

Request for Legislative Action

Res. No.: 20780

Sponsor: Jalen Anderson

Date: October 4, 2021

Completed by County Counselor's Office

Action Requested:	Resolution	Res.Ord No.:	20780
Sponsor(s):	Jalen Anderson	Legislature Meeting Date:	10/4/2021

Introduction

Action Items: ['Authorize']

Project/Title:

Requesting a twelve-month extension of the Term and Supply contract with Blue Cross Blue Shield of Kansas

City under the terms and conditions of Request for Proposal No. 26-19.

Request Summary

On October 7, 2019, Resolution No. 20271 awarded a twelve-month Term and Supply Contract with two twelve-month options to extend, for the furnishing of employee group health insurance for Jackson County

associates to Blue Cross Blue Shield of Kansas City.

This extension will provide five types of health plans (1-HMO, 1-PPO, 1 QHDHP, 1-EOP w/o Spira, 1-QHDHP

w/Spira). The contract secures a two-year rate (for 2022 & 2023) guarantee for health insurance coverage at 6% increase.

The total premium costs for 2022 by plan type and rate option are as follows:

(Assoc. Only/Assoc. +1/Family)

Blue Care HMO: \$837.20 / \$1,905.48 / \$2,349.58

Preferred Care PPO: \$820.30 / \$1,872.82 / \$2,299.48

Blue Select QHDHP (HSA) : \$771.08 / \$1,775.92 / \$2,155.54

Blue Select EPO no Spira: \$744.72 / \$1,697.08 / \$2,091.08

Blue Select QHDHP (HSA) w/Spira: \$662.70 / \$1,528.48 / \$1,853.98

New for 2022 are three Medicare Advantage Plans for retirees and spouses age 65 or older. If a retiree is covering a spouse age 65 or older they will both have a policy and will require them to both carry Medicare Part A and B.

Medicare Supplement Individual Coverage only: PPO Plan 1 - \$185.00 / PPO Option 1 - \$205 / Option 2 - \$208

Contact Information

Department:	Human Resources	Submitted Date:	9/22/2021
Name:	Michelle Chrisman	Email:	MChrisman@jacksongov.org
Title:	Human Resources Director	Phone:	816-881-1204

Request for Legislative Action

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

Request for Legislative Action

Prior Legislation	
Prior Ordinances	
Ordinance:	Ordinance date:
Prior Resolution	
Resolution:	Resolution date:
20271	September 30, 2019
20522	October 12, 2020

Purchasing	
Does this RLA include the purchase or lease of supplies, materials, equipment or services?	Yes
Chapter 10 Justification:	Formal Bid
Core 4 Tax Clearance Completed:	Yes
Certificate of Foreign Corporation Received:	Yes
Have all required attachments been included in this RLA?	Yes

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

Fiscal Information
<ul style="list-style-type: none"> This award is made on a need basis and does not obligate Jackson County to pay any specific amount. The availability of funds for specific purchases will, of necessity, be determined as each using agency places its order.

