

REQUEST FOR LEGISLATIVE ACTION

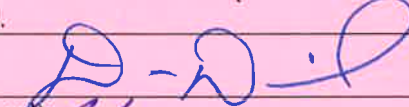
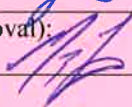
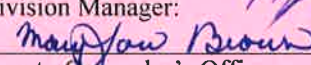
Completed by County Counselor's Office:

Res/~~Ord~~ No.: 19253

Sponsor(s): Burnett, Williams and Galvin

Date: September 12, 2016

<p>SUBJECT</p>	<p>Action Requested <input checked="" type="checkbox"/> Resolution <input type="checkbox"/> Ordinance</p> <p>Project/Title: <u>Awarding a Twelve Month Term and Supply Contract with Two Twelve Month Options to Extend for the furnishing of Employee Group Medical Insurance as an employee benefit Countywide to Blue Cross Blue Shield of Kansas City, MO under the terms and conditions of Request for Proposal No. 48-16.</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></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>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:	
Amount authorized by this legislation this fiscal year:											
Amount previously authorized this fiscal year:											
Total amount authorized after this legislative action:											
Amount budgeted for this item * (including transfers):											
Source of funding (name of fund) and account code number:											
<p>PRIOR LEGISLATION</p>	<p>Prior ordinances and (date): Prior resolutions and (date): 18644, October 27, 2014; 18955, October 5, 2015</p>										
<p>CONTACT INFORMATION</p>	<p>RLA drafted by (name, title, & phone): Jessica Johnson, Senior Buyer, 881-3465</p>										
<p>REQUEST SUMMARY</p>	<p>Jackson County, Missouri requires Employee Group Medical Insurance as a countywide employee benefit. The Purchasing Department issued Request for Proposal 48-16 in response to those requirements.</p> <p>A total of five (5) notifications were distributed and two (2) responses were received and evaluated from the following:</p> <table border="0"> <thead> <tr> <th>RESPONDENT</th> <th>ANNUAL PREMIUM</th> </tr> </thead> <tbody> <tr> <td>Aetna; Overland Park, KS</td> <td>\$16,345,805.00</td> </tr> <tr> <td>Blue Cross and Blue Shield of Kansas City; Kansas City, MO</td> <td>\$15,132,164.00</td> </tr> </tbody> </table> <p>Evaluations were based on the Respondents' proposals submitted, oral presentations and pricing.</p> <p>Pursuant to Section 1054.6 of the Jackson County Code, 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 Employee Group Medical Insurance as an employee benefit Countywide to Blue Cross and Blue Shield of Kansas City of Kansas City, MO as the best proposal received.</p> <p>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.</p> <p>Added enhancements include: Three year Administrative Fee Price Guarantee and Three year Network Access Fee Price Guarantee</p>	RESPONDENT	ANNUAL PREMIUM	Aetna; Overland Park, KS	\$16,345,805.00	Blue Cross and Blue Shield of Kansas City; Kansas City, MO	\$15,132,164.00				
RESPONDENT	ANNUAL PREMIUM										
Aetna; Overland Park, KS	\$16,345,805.00										
Blue Cross and Blue Shield of Kansas City; Kansas City, MO	\$15,132,164.00										

	<p>Total Premium Costs for 2017 is as follows:</p> <p>Blue Care HMO</p> <p>Employee \$603.03</p> <p>Employee + 1 \$1,373.87</p> <p>Family \$1,693.01</p> <p>PPO</p> <p>Employee \$590.99</p> <p>Employee + 1 \$1,350.46</p> <p>Family \$1,657.27</p> <p>HDHP with HAS</p> <p>Employee \$557.89</p> <p>Employee + 1 \$1,285.96</p> <p>Family \$1,560.24</p>	
CLEARANCE	<input checked="" type="checkbox"/> Tax Clearance Completed (Purchasing & Department) <input type="checkbox"/> Business License Verified (Purchasing & Department) N/A <input checked="" type="checkbox"/> Chapter 6 Compliance - Affirmative Action/Prevailing Wage (County Auditor's Office)	
ATTACHMENTS	Abstract of Bids Received, Proposal Recaps, Award Recommendations Memorandum from Mr. Dennis Dumovich, Director of Human Resources Department and the pertinent pages of Blue Cross and Blue Shield of Kansas City's proposal.	
REVIEW	Department Director: 	Date: 8/31/16
	Finance (Budget Approval):  <i>If applicable</i>	Date: 8/31/16
	Division Manager: 	Date: 9/7/16
	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.

