profit Institutions.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.



As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.

Subawardee Name and Address:      County Legislature of Jackson County  
415 East 12<sup>th</sup> Street  
Kansas City, MO 64106

Applicant Number and/or Project Name: G14MW0003A  
Midwest HIDTA  
Investigative Support Center Initiative

Grantee IRS/Vendor Number: \_\_\_\_\_

Michael D. Sanders, County Executive  
Type Name & Title of Authorized Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OFFICE OF NATIONAL DRUG CONTROL POLICY**

**CERTIFICATIONS REGARDING LOBBYING, DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS; DRUG-FREE WORKPLACE REQUIREMENTS; FEDERAL DEBT STATUS, AND NONDISCRIMINATION STATUS AND IMPLEMENTING REGULATIONS**

**Instructions for the certifications**

**General Requirements**

The Office of National Drug Control Policy (ONDCP) is required to obtain from all applicants' certifications regarding federal debt status, debarment and suspension, and a drug free workplace. Applicants requesting monies greater than \$100,000 in grants funds must also certify regarding lobbying activities and may be required to submit a "Disclosure of Lobbying Activities" (Standard Form LLL). Institutional applicants are required to certify that they will comply with the nondiscrimination statutes and implementing regulations.

Applicants should refer to the regulations cited below to determine the certifications to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of the form provides for compliance with certification requirements under 21 CFR part 1405, "New Restrictions on Lobbying" and 21 CFR part 1414, Government wide Debarment and Suspension. (Non procurement), Certification Regarding Federal debt Status (OMB Circular A-129), and Certification Regarding the Nondiscrimination Statutes and Implementing Regulations. The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Office of National Drug Control Policy determines to award the covered cooperative agreement

**1. LOBBYING**

As required by Section 1352, Title 31 of the U.S. Code, and implemented in 21 CFR part 1405, for persons entering into a cooperative agreement over \$100,000, as defined at 21 CFR Part 1405, the applicant certifies that:

- (a) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, and officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement.
- (b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal Grant or cooperative agreement, the undersigned shall complete and submit Standard Form -LLL, "Disclosure of Lobbying Activities," in accordance with its instructions;

- (c) The undersigned shall require that the language of this certification be included in the award document for all sub-awards at all tiers (including sub-grants, contracts under grants and cooperative agreements, and subcontracts) and that all sub-recipients shall certify and disclose accordingly.

**2. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTER (DIRECT RECIPIENT)**

As required by Executive Order 12549, Debarment and Suspension and implemented at 21 CFR Part 1404, for prospective participants in primary covered transactions

**A. The applicant certifies that it and its principals:**

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three-year period preceding this application been convicted of or and a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or performing a public (Federal, State, or local ) transaction or contract under a public transaction' violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) terminated for cause or default;and

- B. Where the applicant is unable to certify to any of the statements in this certification. He or she shall attach an explanation to the application.**

**2. DRUG-FREE WORKPLACE (GRANTEES OTHER THAN INDIVIDUALS)**

As required by the Drug Free Workplace Act of 1988, and implemented at 21 CFR Part 1404 Subpart F.

**A. The applicant certifies that it will or will continue to provide a drug free workplace by:**

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the applicant's workplace and specifying the actions that will be taken against employees for violations of such prohibition;
- (b) Establishing an on-going drug free awareness program to inform employees about

- (1) The dangers of drug abuse in the workplace;
- (2) The applicant's policy of maintaining a drug free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violation occurring in the workplace;
- (d) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (e) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will

- (1) Abide by the terms of the statement; and
- (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction:
- (f) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) form an employee or otherwise receiving actual notice of such convictions. Employers of convicted employees must provide notice including position title, to: The Assistance Center, 8401 Northwest 53rd Terrace, suite 200, Miami, Florida 33166. Notice shall include the identification number of each affected grant;
- (g) Taking one of the following actions within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted-
  - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal State, or local health, law enforcement, or other appropriate agency;
- (h) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

B. The applicant may insert in the space provided below the site(s) for the performance of work done in connection with the specific cooperative agreement:

Place of Performance (street address, city, country, state, zip code)  
 Kansas Bureau of Investigation

Check  if there are workplaces on file that are not identified here.

The regulations provide that a recipient that is a State may elect of make one certification in each Federal fiscal year. A copy of which should be included with each application for ONDCP Funding.

**DRUG FREE WORKPLACE (RECIPIENTS WHO ARE INDIVIDUALS)**

As required by the Drug Free Workplace Act of 1988, and implemented at 21 CFR Part 1404 Subpart F.

- A. as a condition of the cooperative agreement, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conduction any activity with the grant; and
- B. If convicted of a criminal drug offense resulting form a violation occurring during the conduct of any grant activity, I will report the conviction in writing, within 10 calendar days of the conviction, to: The Assistance Center, 8401 Northwest 53rd Terrace, Suite 208, Miami, Florida 33166.

**4. CERTIFICATION REGARDING FEDERAL DEBT STATUS (OMB Circular A-129)**

The Applicant certifies to the best of its knowledge and belief, that it is not delinquent in the repayment of any federal debt.

**5. CERTIFICATION REGARDING THE NONDISCRIMINATIN STATUTES AND IMPLEMENTING REGULATIONS**

The applicant certifies that it will comply with the following nondiscrimination statues and their implementing regulations: (a) title VI of the Civil right Act of 1964 (42 U.S.C. 2000D et seq.) which provides that no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of or be otherwise subjected to discrimination under any program or activity for which the applicant received federal financial assistance; (b) Section 504 if the rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicap in programs and activities receiving federal financial assistance; (c) title IX of the Education Amendments of 1972m as amended (20 U.S.C. 1981 et seq.) which prohibits discrimination on the basis of sex in education programs and activities receiving federal financial assistance; and (d) the Age Discrimination Act of 1975, and amended (42 U.S.C. 6101 et seq.) which prohibits discrimination on the basis of age in programs and activities receiving federal financial assistance, except that actions which reasonably take age into account as a factor necessary for the normal operation or achievement of any statutory objective of the project or activity shall not violate this statute

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.

Subawardee Name and Address:      County Legislature of Jackson County  
415 East 12<sup>th</sup> Street  
Kansas City, MO 64106

Applicant Number and/or Project Name: G14MW0003A  
Midwest HIDTA  
Investigative Support Center Initiative

Grantee IRS/Vendor Number: \_\_\_\_\_

Michael D. Sanders, County Executive  
Type Name & Title of Authorized Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**DISCLOSURE OF LOBBYING ACTIVITIES**

*Complete this form to disclose activities pursuant to 31 U.S.C. 1352*

<p>1. Type of Federal Action</p> <p>a. Contract b. Grant <b>X c. Cooperative agreement</b> c. Loan d. Loan guarantee e. Loan insurance</p>	<p>2. Status of Federal Action</p> <p><b>X a. Bid/offer/application</b> b. Initial award c. Post-award</p>	<p>3. Report Type</p> <p><b>X a. Initial filing</b> b. material change For Material change only Year:      Quarter: Date of last report:</p>
--	--	--

<p>4. Name and Address of reporting Entity</p> <p>Prime      <input type="checkbox"/> Subawardee Tier      <i>if known:</i></p> <p align="center"><i>Congressional District, if known</i></p>	<p>5. If reporting entity in No. 4 is Subawardee, Enter Name and address of Prime:</p> <p align="center">COUNTY LEGISLATURE OF JACKSON COUNTY 415 EAST 12<sup>TH</sup> STREET KANSAS CITY, MO 64106</p> <p align="center"><i>Congressional District, if known</i></p>
---	---

<p>6. Federal Department/Agency: <b>ONDCP</b></p>	<p>7. Federal Program Name/Description: <b>HIDTA</b></p>
---	--

<p>Federal Action Number, <i>if known</i> <b>G14MW0003A</b></p>	<p>8. Award Amount, <i>if known</i> <b>\$55,153 (ISC)</b></p>
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<p>9. a. Name and Address of Lobbying Entity <i>(if individual, list name, first name, MI)</i></p> <p align="center"><b>None</b></p> <p align="right"><small>(attach Continuation Sheet (s) SF-LLL-A, if necessary)</small></p>	<p>a. Individuals Performing Services (including address if different from No. 10a)</p> <p align="center"><b>None</b></p> <p align="right"><small>(attach Continuation Sheet (s) SF-LLL-A, if necessary)</small></p>
---	--

<p>10. Amount of Payment (check all that apply): \$                      actual                      planned</p> <p>11. Form of Payment (check all that apply): a. cash b. in-kind; specify: nature value</p>	<p>12. Type of Payment (check all that apply): a. Retainer b. one-time fee c. commission d. contingent fee e. deferred f. other; specify:</p>
---	---

<p>13. Brief Description of Services Performed or to be Performed and Date (s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment indicated in Item 11.</p> <p align="center"><b>None</b></p> <p align="center"><small>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</small></p>
--

<p>15. Continuation Sheet(s) SF-LLL-A attached:      Yes      <input type="checkbox"/> No</p>
---

<p>14. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is requested pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</p>	<p>Signature: _____</p> <p>Print Name: Michael D. Sanders</p> <p>Title: Jackson County Executive</p> <p>Telephone: _____      Date: _____</p>
<p>Federal Use Only:</p>	<p>Authorized for local reproduction Standard Form - LLL</p>

**MIDWEST HIDTA  
Reimbursement Form**

Agency

Jackson County Sheriff's Office  
3310 NE Rennau Dr, Lee Summit 64064  
44-6000524 Ord.

Dept. Code

KBI use only  
Grant #1010

Invoice for the month of: \_\_\_\_\_

2014 Funding Year 1/1/14 to 12/31/15

Initiative: Kansas Investigative Support Center G14MW0003A

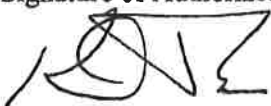
**CFDA #95.001**

Category	2014 Allocation	Expenditures Through	Balance Available	Expenditures This Period
Salary-Kelly	\$ 41,253.00		41,253.00	
Travel/Training	\$ 4,000.00		4,000.00	
Services Vehicle Lease	\$ 6,300.00		6,300.00	
Supplies Fuel	\$ 3,600.00		3,600.00	
<b>Total</b>	<b>\$ 55,153.00</b>	<b>0.00</b>	<b>55,153.00</b>	<b>-</b>

Agency Authorization / Date	Midwest HIDTA Authorization/Date	KBI Authorization / Date
Finance Officer Please Print Ronda Montgomery, Sgt.	816-524-4302 (816) 881-3877 fax ext. 72237 rmontgomery@jacksongov.org	

Please attach all supporting documents

**Appendix G**

Executive Office of the President Office of National Drug Control Policy		Grant Agreement	
1. Recipient Name and Address Director Kirk D. Thompson Kansas Bureau of Investigation 1620 SW Tyler Topeka, KS 66612		4. Award Number: G14MW0003A	
		5. Grant Period: From 01/01/2014 to 12/31/2015	
1A. Recipient IRS/Vendor No.: 1486029925L2	6. Date: 3/17/2014	7. Action <input checked="" type="checkbox"/> Initial Supplemental	
Subrecipient Name and Address	8. Supplement Number		
2A. Subrecipient IRS/Vendor No.:	9. Previous Award Amount:		
3. Project Title Multiple	10. Amount of This Award:		\$3,665,894
	11. Total Award:		\$3,665,894
12. The above Grant is approved subject to such conditions or limitations as are set forth on the five attached pages.			
13. Statutory Authority for Grant: Public Law 113-76			
AGENCY APPROVAL		RECIPIENT ACCEPTANCE	
14. Typed Name and Title of Approving Official Michael K. Gottlieb National HIDTA Director		15. Typed Name and Title of Authorized Official Kirk D. Thompson Kansas Bureau of Investigation	
16. Signature of Approving ONDCP Official <i>Michael K. Gottlieb</i>		17. Signature of Authorized Recipient/Date  3/21/2014	
AGENCY USE ONLY			
18. Accounting Classification Code DUNS: 150943496 EIN: 1486029925L2		19. HIDTA AWARD OND1070DB1415XX OND6113 OND2000000000 OC 410001	

## GRANT CONDITIONS

### A. General Provisions

1. This grant is subject to Title 2 of the Code of Federal Regulations, as well as the following:
  - by reference, the provisions of the Office of Management and Budget (OMB) circulars and government-wide common rules applicable to grants and cooperative agreements. These circulars and common rules include the following:
    - OMB Circular A-21 "Cost Principles for Educational Institutions." (Codified at 2 CFR Part 220)
    - OMB Circular A-87 "Cost Principles for State, Local, and Indian Tribal Governments." (Codified at 2 CFR Part 225)
    - OMB Circular A-102 "Grants and Cooperative Agreements with State and Local Governments." (Codified at 21 CFR 1403)
    - OMB Circular A-110 "Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations." (Codified at 2 CFR Part 215)
    - OMB Circular A-122 "Cost Principles for Nonprofit Organizations." (Codified at 2 CFR Part 230)
    - "Uniform Administrative Requirements for Grants and Cooperative Agreements with State and Local Units of Governments," (Codified at 21 CFR Part 1403)
    - Grants Management Common Rule for State and Local Units of Governments," (Codified at 21 CFR Part 1404)
    - "Government-wide Debarment and Suspension (Nonprocurement)," (Codified at 21 CFR Part 1404)
    - "Government-wide Requirements for Drug-free Workplace (Financial Assistance)" (Codified at 21 CFR Part 1405)
    - "New Restrictions on Lobbying" (Codified at 28 CFR Part 69)
2. Audits conducted pursuant to OMB Circular A-133, "Audits of State and Local Governments", must be submitted no later than 9 months after the close of the grantee's audited fiscal year. A copy of the audit report and management letter must be sent to:

EOP/ONDPCP

Attention: Michael Reles

GSD/RDF (202) 395-6608

Anacostia Naval Annex

Bldg 410/Door 123

250 Murray Lane, SW

Washington, DC 20509

or:

mreles@ondcp.eop.gov



3. Grantees are required to submit Federal Financial Reports (FFR) to the Department of Health and Human Services, Division of Payment Management (HHS/DPM). Other reporting requirements are specified in the HIDTA Program Policy and Budget Guidance.
4. The recipient gives the awarding agency or the Government Accountability Office, through any authorized representative, access to, and the right to examine, all paper or electronic records related to the grant.
5. Recipients of HIDTA funds are not agents of ONDCP. Accordingly, the HIDTA, its fiscal agent (s), HIDTA employees, HIDTA contractors, as well as state, local, and federal HIDTA participants, either on a collective basis or on a personal level, shall not hold themselves out as being part of, or representing, the Executive Office of the President or ONDCP.
6. **Grantees and subgrantees are advised of the new OMB grants “supercircular,” Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, some provisions of which may begin to supersede the provisions of pre-existing OMB grants circulars over the term of this grant. ONDCP will also be adopting conforming regulations in 2014. ONDCP will provide you with updates moving forward. For more information about the supercircular, please visit [www.cfo.gov/COFAR](http://www.cfo.gov/COFAR), which includes links to related online training and FAQs.**

#### **B. Special Conditions HIDTA Grants**

The following special conditions are incorporated into each award document.

1. This grant is awarded for the initiative(s) named above. Variation from the description of activities approved by ONDCP and/or from the budget attached to this letter must comply with the reprogramming requirements as set forth in ONDCP’s HIDTA Program Policy and Budget Guidance.
2. This award is subject to the requirements in ONDCP’s HIDTA Program Policy and Budget Guidance.
3. No HIDTA funds shall be used to supplant state or local funds that would otherwise be made available for the same purposes.
4. The requirements of 28 CFR Part 23, which pertain to information collection and management of criminal intelligence systems, shall apply to any such systems supported by this award.
5. Special accounting and control procedures must govern the use and handling of HIDTA Program funds for confidential expenditures; i.e. the purchase of information, evidence, and services for undercover operations. Those procedures are described in Section 6-12 of the HIDTA Program Policy and Budget Guidance.

6. The grant recipient agrees to account for and use program income in accordance with the "Common Rule" and the HIDTA Program Policy and Budget Guidance. Asset forfeiture proceeds generated by the HIDTA-funded initiatives shall not be considered as program income earned by HIDTA grantees.
7. Property acquired with these HIDTA grant funds is to be used for activities of the Midwest HIDTA. If your agency acquires property with these funds and then ceases to participate in the HIDTA, this equipment must be made available to the HIDTA's Executive Board for use by other HIDTA participants.
8. All law enforcement entities that receive funds from this grant must report all methamphetamine laboratory seizure data to the National Clandestine Laboratory Database/National Seizure System at the El Paso Intelligence Center.

### **C. Payment Basis**

1. A request for Advance or Reimbursement shall be made using the HHS/DPM system ([www.dpm.psc.gov](http://www.dpm.psc.gov)). Copies of invoices or payroll registers must accompany the payment confirmation number to provide documentation for the reimbursement request. Requests for advances must be accompanied by details specifying the need for the advance. Documentation of how the advance was spent must be submitted within 21 days and before another advance or reimbursement will be approved.
2. The HIDTAs, or their respective grantees, must utilize the HIDTA program Financial Management System's (FMS) Disbursement module each time they submit a disbursement request to the NHAC. Requests for payment in the DPM system will not be approved unless the required disbursements have been entered into the FMS. Payments will be made via Electronic Fund Transfer to the award recipient's bank account. The bank must be FDIC insured. The account must be interest bearing.
3. Except for interest earned on advances of funds exempt under the Intergovernmental Cooperation Act (31 U.S.C. 6501 et seq.) and the Indian Self-Determination Act (23 U.S.C. 450), grantees and subgrantees shall promptly, but at least quarterly, remit interest earned on advances to HHS/DPM at the address provided below. When submitting your checks, please provide a detailed explanation which should include: reason for check (remittance of interest earned on HIDTA advance payments), check number, grantee name, grant number, interest period covered, and contact name and number.

Ms. Janet Morgan  
Division of Payment Management  
Department of Health and Human Services

Via U.S. Postal Mail:  
P.O. Box 6021  
Rockville, MD 20852

Via FedEx:  
7700 Wisconsin Avenue  
10th Floor  
Bethesda, MD 20814

4. The grantee or subgrantee may keep interest amounts up to \$100 per year for administrative purposes.

**RECIPIENT ACCEPTANCE OF GRANT CONTITIONS**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: Michael D. Sanders, County Executive

Organization: County Legislature of Jackson County

**IN THE COUNTY LEGISLATURE OF JACKSON COUNTY, MISSOURI**

**A RESOLUTION** transferring \$75,000.00 within the 2014 Health Fund for use by the Housing Resources Commission.

**RESOLUTION NO. 18642**, October 27, 2014

**INTRODUCED BY** Scott Burnett, County Legislator

WHEREAS, the Housing Resources Commission is exploring additional funding opportunities for the remainder of 2014; and,

WHEREAS, a transfer is needed to place the funds for these potential projects in the proper spending account; and,

WHEREAS, the County Executive recommends this transfer; now therefore,

BE IT RESOLVED by the County Legislature of Jackson County, Missouri, that the following transfer within the 2014 Health Fund and hereby is made:

<u>DEPARTMENT/DIVISION</u>	<u>CHARACTER DESCRIPTION</u>	<u>FROM</u>	<u>TO</u>
Health Fund Non-Mandated Contingency 002-8005	56830 – Contingency	\$75,000	
Health Fund Non-Departmental 002-5102	56789 – Outside Agency Funding		\$75,000

Effective Date: This Resolution shall be effective immediately upon its passage by a majority of the Legislature.