Request for Legislative Action

History

Michelle Chrisman at 9/22/2021 12:16:32 PM - [Submitted | We are asking the Health Broker and Blue Cross Blue Shield to be present to answer questions. Please put on the September 27th Agenda.]
Department Director: Michelle K. Chrisman at 9/22/2021 1:01:19 PM - [Approved |]
Finance (Purchasing): Barbara J. Casamento at 9/22/2021 1:53:32 PM - [Approved |]
Compliance: Katie M. Bartle at 9/23/2021 10:50:10 AM - [Returned for more information | Blue Cross and Blue Shield is not in compliance. Please do not resubmit the eRLA until they have resolved this issue.]
Submitter: Michelle K. Chrisman at 9/24/2021 9:09:37 AM - [Submitted |]
Department Director: Michelle K. Chrisman at 9/24/2021 10:00:29 AM - [Approved |]
Finance (Purchasing): Barbara J. Casamento at 9/24/2021 10:57:01 AM - [Approved |]
Compliance: Jaime Guillen at 9/27/2021 8:47:31 AM - [Approved |]
Finance (Budget): Mark Lang at 9/27/2021 9:21:54 AM - [Not applicable |]
Executive: Sylvya Stevenson at 9/27/2021 11:53:53 AM - [Approved |]
Legal: Elizabeth Freeland at 9/27/2021 12:51:00 PM - [Returned for more information | Please list 20271 (the original legislation that authorized the contract) and 20522 (one extension) in the "previous legislation" section. Thanks!]
Submitter: Vivian M. Eads at 9/27/2021 1:05:48 PM - [Submitted |]
Department Director: Michelle K. Chrisman at 9/28/2021 10:52:54 AM - [Approved |]
Finance (Purchasing): Barbara J. Casamento at 9/28/2021 12:25:02 PM - [Approved |]
Compliance: Katie M. Bartle at 9/28/2021 1:18:14 PM - [Approved |]
Finance (Budget): Mark Lang at 9/28/2021 2:37:39 PM - [Approved | Term & Supply contract do not require fiscal notes.]
Executive: Sylvya Stevenson at 9/29/2021 10:56:11 AM - [Returned for more information | Need updated content]
Submitter: Michelle K. Chrisman at 9/29/2021 11:23:25 AM - [Submitted |]
Department Director: Michelle K. Chrisman at 9/29/2021 11:32:33 AM - [Approved |]
Finance (Purchasing): Barbara J. Casamento at 9/29/2021 12:49:50 PM - [Approved |]
Compliance: Katie M. Bartle at 9/29/2021 1:04:29 PM - [Approved |]
Finance (Budget): Mark Lang at 9/29/2021 3:04:45 PM - [Approved |]
Executive: Sylvya Stevenson at 9/29/2021 3:34:57 PM - [Approved |]
Legal: Elizabeth Freeland at 9/29/2021 4:03:19 PM - [Approved |]