ABSTRACT OF BIDS

19253

RFQ: 48-16 DATE: 07/26/16 COMMODITY: Group Medical Coverage	DESCRIPTION	UNIT	QTY	Aetna Life Insurance Co. AMOUNT	BlueCross BlueShield of Kansas City AMOUNT	AMOUNT	AMOUNT	AMOUNT
NO								
	See Bid			See bid	See bid			

CERTIFICATION OF BID OPENING
 BIDS WERE PUBLICLY
 OPENED AND RECORDED
 ON: July 26, 2016, BY
[Signature]
 CLERK OF THE LEGISLATURE
[Signature]
 PURCHASING

Commodity: GROUP MEDICAL COVERAGE

Vendor: Aetna Insurance Company

Bid Recap

REQUIRED SUBMITTALS		Yes/No	REQUIRED SUBMITTALS		Yes/No
Proposal Copies (4)	YES		Q28 - list of riders		YES
Cover Letter	YES		Q29 - std coordination of benefits		YES
Affidavit	YES		Q30 - Max Rate adjustments		YES
Comp Review Form or Cert	YES		Q31 - ability to reduce net costs		YES
Addendum Receipt	YES		Q32 - full utilization review, large case mgmt srvs		YES
Exceptions	YES*		Q35 - allowable charges determined		YES
CUP (0%, 0%, 0%)	NO		Q36 - certs of creditable coverage		YES
Q 1 - Copy of Policy contracts	YES		Q37 - Medicare Part D?		YES
Q 2 - Qual of admin personnel	YES		Q38 - IRS Form 1095		YES
Q 3 - Org Chart	YES		Q39 - Customer Satisfaction data		YES
Q 4 - License & Certs	YES		Q40 - transition procedure		YES
Q 5 - Performance Guarantee outline	YES		Q41 - local Customer Service		YES
Q 6 - Prior Authorization process	YES		Q42 - conflict/dispute resolution process		YES
Q 7 - Wellness program	YES		Q43 - reciprocal networks		YES
Q 8 - cost containment & utilization review positions	YES		Q44 - major network changes?		YES
Q 9 - case mgmt process	YES		Q45 - Primary care physicians		YES
Q10 - POC for overall responsibility for JCMO	YES		Q46 - Average provider discount		YES
Q11 - copy of financial report	YES		Q47 - negotiated pricing w/ network providers		YES
Q12 - 3 references	NO*		Q49 - manage drug costs		YES
Q13 - location of claim office	YES		Q50 - prescription mail service		YES
Q14 - potential percentage cost savings	YES		Q51 - Prescription formulary/perameters		YES
Q15 - turn-around time	YES		Q52 - copy of agreement w/ Prescription Co.		YES
Q16 - electronic capabilities	YES		Q53 - self-admin drugs process		YES
Q17 - Carve-out networks	YES		Q54 - specialty drug program		YES
Q18 - hospital network comarison	NO*		Q55 - process for eligibilty transfer for Rx vendors		YES
Q19 - provider directories	YES		Q56 - top drugs, what tier		YES
Q20 - client resources	YES		Q57 - discount for mail drugs		YES
Q21 - disease management programs	YES		Q58 - formularies update rate		YES
Q22 - transition of care	YES		Q59 - Step therapy		YES
Q23 - claim reporting capability	YES		Q60 - contraception		YES
Q24 - additional information	YES		Q61 - other programs available		YES
Q25 - premium percentage increases	YES		Pricing (original only)		YES
Q26 - med and Rx trending percentages	YES				
Q27 - consideration of reduction for med and dent	YES				