APPROVED AS TO FORM:

  
Senior Deputy County Counselor

\_\_\_\_\_  
County Counselor

Certificate of Passage

I hereby certify that the attached resolution, Resolution No. 18642 of October 27, 2014, as duly passed on \_\_\_\_\_, 2014 by the Jackson County Legislature. The votes thereon were as follows:

Yeas \_\_\_\_\_

Nays \_\_\_\_\_

Abstaining \_\_\_\_\_

Absent \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mary Jo Spino, Clerk of Legislature

Funds sufficient for this transfer are available from the source indicated below.

ACCOUNT NUMBER: 002 8005 56830  
ACCOUNT TITLE: Health Fund  
Contingency  
Contingency  
NOT TO EXCEED: \$75,000.00


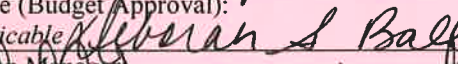
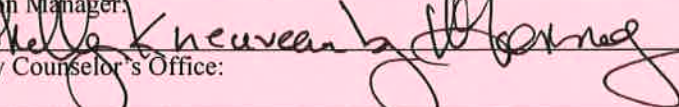

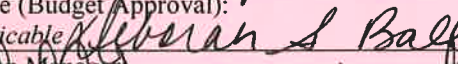
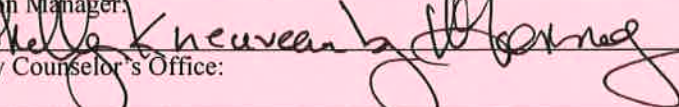

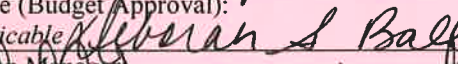
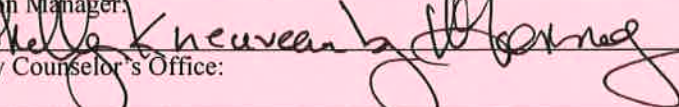
  
Date

  
Director of Finance and Purchasing

# REQUEST FOR LEGISLATIVE ACTION

Completed by County Counselor's Office:

Res/Ord No.: 18642  
 Sponsor(s): Scott Burnett  
 Date: October 27, 2014

<p>SUBJECT</p>	<p>Action Requested  <input checked="" type="checkbox"/> Resolution  <input type="checkbox"/> Ordinance</p> <p>Project/Title: <u>A resolution authorizing a transfer within the Health fund for future use by the Jackson County Housing Resources Commission.</u></p>															
<p>BUDGET INFORMATION  <i>To be completed By Requesting Department and Finance</i></p>	<table border="1" data-bbox="310 522 1513 898"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td style="text-align: right;">\$75,000</td> </tr> <tr> <td>Amount previously authorized this fiscal year:</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td>Total amount authorized after this legislative action:</td> <td style="text-align: right;">\$75,000</td> </tr> <tr> <td>Amount budgeted for this item * (including transfers):</td> <td style="text-align: right;">\$75,000</td> </tr> <tr> <td colspan="2">Source of funding (name of fund) and account code number;</td> </tr> <tr> <td>FROM: 002-8005-56830 – Health Fund, Non-mandated contingency</td> <td style="text-align: right; vertical-align: bottom;">75,000</td> </tr> <tr> <td>TO: 002-5102-56789 – Health Fund, Non departmental, Outside Agency funding</td> <td style="text-align: right; vertical-align: bottom;">75,000</td> </tr> </table> <p>* If account includes additional funds for other expenses, total budgeted in the account is: \$691,500 in 002 Contingency Fund</p> <p>OTHER FINANCIAL INFORMATION:  <input type="checkbox"/> No budget impact (no fiscal note required)  <input type="checkbox"/> Term and Supply Contract (funds approved in the annual budget); estimated value and use of contract:                  Department: _____ Estimated Use: \$ _____                  Prior Year Budget (if applicable): _____                  Prior Year Actual Amount Spent (if applicable): _____</p>		Amount authorized by this legislation this fiscal year:	\$75,000	Amount previously authorized this fiscal year:	\$0	Total amount authorized after this legislative action:	\$75,000	Amount budgeted for this item * (including transfers):	\$75,000	Source of funding (name of fund) and account code number;		FROM: 002-8005-56830 – Health Fund, Non-mandated contingency	75,000	TO: 002-5102-56789 – Health Fund, Non departmental, Outside Agency funding	75,000
Amount authorized by this legislation this fiscal year:	\$75,000															
Amount previously authorized this fiscal year:	\$0															
Total amount authorized after this legislative action:	\$75,000															
Amount budgeted for this item * (including transfers):	\$75,000															
Source of funding (name of fund) and account code number;																
FROM: 002-8005-56830 – Health Fund, Non-mandated contingency	75,000															
TO: 002-5102-56789 – Health Fund, Non departmental, Outside Agency funding	75,000															
<p>PRIOR LEGISLATION</p>	<p>Prior ordinances and (date): N/A                  Prior resolutions and (date): N/A</p>															
<p>CONTACT INFORMATION</p>	<p>Beth Brubaker at 881-3076</p>															
<p>REQUEST SUMMARY</p>	<p>This is a request to authorize a transfer in the amount of \$75,000 within the Health Fund for future projects approved by the Jackson County Housing Resources Commission.</p>															
<p>CLEARANCE</p>	<p><input type="checkbox"/> Tax Clearance Completed (Purchasing &amp; Department)  <input type="checkbox"/> Business License Verified (Purchasing &amp; Department)  <input type="checkbox"/> Chapter 6 Compliance - Affirmative Action/Prevailing Wage (County Auditor's Office)</p>															
<p>ATTACHMENTS</p>																
<p>REVIEW</p>	<table border="1" data-bbox="293 1612 1529 1858"> <tr> <td>Department Director: </td> <td>Date:</td> </tr> <tr> <td>Finance (Budget Approval): If applicable: </td> <td>Date: 10-21-14</td> </tr> <tr> <td>Division Manager: </td> <td>Date: 10-23-2014</td> </tr> <tr> <td>County Counselor's Office:</td> <td>Date:</td> </tr> </table>		Department Director: 	Date:	Finance (Budget Approval): If applicable: 	Date: 10-21-14	Division Manager: 	Date: 10-23-2014	County Counselor's Office:	Date:						
Department Director: 	Date:															
Finance (Budget Approval): If applicable: 	Date: 10-21-14															
Division Manager: 	Date: 10-23-2014															
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.

**Fiscal Note:  
Jackson County, Missouri**

Funds sufficient for this transfer are available from the sources indicated below.

Date: October 16, 2014

ORD # 18642

<u>Department / Division</u>	<u>Character/Description</u>	<u>From</u>	<u>To</u>
<b>Health fund - 002</b>			
8005 - Non-Mandated Contingency	56830 - Contingency	75,000	
5102 - Non Departmental	56789 - Outside Agency Funding		75,000
		75,000	75,000

This expenditure was included in the Annual Budget.

PC# \_\_\_\_\_

Date: October 16, 2014

ORD/RES #

<u>Department / Division</u>	<u>Character/Description</u>	<u>Not to Exceed</u>
<b>Health Fund - 002</b>		
5102 - Non Departmental	56789 - Outside Agency Funding	75,000

*Alexander S Ball* 10-21-14  
Budgeting



**IN THE COUNTY LEGISLATURE OF JACKSON COUNTY, MISSOURI**

**A RESOLUTION** awarding a twelve-month term and supply contract with two twelve-month options to renew, for the furnishing of dental insurance as an employee benefit for use County-wide to Dental Source/Blue Cross and Blue Shield of Kansas City, MO, pursuant to the terms and conditions of Request for Proposals No. 64-14.

**RESOLUTION NO. 18643**, October 27, 2014

**INTRODUCED BY** Theresa Garza Ruiz, County Legislator

WHEREAS, the Director of Finance and Purchasing has solicited written proposals for group dental insurance for County employees for a dental health maintenance organization (DHMO) plan and a PPO plan; and,

WHEREAS, a total of five notifications were distributed and four responses were received as follows:

**RESPONDENTS**

Dental Source/Blue Cross Blue Shield  
Kansas City (Jackson County), MO

Assurant Employee Benefits  
Overland Park, KS

Liberty Dental  
Liberty, MO

Humana  
Lexington, KY

and,

WHEREAS, the Director of Finance and Purchasing recommends the award of a twelve-month term and supply contract, with two twelve-month options to renew, for the furnishing

of dental insurance as an employee benefit for use County-wide to Dental Source/Blue Cross Blue Shield of Kansas City, MO, as the best bid meeting specifications; and,

WHEREAS, this award is made on an as needed basis and does not obligate Jackson County to pay any specific amount, with the availability of funds subject to annual appropriation; and,

WHEREAS, the recommended plan rates are as follows:

<u>PLAN</u>	<u>INDIVIDUAL</u>	<u>COUPLE</u>	<u>FAMILY</u>
Dental Source DHMO	\$8.76	\$14.26	\$22.00
Blue Cross Base PPO	\$13.22	\$24.48	\$44.09
Blue Cross Buy-Up	\$21.96	\$43.28	\$72.26

now therefore,

BE IT RESOLVED by the County Legislature of Jackson County, Missouri, that the County Executive be and is hereby authorized to execute a twelve-month contract with two twelve-month options to renew, for the furnishing of dental insurance as an employee benefit for use County-wide to Dental Source/Blue Cross and Blue Shield of Kansas City, MO; and,

BE IT FURTHER RESOLVED that the Director of the Department of Finance and Purchasing be and hereby is authorized to make all payments, including final payment on the contract, to the extent that sufficient appropriations to the using spending agencies are available in the then current Jackson County budget.

Effective Date: This Resolution shall be effective immediately upon its passage by a majority of the Legislature.

APPROVED AS TO FORM:

  
Senior Deputy County Counselor

\_\_\_\_\_  
County Counselor

Certificate of Passage

I hereby certify that the attached resolution, Resolution No. 18643 of October 27, 2014, was duly passed on \_\_\_\_\_, 2014 by the Jackson County Legislature. The votes thereon were as follows:

Yeas \_\_\_\_\_

Nays \_\_\_\_\_

Abstaining \_\_\_\_\_

Absent \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mary Jo Spino, Clerk of Legislature

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 is subject to annual appropriations.

  
Date

  
Director of Finance and Purchasing

# REQUEST FOR LEGISLATIVE ACTION

Completed by County Counselor's Office:

Res/~~Ord~~ No.: 18643

Sponsor(s): Theresa Garza Ruiz

Date: October 27, 2014

<p>SUBJECT</p>	<p>Action Requested  <input checked="" type="checkbox"/> Resolution  <input type="checkbox"/> Ordinance</p> <p>Project/Title: A RESOLUTION awarding a one year term and supply contract with annual renewal options for two additional years for the furnishing of employee group dental insurance as an employee benefit countywide to Blue Cross Blue Shield of Kanas City, MO and Dental Source/Blue Cross under the terms and conditions of the Request for Proposal No. 64-14.</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  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 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:	\$										
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										
<p>PRIOR LEGISLATION</p>	<p>Prior ordinances and (date):</p> <p>Prior resolutions and (date): Resolution #18281, 10-14-13</p>										
<p>CONTACT INFORMATION</p>	<p>RLA drafted by (name, title, &amp; phone): Shelley Kneuvean, Chief Operating Officer</p>										
<p>REQUEST SUMMARY</p>	<p>Request for Proposal 64-14 was sent out with a total of five (5) solicitations sent out. Four responses were returned for dental insurance from the following:</p> <ul style="list-style-type: none"> <li>• Blue Cross Blue Shield Kanas City (Jackson County, MO) / Dental Source DMHO</li> <li>• Liberty Dental (Clay County, MO)</li> <li>• Assurant (Overland Park, KS)</li> <li>• Humana (Lexington, KY)</li> </ul> <p>Based on the proposals submitted including terms and conditions as well as pricing, Blue Cross Blue Shield and Dental Source is recommended for the award of a one year contract with two annual renewal terms for the furnishing of dental insurance as an employee benefit for use countywide. Under the terms and conditions of</p>										

	<p>RFP 64-14 as the lowest and best bid. This award is made on an as needed basis and does not obligate Jackson County to pay any specific amount, with the availability of funds subject to annual appropriation.</p> <p>A rate lock for BCBS base plan and buy up plan is included for 2016 and 2017. The total premium cost for 2015 is as follows:</p> <p>BCBS Preferred Care Base OPTION          Individual \$13.22          Employee +1 \$24.48          Family \$44.09</p> <p>BCBS Preferred Care Buy Up OPTION          Individual \$21.96          Employee +1 \$43.28          Family \$72.26</p> <p>Dental Source DHMO OPTION          Individual \$8.76          Employee +1 \$14.26          Family \$22.00</p>	
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		
REVIEW	Department Director:	Date:
	Finance (Budget Approval): <i>If applicable</i> <i>Robert A Ball N/A</i>	Date: <i>10-21-14</i>
	Division Manager: <i>[Signature]</i>	Date: <i>10/20/14</i>
	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.

## Dental Indemnity Plan Summary Worksheet

Res. 18643

<b>DENTAL</b>	
<i>Plan Type</i>	<b>Preferred Care Dental Base Plan</b>
<b>Deductible:</b>	
▶ Individual	\$50.00 per person
▶ Family	Not Applicable
▶ Waived for Preventive?	
<i>Members Responsibility</i>	
<b>Diagnosis/Preventive</b>	<b>In Network                      *Out of Network</b>
▶ Periodic Oral Exam (2 each cal/yr)	0%                                      0%
▶ Cleaning (Once every six months)	0%                                      0%
▶ Sealants - per tooth	0%                                      0%
<b>Restorative</b>	
▶ Bitewings - Four films	0%                                      0%
▶ Amalgam - Two surface	20%                                     40%
▶ Resin-Composite, two surface anterior	20%                                     40%
<b>Periodontics</b>	
▶ Periodontal Scaling and Root Planning - four or more teeth per quadrant	20%                                     40%
<b>Crowns, Inlays and Bridges</b>	
▶ Stainless Steel Crown	Not Covered
▶ Porcelain/Metal Crown	Not Covered
▶ Recement Crown	Not Covered
<b>Endodontics</b>	
▶ Root Canal Molar	20%                                     40%
<b>Oral Surgery</b>	
▶ Simple Extractions, Coronal remnants	20%                                     40%
<b>Prosthodontics</b>	
▶ Dentures	Not Covered
▶ Denture Repair	Not Covered
▶ Denture Relining	Not Covered
<b>Orthodontics included?</b>	No
<b>Annual Maximum Benefit</b>	\$1,500.00
<b>Orthodontia Lifetime Maximum</b>	N/A
<b>TMJ</b>	Not Covered
<b>Dependent Child Age Limit</b>	26
<b>Out of Network UCR</b>	90 <sup>th</sup> Percentile
<b>Late Entrants Allowed?</b>	Annual Open Enrollment
<b>Waiting Periods</b>	None
<b>Participation Requirement</b>	75% of eligible employees
<b>Employer Contributions</b>	
<b>Unit Cost:</b>	
▶ Employee Only	\$13.22
▶ Employee + One	\$24.48
▶ Family	\$44.09
<b>Rate Guarantee:</b>	
▶ 2 nd year rate cap	2016 Base: If paid loss ratio is less than 80%, then rates will remain at the 2015 level. If paid loss ratio is greater than or equal to 80%, a rate cap of +5% will apply.
▶ 3rd year rate cap	2017 Base: If paid loss ratio is less than 80%, then rates will remain at the 2016 level. If paid loss ratio is greater than or equal to 80%, a rate cap of +5% will apply.
▶ # of Participating Dentists	815
▶ # of Participating Dentists Accepting New Patients	806
▶ Teeth Whitening Offered/Cost?	Discount Program Available
▶ Implants Offered/Cost?	Yes, Buy Up Option 1 includes the cost

\* Non-Participating Dentist: These providers do not participate in Blue KC's Preferred Care Dental Network. Benefits for covered services from these providers will be less than if obtained from a PPO Network dentist, and you will be balance billed for any difference between the dentist's charge and Blue KC's allowance. To ensure you do not receive additional charges, visit a network dentist.

## Dental Indemnity Plan Summary Worksheet

Res. 18643

<b>DENTAL</b>		
<b>Plan Type</b>	<b>Preferred Care Dental Buy Up</b>	
<b>Deductible:</b>		
▶ Individual	\$50.00 per person	
▶ Family	Not Applicable	
▶ Waived for Preventive?		
	<i>Members Responsibility</i>	
<b>Diagnosis/Preventive</b>	In Network	*Out of Network
▶ Periodic Oral Exam (2 each cal/yr)	0%	0%
▶ Cleaning (Once every six months)	0%	0%
▶ Sealants - per tooth	0%	0%
<b>Restorative</b>		
▶ Bitewings - Four films	0%	0%
▶ Amalgam - Two surface	20%	40%
▶ Resin-Composite, two surface anterior	20%	40%
<b>Periodontics</b>		
▶ Periodontal Scaling and Root Planning - four or more teeth per quadrant	50%	50%
<b>Crowns, Inlays and Bridges</b>		
▶ Stainless Steel Crown	50%	50%
▶ Porcelain/Metal Crown	50%	50%
▶ Recement Crown	20%	40%
<b>Endodontics</b>		
▶ Root Canal Molar	20%	40%
<b>Oral Surgery</b>		
▶ Simple Extractions, Coronal remnants	20%	40%
<b>Prosthodontics</b>		
▶ Dentures	50%	50%
▶ Denture Repair	20%	40%
▶ Denture Relining	20%	40%
<b>Orthodontics included?</b>	60%	50%
<b>Annual Maximum Benefit</b>	\$1,500.00	
<b>Orthodontia Lifetime Maximum</b>	\$1,500.00	
<b>TMJ</b>	Not Covered	
<b>Dependent Child Age Limit</b>	26	
<b>Out of Network UCR</b>	90 <sup>th</sup> Percentile	
<b>Late Entrants Allowed?</b>	Annual Open Enrollment	
<b>Waiting Periods</b>	None	
<b>Participation Requirement</b>	75% of eligible employees	
<b>Employer Contributions</b>		
<b>Unit Cost:</b>		
▶ Employee Only	\$21.96	
▶ Employee + One	\$43.28	
▶ Family	\$72.26	
<b>Rate Guarantee:</b>		
▶ 2 nd year rate cap	2016 Buy Up: Rates will remain at the 2015 level	
▶ 3rd year rate cap	2017 Buy Up: If paid loss ratio is less than 80%, then rates will remain at the 2016 level. If paid loss ratio is greater than or equal to 80%, a rate cap of +5% will apply.	
▶ # of Participating Dentists	815	
▶ # of Participating Dentists Accepting New Patients	806	
▶ Teeth Whitening Offered/Cost?	Discount Program Available	
▶ Implants Offered/Cost?	Yes, Option 1 includes the cost	

\* Non-Participating Dentist: These providers do not participate in Blue KC's Preferred Care Dental Network. Benefits for covered services from these providers will be less than if obtained from a PPO Network dentist, and you will be balance billed for any difference between the dentist's charge and Blue KC's allowance. To ensure you do not receive additional charges, visit a network dentist.