Jackson County, Missouri
Health Rates for 2022

HEALTH PLANS BLUE-CARE HMO & PREFERRED CARE BLUE PPO	2021 Rates						2022 Rates					
	2021 Total Monthly Premium	County Admin Fee (HlthAdmER3)	County ER Cost (HealthPER2)	2021 County Monthly Contribution (Total ER)	2021 Associate Monthly Premium	2021 Associate Cost PPP(24)	2022 Total Monthly Premium	County Admin Fee (HlthAdmER3)	County ER Cost (HealthPER2)	2022 County Monthly Contribution (Total ER)	2022 Associate Monthly Premium	2022 Associate Cost PPP(24)
HMO - Associate Only	\$789.82	\$92.56	\$582.58	\$675.14	\$114.68	\$57.34	\$837.20	\$103.88	\$618.64	\$722.52	\$114.68	\$57.34
HMO - Associate +1	\$1,797.62	\$231.40	\$1,245.99	\$1,477.39	\$320.23	\$160.12	\$1,905.48	\$259.72	\$1,325.53	\$1,585.25	\$320.23	\$160.12
HMO - Family	\$2,216.58	\$270.70	\$1,457.36	\$1,728.06	\$488.52	\$244.26	\$2,349.58	\$303.82	\$1,557.24	\$1,861.06	\$488.52	\$244.26
PPO - Associate Only	\$773.88	\$92.56	\$579.84	\$672.40	\$101.48	\$50.74	\$820.30	\$103.88	\$614.94	\$718.82	\$101.48	\$50.74
PPO - Associate +1	\$1,766.82	\$231.40	\$1,233.36	\$1,464.76	\$302.06	\$151.03	\$1,872.82	\$259.72	\$1,311.04	\$1,570.76	\$302.06	\$151.03
PPO - Family	\$2,169.32	\$270.70	\$1,436.43	\$1,707.13	\$462.19	\$231.10	\$2,299.48	\$303.82	\$1,533.47	\$1,837.29	\$462.19	\$231.10
QHDHP/HSA - Associate Only	\$727.44	\$92.56	\$562.14	\$654.70	\$72.74	\$36.37	\$771.08	\$103.88	\$590.09	\$693.97	\$77.11	\$38.55
QHDHP/HSA - Associate +1	\$1,675.40	\$231.40	\$1,192.69	\$1,424.09	\$251.31	\$125.66	\$1,775.92	\$259.72	\$1,249.81	\$1,509.53	\$266.39	\$133.19
QHDHP/HSA - Family	\$2,033.54	\$270.70	\$1,356.13	\$1,626.83	\$406.71	\$203.35	\$2,155.54	\$303.82	\$1,420.61	\$1,724.43	\$431.11	\$215.55
HEALTH PLAN BLUE SELECT & BLUE SELECT PLUS NETWORK (BSPN+Spira) ST. LUKE'S CUSTOM ELIMINATED EPO WITH SPIRA ELIMINATED	2021 Rates						2022 Rates					
	2021 Total Monthly Premium	County Admin Fee (HlthAdmER3)	County ER Cost (HealthPER2)	2021 County Monthly Contribution (Total ER)	2021 Associate Monthly Premium	2021 Associate Cost PPP(24)	2022 Total Monthly Premium	County Admin Fee (HlthAdmER3)	County ER Cost (HealthPER2)	2022 County Monthly Contribution (Total ER)	2022 Associate Monthly Premium	2022 Associate Cost PPP(24)
EPO Associate Only (BSPN) <i>No Spira Care Ctr</i>	\$702.58	\$92.56	\$539.76	\$632.32	\$70.26	\$35.13	\$744.72	\$103.88	\$566.37	\$670.25	\$74.47	\$37.24
EPO Associate +1 (BSPN) <i>No Spira Care Ctr</i>	\$1,601.02	\$231.40	\$1,129.47	\$1,360.87	\$240.15	\$120.08	\$1,697.08	\$259.72	\$1,182.80	\$1,442.52	\$254.56	\$127.28
EPO Family (BSPN) <i>No Spira Care Ctr</i>	\$1,972.72	\$270.70	\$1,307.48	\$1,578.18	\$394.54	\$197.27	\$2,091.08	\$303.82	\$1,369.04	\$1,672.86	\$418.22	\$209.11
EPO Associate Only (BSPN & SPIRA)	\$681.52	\$92.56	\$520.81	\$613.37	\$68.15	\$34.08		\$92.56		\$0.90	\$0.10	
EPO Associate +1 (BSPN & SPIRA)	\$1,553.40	\$231.40	\$1,088.99	\$1,320.39	\$233.01	\$116.51		\$231.40		\$0.85	\$0.15	
EPO Family (BSPN & SPIRA)	\$1,913.84	\$270.70	\$1,260.37	\$1,531.07	\$382.77	\$191.38		\$270.70		\$0.80	\$0.20	
QHDHP/HSA- Associate (BSPN & SPIRA)	\$625.20	\$92.56	\$470.12	\$562.68	\$62.52	\$31.26	\$662.70	\$103.88	\$492.55	\$596.43	\$66.27	\$33.14
QHDHP/HSA- Associate +1 (BSPN & SPIRA)	\$1,441.96	\$231.40	\$994.27	\$1,225.67	\$216.29	\$108.15	\$1,528.48	\$259.72	\$1,039.49	\$1,299.21	\$229.27	\$114.64
QHDHP/HSA- Family (BSPN & SPIRA)	\$1,749.04	\$270.70	\$1,128.53	\$1,399.23	\$349.81	\$174.90	\$1,853.98	\$303.82	\$1,179.36	\$1,483.18	\$370.80	\$185.40
EPO ST. LUKE'S (Blue HPN) - Associate Only	\$751.98	\$92.56	\$584.22	\$676.78	\$75.20	\$37.60		\$92.56		\$0.90	\$0.10	
EPO ST. LUKE'S CUSTOM - Associate +1	\$1,717.02	\$231.40	\$1,228.07	\$1,459.47	\$257.55	\$128.78		\$231.40		\$0.85	\$0.15	
EPO ST. LUKE'S CUSTOM - Family	\$2,113.34	\$270.70	\$1,419.97	\$1,690.67	\$422.67	\$211.33		\$270.70		\$0.80	\$0.20	