COMMENTS:

-Exception requested to allow for exceptions to Sunshine Law requests. - gaining clarification from Counselor 7/26/16 JMJ Counselor stated not able to honor this request. Purchasing requested Aetna retract by 12:00 on 7/28/16 JMJ Aetna redacted requested exception. 7/28/16 @ 1126 JMJ

-Language change requested in insurance requirements. Purchasing requested Aetna retract by 12:00 on 7/28/16 JMJ. Aetna provided explanation of language request, notified Aetna needed Counselor advisement. 7/28/16 @1540 JMJ. Requested Advisement from Counselor 7/28/16 @ 1543 JMJ. Counselor deemed language acceptable. 7/28/16 1550 JMJ.

Q12 - No References given - will release after initial feedback or considered a strong proposal.

Q18 - No Disruptions Report, can send over under separate cover letter. Disruption Report received and allowed. 8/3/16 JMJ

-Marked Pricing confidential and/or proprietary. Purchasing requested Aetna retract by 9:00 on 7/29/16 JMJ Retracted on 7/29/16 @ 0850 JMJ.

Commodity: GROUP MEDICAL COVERAGE

Vendor: BlueCross BlueShield of Kansas City

Bid Recap

REQUIRED SUBMITTALS

Yes/No

REQUIRED SUBMITTALS

Yes/No

REQUIRED SUBMITTALS	Yes/No	REQUIRED SUBMITTALS	Yes/No
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Q27 - consideration of reduction for med and dent	YES		

COMMENTS:

Comparison of Premium Equivalents - Using Maximum Funding Rates

Product 1 Employee Only 2 Person Family Annual Premium	Lives 530 168 <u>158</u> 856	Blue Cross Blue Shield of KC Current Blue Care HMO \$634.66 \$1,446.37 \$1,782.07 \$10,331,124	Blue Cross Blue Shield of KC Renewal Blue Care HMO \$603.03 \$1,373.87 \$1,693.01 \$9,814,940	
	Lives 108 26 <u>18</u> 152	PPO \$622.03 \$1,421.81 \$1,744.56 \$1,626,581	PPO \$590.99 \$1,350.46 \$1,657.27 \$1,545,237	Aetna Choice POS II \$641.03 \$1,450.16 \$1,789.41 \$1,669,737
	Lives 247 39 <u>81</u> 367	HDHP with HSA \$587.30 \$1,354.13 \$1,642.74 \$3,971,233	HDHP with HSA \$557.89 \$1,285.96 \$1,560.24 \$3,771,969	Aetna Choice HDHP \$601.31 \$1,372.74 \$1,672.94 \$4,050,923
	TOTAL ANNUAL 1,375	\$15,928,938.00	\$15,132,164.00	\$16,345,805
MAXIMUM FUNDING RATES INCLUDE ADMIN, STOP LOSS & CLAIMS (MEDICAL & RX)				
** Assumes that Aetna keeps 100% of the RX rebates**				



JACKSON COUNTY, MISSOURI

Premium Equivalents - Illustrative

Aetna Select	Lives	2016 BCBS Expected Current Rate	2016 BCBS Maximum Current Rate	2017 Aetna Expected Proposed Rate	2017 Aetna Maximum Proposed Rate
Single	530	\$ 520.98	\$634.66	\$ 601.70	\$ 655.48
Two Party	168	\$ 1,174.92	\$1,446.37	\$ 1,356.95	\$ 1,478.25
Family	158	\$ 1,457.24	\$1,782.07	\$ 1,683.01	\$ 1,833.46
Annual	856	\$ 8,444,998.56	\$ 10,331,124.24	\$ 9,753,410.16	\$ 10,625,244.96