**Dental Indemnity Plan Summary Worksheet Res. 18643**

<b>DENTAL</b>		
<b>Plan Type</b>	<b>Preferred Care Dental Buy Up Plan with Dental Implants</b>	
<b>Deductible:</b>		
▶ Individual	\$50.00 per person	
▶ Family	Not Applicable	
▶ Waived for Preventive?		
	<i>Members Responsibility</i>	
<b>Diagnosis/Preventive</b>	In Network	*Out of Network
▶ Periodic Oral Exam (2 each cal/yr)	0%	0%
▶ Cleaning (Once every six months)	0%	0%
▶ Sealants - per tooth	0%	0%
<b>Restorative</b>		
▶ Bitewings - Four films	0%	0%
▶ Amalgam - Two surface	20%	40%
▶ Resin-Composite, two surface anterior	20%	40%
<b>Periodontics</b>		
▶ Periodontal Scaling and Root Planning - four or more teeth per quadrant	50%	50%
<b>Crowns, Inlays and Bridges</b>		
▶ Stainless Steel Crown	50%	50%
▶ Porcelain/Metal Crown	50%	50%
▶ Recement Crown	20%	40%
<b>Endodontics</b>		
▶ Root Canal Molar	20%	40%
<b>Oral Surgery</b>		
▶ Simple Extractions, Coronal remnants	20%	40%
<b>Prosthodontics</b>		
▶ Dentures	50%	50%
▶ Denture Repair	20%	40%
▶ Denture Relining	20%	40%
<b>Orthodontics included?</b>	60%	50%
<b>Annual Maximum Benefit</b>	\$1,500.00	
<b>Orthodontia Lifetime Maximum</b>	\$1,500.00	
<b>TMJ</b>	Not Covered	
<b>Dependent Child Age Limit</b>	26	
<b>Out of Network UCR</b>	90 <sup>th</sup> Percentile	
<b>Late Entrants Allowed?</b>	Annual Open Enrollment	
<b>Waiting Periods</b>	None	
<b>Participation Requirement</b>	75% of eligible employees	
<b>Employer Contributions</b>		
<b>Unit Cost:</b>		
▶ Employee Only	\$23.32	
▶ Employee + One	\$45.95	
▶ Family	\$76.71	
<b>Rate Guarantee:</b>		
▶ 2 <sup>nd</sup> year rate cap	2016 Buy Up: Rates will remain at the 2015 level	
▶ 3 <sup>rd</sup> year rate cap	2017 Buy Up: If paid loss ratio is less than 80%, then rates will remain at the 2016 level. If paid loss ratio is greater than or equal to 80%, a rate cap of +5% will apply.	
▶ # of Participating Dentists	815	
▶ # of Participating Dentists Accepting New Patients	806	
▶ Teeth Whitening Offered/Cost?	Discount Program Available	
▶ Implants Offered/Cost?	Unit Cost Includes Implants	

\* Non-Participating Dentist: These providers do not participate in Blue KC's Preferred Care Dental Network. Benefits for covered services from these providers will be less than if obtained from a PPO Network dentist, and you will be balance billed for any difference between the dentist's charge and Blue KC's allowance. To ensure you do not receive additional charges, visit a network dentist.





**Kansas City**

**Jackson County**  
**Dental Benefit Plan Summary – Base Plan**  
 January 1, 2015

**Res. 18643**

<b>BlueKC Dental</b>	<b>In-Network</b>	<b>Out-of-Network</b>
	<b>Preferred-Care PPO Dentist</b>	<b>Non-Participating Dentist</b>
<b>Type I Services:</b> <ul style="list-style-type: none"> <li>• Routine oral exam – two each calendar year</li> <li>• Cleaning – two each calendar year</li> <li>• Dental X-rays</li> <li>• Fluoride treatment – two each calendar year to age 19</li> <li>• Sealant application on posterior tooth – one treatment per tooth every three years (to age 14)</li> <li>• Fixed and removable space maintainer (initial appliance only)</li> <li>• Emergency palliative treatment (pain relief)</li> </ul>	100%	100%
<b>Type II Services:</b> <ul style="list-style-type: none"> <li>• Fillings</li> <li>• Crown and inlay re-cementing (after 6 months of insertion)</li> <li>• Periodontal services – periodontal cleaning not combined with routine cleaning</li> <li>• Bridge re-cementing (after 6 months of insertion)</li> <li>• Tooth extraction (simple and surgical incl. wisdom teeth)</li> </ul>	80%	60%
<b>Calendar Year Deductible</b>	\$50 per person <i>Deductible waived for Type I Services</i>	
<b>Calendar Year Maximum</b>	\$1,500	
<b>Dependent Limiting Age</b>	26	

***This document is intended to give a summary description of the plan and is not a contract. Please refer to your certificate of insurance for complete terms and conditions.***

**Provider Network**

BlueKC's National Dental Network is an extensive network of dentists who were very carefully selected against rigorous standards, and represent a cross section of all dental specialties. The highest level of benefits for covered services will be provided when services are obtained from a BlueKC PPO dentist. These providers accept payment based on a reduced fee schedule resulting in reduced out-of-pocket expense, and they will not balance bill you.

Non-Participating Dentist: These providers do not participate in BlueKC's Dental Network. You may be responsible for filing your own claims forms and payment for services may be made directly to you. Benefits for covered services from these providers will be less than if obtained from a PPO Network dentist, and you will be balance billed for any difference between the dentist's charge and BlueKC's allowance. To ensure you do not receive additional charges, visit a network dentist.



**Kansas City**

**Jackson County**  
**Dental Benefit Plan Summary – BuyUp Plan**  
 January 1, 2015

**Res. 18643**

<b>BlueKC Dental</b>	<b>In-Network</b>	<b>Out-of-Network</b>
	<b>Preferred-Care PPO Dentist</b>	<b>Non-Participating Dentist</b>
<b>Type I Services:</b> <ul style="list-style-type: none"> <li>• Routine oral exam – two each calendar year</li> <li>• Cleaning – two each calendar year</li> <li>• Dental X-rays</li> <li>• Fluoride treatment – two each calendar year to age 19</li> <li>• Sealant application on posterior tooth – one treatment per tooth every three years (to age 14)</li> <li>• Fixed and removable space maintainer (initial appliance only)</li> <li>• Emergency palliative treatment (pain relief)</li> </ul>	100%	100%
<b>Type II Services:</b> <ul style="list-style-type: none"> <li>• Fillings</li> <li>• Crown and inlay re-cementing (after 6 months of insertion)</li> <li>• Bridge re-cementing (after 6 months of insertion)</li> <li>• Tooth extraction (simple and surgical incl. wisdom teeth)</li> </ul>	80%	60%
<b>Type III Services:</b> <ul style="list-style-type: none"> <li>• Crowns</li> <li>• Bridges</li> <li>• Periodontal services – periodontal cleaning not combined with routine cleaning</li> <li>• Endodontal services</li> <li>• Full and partial dentures</li> </ul>	50%	50%
<b>Type IV Services:</b> <ul style="list-style-type: none"> <li>• Orthodontia (to age 19) and related procedures</li> <li>• Orthodontia Lifetime Maximum</li> </ul>	60%	50%
<b>Calendar Year Deductible</b>	\$1,500	
<b>Calendar Year Maximum</b>	\$50 per person <i>Deductible waived for Types I and IV Services</i>	
<b>Dependent Limiting Age</b>	26	

***This document is intended to give a summary description of the plan and is not a contract. Please refer to your certificate of insurance for complete terms and conditions. Your dental provider must submit a preauthorization form to BlueKC before performing Type III & IV services.***

**Provider Network**

BlueKC's National Dental Network is an extensive network of dentists who were very carefully selected against rigorous standards, and represent a cross section of all dental specialties. The highest level of benefits for covered services will be provided when services are obtained from a BlueKC PPO dentist. These providers accept payment based on a reduced fee schedule resulting in reduced out-of-pocket expense, and they will not balance bill you.

**Non-Participating Dentist:** These providers do not participate in BlueKC's Dental Network. You may be responsible for filing your own claims forms and payment for services may be made directly to you. Benefits for covered services from these providers will be less than if obtained from a PPO Network dentist, and you will be balance billed for any difference between the dentist's charge and BlueKC's allowance. To ensure you do not receive additional charges, visit a network dentist.



**Kansas City**

**Jackson County**  
**Dental Benefit Plan Summary – Option 1**  
**BuyUp Plan with Implants**  
 January 1, 2015

**Res. 18643**

<b>BlueKC Dental</b>	<b>In-Network</b>	<b>Out-of-Network</b>
	<b>Preferred-Care PPO Dentist</b>	<b>Non-Participating Dentist</b>
<b>Type I Services:</b> <ul style="list-style-type: none"> <li>• Routine oral exam – two each calendar year</li> <li>• Cleaning – two each calendar year</li> <li>• Dental X-rays</li> <li>• Fluoride treatment – two each calendar year to age 19</li> <li>• Sealant application on posterior tooth – one treatment per tooth every three years (to age 14)</li> <li>• Fixed and removable space maintainer (initial appliance only)</li> <li>• Emergency palliative treatment (pain relief)</li> </ul>	100%	100%
<b>Type II Services:</b> <ul style="list-style-type: none"> <li>• Fillings</li> <li>• Crown and inlay re-cementing (after 6 months of insertion)</li> <li>• Bridge re-cementing (after 6 months of insertion)</li> <li>• Tooth extraction (simple and surgical incl. wisdom teeth)</li> </ul>	80%	60%
<b>Type III Services:</b> <ul style="list-style-type: none"> <li>• Crowns</li> <li>• Bridges</li> <li>• Periodontal services – periodontal cleaning not combined with routine cleaning</li> <li>• Endodontal services</li> <li>• Full and partial dentures</li> </ul>	50%	50%
<b>Type IV Services:</b> <ul style="list-style-type: none"> <li>• Orthodontia (to age 19) and related procedures</li> <li>• Orthodontia Lifetime Maximum</li> </ul>	60%	50%
<b>Calendar Year Deductible</b>	\$50 per person <i>Deductible waived for Types I and IV Services</i>	
<b>Calendar Year Maximum</b>	\$1,500	
<b>Dependent Limiting Age</b>	26	

***This document is intended to give a summary description of the plan and is not a contract. Please refer to your certificate of insurance for complete terms and conditions. Your dental provider must submit a preauthorization form to BlueKC before performing Type III & IV services.***

**Provider Network**

BlueKC's National Dental Network is an extensive network of dentists who were very carefully selected against rigorous standards, and represent a cross section of all dental specialties. The highest level of benefits for covered services will be provided when services are obtained from a BlueKC PPO dentist. These providers accept payment based on a reduced fee schedule resulting in reduced out-of-pocket expense, and they will not balance bill you.

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An independent licensee of the Blue Cross and Blue Shield Association

**Jackson County**  
**Renewal Date: 1/1/2015**

Dental Benefits - Base Plan	Current		Renewal	
	In-Network	Non-Network	In-Network	Non-Network
Type I	100%	100%	100%	100%
Type II	80%	60%	80%	60%
Type III				
Type IV				
Deductible (Indiv/Family)*		\$50		\$50
Annual Maximum		\$1,500		\$1,500

\*Deductible Waived For Type I Services

Dental Benefits - BuyUp Plan	Current		Renewal	
	In-Network	Non-Network	In-Network	Non-Network
Type I	100%	100%	100%	100%
Type II	80%	60%	80%	60%
Type III	50%	50%	50%	50%
Type IV	60%	50%	60%	50%
Deductible (Indiv/Family)*		\$50		\$50
Annual Maximum		\$1,500		\$1,500
Lifetime Maximum		\$1,500		\$1,500

\*Deductible Waived For Type I/IV Services



**Jackson County**

Renewal Date: 1/1/2015  
Funding: Cost Plus- 10%

**Rates Page**

**Current Rates**

Preferred-Care Dental Base			
<u>BlueKC</u>	<u>ACA</u>	<u>Total</u>	
Employee	\$13.45	\$0.32	\$13.78
Employee & 1 Dependent	\$24.92	\$0.60	\$25.52
Family	\$44.89	\$1.08	\$45.96

Preferred-Care Dental BuyUp			
<u>BlueKC</u>	<u>ACA</u>	<u>Total</u>	
Employee	\$21.24	\$0.51	\$21.74
Employee & 1 Dependent	\$41.86	\$1.00	\$42.86
Family	\$69.88	\$1.68	\$71.56

**Renewal**

Preferred-Care Dental Base			
<u>BlueKC</u>	<u>ACA</u>	<u>Total</u>	
Employee	\$12.78	\$0.43	\$13.22
Employee & 1 Dependent	\$23.67	\$0.80	\$24.48
Family	\$42.64	\$1.45	\$44.09

Preferred-Care Dental BuyUp			
<u>BlueKC</u>	<u>ACA</u>	<u>Total</u>	
Employee	\$21.24	\$0.72	\$21.96
Employee & 1 Dependent	\$41.86	\$1.42	\$43.28
Family	\$69.88	\$2.38	\$72.26

Rate Change

-5.0%

0.0%

**Renewal - Option (Add Implants to BuyUp Plan)**

Preferred-Care Dental Base			
<u>BlueKC</u>	<u>ACA</u>	<u>Total</u>	
Employee	\$12.78	\$0.43	\$13.22
Employee & 1 Dependent	\$23.67	\$0.80	\$24.48
Family	\$42.64	\$1.45	\$44.09

Preferred-Care Dental BuyUp			
<u>BlueKC</u>	<u>ACA</u>	<u>Total</u>	
Employee	\$22.55	\$0.77	\$23.32
Employee & 1 Dependent	\$44.44	\$1.51	\$45.95
Family	\$74.19	\$2.52	\$76.71

-5.0%

6.2%

**Rate Caps:**

**2016 Base**

If paid loss ratio is less than 80%, then rates will remain at the 2015 level. If paid loss ratio is greater than or equal to 80%, rate cap of +5% will apply.

**2016 BuyUp**

Rates will remain at the 2015 level.

**2017 Base**

If paid loss ratio is less than 80%, then rates will remain at the 2016 level. If paid loss ratio is greater than or equal to 80%, rate cap of +5% will apply.

**2017 BuyUp**

If paid loss ratio is less than 80%, then rates will remain at the 2016 level. If paid loss ratio is greater than or equal to 80%, rate cap of +5% will apply.

**IN THE COUNTY LEGISLATURE OF JACKSON COUNTY, MISSOURI**

**A RESOLUTION** awarding a twelve-month term and supply contract with two twelve-month options to renew for the furnishing of employee group health insurance as an employee benefit for use countywide to Blue Cross and Blue Shield of Kansas City, MO, under the terms and conditions of Request For Proposals No. 63-14.

**RESOLUTION NO. 18644**, October 27, 2014

**INTRODUCED BY** Theresa Garza Ruiz, County Legislator

WHEREAS, the Director of Finance and Purchasing has solicited written proposals for group health insurance for County employees; and,

WHEREAS, a total of five notifications were distributed and two responses were received from the following:

**RESPONDENTS**

Blue Cross and Blue Shield,  
Kansas City (Jackson County), MO

AETNA/Coventry,  
Kansas City (Jackson County), MO

and,

WHEREAS, the Director of Finance and Purchasing recommends the award of a twelve-month term and supply contract with two twelve-month options to extend for the furnishing of health insurance as an employee benefit for use countywide to Blue Cross and Blue Shield of Kansas City, MO, under the terms and conditions of Request For Proposal No. 63-14 as the lowest and best bid; and,

WHEREAS, this award is made on an as needed basis and does not obligate Jackson County to pay any specific amount, with the availability of funds subject to annual appropriation; and,

WHEREAS, the recommended plan premium monthly rates are as follows:

	<u>INDIVIDUAL</u>	<u>FAMILY</u>
BCBS HMO Low Option	\$445.88	\$1,239.51
BCBS HMO High Option	\$505.53	\$1,405.36
BCBS PPO Option now therefore,	\$672.56	\$1,869.69

BE IT RESOLVED by the County Legislature of Jackson County, Missouri, that award be made as recommended by the Director of Finance and Purchasing and that the Director be and hereby is authorized to execute any and all documents necessary to the accomplishment of the award; and,

BE IT FURTHER RESOLVED that the Director of Finance and Purchasing be and hereby is authorized to make all payments, including final payment on the contract, to the extent sufficient appropriations to the using spending agencies are available in the then current Jackson County budget.

Effective Date: This Resolution shall be effective immediately upon its passage by a majority of the Legislature.

APPROVED AS TO FORM:

  
Senior Deputy County Counselor

\_\_\_\_\_  
County Counselor

Certificate of Passage

I hereby certify that the attached resolution, Resolution No. 18644 of October 27, 2014, was duly passed on \_\_\_\_\_, 2014 by the Jackson County Legislature. The votes thereon were as follows:

Yeas \_\_\_\_\_

Nays \_\_\_\_\_

Abstaining \_\_\_\_\_

Absent \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mary Jo Spino, Clerk of Legislature

This award is made on an as needed basis and does not obligate Jackson County to pay any specific amount. The availability of funds for specific purchases is subject to annual appropriations.

  
Date

  
Director of Finance and Purchasing



# REQUEST FOR LEGISLATIVE ACTION

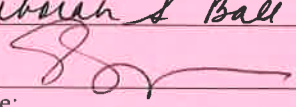
Completed by County Counselor's Office:

Res/~~Ord~~ No.: 18644

Sponsor(s): Theresa Garza Ruiz

Date: October 27, 2014

<p>SUBJECT</p>	<p>Action Requested  <input checked="" type="checkbox"/> Resolution  <input type="checkbox"/> Ordinance</p> <p>Project/Title: A RESOLUTION awarding a one year term and supply contract with annual renewal options for two additional years for the furnishing of employee group health insurance as an employee benefit countywide to Blue Cross Blue Shield of Kanas City, MO under the terms and conditions of the Request for Proposal No. 63-14.</p>										
<p>BUDGET INFORMATION  <i>To be completed By Requesting Department and Finance</i></p>	<table border="1" data-bbox="331 617 1214 932"> <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  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 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:	\$										
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										
<p>PRIOR LEGISLATION</p>	<p>Prior ordinances and (date):</p> <p>Prior resolutions and (date): Resolution #16743, 10-20-08</p>										
<p>CONTACT INFORMATION</p>	<p>RLA drafted by (name, title, &amp; phone): Shelley Kneuvean, Chief Operating Officer</p>										
<p>REQUEST SUMMARY</p>	<p>Request for Proposal 63-14 was sent out with a total of five (5) solicitations sent out. Two responses were returned for health insurance from the following:</p> <p>Blue Cross Blue Shield Kanas City (Jackson County, MO)          AETNA/Coventry (Jackson County, MO)</p> <p>Based on the proposals submitted including terms and conditions as well as pricing, Blue Cross Blue Shield is recommended for the award of a one year contract with two annual renewal terms for the furnishing of health insurance as an employee benefit for use countywide. Under the terms and conditions of RFP 63-14 as the lowest and best bid, at an estimated first year cost of \$15,231,072. This award is made on an as needed basis and does not obligate Jackson County to pay any specific amount, with the availability of funds subject to annual appropriation.</p>										

	<p>A few enhancements have been added, including extended retiree access to health insurance indefinitely (previously was until 65); as well as digital mammography being a covered service. Additionally, the administrative fee will be fixed for two years.</p> <p>The total premium cost for 2015 is as follows:</p> <p>BCBS LOW OPTION Individual \$445.88 Family \$1,239.51</p> <p>BCBS HIGH OPTION Individual \$505.53 Family \$1,405.36</p> <p>BCBS PPO OPTION Individual \$672.56 Family \$1,869.69</p>	
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		
REVIEW	Department Director:	Date:
	Finance (Budget Approval): <i>If applicable N/A Deborah S Ball</i>	Date: <i>10-21-14</i>
	Division Manager: 	Date: <i>10/20/14</i>
	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 January 1, 2015