Health Savings Acct (HSA) Data:

2022 County Contribution to HSA: Associate = \$1,300; Associate +1 = \$1,800; Family = \$2,300. Quarterly Installments. HSA IS NOT ALLOWED WITH FSA-MEDICAL

2022 IRS Contribution HSA Maximums: Associate = \$3,650; Associate + 1 = \$7,300; Family = \$7,300. (Includes County Contribution) *Age 55+ may add \$1,000 to IRS HSA Max.*

FSA - ASI Flexible Spending Account: Medical Max \$2,750; Dependent Care Max \$5,000 FSA - MUST RE-ENROLL EACH YEAR



Kansas City

An independent licensee of the Blue Cross and Blue Shield Association

Jackson County Renewal Date: 1/1/2022

2022 Plan Designs

Wellness Stipend

\$75,000

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

	Blue-Care HMO	BlueSelect + EPO	St. Luke's Custom Network
Hospital Copay	\$400x5	\$400x5	\$400x5
Office Visit Copay	\$30/\$60	\$30/\$60	\$30/\$60
Urgent Care Copay	\$60	\$60	\$60
ER Copay	\$300	\$300	\$300
Out-Of-Pocket Maximum	\$3,500/\$8,750	\$3,500/\$8,750	\$3,500/\$8,750
Drugs			
Deductible	None	None	None
Retail	\$12/20% to \$100/50% to \$250	\$12/20% to \$100/50% to \$250	\$12/20% to \$100/50% to \$250
Mail	\$24/20% to \$200/50% to \$500	\$24/20% to \$200/50% to \$500	\$24/20% to \$200/50% to \$500
MRI, MRA, CT and PET scan copay	\$250	\$250	\$250
% Membership	21.6%	22.7%	ELIMINATE 0.3%

	Preferred Care Blue PPO	BlueSelect + Spira EPO
Deductible		
In-network (indiv/family)	\$1,000/\$2,000	\$2,000/\$4,000
Out-of-network (indiv/family)	\$2,500/\$4,500	N/A
Coinurance	80%/60%	100%
Medical Out-of-Pocket		
In-network (indiv/family)	\$4,500/\$9,000	\$2,000/\$4,000
Out-of-network (indiv/family)	\$8,500/\$16,500	N/A
Office Visit Copay	\$30/\$60	\$0 @ Spira Care
Urgent Care Copay	\$60	Ded
ER Copay	\$250, Ded/Coins	Ded
Drugs		
Deductible	None	None
Retail	\$12/20% to \$100/50% to \$250	\$15/\$50/Deductible
Mail	\$24/20% to \$200/50% to \$500	\$15/\$125/Deductible
% Membership	16.3%	ELIMINATE 5.7%

Additional Benefit Enhancements:

"Expanded #2" infertility benefits with lifetime maximum of \$30,000
Gender dysphoria cosmetic benefits with a lifetime maximum of \$10,000

FINAL PLAN DESIGNS NOTED IN YELLOW

	Preferred Care Blue PPO H.S.A.	BlueSelect + EPO H.S.A. w/ SPIRA
Deductible		
In-network (indiv/family)	\$2,800/\$5,600	\$2,800/\$5,600
Out-of-network (indiv/family)	\$2,800/\$5,600	N/A
Coinurance	100%/80%	100%
Medical Out-of-Pocket		
In-network (indiv/family)	\$2,800/\$5,600	\$2,800/\$5,600
Out-of-network (indiv/family)	\$5,600/\$11,200	N/A
Office Visit Copay	Ded	Ded
Urgent Care Copay	Ded	Ded
ER Copay	Ded	Ded
Drugs		
Deductible	Plan Ded Then:	Plan Ded Then:
Retail	No Copays	No Copays
Mail	No Copays	No Copays
% Membership	16.2%	17.2%

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



Kansas City

An independent licensee of the Blue Cross and Blue Shield Association

Jackson County 1/1/2022 Renewal Summary

Funding Type:

Cost Plus

<u>Renewal Components</u>	<u>Current</u>	<u>Renewal Needed</u>	<u>%</u>	<u>Renewal Offer</u>	<u>%</u>
Aggregate Claims	\$16,668,340	\$20,502,058	23.0%	\$17,585,098	5.5%
Admin Fee	\$701,595	\$701,383	0.0%	\$701,383	0.0%
Access Fee	\$309,840	\$309,840	0.0%	\$309,840	0.0%
REINSURANCE NEEDED INCREASE	\$1,843,018	\$2,154,488	16.9%	\$2,154,488	16.9%
ACA PCORI Fee	\$6,515	\$6,988		\$6,988	
Pharmacy Carve In Credit	<u>-\$479,616</u>	<u>-\$569,544</u>		<u>-\$569,544</u>	
Maximum Funding	\$19,049,692	\$23,105,213	21.3%	\$20,188,254	6.0%

1/1/22 offer at +6% includes:

1/1/23 Cost Plus maximum cost increase of +6%

"Expanded #2" infertility benefits with lifetime maximum of \$30,000

Gender dysphoria cosmetic benefits with a lifetime maximum of \$10,000

Cost Plus Rates Page - 24/12 Paid Specific & Aggregate Contract

Exper Period: 6/1/2020 - 6/1/2021

Access Fee		
Current	\$20.00	PEPM
Renewal	\$20.00	PEPM

Maximum Claim Liability Rates							
Current Rates	HMO BC	\$1,000 Ded PCB	H.S.A. PCB	EPO BS+	Spira EPO BS+	Spira H.S.A. BS+	EPO St. Luke's
Employee	\$700.00	\$684.56	\$639.53	\$615.43	\$595.00	\$540.40	\$665.00
Employee + 1	\$1,578.48	\$1,548.62	\$1,459.98	\$1,387.88	\$1,341.71	\$1,233.66	\$1,499.56
Family	\$1,956.77	\$1,910.94	\$1,779.29	\$1,720.34	\$1,663.25	\$1,503.46	\$1,858.93
	\$342,338	\$244,465	\$220,352	\$296,311	\$80,180	\$200,198	\$5,184
Renewal Rates	HMO BC	\$1,000 Ded PCB	H.S.A. PCB	EPO BS+		Spira H.S.A. BS+	
Employee	\$738.50	\$722.21	\$674.71	\$649.28		\$570.12	
Employee + 1	\$1,665.30	\$1,633.80	\$1,540.28	\$1,464.22		\$1,301.52	
Employee & Child(ren)	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
Family	\$2,064.39	\$2,016.04	\$1,877.15	\$1,814.96		\$1,586.15	
Rate Increase	5.5%	5.5%	5.5%	5.5%		5.5%	
Terminal Claim Liability Rates							
Terminal Admin Fee	10% of paid claims						
Terminal Access Fee	10% of savings, not to exceed \$2,000 per claim						
	HMO BC	\$1,000 Ded PCB	H.S.A. PCB	EPO BS+		Spira H.S.A. BS+	
Employee	\$1,107.75	\$1,083.32	\$1,012.06	\$973.92		\$855.18	
Employee + 1	\$2,497.95	\$2,450.70	\$2,310.42	\$2,196.32		\$1,952.27	
Family	\$3,096.59	\$3,024.06	\$2,815.73	\$2,722.44		\$2,379.23	
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.							

Jackson County, MO
Jan 1, 2022 Renewal - Funding Rates

	<u>2022 COBRA</u>	<u>2022 Funding</u> (DIVISIBLE BY 2)
<u>BC</u>		
Employee	\$853.95	\$837.20
Employee + 1	\$1,943.59	\$1,905.48
Family	\$2,396.57	\$2,349.58
<u>\$1,000 DED</u>		
Employee	\$836.71	\$820.30
Employee + 1	\$1,910.27	\$1,872.82
Family	\$2,345.47	\$2,299.48
<u>H.S.A.</u>		
Employee	\$786.50	\$771.08
Employee + 1	\$1,811.44	\$1,775.92
Family	\$2,198.65	\$2,155.54
<u>BS+ EPO</u>		
Employee	\$759.62	\$744.72
Employee + 1	\$1,731.02	\$1,697.08
Family	\$2,132.90	\$2,091.08
<u>H.S.A. - BS+ SPIRA</u>		
Employee	\$675.95	\$662.70
Employee + 1	\$1,559.05	\$1,528.48
Family	\$1,891.06	\$1,853.98



