

REQUEST FOR LEGISLATIVE ACTION



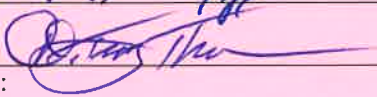
Completed by County Counselor's Office:

Res/~~Ord~~ No.: 19611

Sponsor(s): Crystal Williams

Date: October 16, 2017

<p>SUBJECT</p>	<p>Action Requested <input checked="" type="checkbox"/> Resolution <input type="checkbox"/> Ordinance</p> <p>Project/Title: <u>Requesting a twelve-month extension of a Term and Supply Contract with Blue Cross and Blue Shield of Kansas City under the terms and conditions of Request for Proposal 49 - 16.</u></p>												
<p>BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i></p>	<table border="1"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Amount previously authorized this fiscal year:</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Total amount authorized after this legislative action:</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Amount budgeted for this item * (including transfers):</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Source of funding (name of fund) and account code number; FROM / TO</td> <td>FROM ACCT</td> </tr> <tr> <td></td> <td>TO ACCT</td> </tr> </table> <p>* If account includes additional funds for other expenses, total budgeted in the account is: \$</p> <p>OTHER FINANCIAL INFORMATION:</p> <p><input checked="" 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
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<p>PRIOR LEGISLATION</p>	<p>Prior ordinances and (date):</p> <p>Prior resolutions and (date): Resolution 19250 on September 19, 2016</p>												
<p>CONTACT INFORMATION</p>	<p>RLA drafted by (name, title, & phone): Dennis Dumovich, Director of Human Resources; 816-881-3140</p>												
<p>REQUEST SUMMARY</p>	<p>On September 19, 2016 Resolution No. 19250 awarded a twelve-month Term and Supply Contract with two twelve-month options to extend, for the furnishing of Employee Group Dental Insurance for Jackson County Associates to Blue Cross and Blue Shield of Kansas City.</p> <p>This extension will provide the same dental benefit options as are currently provided.</p> <p>The total premium costs (employee and county) for 2018 by plan type and rate option are as follows:</p> <p>Base Plan: 16.04 / 29.70 / 53.48 Buy Up Plan: 25.36 / 50.00 / 83.46 Dental Source DHMO: 8.76 / 14.26 / 22.00</p>												
<p>CLEARANCE</p>													

	<input type="checkbox"/> Tax Clearance Completed (Purchasing & Department) <input type="checkbox"/> Business License Verified (Purchasing & Department) <input type="checkbox"/> Chapter 6 Compliance - Affirmative Action/Prevailing Wage (County Auditor's Office)	
ATTACHMENTS	Eye Med Proposal Summary of proposals	
REVIEW	Department Director: Dennis Dumovich 	Date: 10/11/17
	Finance (Budget Approval): <i>If applicable</i> -NA- 	Date: 10/11/17
	Division Manager: 	Date: 10/11/17
	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.



Kansas City

An independent licensee of the Blue Cross and Blue Shield Association

Jackson County

Renewal Date: 1/1/2018

	Current	Renewal	Renewal BlueSelect+ Options
Wellness Stipend	\$75,000	\$75,000	\$75,000
Wellness Stipend is to be used during the plan year; unused funds will not roll over to the following plan year.			
BC			BS+ EPO
Hospital Copay	\$400x5	\$400x5	\$400x5
Office Visit Copay	\$30/\$60	\$30/\$60	\$30/\$60
Urgent Care Copay	\$60	\$60	\$60
ER Copay	\$300	\$300	\$300
Out-Of-Pocket Maximum	\$3,500/\$8,750	\$3,500/\$8,750	\$3,500/\$8,750
Drugs			
Deductible	None	None	None
Retail	\$12/20% to \$100/50% to \$250	\$12/20% to \$100/50% to \$250	\$12/20% to \$100/50% to \$250
Mail	\$24/20% to \$200/50% to \$500	\$24/20% to \$200/50% to \$500	\$24/20% to \$200/50% to \$500
MRI, MRA, CT and PET scan copay	\$250	\$250	\$250
% Members	58.8%		
PCB			
Deductible			
In-network (indiv/family)	\$1,000/\$2,000	\$1,000/\$2,000	\$1,000/\$2,000
Out-of-network (indiv/family)	\$2,500/\$4,500	\$2,500/\$4,500	\$2,500/\$4,500
Coinsurance	80%/60%	80%/60%	80%/50%
Medical Out-of-Pocket			
In-network (indiv/family)	\$4,500/\$9,000	\$4,500/\$9,000	\$4,500/\$9,000
Out-of-network (indiv/family)	\$8,500/\$16,500	\$8,500/\$16,500	\$22,500/\$45,000
Office Visit Copay	\$30/\$60	\$30/\$60	\$30/\$60
Urgent Care Copay	\$60	\$60	\$60
ER Copay	\$250	\$250	\$250
Drugs			
Deductible	None	None	None
Retail	\$12/20% to \$100/50% to \$250	\$12/20% to \$100/50% to \$250	\$12/20% to \$100/50% to \$250
Mail	\$24/20% to \$200/50% to \$500	\$24/20% to \$200/50% to \$500	\$24/20% to \$200/50% to \$500
% Members	11.7%		
PCB	H.S.A.		
Deductible			
In-network (indiv/family)	\$2,600/\$5,200	\$2,700/\$5,400	\$2,700/\$5,400
Out-of-network (indiv/family)	\$2,600/\$5,200	\$2,700/\$5,400	\$5,400/\$10,800
Coinsurance	100%/80%	100%/80%	100%/70%
Medical Out-of-Pocket			
In-network (indiv/family)	\$2,600/\$5,200	\$2,700/\$5,400	\$2,700/\$5,400
Out-of-network (indiv/family)	\$5,200/\$10,400	\$5,400/\$10,800	\$13,500/\$27,000
Office Visit Copay	Ded	Ded	Ded
Urgent Care Copay	Ded	Ded	Ded
ER Copay	Ded	Ded	Ded
Drugs			
Deductible	Plan Ded Then:	Plan Ded Then:	Plan Ded Then:
Retail	No Copays	No Copays	No Copays
Mail	No Copays	No Copays	No Copays
% Members	29.5%		

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