Res. 18644

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mmended Funding increase of 6.65%  
nistrative & Access Fee Rate Cap: 2016 = +3.5%, 2017 = +3.5%

as City

ity  
2015

Res. 18644

	Current	Renewal	Renewal Option Change PPO Network From PCB to BlueSelect Plus Add 3-D Digital Mammography	Renewal Option 2 (Increase OOP Max Limits; Add 3-D Digital Mammography)	Renewal Option 3 (Increase OOP Max Limits; Change PPO Network From PCB to BlueSelect Plus; Add 3-D Digital Mammography)
	\$75,000	\$75,000	\$75,000	\$75,000	\$75,000
	<b>BC Base</b>	<b>BC Base</b>	<b>BC Base</b>	<b>BC Base</b>	<b>BC Base</b>
	\$400	\$400	\$400	\$400	\$400
	\$35/\$70	\$35/\$70	\$35/\$70	\$35/\$70	\$35/\$70
	\$60	\$60	\$60	\$60	\$60
	\$200	\$200	\$200	\$200	\$200
1 (medical/drug)	\$2,400/\$6,000	\$2,400/\$6,000	\$2,400/\$6,000	\$3,500/\$8,750	\$3,500/\$8,750
	n/a	n/a	n/a	n/a	n/a
	\$12/50/70	\$12/50/70	\$12/50/70	\$12/50/70	\$12/50/70
	\$30/125/175	\$30/125/175	\$30/125/175	\$30/125/175	\$30/125/175
scan copay	\$200	\$200	\$200	\$200	\$200
	35.7%				
	<b>BC BuyUp</b>	<b>BC BuyUp</b>	<b>BC BuyUp</b>	<b>BC BuyUp</b>	<b>BC BuyUp</b>
	\$300	\$300	\$300	\$300	\$300
	\$30/\$60	\$30/\$60	\$30/\$60	\$30/\$60	\$30/\$60
	\$50	\$50	\$50	\$50	\$50
	\$150	\$150	\$150	\$150	\$150
1 (medical/drug)	\$2,200/\$5,500	\$2,200/\$5,500	\$2,200/\$5,500	\$3,250/\$8,125	\$3,250/\$8,125
	n/a	n/a	n/a	n/a	n/a
	\$12/50/70	\$12/50/70	\$12/50/70	\$12/50/70	\$12/50/70
	\$30/125/175	\$30/125/175	\$30/125/175	\$30/125/175	\$30/125/175
scan copay	\$150	\$150	\$150	\$150	\$150
	62.1%				

**Res. 18644**

	Current	Renewal	Renewal Option Change PPO Network From PCB to BlueSelect Plus Add 3-D Digital Mammography	Renewal Option 2 (Increase OOP Max Limits; Add 3-D Digital Mammography)	Renewal Option 3 (Increase OOP Max Limits; Change PPO Network From PCB to BlueSelect Plus; Add 3-D Digital Mammography)
9)	PCB \$250/\$750 \$1,000/\$3,000 90/80%	PCB \$250/\$750 \$1,000/\$3,000 90/80%	BlueSelect Plus \$250/\$750 \$1,000/\$3,000 90/60%	PCB \$250/\$750 \$1,000/\$3,000 90/80%	BlueSelect Plus \$250/\$750 \$1,000/\$3,000 90/60%
y)	\$2,650/\$5,300 \$5,300/\$10,600 \$30/\$60 \$50 \$200	\$2,650/\$5,300 \$5,300/\$10,600 \$30/\$60 \$50 \$200	\$2,650/\$5,300 \$13,250/\$26,500 \$30/\$60 \$50 \$200	\$3,500/\$7,000 \$7,000/\$14,000 \$30/\$60 \$50 \$200	\$3,500/\$7,000 \$14,000/\$28,000 \$30/\$60 \$50 \$200
	n/a \$12/50/70 \$30/125/175	n/a \$12/50/70 \$30/125/175	n/a \$12/50/70 \$30/125/175	n/a \$12/50/70 \$30/125/175	n/a \$12/50/70 \$30/125/175

2.2%

**Notes:**  
 Rates are subject to change based on ACA guidance and regulation. Rates and benefits reflect  
 calculation applying to the out-of-pocket maximum limits and corresponding accumulation rules  
 Non-grandfathered plans must comply with new out-of-pocket maximum rules under the ACA.  
 The rules would require that all member medical cost sharing, including deductibles, coinsurance,  
 and drug) would apply to the corresponding in-network and out-of-network out-of-pocket maximums.

**Limites:**  
 x) limite, projected claims or rates will be impacted by a reduction of : 2.02%

**Jackson County**

**Rates Page**

Renewal Date: 1/1/2015  
 Specific: \$250,000  
 Aggregate: 10%  
 Expir Period: 8/1/2013 - 8/1/2014

**Res. 18644**

Enrollment	BC Base	BC BuyUp	PCB	Total
Contracts				
Employee	221	654	36	911
Family	215	308	7	530
Total	436	962	43	1,441
Members	961	1,670	60	2,691

Fixed Costs									
Current Rates	Admin	Stop Loss	BCBS Total Fixed	ACA Excise Tax	Contractual Billed Rates				
Employee	\$25.53	\$11.20	\$36.73	\$0.27	\$37.00				
Family	\$70.95	\$31.14	\$102.09	\$0.75	\$102.84				
Annual Premium	\$730,336	\$320,489	\$1,050,825	\$7,722	\$1,058,546				
Renewal Rates	Admin	Stop Loss	BCBS Total Fixed	ACA Excise Tax	Contractual Billed Rates	Est. ACA Comp Eff	Est. ACA Reinsurer	Total Funding	
Employee	\$26.37	\$12.65	\$39.02	\$0.43	\$39.45	\$0.19	\$4.14	\$43.78	
Family	\$73.29	\$35.16	\$108.45	\$1.20	\$109.65	\$0.52	\$11.51	\$121.68	
Annual Premium	\$754,437	\$361,864	\$1,116,301	\$12,303	\$1,128,604	\$5,382	\$118,512	\$1,252,498	
Needed Rate Change	3.30%	12.91%	6.23%						
<b>Admin Fee Caps: 2016 +3.5%; 2017 +3.5%</b>									
<b>ACA Taxes/Fees (A)</b>									
Health Insurance Excise Tax	N/A	3.40%	N/A						
Comparative Effectiveness Fee	To Be Collected And Remitted By Employer								
Reinsurer Tax	To Be Collected And Remitted By Employer								
<b>ACA Taxes (A)</b>									
Health Insurance Excise Tax - 3.4% x Stop Loss Premium. Estimated at: \$12,303.									
Comparative Effectiveness Fee - The PPACA law requires Cost Plus accounts collect and remit this fee of \$2.00 per member per year to the IRS. Estimated at: \$5,382.									
Reinsurer Fee - The PPACA law requires Cost Plus accounts collect and remit this fee of \$3.67 per member per month to the IRS. Estimated at: \$118,512.									
Refer to "Important Rate Information - Taxes and Fees Related to the Affordable Care Act (ACA)".									

Access Fee	
Current	10% of savings, not to exceed \$2,000 per claim \$25.00 PEPM annual cumulative monthly cap
Renewal	10% of savings, not to exceed \$2,000 per claim \$25.83 PEPM annual cumulative monthly cap
<b>Access Fee Caps: 2016 +3.5%; 2017 +3.5%.</b>	

**Current Rates**

	BC Base	BC BuyUp	PCB	Annual
Employee	\$409.00	\$471.43	\$646.23	
Family	\$1,137.02	\$1,310.58	\$1,796.52	\$12,991,945

**Renewal Rates - Current Benefits & 3-D Digital Mammography**

	BC Base	BC BuyUp	PCB	
Employee	\$438.16	\$505.04	\$692.31	
Family	\$1,218.09	\$1,404.02	\$1,924.61	\$13,918,271

Rate Increase	7.13%	7.13%	7.13%	
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**Renewal Rates - Option 1 (Change PPO Network from PCB to BlueSelect Plus; add 3-D Digital Mammography)**

	BC Base	BC BuyUp	BlueSelect Plus	
Employee	\$438.16	\$505.04	\$614.76	
Family	\$1,218.09	\$1,404.02	\$1,709.03	\$13,866,661

Rate Increase	7.13%	7.13%	-4.87%	
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**Renewal Rates - Option 2 (Increase Maximum OOP Limits; add 3-D Digital Mammography)**

	BC Base	BC BuyUp	PCB	
Employee	\$429.90	\$495.52	\$679.25	
Family	\$1,195.12	\$1,377.55	\$1,888.32	\$13,655,833

Rate Increase	5.11%	5.11%	5.11%	
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**Renewal Rates - Option 3 (Increase Maximum OOP Limits; Change PPO Network from PCB to BlueSelect Plus; add 3-D Digital Mammography)**

	BC Base	BC BuyUp	BlueSelect Plus	
Employee	\$429.90	\$495.52	\$601.70	
Family	\$1,195.12	\$1,377.55	\$1,672.74	\$13,604,224

Rate Increase	5.11%	5.11%	-6.89%	
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**Res. 18644**

Terminal Admin Fee 10% of paid claims

Terminal Access Fee 10% of savings, not to exceed \$2,000 per claim

Terminal Claim Liability Factors - Current Benefits & 3-D Digital Mammography			
	BC Base	BC BuyUp	PCB
Employee	\$657.24	\$757.56	\$1,038.46
Family	\$1,827.13	\$2,106.04	\$2,886.92

Terminal Claim Liability Factors - Renewal Option 1 (Change PPO Network from PCB to BlueSelect Plus)

	BC Base	BC BuyUp	BlueSelect Plus
Employee	\$657.24	\$757.56	\$922.14
Family	\$1,827.13	\$2,106.04	\$2,563.54

Terminal Claim Liability Factors - Renewal Option 2 (Increase Maximum OOP Limits; add 3-D Digital Mammography)

	BC Base	BC BuyUp	BlueSelect Plus
Employee	\$644.85	\$743.28	\$1,018.88
Family	\$1,792.68	\$2,066.33	\$2,832.48

Terminal Claim Liability Factors - Renewal Option 3 (Increase Maximum OOP Limits; Change PPO Network from PCB to BlueSelect Plus; add 3-D Digital Mammography)

	BC Base	BC BuyUp	BlueSelect Plus
Employee	\$644.85	\$743.28	\$902.56
Family	\$1,792.68	\$2,066.33	\$2,509.11

Rate Impact to Terminal and Maximum Claim Liability Factors to Maintain Current Out of Pocket Maximums -2.02% -2.02% -2.02%

Rates and benefits quoted are subject to change based on ACA guidance and regulation. Rates and benefits reflect the adjustment for regulation applying to the out-of-pocket maximum limits and corresponding accumulation rules referenced in the ACA. Non-grandfathered plans must comply with new out-of-pocket maximum rules under the ACA. In very broad terms, the rules would require that all member medical cost sharing, including deductibles, coinsurance, and copays (including drug) would apply to corresponding in-network and out-of-network out-of-pocket maximums.

Refer to "Important Rate Information - Taxes and Fees Related to the Affordable Care Act (ACA)".



# Jackson County

Res. 18644

## Proposed Funding Rates

### Current Benefits; Add 3-D Digital Mammography

#### January 1, 2015 Renewal

	BC Low	BC High	PCB	TOTAL
Employee	\$501.19	\$568.63	\$757.45	
Family	\$1,393.29	\$1,580.78	\$2,105.69	
Annual Premium	\$4,923,862	\$10,305,171	\$504,098	\$15,733,132

Rates are based on current enrollment. Annual Premium is based on current enrollment.

#### January 1, 2014 Renewal

	BC Low	BC High	PCB	TOTAL
Employee	\$470.18	\$533.10	\$709.24	
Family	\$1,307.10	\$1,482.00	\$1,971.68	
Annual Premium	\$4,619,237	\$9,661,249	\$472,011	\$14,752,497

Rates are based on enrollment at time of January 1, 2014 renewal.  
Annual Premium is based on current enrollment.

# Jackson County

Res. 18644

## Proposed Funding Rates

### Renewal Option 1 (Change PPO Network from PCB to BlueSelect Plus; Add 3-D Digital Mammography)

#### January 1, 2015 Renewal

	BC Low	BC High	BlueSelect Plus	TOTAL
Employee	\$501.19	\$568.63	\$674.15	
Family	\$1,393.29	\$1,580.78	\$1,874.10	
Annual Premium	\$4,923,862	\$10,305,171	\$448,655	\$15,677,689

Rates are based on current enrollment. Annual Premium is based on current enrollment.

#### January 1, 2014 Renewal

	BC Low	BC High	PCB	TOTAL
Employee	\$470.18	\$533.10	\$709.24	
Family	\$1,307.10	\$1,482.00	\$1,971.68	
Annual Premium	\$4,619,237	\$9,661,249	\$472,011	\$14,752,497

Rates are based on enrollment at time of January 1, 2014 renewal.  
Annual Premium is based on current enrollment.

# Jackson County

Res. 18644

## Proposed Funding Rates

### Renewal Option 2 (Increase Maximum OOP Limits; Add 3-D Digital Mammography)

#### January 1, 2015 Renewal

	BC Low	BC High	PCB	TOTAL
Employee	\$491.90	\$557.92	\$742.77	
Family	\$1,367.45	\$1,550.99	\$2,064.86	
Annual Premium	\$4,832,549	\$10,111,016	\$494,323	\$15,437,889

Rates are based on current enrollment. Annual Premium is based on current enrollment.

#### January 1, 2014 Renewal

	BC Low	BC High	PCB	TOTAL
Employee	\$470.18	\$533.10	\$709.24	
Family	\$1,307.10	\$1,482.00	\$1,971.68	
Annual Premium	\$4,619,237	\$9,661,249	\$472,011	\$14,752,497

Rates are based on enrollment at time of January 1, 2014 renewal.  
Annual Premium is based on current enrollment.

**Jackson County**  
**Proposed Funding Rates**

**Res. 18644**

**Renewal Option 3 (Increase Maximum OOP Limits;  
Change PPO Network from PCB to BlueSelect Plus;  
Add 3-D Digital Mammography)**

**January 1, 2015 Renewal**

	BC Low	BC High	BlueSelect Plus	TOTAL
Employee	\$491.90	\$557.92	\$661.09	
Family	\$1,367.45	\$1,550.99	\$1,837.81	
Annual Premium	\$4,832,548	\$10,111,017	\$439,968	\$15,383,534

Rates are based on current enrollment. Annual Premium is based on current enrollment.

**January 1, 2014 Renewal**

	BC Low	BC High	PCB	TOTAL
Employee	\$470.18	\$533.10	\$709.24	
Family	\$1,307.10	\$1,482.00	\$1,971.68	
Annual Premium	\$4,619,237	\$9,661,249	\$472,011	\$14,752,497

Rates are based on enrollment at time of January 1, 2014 renewal.  
Annual Premium is based on current enrollment.

**Jackson County**

Renewal Date: 1/1/2015  
 Specific: \$250,000  
 Aggregate: 10%  
 Exper Period: 8/1/2013 - 8/1/2014

**Rates Page**

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Enrollment	BC Base	BC BuyUp	PCB	Total
Contracts				
Employee	221	654	36	911
Employee & Spouse	40	81	2	123
Employee & Child(ren)	50	52	0	102
Family	<u>125</u>	<u>175</u>	<u>5</u>	<u>305</u>
Total	436	962	43	1,441
Members	961	1,670	60	2,691

Fixed Costs									
Current Rates	<u>Admin</u>	<u>Stop Loss</u>	<u>BCBS Total Fixed</u>	<u>ACA Excise Tax</u>	<u>Contractual Billed Rates</u>				
Employee	\$25.53	\$11.20	\$36.73	\$0.27	\$37.00				
	\$53.61	\$23.52	\$77.13	\$0.56	\$77.70				
	\$48.51	\$21.28	\$69.79	\$0.51	\$70.30				
Family	\$85.45	\$37.51	\$122.96	\$0.90	\$123.86				
Annual Premium	\$730,336	\$320,489	\$1,050,825	\$7,692	\$1,058,517				
Renewal Rates	<u>Admin</u>	<u>Stop Loss</u>	<u>BCBS Total Fixed</u>	<u>ACA Excise Tax</u>	<u>Contractual Billed Rates</u>	<u>Est. ACA Comp Eff</u>	<u>Est. ACA Reinsurer</u>	<u>Total Funding</u>	
Employee	\$26.37	\$12.65	\$39.02	\$0.43	\$39.45	\$0.19	\$4.14	\$43.78	
	\$55.38	\$26.56	\$81.94	\$0.90	\$82.84	\$0.40	\$8.70	\$91.94	
	\$50.11	\$24.03	\$74.13	\$0.82	\$74.95	\$0.36	\$7.87	\$83.18	
Family	\$88.27	\$42.35	\$130.62	\$1.44	\$132.06	\$0.63	\$13.97	\$146.56	
Annual Premium	\$754,437	\$361,864	\$1,116,301	\$12,303	\$1,128,605	\$5,382	\$118,512	\$1,252,498	
Needed Rate Change	3.30%	12.91%	6.23%						
<b>Admin Fee Caps: 2016 +3.5%; 2017 +3.5%</b>									
<b>ACA Taxes/Fees (A)</b>									
Health Insurance Excise Tax	N/A	3.40%	N/A						
Comparative Effectiveness Fee	To Be Collected And Remitted By Employer								
Reinsurer Tax	To Be Collected And Remitted By Employer								
<b>ACA Taxes (A)</b>									
Health Insurance Excise Tax - 3.4% x Stop Loss Premium. Estimated at: \$12,303.									
Comparative Effectiveness Fee - The PPACA law requires Cost Plus accounts collect and remit this fee of \$2.00 per member per year to the IRS. Estimated at: \$5,382.									
Reinsurer Fee - The PPACA law requires Cost Plus accounts collect and remit this fee of \$3.67 per member per month to the IRS. Estimated at: \$118,512.									
Refer to "Important Rate Information - Taxes and Fees Related to the Affordable Care Act (ACA)".									