Aetna Choice POS II	Lives	Current Rate	Expected Aetna Proposed Rate	Expected Aetna Proposed Rate	Maximum Aetna Proposed Rate
Single	108	\$ 509.49	\$622.03	\$ 588.43	\$ 641.03
Two Party	26	\$ 1,152.59	\$1,421.81	\$ 1,331.16	\$ 1,450.16
Family	18	\$ 1,422.23	\$1,744.56	\$ 1,642.58	\$ 1,789.41
Annual	152	\$ 1,327,108.80	\$ 1,626,580.56	\$ 1,532,724.48	\$ 1,669,737.36

Aetna Choice POS II HDHP	Lives	Current Rate	Expected Aetna Proposed Rate	Expected Aetna Proposed Rate	Maximum Aetna Proposed Rate
Single	247	\$ 477.92	\$587.30	\$ 551.96	\$ 601.31
Two Party	39	\$ 1,091.06	\$1,354.13	\$ 1,260.10	\$ 1,372.74
Family	81	\$ 1,329.66	\$1,642.74	\$ 1,535.67	\$ 1,672.94
Annual	367	\$ 3,219,600.48	\$ 3,971,233.32	\$ 3,718,407.48	\$ 4,050,822.84

Total Cost*	1375	\$14,515,203.84	\$15,928,938	\$ 15,004,542.12	\$ 16,345,805.16
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NOTE: MAXIMUM RATES INCLUDE PAID CLAIMS, ADMINISTRATIVE FEES & STOP LOSS PREMIUMS
 NOTE: EXPECTED RATES INCLUDE PAID CLAIMS ONLY - NO ADMIN FEES OR STOP LOSS PREMIUMS



JACKSON COUNTY Human Resources Department

Jackson County Courthouse
415 East 12th Street, First Floor
Kansas City, Missouri 64106
jacksongov.org

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

August 29, 2016

To: Jessica Johnson, Sr Buyer, Purchasing

From: Dennis Dumovich, Director, Human Resources **DD**

Subject: Recommendation – Medical Insurance Provider RFP 48-16

Summary

Jackson County, Missouri requires Employee Group Medical Insurance as a countywide employee benefit. The Purchasing Department issued Request for Proposal 48-16 in response to those requirements.

A total of five (5) notifications were distributed and two (2) responses were received and evaluated from the following: Aetna & Blue Cross & Blue Shield of Kansas City.

Process

After notifications were distributed and responses were received, a committee comprised of HR, Finance, Legislature, Administration and Parks+ Rec reviewed the proposals, conducted oral presentations, conducted negotiations and evaluated the proposals.

Evaluation of the Respondent Firms

RESPONDENT	ANNUAL PREMIUM
Aetna; Overland Park, KS	\$16,345,805.00
Blue Cross and Blue Shield of Kansas City; Kansas City, MO	\$15,132,164.00

The committee evaluated the proposals based on oral presentations and the following three factors:

1. Physician/Hospital Network Match & Adequacy

Aetna Score: 17.5%
BC/BS Score: 21.8%

2. Pharmacy Cost & Options

Aetna Score: 17.5%
BC/BS Score: 20%

3. Cost

Aetna Score: 28.7%
BC/BS Score: 46.2%



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Total Score:

Aetna: 64%

BC/BS: 88%

Blue Cross & Blue Shield of Kansas City is the highest scored by the committee. In addition to the 8% lower cost than Aetna, Blue Cross will provide a three (3) year Administrative Fee Price Guarantee.

Recommendation

Based on the scoring factors described above and the subsequent negotiations, the committee recommends awarding the bid to Blue Cross & Blue Shield of Kansas City. The committee recommends the award of a twelve-month term and supply contract with two twelve month options to extend for Employee Group Medical Insurance as an employee benefit Countywide to Blue Cross and Blue Shield of Kansas City of Kansas City, MO as the best proposal received.