2022 Proposed Plans

PLAN NAME	2022 PPO Plan 1 Calendar Year		2022 HMO Plan 2 Calendar Year	2022 HMO Plan 3 Calendar Year
BENEFIT PERIOD				
Premium	\$185.00 PMPM		\$200.00 PMPM	\$105.00 PMPM
	<u>In Network Benefits</u>	<u>Out of Network Benefits</u>	<u>In Network Benefits</u>	<u>In Network Benefits</u>
Maximum Out-of-Pocket (MOOP)	\$2,000	\$10,000	\$2,000	\$3,400
Hospital Copay - Acute	\$165/day, Day 1-5	\$165/day, Day 1-5	\$150/day, Day 1-5	\$200/day, Day 1-5
PCP Visit	\$5	\$5	\$10	\$5
Chiropractic Care	\$20	\$20	\$20	\$20
Specialist visit	\$30	\$30	\$20	\$30
Diagnostic procedures and tests	\$0	\$0	\$0	\$0
Diagnostic lab tests	\$0	\$0	\$0	\$0
Diagnostic radiology	\$100	\$100	\$0	\$225
X-rays (flat films)	\$0	\$0	\$0	\$0
Outpatient hospital svcs / procedures	20%	20%	20%	20%
Outpatient Hospital Surgery	\$100	\$100	\$100	\$225
Hospital Observation Stay	\$100	\$100	\$100	\$225
ASC	\$100	\$100	\$100	\$225
Rx Deductible	\$0		\$0	\$0
30 day supply	\$5/\$10/\$25/\$50/33%		\$4/\$9/\$30/\$55/33%	\$5/\$10/\$45/\$80/33%
90 day supply	\$10/\$20/\$50/\$100		\$8/\$18/\$60/\$110	\$10/\$20/\$90/\$160
Gap Coverage	25%		T1 - T4	25%



2022 Enhanced Plan Options – PPO Plan 1

Renewal Supplemental Package premium (included in base premium). Alternative benefit options in addition to the Renewal Plan premium.

Package* Premium	2022 Proposal	2022 Option 1	2022 Option 2
	Included	+\$20.00 PMPM	+\$23.00 PMPM
Silver Sneakers	Included	Included	Included
OTC	\$25/Month	\$100/QTR	\$500/YEAR
Dental Care	Preventive Services: \$0 Copay Benefit Maximum: \$125 per Year	Preventive Services: \$0 Copay Comprehensive Service: 50% Coinsurance Benefit Maximum: \$1,000 per Year	All services combined and payable under Blue Benefit Bucks
Eyewear	\$150 per Year for Contacts and Glasses (lenses and frames)	All services combined and payable under Blue Benefit Bucks	
Hearing Aid	\$0 Copay, Tier 1 \$500 Benefit per Ear, per Year Buy-up options for Member for higher Tier options	\$0 Copay, Tier 1 \$500 Benefit per Ear, per Year Buy-up options for Member for higher Tier options	
Transportation	Not Covered	All services combined and payable under Blue Benefit Bucks	
Blue Benefit Bucks	Not Covered	\$500 per Year	\$1,000 per Year
Papa Pal, Caregiver	Not Covered	40 hours per Year	40 hours per Year
Personal Emergency Response (PERS) Device	Not Covered	One PERS Device	One PERS Device
Belle Care	Not Covered	\$0 Copay 12 Routine in Home Podiatry visits	\$0 Copay 12 Routine in Home Podiatry visits
Chronic Care Meals (4 weeks)	Covered	Covered	Covered

* Packages options 1 and 2 are proposed suggestions; Plan Sponsor may interchange benefits. Rate will vary based on combination of services