Access Fee	
Current	10% of savings, not to exceed \$2,000 per claim \$25.00 PEPM annual cumulative monthly cap
Renewal	10% of savings, not to exceed \$2,000 per claim \$25.83 PEPM annual cumulative monthly cap
<b>Access Fee Caps: 2016 +3.5%; 2017 +3.5%.</b>	

**Renewal Rates - Current Benefits & 3-D Digital Mammography**

	BC Base	BC BuyUp	PCB	
Employee	\$438.16	\$505.04	\$692.31	
Employee & Spouse	\$920.14	\$1,060.59	\$1,453.84	
Employee & Child(ren)	\$832.51	\$959.58	\$1,315.38	
Family	\$1,466.34	\$1,690.17	\$2,316.86	\$13,918,270

Rate Increase	7.1%	7.1%	7.1%	
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**Renewal Rates - Option 1 (Change PPO Network from PCB to BlueSelect Plus); add 3-D Digital Mammography**

	BC Base	BC BuyUp	BlueSelect Plus	
Employee	\$438.16	\$505.04	\$616.76	
Employee & Spouse	\$920.14	\$1,060.59	\$1,295.21	
Employee & Child(ren)	\$832.51	\$959.58	\$1,171.85	
Family	\$1,466.34	\$1,690.17	\$2,064.05	\$13,866,661

Rate Increase	7.1%	7.1%	-4.56%	
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**Renewal Rates - Option 2 (Increase Maximum OOP Limits); add 3-D Digital Mammography**

	BC Base	BC BuyUp	PCB	
Employee	\$429.90	\$495.52	\$679.25	
Employee & Spouse	\$902.79	\$1,040.59	\$1,426.43	
Employee & Child(ren)	\$816.81	\$941.49	\$1,290.58	
Family	\$1,438.69	\$1,658.30	\$2,273.17	\$13,655,833

Rate Increase	5.1%	5.1%	5.1%	
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**Renewal Rates - Option 3 (Increase Maximum OOP Limits; Change PPO Network from PCB to BlueSelect Plus); add 3-D Digital Mammography**

	BC Base	BC BuyUp	BlueSelect Plus	
Employee	\$429.90	\$495.52	\$603.71	
Employee & Spouse	\$902.79	\$1,040.59	\$1,267.79	
Employee & Child(ren)	\$816.81	\$941.49	\$1,147.05	
Family	\$1,438.69	\$1,658.30	\$2,020.39	\$13,604,224

Rate Increase	5.1%	5.1%	-6.6%	
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**Res. 18644**

	BC Base	BC BuyUp	PCB
Employee	\$657.24	\$757.56	\$1,038.46
	\$1,380.21	\$1,590.89	\$2,180.76
Family	\$1,248.76	\$1,439.37	\$1,973.07
	\$2,199.51	\$2,535.25	\$3,475.29

**Res. 18644**

**Terminal Claim Liability Factors - Renewal Option 1 (Change PPO Network from PCB to BlueSelect Plus)**

	BC Base	BC BuyUp	BlueSelect Plus
Employee	\$657.24	\$757.56	\$925.15
	\$1,380.21	\$1,590.89	\$1,942.81
Family	\$1,248.76	\$1,439.37	\$1,757.78
	\$2,199.51	\$2,535.25	\$3,096.08

**Terminal Claim Liability Factors - Renewal Option 2 (Increase Maximum OOP Limits); add 3-D Digital Mammography**

	BC Base	BC BuyUp	BlueSelect Plus
Employee	\$644.85	\$743.28	\$1,018.88
	\$1,354.18	\$1,560.89	\$2,139.64
Family	\$1,225.21	\$1,412.23	\$1,935.87
	\$2,158.04	\$2,487.45	\$3,409.76

**Terminal Claim Liability Factors - Renewal Option 3 (Increase Maximum OOP Limits; Change PPO Network from PCB to BlueSelect Plus); add 3-D Digital Mammography**

	BC Base	BC BuyUp	BlueSelect Plus
Employee	\$644.85	\$743.28	\$905.56
	\$1,354.18	\$1,560.89	\$1,901.68
Family	\$1,225.21	\$1,412.23	\$1,720.57
	\$2,158.04	\$2,487.45	\$3,030.59

Rate Impact to Terminal and Maximum Claim Liability Factors to Maintain Current Out of Pocket Maximums	-2.02%	-2.02%	-2.02%
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Rates and benefits quoted are subject to change based on ACA guidance and regulation. Rates and benefits reflect the adjustment for regulation applying to the out-of-pocket maximum limits and corresponding accumulation rules referenced in the ACA. Non-grandfathered plans must comply with new out-of-pocket maximum rules under the ACA. In very broad terms, the rules would require that all member medical cost sharing, including deductibles, coinsurance, and copays (including drug) would apply to corresponding in-network and out-of-network out-of-pocket maximums.

Refer to "Important Rate Information - Taxes and Fees Related to the Affordable Care Act (ACA)".

# Jackson County

## Proposed Funding Rates

Res. 18644

### Current Benefits; Add 3-D Digital Mammography

#### January 1, 2015 Renewal

	BC Low	BC High	PCB	TOTAL
Employee	\$501.19	\$568.63	\$757.45	
Employee & Spouse	\$1,052.51	\$1,194.13	\$1,590.65	
Employee & Child(ren)	\$952.27	\$1,080.40	\$1,439.16	
Family	\$1,677.35	\$1,903.04	\$2,534.94	
Annual Premium	\$4,921,763	\$10,293,877	\$517,492	\$15,733,133

Rates are based on current enrollment. Annual Premium is based on current enrollment.

#### January 1, 2014 Renewal

	BC Low	BC High	PCB	TOTAL
Employee	\$470.18	\$533.10	\$709.24	
Family	\$1,307.10	\$1,482.00	\$1,971.68	
Annual Premium	\$4,619,237	\$9,661,249	\$472,011	\$14,752,497

Rates are based on enrollment at time of January 1, 2014 renewal.  
Annual Premium is based on current enrollment.



**Jackson County****Res. 18644****Proposed Funding Rates****Renewal Option 1 (Change PPO Network from PCB to BlueSelect Plus; Add 3-D Digital Mammography)****January 1, 2015 Renewal**

	BC Low	BC High	BlueSelect Plus	TOTAL
Employee	\$501.19	\$568.63	\$676.15	
Employee & Spouse	\$1,052.52	\$1,194.14	\$1,419.92	
Employee & Child(ren)	\$952.28	\$1,080.41	\$1,284.69	
Family	\$1,677.37	\$1,903.06	\$2,262.86	
Annual Premium	\$4,921,802	\$10,293,940	\$461,947	\$15,677,689
			0.30%	

Rates are based on current enrollment. Annual Premium is based on current enrollment.

**January 1, 2014 Renewal**

	BC Low	BC High	PCB	TOTAL
Employee	\$470.18	\$533.10	\$709.24	
Family	\$1,307.10	\$1,482.00	\$1,971.68	
Annual Premium	\$4,619,237	\$9,661,249	\$472,011	\$14,752,497

Rates are based on enrollment at time of January 1, 2014 renewal.  
Annual Premium is based on current enrollment.

# Jackson County

## Proposed Funding Rates

Res. 18644

### Renewal Option 2 (Increase Maximum OOP Limits; Add 3-D Digital Mammography)

#### January 1, 2015 Renewal

	BC Low	BC High	PCB	TOTAL
Employee	\$491.90	\$557.92	\$742.77	
Employee & Spouse	\$1,032.99	\$1,171.63	\$1,559.81	
Employee & Child(ren)	\$934.61	\$1,060.05	\$1,411.26	
Family	\$1,646.25	\$1,867.19	\$2,485.80	
Annual Premium	\$4,830,492	\$10,099,939	\$507,459	\$15,437,891

Rates are based on current enrollment. Annual Premium is based on current enrollment.

#### January 1, 2014 Renewal

	BC Low	BC High	PCB	TOTAL
Employee	\$470.18	\$533.10	\$709.24	
Family	\$1,307.10	\$1,482.00	\$1,971.68	
Annual Premium	\$4,619,237	\$9,661,249	\$472,011	\$14,752,497

Rates are based on enrollment at time of January 1, 2014 renewal.  
Annual Premium is based on current enrollment.

# Jackson County

Res. 18644

## Proposed Funding Rates

### Renewal Option 3 (Increase Maximum OOP Limits; Change PPO Network from PCB to BlueSelect Plus; Add 3-D Digital Mammography)

#### January 1, 2015 Renewal

	BC Low	BC High	BlueSelect Plus	TOTAL
Employee	\$491.90	\$557.92	\$663.10	
Employee & Spouse	\$1,033.00	\$1,171.64	\$1,392.50	
Employee & Child(ren)	\$934.62	\$1,060.06	\$1,259.88	
Family	\$1,646.26	\$1,867.20	\$2,219.20	
Annual Premium	\$4,830,520	\$10,099,984	\$453,030	\$15,383,534

Rates are based on current enrollment. Annual Premium is based on current enrollment.

#### January 1, 2014 Renewal

	BC Low	BC High	PCB	TOTAL
Employee	\$470.18	\$533.10	\$709.24	
Family	\$1,307.10	\$1,482.00	\$1,971.68	
Annual Premium	\$4,619,237	\$9,661,249	\$472,011	\$14,752,497

Rates are based on enrollment at time of January 1, 2014 renewal.  
Annual Premium is based on current enrollment.

### 8.9 Cost Compare Sheet

#### Jackson County

**MATCHES CURRENT BENEFITS & INCLUDES 3-D DIGITAL MAMMOGRAPHY**

collicant	Specific Stop Loss Premium			Aggregate Stop Loss Premium			Administrative Fee			Misc. Fees - Describe Below			Expected Factors - Med/Rx			Expected Monthly Rates			Total Premium of Expected	Aggregate Factors - Med/Rx			Risk	
	Med High	PPO	HMO Low	HMO High	PPO	HMO Low	HMO High	PPO	HMO Low	HMO High	PPO	HMO Low	HMO High	PPO	HMO Low	HMO High	PPO	HMO Low		HMO High	PPO			
644	33	\$12.65	\$12.65	\$12.65	\$12.65	Incl In spec stop loss premium	\$26.37	\$26.37	\$26.37	\$26.37	\$16.04	\$16.04	\$16.04	\$398.33	\$459.13	\$629.37	\$453.39	\$514.19	\$684.43	\$1,199.66	\$438.16	\$505.04	\$692.31	\$493.22
M/N	7	\$35.16	\$35.16	\$35.16	\$35.16	Incl In spec stop loss premium	\$73.29	\$73.29	\$73.29	\$73.29	\$44.59	\$44.59	\$44.59	\$1,107.35	\$1,276.88	\$1,749.65	\$1,260.39	\$1,429.42	\$1,902.69	\$3,114.56	\$1,218.09	\$1,404.02	\$1,924.61	\$1,371.13
	1	\$12.65	\$12.65	\$12.65	\$12.65	Incl In spec stop loss premium	\$26.37	\$26.37	\$26.37	\$26.37	\$16.04	\$16.04	\$16.04	\$398.33	\$459.13	\$629.37	\$453.39	\$514.19	\$684.43	\$1,199.66	\$438.16	\$505.04	\$692.31	\$493.22
2		\$35.16	\$35.16	\$35.16	\$35.16	Incl In spec stop loss premium	\$73.29	\$73.29	\$73.29	\$73.29	\$44.59	\$44.59	\$44.59	\$1,107.35	\$1,276.88	\$1,749.65	\$1,260.39	\$1,429.42	\$1,902.69	\$3,114.56	\$1,218.09	\$1,404.02	\$1,924.61	\$1,371.13
TOTAL PHE-65:												\$1,505.68	\$1,736.01	\$2,378.62	\$1,713.78	\$1,943.61	\$2,687.12							
MONTHLY TOTAL EXPECTED												\$125.47	\$144.67	\$198.22	\$142.82	\$161.97	\$223.93							
ANNUAL TOTAL EXPECTED												\$1,505.68	\$1,736.01	\$2,378.62	\$1,713.78	\$1,943.61	\$2,687.12							
MONTHLY ANNUAL:												\$125.47	\$144.67	\$198.22	\$142.82	\$161.97	\$223.93							

misc. fees include ACA excise tax and access fee



Res. 18644

8.9 Cost Compare Sheet
Jackson County
MATCHES CURRENT BENEFITS & INCLUDES 3-D DIGITAL MAMMOGRAPHY

Main data table with columns: Enrollment, Specific Stop Loss Premium, Aggregate Stop Loss Premium, Administrative Fee, Misc. Fees - Describe Below, Expected Factors - Med/Rx, Expected Monthly Rates, Total Premiums (M Expected), Aggregate Factors - Med/Rx, Match.

Summary table: MONTHLY TOTAL EXPECTED ANNUAL TOTAL EXPECTED

Summary table: MONTHLY ANNUAL

Misc. fees include ACA excise tax and access fee

8.9 Cost Compare Sheet  
 Jackson County  
**OPTION 1 - CHANGE PPO NETWORK FROM PCB TO BLUESELECT PLUS; ADD 3-D DIGITAL MAMMOGRAPHY**

roliment	Specific Stop Loss Premium			Aggregate Stop Loss Premium			Administrative Fee			Misc. Fees - Describe Below			Expected Factors - Med/Rx			Expected Monthly Rates			Special Premiums or Imposition	Aggregate Factors - Med/Rx			Mark															
	HMO High	PPO	HMO Low	HMO High	PPO	HMO Low	HMO High	PPO	HMO Low	HMO High	PPO	HMO Low	HMO High	PPO	HMO Low	HMO High	PPO	HMO Low		HMO High	PPO	HMO Low		HMO High	PPO													
644	39	\$12.65	\$12.65	\$12.65	\$12.65	\$12.65	\$26.37	\$26.37	\$26.37	\$26.37	\$16.04	\$16.04	\$16.04	\$16.04	\$16.04	\$16.04	\$16.04	\$16.04	\$16.04	\$16.04	\$16.04	\$16.04	\$16.04	\$16.04	\$493.22													
306	7	\$35.16	\$35.16	\$35.16	\$35.16	\$35.16	\$73.29	\$73.29	\$73.29	\$73.29	\$44.59	\$44.59	\$44.59	\$44.59	\$44.59	\$44.59	\$44.59	\$44.59	\$44.59	\$44.59	\$44.59	\$44.59	\$44.59	\$44.59	\$1,371.13													
110	1	\$12.65	\$12.65	\$12.65	\$12.65	\$12.65	\$76.37	\$76.37	\$76.37	\$76.37	\$16.04	\$16.04	\$16.04	\$16.04	\$16.04	\$16.04	\$16.04	\$16.04	\$16.04	\$16.04	\$16.04	\$16.04	\$16.04	\$16.04	\$493.22													
2	-	\$35.16	\$35.16	\$35.16	\$35.16	\$35.16	\$73.29	\$73.29	\$73.29	\$73.29	\$44.59	\$44.59	\$44.59	\$44.59	\$44.59	\$44.59	\$44.59	\$44.59	\$44.59	\$44.59	\$44.59	\$44.59	\$44.59	\$44.59	\$1,371.13													
incl in spec stop loss premium												\$76.37	\$76.37	\$76.37	\$76.37	\$16.04	\$16.04	\$16.04	\$16.04	\$16.04	\$16.04	\$16.04	\$16.04	\$16.04	\$16.04	\$16.04	\$16.04	\$16.04	\$16.04	\$16.04	\$16.04	\$16.04	\$16.04	\$16.04	\$16.04			
incl in spec stop loss premium												\$73.29	\$73.29	\$73.29	\$73.29	\$44.59	\$44.59	\$44.59	\$44.59	\$44.59	\$44.59	\$44.59	\$44.59	\$44.59	\$44.59	\$44.59	\$44.59	\$44.59	\$44.59	\$44.59	\$44.59	\$44.59	\$44.59	\$44.59	\$44.59	\$44.59		
TOTAL ACTIVE:												\$398.33	\$459.13	\$508.87	\$453.30	\$514.19	\$613.93	\$117.58	\$438.16	\$505.04	\$614.76	\$493.22	\$1,218.09	\$1,404.02	\$1,709.03	\$1,371.13	\$1,218.09	\$1,404.02	\$1,709.03	\$1,371.13	\$1,218.09	\$1,404.02	\$1,709.03	\$1,371.13				
TOTAL PRE-65:												\$1,107.35	\$1,276.38	\$1,553.66	\$1,260.39	\$1,429.42	\$1,706.70	\$438.16	\$505.04	\$614.76	\$493.22	\$1,218.09	\$1,404.02	\$1,709.03	\$1,371.13	\$1,218.09	\$1,404.02	\$1,709.03	\$1,371.13	\$1,218.09	\$1,404.02	\$1,709.03	\$1,371.13	\$1,218.09	\$1,404.02	\$1,709.03	\$1,371.13	
MONTHLY TOTAL EXPECTED												\$118.71	\$159.88	\$169.84	\$118.71	\$159.88	\$169.84	\$118.71	\$159.88	\$169.84	\$118.71	\$159.88	\$169.84	\$118.71	\$159.88	\$169.84	\$118.71	\$159.88	\$169.84	\$118.71	\$159.88	\$169.84	\$118.71	\$159.88	\$169.84	\$118.71	\$159.88	\$169.84
ANNUAL TOTAL EXPECTED												\$1,424.52	\$1,918.56	\$2,038.08	\$1,424.52	\$1,918.56	\$2,038.08	\$1,424.52	\$1,918.56	\$2,038.08	\$1,424.52	\$1,918.56	\$2,038.08	\$1,424.52	\$1,918.56	\$2,038.08	\$1,424.52	\$1,918.56	\$2,038.08	\$1,424.52	\$1,918.56	\$2,038.08	\$1,424.52	\$1,918.56	\$2,038.08	\$1,424.52	\$1,918.56	\$2,038.08

misc. fees include ACA excise tax  
and access fee

8.9 Cost Compare Sheet  
Jackson County  
OPTION 1 - CHANGE PPO NETWORK FROM PCB TO BLUESELECT PLUS; ADD 3-D DIGITAL MAMMOGRAPHY

rollment	Specific Stop Loss Premium			Aggregate Stop Loss Premium			Administrative Fee			Misc. Fees - Describe Below			Expected Factors - Med/Rx			Expected Monthly Rates			Total Premium of 12 Months	Aggregate Factors - Mod/Rx			Rank			
	HMO High	PPO	HMO Low	HMO High	HMO Low	PPO	HMO Low	HMO High	PPO	HMO Low	HMO High	PPO	HMO Low	HMO High	PPO	HMO Low	HMO High	PPO		HMO Low	HMO High	PPO				
6-14	35	\$12.65	\$12.65	\$12.65	\$12.65	\$12.65	\$26.37	\$26.37	\$26.37	\$16.04	\$16.04	\$16.04	\$398.33	\$459.13	\$560.69	\$453.39	\$514.19	\$615.75	\$11,198	\$438.16	\$505.04	\$616.76	\$493.22			
K0	2	\$26.56	\$26.56	\$26.56	Incl In spec stop loss premium		\$55.38	\$55.38	\$55.38	\$33.68	\$33.68	\$33.68	\$836.49	\$964.17	\$1,177.46	\$952.11	\$1,079.79	\$1,293.08	\$17,785	\$832.51	\$959.58	\$1,171.85	\$937.13			
S1	5	\$24.03	\$24.03	\$24.03			\$50.11	\$50.11	\$50.11	\$30.48	\$30.48	\$30.48	\$756.83	\$872.35	\$1,065.32	\$861.45	\$976.97	\$1,169.94	\$16,978	\$1,466.34	\$1,690.17	\$2,064.05	\$1,650.65			
175		\$42.35	\$42.35	\$42.35			\$88.27	\$88.27	\$88.27	\$53.69	\$53.69	\$53.69	\$1,333.04	\$1,536.52	\$1,876.41	\$1,517.95	\$1,720.89	\$2,060.72	\$28,972							
10	1	\$12.65	\$12.65	\$12.65	Incl In spec stop loss premium		\$26.37	\$26.37	\$26.37	\$16.04	\$16.04	\$16.04	\$398.33	\$459.13	\$560.69	\$453.39	\$514.19	\$615.75	\$11,198	\$438.16	\$505.04	\$616.76	\$493.22			
1		\$26.56	\$26.56	\$26.56			\$55.38	\$55.38	\$55.38	\$33.68	\$33.68	\$33.68	\$836.49	\$964.17	\$1,177.46	\$952.11	\$1,079.79	\$1,293.08	\$17,785	\$832.51	\$959.58	\$1,171.85	\$937.13			
1		\$24.03	\$24.03	\$24.03			\$50.11	\$50.11	\$50.11	\$30.48	\$30.48	\$30.48	\$756.83	\$872.35	\$1,065.32	\$861.45	\$976.97	\$1,169.94	\$16,978	\$1,466.34	\$1,690.17	\$2,064.05	\$1,650.65			
		\$42.35	\$42.35	\$42.35			\$88.27	\$88.27	\$88.27	\$53.69	\$53.69	\$53.69	\$1,333.04	\$1,536.52	\$1,876.41	\$1,517.95	\$1,720.89	\$2,060.72	\$28,972							
												TOTAL PRE-65:														
												TOTAL ACTIVE:														
												MONTHLY TOTAL EXPECTED														
												ANNUAL TOTAL EXPECTED														

misc. fees include ACA excise tax and access fee

MONTHLY ANNUAL

8.9 Cost Compare Sheet  
Jackson County  
**OPTION 2 - INCREASE OOP MAXIMUM LIMITS; ADD 3-D DIGITAL MAMMOGRAPHY**

rollment	Specific Stop Loss Premium			Aggregate Stop Loss Premium			Administrative Fee			Misc. Fees - Describe Below			Expected Factors - Med/Rx			Expected Monthly Rates			Total Premiums as Expected	Aggregate Factors - Med/Rx			Mail						
	HMO High	HMO Low	HMO High	HMO Low	HMO High	HMO Low	HMO High	HMO Low	HMO High	HMO Low	HMO High	HMO Low	HMO High	HMO Low	HMO High	HMO Low	HMO High	HMO Low		HMO High	HMO Low	HMO High		HMO Low					
644	35	\$12.65	\$12.65	\$12.65	\$12.65	\$12.65	\$26.37	\$26.37	\$26.37	\$26.37	\$16.04	\$16.04	\$16.04	\$16.04	\$16.04	\$16.04	\$390.82	\$450.47	\$617.50	\$445.88	\$505.53	\$672.56	\$445.88	\$505.53	\$672.56	\$429.90	\$495.52	\$679.25	\$484.96
316	7	\$35.16	\$35.16	\$35.16	\$35.16	\$35.16	\$73.29	\$73.29	\$73.29	\$73.29	\$44.59	\$44.59	\$44.59	\$44.59	\$44.59	\$44.59	\$1,086.47	\$1,252.32	\$1,716.65	\$1,299.51	\$1,405.36	\$1,869.69	\$1,299.51	\$1,405.36	\$1,869.69	\$1,195.12	\$1,377.55	\$1,888.32	\$1,348.16
(10)	1	\$12.65	\$12.65	\$12.65	\$12.65	\$12.65	\$26.37	\$26.37	\$26.37	\$26.37	\$16.04	\$16.04	\$16.04	\$16.04	\$16.04	\$16.04	\$390.82	\$450.47	\$617.50	\$445.88	\$505.53	\$672.56	\$445.88	\$505.53	\$672.56	\$429.90	\$495.52	\$679.25	\$484.96
2	-	\$35.16	\$35.16	\$35.16	\$35.16	\$35.16	\$73.29	\$73.29	\$73.29	\$73.29	\$44.59	\$44.59	\$44.59	\$44.59	\$44.59	\$44.59	\$1,086.47	\$1,252.32	\$1,716.65	\$1,299.51	\$1,405.36	\$1,869.69	\$1,299.51	\$1,405.36	\$1,869.69	\$1,195.12	\$1,377.55	\$1,888.32	\$1,348.16
															TOTAL PRE-65:			TOTAL ACTIVE:											

misc. fees include ACA excise tax  
and access fee

MONTHLY TOTAL EXPECTED	\$1,360,803
ANNUAL TOTAL EXPECTED	\$13,928,112
MONTHLY ANNUAL	



### Jackson County

#### OPTION 2 - INCREASE MAXIMUM OOP LIMITS; ADD 3-D DIGITAL MAMMOGRAPHY

roliment	Specific Stop Loss Premium			Aggregate Stop Loss Premium:			Administrative Fee			Misc. Fees - Describe Below			Expected Factors - Med/Rx			Expected Monthly Rates			Aggregate Factors - Med/Rx			Mark					
	HMO High	HMO Low	HMO High	HMO Low	HMO High	HMO Low	HMO High	HMO Low	HMO High	HMO Low	HMO High	HMO Low	HMO High	HMO Low	HMO High	HMO Low	HMO High	HMO Low	HMO High	HMO Low	HMO High		HMO Low				
644	35	\$12.65	\$12.65	\$12.65	\$12.65	\$12.65	Incl In spec stop loss premium	\$26.37	\$26.37	\$26.37	\$16.04	\$16.04	\$16.04	\$390.82	\$450.47	\$617.50	\$445.88	\$505.53	\$672.56	\$429.90	\$495.52	\$679.25	\$484.96				
800	2	\$26.56	\$26.56	\$26.56	\$26.56	\$26.56	Incl In spec stop loss premium	\$55.38	\$55.38	\$55.38	\$33.68	\$33.68	\$33.68	\$820.72	\$945.99	\$1,296.75	\$936.34	\$1,061.61	\$1,412.37	\$902.79	\$1,040.59	\$1,426.43	\$1,018.41				
51	-	\$24.03	\$24.03	\$24.03	\$24.03	\$24.03		\$50.11	\$50.11	\$50.11	\$30.48	\$30.48	\$30.48	\$742.55	\$855.50	\$1,173.25	\$847.17	\$960.52	\$1,277.87	\$816.81	\$941.49	\$1,290.58	\$921.43				
173	5	\$42.35	\$42.35	\$42.35	\$42.35	\$42.35		\$88.27	\$88.27	\$88.27	\$53.69	\$53.69	\$53.69	\$1,307.90	\$1,507.55	\$2,066.52	\$1,492.21	\$1,691.86	\$2,250.83	\$1,438.69	\$1,658.50	\$2,273.17	\$1,623.00				
10	1	\$12.65	\$12.65	\$12.65	\$12.65	\$12.65	Incl In spec stop loss premium	\$26.37	\$26.37	\$26.37	\$16.04	\$16.04	\$16.04	\$380.82	\$450.47	\$617.50	\$445.88	\$505.53	\$672.56	\$429.90	\$495.52	\$679.25	\$484.96				
1	-	\$26.56	\$26.56	\$26.56	\$26.56	\$26.56		\$55.38	\$55.38	\$55.38	\$33.68	\$33.68	\$33.68	\$820.72	\$945.99	\$1,296.75	\$936.34	\$1,061.61	\$1,412.37	\$902.79	\$1,040.59	\$1,426.43	\$1,018.41				
1	-	\$24.03	\$24.03	\$24.03	\$24.03	\$24.03		\$50.11	\$50.11	\$50.11	\$30.48	\$30.48	\$30.48	\$742.55	\$855.90	\$1,173.25	\$847.17	\$960.52	\$1,277.87	\$816.81	\$941.49	\$1,290.58	\$921.43				
-	-	\$42.35	\$42.35	\$42.35	\$42.35	\$42.35		\$88.27	\$88.27	\$88.27	\$53.69	\$53.69	\$53.69	\$1,307.90	\$1,507.55	\$2,066.52	\$1,492.21	\$1,691.86	\$2,250.83	\$1,438.69	\$1,658.50	\$2,273.17	\$1,623.00				
													TOTAL PHE-65:														
													MONTHLY TOTAL EXPECTED														
													ANNUAL TOTAL EXPECTED														

misc. fees include ACA excise tax and access fee

MONTHLY TOTAL EXPECTED	\$1,155,296
ANNUAL TOTAL EXPECTED	\$13,863,592

MONTHLY ANNUAL	
ANNUAL	



8.9 Cost Compare Sheet  
Jackson County  
**OPTION 3 - INCREASE MAXIMUM OOP LIMITS; CHANGE PPO NETWORK FROM PCB TO BLUESELECT PLUS; ADD 3-D DIGITAL MAMMOGRAPHY**

rollment	Specific Stop Loss Premium			Aggregate Stop Loss Premium			Administrative Fee			Misc. Fees - Describe Below			Expected Factors - Med/Rx			Expected Monthly Rates			Aggregate Factors - Med/Rx			Mam			
	HMO High	HMO Low	HMO High	HMO Low	HMO High	PPO	HMO Low	HMO High	PPO	HMO Low	HMO High	PPO	HMO Low	HMO High	PPO	HMO Low	HMO High	PPO	HMO Low	HMO High	PPO		HMO Low	HMO High	PPO
644	35	\$12.65	\$12.65	\$12.65	\$12.65	\$12.65	\$26.37	\$26.37	\$26.37	\$16.04	\$16.04	\$16.04	\$390.82	\$450.47	\$548.83	\$445.88	\$505.53	\$603.89	\$429.90	\$495.52	\$603.71	\$484.96	\$429.90	\$495.52	\$603.71
80	2	\$26.56	\$26.56	\$26.56	\$26.56	\$26.56	\$55.38	\$55.38	\$55.38	\$39.68	\$39.68	\$39.68	\$820.72	\$945.99	\$1,152.54	\$996.34	\$1,061.61	\$1,288.16	\$902.79	\$1,040.59	\$1,267.79	\$1,018.41	\$902.79	\$1,040.59	\$1,267.79
175	5	\$42.35	\$42.35	\$42.35	\$42.35	\$42.35	\$88.27	\$88.27	\$88.27	\$53.69	\$53.69	\$53.69	\$742.55	\$855.90	\$1,042.77	\$847.17	\$960.52	\$1,147.39	\$638.81	\$941.49	\$1,147.05	\$921.43	\$638.81	\$941.49	\$1,147.05
10	1	\$12.65	\$12.65	\$12.65	\$12.65	\$12.65	\$26.37	\$26.37	\$26.37	\$16.04	\$16.04	\$16.04	\$390.82	\$450.47	\$548.83	\$445.88	\$505.53	\$603.89	\$429.90	\$495.52	\$603.71	\$484.96	\$429.90	\$495.52	\$603.71
1		\$26.56	\$26.56	\$26.56	\$26.56	\$26.56	\$55.38	\$55.38	\$55.38	\$39.68	\$39.68	\$39.68	\$820.72	\$945.99	\$1,152.54	\$996.34	\$1,061.61	\$1,288.16	\$902.79	\$1,040.59	\$1,267.79	\$1,018.41	\$902.79	\$1,040.59	\$1,267.79
1		\$42.35	\$42.35	\$42.35	\$42.35	\$42.35	\$88.27	\$88.27	\$88.27	\$53.69	\$53.69	\$53.69	\$742.55	\$855.90	\$1,042.77	\$847.17	\$960.52	\$1,147.39	\$638.81	\$941.49	\$1,147.05	\$921.43	\$638.81	\$941.49	\$1,147.05
Incl In spec stop loss premium												TOTAL PHE-65:			TOTAL ACTIVE:										
												MONTHLY TOTAL EXPECTED			MONTHLY TOTAL EXPECTED			MONTHLY TOTAL EXPECTED			MONTHLY TOTAL EXPECTED				
												ANNUAL TOTAL EXPECTED			ANNUAL TOTAL EXPECTED			ANNUAL TOTAL EXPECTED			ANNUAL TOTAL EXPECTED				

misc. fees include ACA excise tax and access fee

**IN THE COUNTY LEGISLATURE OF JACKSON COUNTY, MISSOURI**

**A RESOLUTION** awarding a twelve-month term and supply contract with two twelve-month options to extend for group life, additional life, and dependent life insurance for use countywide to the Standard Insurance Company of Portland, OR, under the terms and conditions of Request for Proposals No. 66-14.

**RESOLUTION NO. 18645**, October 27, 2014

**INTRODUCED BY** Theresa Garza Ruiz, County Legislator

WHEREAS, the County has a need for group life, additional life, and dependent life (AD&D) insurance for use countywide; and,

WHEREAS, the Director of Finance and Purchasing has solicited bids for this insurance on Request for Proposals No. 66-14; and,

WHEREAS, a total of thirteen notifications were distributed and nine responses thereon were received, with the three lowest bids as follows:

**VENDOR**

Standard Insurance Company  
Portland, OR

Prudential Insurance  
Newark, NJ

Securian Life Insurance  
St. Paul, MN

WHEREAS, the Director of Finance and Purchasing recommends the award of a

twelve-month term and supply contract with two twelve-month options to extend for the furnishing of group life insurance and AD&D coverage for use countywide to Standard Insurance Company, under the terms and conditions of RFP No. 66-14, for the reason that it has submitted the lowest and best bid; and,

WHEREAS, this award is made on an as needed basis and does not obligate the County to pay any specific amount; now therefore,

BE IT RESOLVED by the County Legislature of Jackson County, Missouri, that award be made as recommended by the Director of Finance and Purchasing, and that the Director be, and is hereby authorized, to execute for the County any and all documents necessary to the accomplishment of the award; and,

BE IT FURTHER RESOLVED that the Director of Finance and Purchasing be and hereby is authorized to make all payments including final payment on the contract.

Effective Date: This Resolution shall be effective immediately upon its passage by a majority of the Legislature.

APPROVED AS TO FORM:

  
Senior Deputy County Counselor

\_\_\_\_\_  
County Counselor

Certificate of Passage

I hereby certify that the attached resolution, Resolution No. 18645 of October 27, 2014, was duly passed on \_\_\_\_\_, 2014 by the Jackson County Legislature. The votes thereon were as follows:

Yeas \_\_\_\_\_

Nays \_\_\_\_\_

Abstaining \_\_\_\_\_

Absent \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mary Jo Spino, Clerk of Legislature

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 is subject to annual appropriations.

  
Date

  
Director of Finance and Purchasing

# REQUEST FOR LEGISLATIVE ACTION

Completed by County Counselor's Office:

Res/Ord No.: 18645

Sponsor(s): Theresa Garza Ruiz

Date: October 27, 2014

<p><b>SUBJECT</b></p>	<p>Action Requested  <input checked="" type="checkbox"/> Resolution  <input type="checkbox"/> Ordinance</p> <p>Project/Title: A RESOLUTION awarding a one year term and supply contract with annual renewal options for two additional years for the furnishing of employee life insurance as an employee benefit countywide to Standard Insurance under the terms and conditions of the Request for Proposal No. 66-14.</p>										
<p><b>BUDGET INFORMATION</b>  <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  TO ACCT</td> </tr> </table> <p>* If account includes additional funds for other expenses, total budgeted in the account is: \$</p> <p><b>OTHER FINANCIAL INFORMATION:</b></p> <p><input type="checkbox"/> No budget impact (no fiscal note required)  <input 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:	\$										
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										
<p><b>PRIOR LEGISLATION</b></p>	<p>Prior ordinances and (date):</p> <p>Prior resolutions and (date): Resolution #17717, 10/31/11</p>										
<p><b>CONTACT INFORMATION</b></p>	<p>RLA drafted by (name, title, &amp; phone): Shelley Kneuvean, Chief Operating Officer</p>										
<p><b>REQUEST SUMMARY</b></p>	<p>Request for Proposal 66-14 was sent out with a total of thirteen (13) solicitations sent out. Nine (9) responses were returned for health insurance from the following:</p> <p>USABLE, Aetna, Assurant, Hartford, MetLife, Prudential, Securian, Standard, Sunlife</p> <p>Based on the proposals submitted including terms and conditions as well as pricing, Standard Insurance is recommended for the award of a one year contract with two annual renewal terms for the furnishing of life insurance as an employee benefit for use countywide. Under the terms and conditions of RFP 66-14 as the lowest and best bid. This award is made on an as needed basis and does not obligate Jackson County to pay any specific amount, with the availability of funds subject to annual appropriation.</p> <p>The total premium cost for 2015 is as follows:</p>										



	<p>The rate is locked for three years and is a reduction in cost from the current provider.</p> <p>Life \$.07          Accidental Death &amp; Disability \$.02          Dependent Life \$2.50</p> <p>For employees that have purchased additional life insurance through the existing provider, the policy coverages will be transferred to Standard and does not require any further action on the part of the employee. If an employee wants to increase life insurance coverages, that is provided for in open enrollment in November. This life insurance is also portable.</p>	
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		
REVIEW	Department Director:	Date:
	Finance (Budget Approval): <i>If applicable</i> <i>Alabaraz &amp; Ball N/A</i>	Date: <i>10-21-14</i>
	Division Manager: <i>[Signature]</i>	Date: <i>10/20/14</i>
	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.



# Employee Benefits Proposal and Cost Summary

Prepared for Jackson County on September 18, 2014  
Proposed Effective Date of January 1, 2015

Presented By:

**Res. 18645**

## Basic Life and AD&D Plan 1

### Covered Members

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An active employee of the Employer working 40 hours per week

### Plan

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<b>Benefit Formula</b>	Flat \$15,000
<b>Age Based Benefit Reduction</b>	Basic Life: To 50% at age 70 AD%D: 65% at 70; 50% at 75
<b>Guarantee Issue</b>	Full Benefit
<b>Employer Contribution</b>	100%

### Cost

---

		<b>Members</b>	<b>Volume</b>	<b>X Rate: Per \$1,000</b>	<b>=</b>	<b>Monthly Premium</b>
<b>All Eligible</b>	Life	1582	\$23,512,500	0.070		\$1,646
	AD&D	1582	\$23,512,500	0.020		\$470
<b>Total</b>						<b>\$2,116</b>

- We provide policyholders with a 120-day notice of rate change.
- The proposed rates are guaranteed for 36 months.
- **Life, AD&D, Additional Life, and Dependent Life are packaged together and must be purchased together.**

### Features

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- A Family Benefits Package is included. It provides extra AD&D benefits to help families transition due to the loss of an insured member. The package includes a Child Care Benefit (child care expense reimbursement for children under age 13); a Career Adjustment Benefit (education expense reimbursement for spouses); and a Higher Education Benefit (college expense reimbursement for children).
- Coma Benefit is included.
- An Accelerated Benefit is included. Terminally ill members may withdraw up to 75% of their Life benefit to a maximum of \$500,000 (when Basic Life and any Additional Life are combined).
- Travel Assistance is included. This service provides plan participants with access to appropriate medical care and other emergency services whenever traveling at least 100 miles from home or in a foreign country for trips lasting up to 180 days. Travel Assistance offers a range of professional, 24-hour medical and legal assistance and coordination services.
- AdminEASE service is included. These time-saving online tools are the fastest, easiest and most secure way to administer your plan.

## Employee Benefits Proposal and Cost Summary

Prepared for Jackson County on September 18, 2014  
Proposed Effective Date of January 1, 2015

Presented By:

- Waiver of Premium is included for those disabled prior to age 60. The schedule of age reductions will not apply while a member is on Waiver. Waiver ends at age 65. The Standard consolidates the filing and management of the Life Waiver of Premium and LTD claims if The Standard has both coverages.
- The plan includes E-Contract Document service for efficient, convenient online contract document delivery. Printed documents are available on request. Certificates must be distributed to insured members. Note: Under ERISA, plan administrators may deliver Summary Plan Descriptions/certificates electronically, but must implement measures to ensure participants actually receive them. Please consult legal counsel to clarify your delivery or recordkeeping requirements.

### Plan Design

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- A Seat Belt Benefit and an Air Bag Benefit are included. These provide additional benefits (100% of AD&D benefit to \$10,000 and 100% of AD&D benefit to \$5,000, respectively) if a member dies as a result of an automobile accident while using a seat belt system and where the automobile's air bag deployed at the time of the accident.
- An expanded AD&D package is included. Benefits include: occupational assault, public transportation, exposure, disappearance, quadriplegia, paraplegia and hemiplegia. In addition, the package includes coverage for the following losses: loss of thumb and index finger on the same hand, loss of speech or loss of hearing in both ears.
- Portability of insurance is included. This lets terminating members continue their basic life amount without providing evidence of insurability. If AD&D is included in the plan it may also be ported.
- A Repatriation Benefit is included. It provides an additional benefit to help pay for the expenses of transporting a member's body when the member dies more than 200 miles from home.
- A Performance Guarantee is included.

### Assumptions

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- The proposed rates do not include commissions.
- The rates assume billing is centralized in one location.
- The proposed rates assume coverage currently in force.
- Proposed rate includes electronic documents.

### Conditions

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- Proposal includes individuals age 75 or older. Unless identified as a retiree it is assumed all are active employees meeting the hourly requirement.
- This is not our customary age reduction schedule. As an employer, you are responsible for determining that the schedule you have requested complies with the ADEA. We assume that you have made that determination.

### Additional Information

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For additional information on the available features and benefits of Life and Accidental Death & Dismemberment Insurance from The Standard, click here: <http://www.standard.com/eforms/6958.pdf>

# Employee Benefits Proposal and Cost Summary

Prepared for Jackson County on September 18, 2014  
Proposed Effective Date of January 1, 2015

Presented By:

## Additional Life Plan 1

### Covered Members

---

An active employee of the Employer working 40 hours per week

### Plan

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<b>Benefit Formula</b>	Choice of \$10,000, \$20,000, \$35,000, \$50,000, \$75,000, \$100,000, \$150,000, \$200,000, \$250,000, \$300,000
<b>Minimum Benefit</b>	\$10,000
<b>Age Based Benefit Reduction</b>	To 65% at age 70; To 50% at age 75
<b>Guarantee Issue</b>	\$200,000
<b>Employer Contribution</b>	0%

### Cost

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	Members	Age	Rate: Per \$1,000	X	Volume	=	Monthly Premium
<b>All Enrolled</b>	50	<= 29	0.090		\$2,815,000		\$253
	55	30-34	0.100		\$3,570,000		\$357
	65	35-39	0.120		\$5,015,000		\$602
	70	40-44	0.200		\$6,225,000		\$1,245
	76	45-49	0.350		\$4,870,000		\$1,705
	95	50-54	0.560		\$4,990,000		\$2,794
	84	55-59	0.890		\$3,655,000		\$3,253
	65	60-64	1.150		\$2,600,000		\$2,990
	24	65-69	1.750		\$995,000		\$1,741
	5	70-99	3.000		\$243,000		\$729
<b>Total</b>							<b>\$15,669</b>

- We provide policyholders with a 120-day notice of rate change.
- **Life, AD&D, Additional Life, and Dependent Life are packaged together and must be purchased together.**

### Features

---

- Travel Assistance is included. This service provides plan participants with access to appropriate medical care and other emergency services whenever traveling at least 100 miles from home or in a foreign country for trips lasting up to 180 days. Travel Assistance offers a range of professional, 24-hour medical and legal assistance and coordination services.

## Employee Benefits Proposal and Cost Summary

Prepared for Jackson County on September 18, 2014  
Proposed Effective Date of January 1, 2015

Presented By:

- An Accelerated Benefit is included. Terminally ill members may withdraw up to 75% of their Life benefit to a maximum of \$500,000 (when Basic Life and any Additional Life are combined).
- Portability of insurance is included. This lets terminating members continue their additional life amount without providing evidence of insurability. If AD&D is included in the plan it may also be ported.
- Waiver of Premium is included for those disabled prior to age 60. The schedule of age reductions will not apply while a member is on Waiver. Waiver ends at age 65. The Standard consolidates the filing and management of the Life Waiver of Premium and LTD claims if The Standard has both coverages.

### Plan Notes

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- Until coverage has been in force for 2 years, death which results from suicide or other intentional self-inflicted injury is not covered (in force for 1 year in CO, MO and ND; not available in WA.)

### Assumptions

---

- The proposed rates do not include commissions.
- The proposed rates assume that only participants are included in the census provided.
- The rates assume billing is centralized in one location.
- The proposed rates assume coverage currently in force.

### Conditions

---

- Rates assume 37% enrollment.
- For coverage to become effective on 01/01/2015, the greater of 20% of eligible members or 10 members must enroll.
- Additional Life can only be purchased in conjunction with Basic Life.
- This is not our customary age reduction schedule. As an employer, you are responsible for determining that the schedule you have requested complies with the ADEA. We assume that you have made that determination.
- We require evidence of insurability for members who are eligible under the current plan but are not enrolled.
- We require evidence of insurability for members who enroll more than 31 days after they are first eligible for coverage.
- Elective increases require evidence of insurability.

# Employee Benefits Proposal and Cost Summary

Prepared for Jackson County on September 18, 2014  
Proposed Effective Date of January 1, 2015

Presented By:

## Spouse and Child Dependents Life Plan 1

### Covered Members

---

An active employee of the Employer working 40 hours per week

### Plan

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<b>Spouse Benefit Formula</b>	\$10,000
<b>Child Benefit Formula</b>	\$5,000

### Cost

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<b>Rates: Per Member</b>	
<b>Members:</b>	<b>Elective: Paid by each member electing coverage</b>
<b>All Eligible</b>	\$2.50

- **Life, AD&D, Additional Life, and Dependent Life are packaged together and must be purchased together.**

### Features

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- Portability of insurance is included. This lets terminating members continue their dependents life amount without providing evidence of insurability with the continuation of their life amount. If AD&D is included in the plan it may also be ported.

### Plan Notes

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- The plan includes a conversion option.
- Dependents coverage includes unmarried child(ren) from live birth through age 26.
- Dependents Life insurance continues automatically, without premium payment, for five months after the death of the insured member.

### Conditions

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- We require evidence of insurability for spouses who are eligible under the current plan but are not enrolled.

## Employee Benefits Proposal and Cost Summary

Prepared for Jackson County on September 18, 2014  
Proposed Effective Date of January 1, 2015

Presented By:

- We require evidence of insurability for children who are eligible under the current plan but are not enrolled.
- We will require evidence of insurability in order to increase the benefit amount for any member whose evidence of insurability was not approved by us under any policy issued by us to the policyholder or to an employer covered under the policy.
- Evidence of insurability is required in order to increase elected benefit amounts from the current plan to this plan.

## Employee Benefits Proposal and Cost Summary

Prepared for Jackson County on September 18, 2014  
Proposed Effective Date of January 1, 2015

Presented By:

### Producer Compensation Disclosure

We recognize the valuable role of Insurance advisors, consultants and brokers ("producers") in helping their clients design an employee benefits program, and we support reasonable and fair compensation for these services. Producers may be eligible to receive compensation from The Standard. Any questions regarding the compensation connected with this proposal should be directed to the producer. Please visit our website at [www.standard.com/compensation/eb/](http://www.standard.com/compensation/eb/) to view our normal commission scales. If this proposal is quoted with a non-standard scale or override it is noted below. An override if noted is compensation paid in addition to or in lieu of commissions. Please consult with your producer for details.

Non-standard commission scale: **Yes**  
Override: **N/A**

Unless participation is declined by the producer or client, contingent compensation is additional compensation that may also be paid and is contingent on the satisfaction of one or more minimum requirements, such as a specified amount of new premium volume or persistency in connection with the producer's block of business. For information about our customary producer rewards program visit [www.standard.com/compensation/eb/](http://www.standard.com/compensation/eb/). Some producers may have a contingent compensation arrangement that differs from our customary program. Please consult with your producer for additional details.

Additionally, fees for administrative, marketing or consulting services may apply. If applicable, fees are noted below.

Fees: **N/A**

## Employee Benefits Proposal and Cost Summary

Prepared for Jackson County on September 18, 2014  
Proposed Effective Date of January 1, 2015

Presented By:

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We appreciate the opportunity to provide you with this benefit and cost summary proposal from The Standard. This document outlines certain important features of the group insurance coverages available. This is not a contract or an offer to contract for such coverages. Detailed information about other important features of the coverage proposed is available on request. Just ask your broker/consultant or Standard representative.

A completed application must be submitted before a group can be considered for coverage. Insurance will be effective after the application is accepted by The Standard. If approved, we will issue a contract containing our customary language. It will not duplicate existing policy language, if any. The group contract will contain provisions and defined terms not described in this Benefit and cost summary proposal. The group contract will control if there are discrepancies between it and this proposal.

The proposed premium rate and plan design for each coverage are based on the underwriting data received by The Standard. Final premium rates and plan provisions will be determined by The Standard on the basis of: applicable state laws, policyholder contributions, confirmation of occupations, the actual composition of the group of persons who will become insured, and our current underwriting rules and practices.

This benefit and cost summary proposal expires on December 17, 2014, unless replaced or withdrawn by The Standard.





1100 SW Sixth Avenue  
Portland, OR 97204

[www.standard.com](http://www.standard.com)

The Standard is a marketing name for StanCorp Financial Group, Inc. and its subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Ore. in all states except New York, where insurance products are offered by The Standard Life Insurance Company of New York of White Plains, N.Y. Investment services are offered through StanCorp Investment Advisers of Portland, Ore. Product features and availability vary by state and company and are solely the responsibility of each subsidiary.

**IN THE COUNTY LEGISLATURE OF JACKSON COUNTY, MISSOURI**

**A RESOLUTION** authorizing the County Executive to execute a thirty-six month term and supply contract for the furnishing of cafeteria plan administration for use countywide to Application Software Inc., (ASI Flex) of Columbia, MO, under the terms and conditions of Request For Proposals No. 59-14.

**RESOLUTION NO. 18646**, October 27, 2014

**INTRODUCED BY** Theresa Garza Ruiz, County Legislator

WHEREAS, the Director of Finance and Purchasing has solicited written proposals for cafeteria plan administration for County employees; and,

WHEREAS, a total of nine notifications were distributed and six responses were received, as follows:

**RESPONDENTS**

Application Software, Inc. (ASI Flex)  
Columbia, MO

NueSynergy  
Leawood, KS

American Fidelity Assurance Company  
Oklahoma City, OK

USBAFlex  
Sandy, UT

BMO  
Appleton, WI

Flex Made Easy  
Kansas City (Jackson County), MO

and,

WHEREAS, the Director of Finance and Purchasing recommends the County Executive be authorized to execute a thirty-six month term and supply contract for the furnishing of cafeteria plan administration for use countywide to Application Software, Inc., (ASI Flex) of Columbia, MO, under the terms and conditions of Request For Proposal No. 59-14, as the best bidder as set forth in the attached recapitulation and analysis; and,

WHEREAS, the proposed agreement with ASI Flex may include indemnification language that would require legislative approval; and,

WHEREAS, this award is made on an as needed basis and does not obligate Jackson County to pay any specific amount, with the availability of funds for subject to annual appropriation; now therefore,

BE IT RESOLVED by the County Legislature of Jackson County, Missouri, that the County Executive be and is hereby authorized to execute a thirty-six month term and supply contract, in a form to be approved by the County Counselor, for the furnishing of cafeteria plan administration for use countywide with ASI Flex of Columbia, MO; and,

BE IT FURTHER RESOLVED that the Director of the Department of Finance and Purchasing be and hereby is authorized to make all payments, including final payment, on the agreement to the extent that sufficient appropriations to the using spending agency are contained in the then current Jackson County budget.

Effective Date: This Resolution shall be effective immediately upon its passage by a majority of the Legislature.

APPROVED AS TO FORM:

  
Senior Deputy County Counselor

\_\_\_\_\_  
County Counselor

Certificate of Passage

I hereby certify that the attached resolution, Resolution No. 18646 of October 27, 2014, was duly passed on \_\_\_\_\_, 2014 by the Jackson County Legislature. The votes thereon were as follows:

Yeas \_\_\_\_\_

Nays \_\_\_\_\_

Abstaining \_\_\_\_\_

Absent \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mary Jo Spino, Clerk of Legislature

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 is subject to annual appropriations.

  
Date

  
Director of Finance and Purchasing

# REQUEST FOR LEGISLATIVE ACTION

Completed by County Counselor's Office:

Res/Ord No.: 19646

Sponsor(s): Theresa Garza Ruiz

Date: October 27, 2014

<p><b>SUBJECT</b></p>	<p>Action Requested  <input checked="" type="checkbox"/> Resolution  <input type="checkbox"/> Ordinance</p> <p>Project/Title: <u>Awarding a Thirty Six Month Contract for the furnishing of Cafeteria Plan Administration as an optional employee benefit for use Countywide to Application Software Inc. (ASI) of Columbia, MO under the terms and conditions of Request for Proposal 59-14.</u></p>										
<p><b>BUDGET INFORMATION</b>  <i>To be completed By Requesting Department and Finance</i></p>	<table border="1" style="width: 100%;"> <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:</td> <td></td> </tr> </table> <p>* If account includes additional funds for other expenses, total budgeted in the account is: \$</p> <p><b>OTHER FINANCIAL INFORMATION:</b></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: \$9,000</p> <p>Requesting approval by the Legislature of the term and supply contract; the funds were already appropriated through the annual budget adoption. Estimated use figures are for informational purposes only.</p> <p>Prior Year Budget (if applicable): \$12,450          Prior Year Actual Amount Spent (if applicable): \$6,210</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><b>PRIOR LEGISLATION</b></p>	<p>Prior ordinances and (date):          Prior resolutions and (date): 16741, October 2008</p>										
<p><b>CONTACT INFORMATION</b></p>	<p>RLA drafted by (name, title, &amp; phone): Cassandra Cheek, Senior Buyer, 881-3265</p>										
<p><b>REQUEST SUMMARY</b></p>	<p>The Human Resources Department requires a Contract for Cafeteria Plan Administration due to the current contract expiring. Purchasing issued Request for Proposal 59-14 in response to those requirements.</p> <p>A total of 9 notifications were distributed with 6 responses received and evaluated. The following companies submitted proposals:  <u>Application Software Inc. of Columbia, Mo</u>  <u>NueSynergy of Leawood, KS</u>  <u>American Fidelity Assurance Company of Oklahoma, OK</u>  <u>USBAflex of Sandy, UT</u>  <u>BMO of Appleton, WI</u>  <u>Flex Made Easy of Kansas City, MO</u></p> <p>Pursuant to Section 1054.6 of the Jackson County Code, 1984, the Director of Finance and Purchasing recommends the award of Cafeteria Plan Administration to Application Software Inc, (ASI) of Columbia, MO as the best proposal received.</p> <p>The award is made on an as needed basis and does not obligate Jackson County to pay any specific amount. The availability of funds for specific purchases is subject to annual appropriations.</p>										
<p><b>CLEARANCE</b></p>	<p><input type="checkbox"/> Tax Clearance Completed (Purchasing &amp; Department)  <input type="checkbox"/> Business License Verified (Purchasing &amp; Department)  <input checked="" type="checkbox"/> Chapter 6 Compliance - Affirmative Action/Prevailing Wage (County Auditor's Office)</p>										
<p><b>ATTACHMENTS</b></p>	<p>Attached are pertinent pages of the recommended proposal, a copy of the Agreement between Jackson County &amp; ASI, and an Award Recommendation for Dianne Kimzey</p>										

REVIEW	Department Director: <i>Deanne Kinzey</i>	Date: 10/22/14
	Finance (Budget Approval): <i>If applicable</i>	Date:
	Division Manager <i>Shelly Knewenbush</i>	Date: 10-23-2014
	County Counselor's Office: <i>Allyson</i>	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**  
**Human Resources Department**

**Res. 18646**

415 East 12<sup>th</sup> Street, First Floor  
Kansas City, Missouri 64106  
[www.jacksongov.org](http://www.jacksongov.org)

(816) 881-3135  
Fax: (816) 881-3474

TO: Cassandra Cheek, Jackson County Purchasing  
FROM: Dianne Kimzey, Acting Director of Human Resources  
DATE: October 21, 2014  
RE: Award Memorandum for Cafeteria Plan Section 125 TPA

The Jackson County Human Resources Department would like to accept the bid submitted by Application Software Inc. (ASI), 201 West Broadway, Bldg. 4-C, Columbia MO 65203 to be our Cafeteria Plan Sections 125 Third Party Administrator. After careful review of each of the six bidders for the Cafeteria plan, we elected to choose ASI, because of the affordable rates per account and services provided.

The total projected cost of the Cafeteria Plan services are estimated at \$9,000 with a 4-year rate guarantee, \$3.25 monthly fee per individual enrolled, regardless of the number of accounts. Employees enrolled will automatically receive a debit card for no additional fee. Replacements are \$5. There is no monthly administrative charge, lump sum start-up cost or lump sum renewal cost.

*Michael D. Sanders, County Executive*





September 5, 2014

Ms. Anessa Culbertson  
Office of the Jackson County Purchasing Department  
Room G-1, Ground Floor  
Jackson County Courthouse  
415 East 12<sup>th</sup> Street  
Kansas City, Missouri 64106

RE: Section 125 Flexible Spending Account and Parking Administration Services

Dear Ms. Culbertson:

On behalf of ASIFlex, we are pleased to submit our proposal response for the FSA benefit program for Jackson County. As the incumbent provider for the past 6 years, ASIFlex's customer service and account management teams have a thorough understanding of the County's programs and significant experience serving plan participants of the County.

ASIFlex has been a leading provider of benefit administrative solutions since 1987 and services nearly 400 clients located in 27 states, representing 110,000 plan participants. Our service model has been focused on providing service to public sector entities and today this includes 10 state governments, nearly 100 City/County entities, and eight stand-alone university systems, as well as many other governmental entities.

Our commitment to exceptional service, leveraging staff talent and emerging technology throughout the years has led to considerable increases in participation for clients. ASIFlex will continue to bring new and innovative solutions to Jackson County, to enhance service delivery to plan participants and County personnel. For questions related to this proposal, please contact:

*Anita Spencer, CEBS*  
573.999.6632  
*ASpencer@asiflex.com*

We appreciate this opportunity and value our long-standing relationship with the County, and look forward to many more successful years ahead.

Sincerely,

A handwritten signature in black ink, appearing to read 'JMR', written over a light blue horizontal line.

John M. Riddick  
President/CEO

**SECTION VII**  
**RATE QUOTATION FORM**

	<b><u>FIRST</u></b> <b><u>YEAR</u></b>	<b><u>RENEWAL</u></b> <b><u>YEAR 1</u></b>	<b><u>RENEWAL</u></b> <b><u>YEAR 2</u></b>
Unit Cost per Employee per Month			
Medical/Dental Expense Account	<u>\$3.25</u>	<u>\$3.25</u>	<u>\$3.25</u>
Dependent Care Account	<u>\$3.25</u>	<u>\$3.25</u>	<u>\$3.25</u>
Parking Account	<u>\$3.25</u>	<u>\$3.25</u>	<u>\$3.25</u>
Debit Card Option	<u>No Charge</u>	<u>No Charge</u>	<u>No Charge</u>
Monthly Administrative Charge	<u>No Charge</u>	<u>No Charge</u>	<u>No Charge</u>
Lump Sum Start-Up Costs	<u>Waived</u>	<u>Waived</u>	<u>Waived</u>
Lump Sum Renewal Costs	<u>Waived</u>	<u>Waived</u>	<u>Waived</u>
Total Projected Annual Costs Based on 224 participants FSA only. Parking TBD	<u>\$728.00</u>	<u>\$728.00</u>	<u>\$728.00</u>

### **Executive Summary**

Application Software, Inc. (ASIFlex) was founded in 1983 and has been administering pre-tax employee benefit programs since 1987. ASIFlex is a leading provider of pre-tax employee benefit programs to state government entities in the nation, and **currently provides FSA and Commuter Benefit Program administrative services to 10 state governments, over 100 City/County groups, and over 70 university/educational institutions.** ASIFlex is unique in that its product line is restricted to the administration of tax-favored employee benefits, meaning that all financial and administrative resources are devoted to furthering the company's administrative and technological capabilities in this arena. The company does not sell voluntary insurance products, nor does it delve into other administrative or consultative capacities. ASIFlex's management team feels that the commitment to one line of service significantly enhances its abilities to appropriately administer FSA programs and leads to significantly greater service levels and enrollment for its client groups.

ASIFlex's forte is tailoring its administrative protocols to meet the needs of its clients. By leveraging ASI's expertise in pre-tax benefits along with its proprietary reimbursement software/database, it is able to meet and exceed the needs of its client groups. ASI is committed to working closely with benefit staff members to develop and implement enhanced benefit programs to significantly increase both the participant and administrator experience when working with the pre-tax spending programs.

### **ASIFlex provides its clients with:**

- **Flexibility** ASIFlex will work directly with the client and will provide considerable flexibility to meet the needs of both administrators and participants. ASIFlex's management team is committed to meeting the needs of the client, and its participants, and will diligently work to improve the pre-tax programs available to all eligible employees.
- **Dedicated Account Services Team** ASIFlex will create a dedicated Account Services team for the client. Additionally, ASIFlex will meet regularly with the benefit staff to discuss the overall success of the program, and to work through any potential problems.
- **Live Customer Service Option** ASIFlex proposes to provide the client with direct access to a live customer service representative, rather than having a participant routed through an IVR. During 2013, ASIFlex fielded more than 241,000 calls, and the average answer time was six seconds. This means that employees will be able to ascertain answers to questions in very short order.
- **Optional ASIFlex Card** ASIFlex partners with Evolution Benefits, the leading provider of FSA debit cards in the nation, to provide a simple, IRS compliant debit card to facilitate the participant experience in the FSA program. ASIFlex anticipates that electronic adjudication rates for the program will exceed 80%, and could go higher if the client will work with ASIFlex to help communicate appropriate use of the card to FSA participants.
- **Email and text alerts** ASIFlex can provide ongoing communications to participants to improve awareness of expenditures and account balances. The email and text notifications will provide a generic notification to the participant stating that he/she has had activity on his/her FSA, and the participant will be provided a link to log in to ASIFlex's secure online message center to retrieve the information.
- **Carrier connectivity** ASIFlex can coordinate claims processing from multiple carriers and use these feeds to issue reimbursements automatically or to substantiate debit card transactions.



- **Participant satisfaction** ASIFlex provides a seamless, hassle-free experience. Daily reimbursement, direct deposit and rapid processing ensure a timely and convenient process for participants (claims are typically processed within one business day of receipt).
- **Comprehensive support** ASIFlex's Account Services Team is proposing to provide the client with clear, concise pre-enrollment and ongoing communications and support.
- **Employer reporting** Standard and ad hoc reporting capabilities are available to the client at no additional charge.
- **Compliance services** ASIFlex will provide the client with annual non-discrimination testing through its experienced compliance team, as well as plan document and summary plan description development and support from its on-staff legal team.

## ***The ASIFlex Difference*** - Participant Service

**Access to a live Customer Service Representative:** ASIFlex provides all participants with direct access to customer service representatives rather than routing callers through an IVR system. ASIFlex does not employ the use of phone trees. This direct line to ASIFlex's customer service center eliminates frustration on the part of callers as most wait and/or hold times are eradicated and immediate resolution is afforded to callers with inquiries and/or questions. ASIFlex's management team regularly reviews calls taken by each CSR to ensure a high degree of accuracy and courteous behavior are extended on each call. ASIFlex receives regular compliments for both its considerate customer service and prompt pickup times.

**Next day claim processing and payment:** Expedited claim processing and payment is the normal reimbursement cycle for ASIFlex's flexible spending account clients. ASIFlex's participants have become accustomed to this expedient service, and ASIFlex has found that this method of claims processing and payment has ingratiated its services with its client base. ASIFlex's management team has found that peer-to-peer marketing of ASIFlex's reliable services and the benefits inherent with flexible spending accounts serves to generate considerable interest in the FSA program.

## **ASI Technology:**

- ✦ **ASIFlex Mobile Application:** Using their phone/tablet, the ASIFlex mobile app allows participants to file claims **and** view their FSA account! The claim filing feature allows a participant to capture documentation using the mobile device's camera feature and submit that documentation with the claim. The mobile app also allows participants to use the microphone feature on smart devices to enter claims! This means participants can choose to speak, rather than type, some of the claim information. In addition to filing claims, participants can view the annual election amount, account balance, payments, contributions and previously submitted claims. The app is free and available online at [www.asiflex.com](http://www.asiflex.com) or through Google Play or the App Store.
- ✦ **ASIFlex Card:** ASIFlex provides access to an optional FSA debit card that is administered with strict adherence to appropriate IRS regulations. The card is restricted to purchases made at known healthcare providers and purchases are auto-adjudicated when the purchase amount matches the flat-dollar co-pay of the employer plan, or used at retailers with IIAS.
- ✦ **FlexMinder:** ASIFlex provides an innovative solution that monitors participant health plans to identify carrier claims with qualified out-of-pocket health care expenses that can be reimbursed from a FSA. The FSA participant can direct FlexMinder, with a touch of a button, to prepare and submit FSA claims for the identified carrier claim amounts! This can be done on any frequency selected by the participant. What's more, the participant may allow FlexMinder to "shoe-box" the identified carrier claims all year and then submit only once at the end of the plan year. FlexMinder monitors FSA account balances through-out the year and, by doing so, helps avoid year-end forfeitures resulting in a positive experience for participants!
- ✦ **ASIFlex Direct Provider Pay:** ASIFlex is also developing a system through which participants may choose to pay providers directly and even sequester funds for a specific future expense. This process will also allow providers the ability to supply required documentation directly to ASIFlex and receive payments electronically. Since funds can be sequestered, the provider can be assured of future payment. It is anticipated that this capability will be available during the 3<sup>rd</sup> quarter of 2014.
- ✦ **ASIFlex Online Claim Filing:** ASIFlex provides participants with an online claim filing option which eliminates the hassle of completing manual claim submissions. Participants can simply scan documentation and submit online to receive reimbursement. It's quick. It's easy. And it results in rapid claim payments.
- ✦ **Electronic Interface with Insurance Providers:** ASIFlex can develop an electronic interface with a client's insurance provider and/or pharmacy benefit manager (PBM) so that eligible out-of-pocket expenses are automatically reimbursed to a participant.
- ✦ **Traditional Claim Processing:** ASIFlex reviews each claim submission to ensure compliance with all applicable IRS regulations is achieved. Claims may be submitted to ASIFlex via its toll-free fax and processed and paid, on average, within one business day of receipt (please note that during peak times of the year, claim processing may take up to three business days). A participant may sign up to receive reimbursement via direct deposit and to have all notifications of payment sent via email.

## ***The ASIFlex Difference*** - Employer Services

- ✓ **Dedicated Client Services Team (CST):** ASIFlex will provide an experienced, dedicated team of benefit professionals to lead the implementation and administration of the program. During both phases, the CST will work with benefit staff members to develop the most appropriate benefit program for each client.
- ✓ **Flexible Interface Platform:** ASIFlex can accept payroll data in almost any file format and will provide its clients with a secure FTP site for the transfer of sensitive data.
- ✓ **Tailored Monthly Reporting Package:** ASIFlex will work with each employer to tailor the regular reporting package. Ad hoc reports are available upon request at no additional fee. These reports will be provided electronically to each client.
- ✓ **Fund Retention until Payments are Made:** ASIFlex allows each client to retain all funds until such time as payments are disbursed. This method allows each organization to manage and retain all interest and forfeitures. ASIFlex will debit this account for each days payments and will send a notification via email to appropriate individuals that details the amounts to be debited (debits are effective the business day after the email is sent).
- ✓ **Strict Compliance to IRS Regulations:** ASIFlex's Compliance Team will review the plan design to ensure that adherence to IRS regulations is maintained. ASIFlex does not allow for reimbursement in methods not allowed explicitly by the IRS.

## **IN THE COUNTY LEGISLATURE OF JACKSON COUNTY, MISSOURI**

**A RESOLUTION** awarding a three-month term and supply contract for the furnishing of fuel for use by various County departments, to Maher Oil Company, of Kansas City, MO, under the terms and conditions of City of Kansas City, MO, Contract No. EV00538, an existing government contract.

**RESOLUTION NO. 18647**, October 27, 2014

**INTRODUCED BY** Theresa Garza Ruiz, County Legislator

WHEREAS, by Resolution 16940, dated June 22, 2009, the Legislature did authorize a twelve-month term and supply contract, with four twelve-month options to extend, for the furnishing of fuel for use by various County departments, to Maher Oil Company under the terms and conditions of the City of Kansas City, MO, Contract No. EV00538, an existing government contract; and,

WHEREAS, the City of Kansas City bids this contract with additional quantities from Jackson County, the City of Lee's Summit, the City of Raytown, the City of Independence, Wyandotte County, Kansas, the City of Kansas City, Kansas, and the Little Blue Valley Sewer District to take advantage of higher volume discounts; and,

WHEREAS, by Resolution 18516, dated May 12, 2014, and by Resolution 18584, dated August 11, 2014, the Legislature did authorize two consecutive three-month extension of the existing contract to allow the City of Kansas City time to prepare a new solicitation; and,

WHEREAS, more time is needed to complete the new solicitation and Maher Oil Company

has agreed to an additional three-month extension of the existing contract at the current pricing; and,

WHEREAS, the Director of Finance and Purchasing recommends the award of a three-month term and supply contract for the furnishing of fuel including diesel, leaded and unleaded gasoline, and kerosene, for use by various County departments to Maher Oil Company of Kansas City, MO, under an existing government contract; and,

WHEREAS, the Director recommends award under section 1030.4, Jackson County Code, 1984, for the reason that this will allow the County to take advantage of discounts offered to large entities; now therefore,

BE IT RESOLVED by the County Legislature of Jackson County, Missouri, that award be made under the existing government contract as recommended by the Director of Finance and Purchasing and that the Director be, and is hereby authorized to execute for the County any documents necessary to the accomplishment of the award; and,

BE IT FURTHER RESOLVED that the Director of Finance and Purchasing is authorized to make all payments, including final payment on the contract.



Effective Date: This Resolution shall be effective immediately upon its passage by a majority of the Legislature.

APPROVED AS TO FORM:

  
Senior Deputy County Counselor

\_\_\_\_\_  
County Counselor

Certificate of Passage

I hereby certify that the attached resolution, Resolution No. 18647 of October 27, 2014, was duly passed on \_\_\_\_\_, 2014 by the Jackson County Legislature. The votes thereon were as follows:

Yeas \_\_\_\_\_

Nays \_\_\_\_\_

Abstaining \_\_\_\_\_

Absent \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mary Jo Spino, Clerk of Legislature

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 is subject to annual appropriations.

  
Date

  
Director of Finance and Purchasing

# REQUEST FOR LEGISLATIVE ACTION

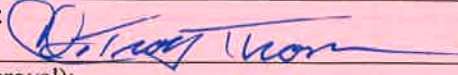
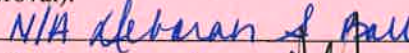
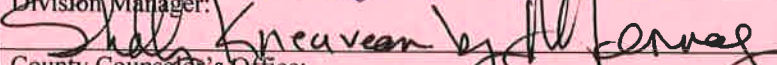
Completed by County Counselor's Office:

Res/~~Ord~~ No.: 18647

Sponsor(s): Theresa Garza Ruiz

Date: October 27, 2014

<b>SUBJECT</b>	<p>Action Requested  <input checked="" type="checkbox"/> Resolution  <input type="checkbox"/> Ordinance</p> <p>Project/Title: <u>Awarding a Three Month Term and Supply Extension for the furnishing of Fuel for the use by Various County Departments to Maher Oil of Kansas City, Missouri under the City of Kansas City, MO Contract No. EV00538, an existing cooperative government contract.</u></p>																		
<b>BUDGET INFORMATION</b> <i>To be completed By Requesting Department and Finance</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Amount authorized by this legislation this fiscal year:</td> <td style="text-align: right; padding: 2px;">\$</td> </tr> <tr> <td style="padding: 2px;">Amount previously authorized this fiscal year:</td> <td style="text-align: right; padding: 2px;">\$</td> </tr> <tr> <td style="padding: 2px;">Total amount authorized after this legislative action:</td> <td style="text-align: right; padding: 2px;">\$</td> </tr> <tr> <td style="padding: 2px;">Amount budgeted for this item * (including transfers):</td> <td style="text-align: right; padding: 2px;">\$</td> </tr> <tr> <td style="padding: 2px;">Source of funding (name of fund) and account code number</td> <td style="padding: 2px;"></td> </tr> </table> <p>* If account includes additional funds for other expenses, total budgeted in the account is: \$</p> <p><b>OTHER FINANCIAL INFORMATION:</b></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:</p> <table style="margin-left: 40px;"> <tr> <td style="padding: 2px;">Department: Sheriff</td> <td style="padding: 2px;">Estimated Use: \$164,250.00</td> </tr> <tr> <td style="padding: 2px;">Parks + Rec</td> <td style="padding: 2px;">Estimated Use: \$ 80,000.00</td> </tr> <tr> <td style="padding: 2px;">Road &amp; Bridge</td> <td style="padding: 2px;">Estimated Use: \$125,000.00</td> </tr> <tr> <td style="padding: 2px;">Total:</td> <td style="padding: 2px;">\$369,250.00</td> </tr> </table> <p>Requesting approval by the Legislature of the Term and Supply Contract; the funds were already appropriated through the annual budget adoption. Estimated use figures are for informational purposes only.</p> <p>Prior Year Budget (if applicable): \$1,035,250.00 per year          Prior Year Actual Amount Spent (if applicable): \$421,126.53 for 3 months</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		Department: Sheriff	Estimated Use: \$164,250.00	Parks + Rec	Estimated Use: \$ 80,000.00	Road & Bridge	Estimated Use: \$125,000.00	Total:	\$369,250.00
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Parks + Rec	Estimated Use: \$ 80,000.00																		
Road & Bridge	Estimated Use: \$125,000.00																		
Total:	\$369,250.00																		
<b>PRIOR LEGISLATION</b>	<p>Prior ordinances and (date):          Prior resolutions and (date): 16940, June 2009, 18516, May 2014 &amp; 18584, August 2014</p>																		
<b>CONTACT INFORMATION</b>	<p>RLA drafted by (name, title, &amp; phone): Cassandra Cheek, Senior Buyer, 881-3465</p>																		
<b>REQUEST SUMMARY</b>	<p>Various County Departments require a Term and Supply Contract for Fuel. The City of Kansas City, Missouri has an existing cooperative government contract already in place with Maher Oil. This cooperative contract was bid with Jackson County's quantities and specifications for fuel, as well as other entities which include: City of Lee's Summit, MO; City of Raytown, MO; City of Independence, MO; Wyandotte County Kansas City, KS; and Little Blue Valley Sewer District in Independence, MO. This contract is being extended for a period of three months, ending on January 31, 2015.</p> <table style="width: 100%;"> <tr> <td style="width: 50%; padding: 5px;"> <b>RECOMMENDED VENDOR:</b>                  Maher Oil Company, Kansas City, MO             </td> <td style="width: 50%; padding: 5px;"> <b>CONTRACT NUMBER</b>                  City of Kansas City, MO #EV00000538             </td> </tr> </table> <p>Pursuant to Section 1030.4 of the Jackson County Code, the Director of Finance and Purchasing recommends the three month extension for Fuel for use by Various County Departments to Maher Oil of Kansas City, Missouri under the Terms and Conditions of the City of Kansas City, Missouri Contract No. EV00538, an existing cooperative government contract. The Director of Finance and Purchasing recommends this award due to the high demand for fuel.</p> <p>This award is made on an "as needed" basis and does not obligate Jackson County to pay any specific amount. This availability of funds for specific purchases is subject to annual appropriations.</p>	<b>RECOMMENDED VENDOR:</b> Maher Oil Company, Kansas City, MO	<b>CONTRACT NUMBER</b> City of Kansas City, MO #EV00000538																
<b>RECOMMENDED VENDOR:</b> Maher Oil Company, Kansas City, MO	<b>CONTRACT NUMBER</b> City of Kansas City, MO #EV00000538																		

CLEARANCE	<input checked="" type="checkbox"/> Tax Clearance Completed (Purchasing & Department) <input checked="" type="checkbox"/> Business License Verified (Purchasing & Department) <input checked="" type="checkbox"/> Chapter 6 Compliance - Affirmative Action/Prevailing Wage (County Auditor's Office)	
ATTACHMENTS	The City of Kansas City, Missouri Modification of Contract for Fuel.	
REVIEW	Department Director: 	Date: 10/21/14
	Finance (Budget Approval): <i>If applicable</i> N/A 	Date: 10-22-14
	Division Manager: 	Date: 10-23-2014
	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.



# MODIFICATION OF CONTRACT

Res. 18647

1. Modification No.: 7      Effective Date: 11-01-14	2. Contract No.: EV0538      Effective Date: 05-01-09
3. Senior Buyer: Thomas J. Kelly, CPPB Telephone Number: (816) 513-0798	5. Supplier – Name and Address  MAHER OIL COMPANY ATTN: JANICE PATTERSON/VICKY FUGETT 401 NORTH PROSPECT KANSAS CITY, MO 64120
4. Issued By  <b>CITY OF KANSAS CITY, MISSOURI</b> Procurement Services Division 1st Floor, Room 102 W, City Hall 414 East 12 <sup>th</sup> Street Kansas City, Missouri 64106-2793	

6. **SPECIAL INSTRUCTIONS:** Retain this signed copy of the modification and attach it to the original contract that was previously provided by the Procurement Services Division.

7. Description of Modification

**FUELS – ALTERNATIVE, GASOLINE, DIESEL, AND KEROSENE**

Contract **EV0538** is extended, at the current pricing level(s), November 1, 2014 to January 31, 2015, in order to prepare a new solicitation.

All other Terms and Conditions of Contract **EV0538** remain unchanged.

8. City of Kansas City, Missouri

By: **Renee V. Medlin, CPPO**

  
**Assistant Procurement Manager**

This Day: **October 21, 2014**

**IN THE COUNTY LEGISLATURE OF JACKSON COUNTY, MISSOURI**

**A RESOLUTION** recognizing the Federal Reserve Bank of Kansas City for its continuing outreach and support of the National Society of Hispanic MBAs.

**RESOLUTION NO. 18648**, October 27, 2014

**INTRODUCED BY** Theresa Garza Ruiz, County Legislator

WHEREAS, the Federal Reserve Bank of Kansas City recognizes the value in serving the communities and the people it represents; and,

WHEREAS, to further that mission, the Federal Reserve has partnered with various community and professional organizations, including an over 10-year relationship supporting the National Society of Hispanic MBAs (NSHMBA); and,

WHEREAS, the National Society of Hispanic MBAs was created in 1988 as a non-profit organization dedicated to increasing the number of Hispanics graduating from master's business degree programs through scholarship, professional development, and mentorship; and,

WHEREAS, NSHMBA works to enhance the career management opportunities for Hispanic MBAs by providing support and guidance through school programs, leadership positions, assistance with job placement opportunities, and high level professional development programs; and,

WHEREAS, the Federal Reserve of Kansas City, located at 1 Memorial Drive in downtown Kansas City, Missouri, serves the Tenth Federal Reserve District, which includes western Missouri, Nebraska, Kansas , Oklahoma, Wyoming, Colorado and northern New Mexico; and,

WHEREAS, the Fed strives to maintain the public's trust and confidence through a leadership team, workforce, boards of directors, advisory groups, and community partners that reflect the diversity that characterizes the Tenth District; and,

WHEREAS, this diversity includes its support for the Kansas City Chapter of the National Society of Hispanic MBAs, which currently has 206 members locally who support the organization's goal of helping local Hispanics to work toward their educational and professional aspirations while promoting cultural pride and service to the community; now therefore,

BE IT RESOLVED by the County Legislature of Jackson County, Missouri, that the Legislature hereby recognizes the Federal Reserve Bank of Kansas City for its support of the National Society of Hispanic MBAs and extends sincere best wishes for continued success in the future.

Effective Date: This Resolution shall be effective immediately upon its passage by a majority of the Legislature.

APPROVED AS TO FORM:

  
\_\_\_\_\_

Senior Deputy County Counselor

\_\_\_\_\_

County Counselor

Certificate of Passage

I hereby certify that the attached resolution, Resolution No. 18648 of October 27, 2014, was duly passed on \_\_\_\_\_, 2014 by the Jackson County Legislature. The votes thereon were as follows:

Yeas \_\_\_\_\_

Nays \_\_\_\_\_

Abstaining \_\_\_\_\_

Absent \_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Mary Jo Spino, Clerk of Legislature