Blue Cross/Blue Shield Kansas City presents Jackson County, MO

2017 Funding Illustration

	2016 Funding Rates (Maximum)	2017 Funding Rates (Maximum)	Bid Enrollment
<u>BC HMO</u>			
Employee	\$634.66	\$603.03	530
Employee + 1	\$1,446.37	\$1,373.87	168
Family	\$1,782.07	\$1,693.01	158
<u>1,000 DED PPO</u>			
Employee	\$622.03	\$590.99	108
Employee + 1	\$1,421.81	\$1,350.46	26
Family	\$1,744.56	\$1,657.27	18
<u>BlueSaver H.S.A.</u>			
Employee	\$587.30	\$557.89	247
Employee + 1	\$1,354.13	\$1,285.96	39
Family	\$1,642.74	\$1,560.24	81
Annual Premium	\$15,928,938	\$15,132,164	1375

2017 Renewal Funding Option

Jackson County Group Responsibility (Rates include Admin/Access/Pooling/ACA CEF)

BC HMO

Employee	\$56.89
Employee + 1	\$142.20
Family	\$166.35

1,000 DED PPO

Employee	\$56.89
Employee + 1	\$142.20
Family	\$166.35

BlueSaver H.S.A.

Employee	\$56.89
Employee + 1	\$142.20
Family	\$166.35

Annual Premium \$1,514,786

Jackson County Employee Responsibility (Rates include Maximum Claims Liability)

BC HMO

Employee	\$546.14
Employee + 1	\$1,231.67
Family	\$1,526.67

1,000 DED PPO

Employee	\$534.10
Employee + 1	\$1,208.26
Family	\$1,490.92

BlueSaver H.S.A.

Employee	\$501.00
Employee + 1	\$1,143.76
Family	\$1,393.89

Annual Premium \$13,617,378

Medical Renewal Overview

Overall Renewal: 3.3% Below Current

**Maximum Claims
Cost Factors**

↓ 3.5%

**Administrative
Fees**

**NO
INCREASE**

**3 YEAR
GUARANTEE**
2017, 2018, 2019

**Network Access
Fees**

↓ 20%

**3 YEAR
GUARANTEE**
2017, 2018, 2019

Pooling Protection

Firm and Guaranteed Renewable

Specific Pooling

\$250,000 Per Member

Maximum Claims Liability

110% Over Expected Claims

POOLING PROTECTION - Not Equal Between Carriers

- Guaranteed renewable
- No limit on Blue KC's maximum liability if specific or aggregate levels are exceeded
- \$250,000 specific deductible will continue to be available for future years at your discretion
- Rates are firm when bid is delivered
- The same level of pooling protection on all large claimants regardless of diagnosis or \$\$ amount
- No requirement to move to an aggregating specific deductible this renewal – or in future renewals

The Impact of Employee Wellness



6.1% Decrease

in members with high BMI

5% Increase

in colonoscopies

4% Increase

in PAP screenings

\$75,000

2017 Wellness
Fund

2017 HEALTH INSURANCE RATES

HEALTH PLAN	2016 RATES				2017 RATES			
	2016 Total Monthly Premium	2016 County Monthly Contribution	2016 Employee Monthly Premium	2016 Employee Cost PPP(24)	2017 Total Monthly Premium	2016 County Monthly Contribution	2016 Employee Monthly Premium	2016 Employee Cost PPP(24)
EMPLOYEE ONLY - HMO	\$ 634.66	\$ 502.18	\$ 132.48	\$ 66.24	\$ 603.03	\$ 488.34	\$ 114.69	\$ 57.34
EMPLOYEE + 1 - HMO	\$ 1,446.38	\$ 1,068.13	\$ 378.25	\$ 189.13	\$ 1,373.87	\$ 1,053.64	\$ 320.23	\$ 160.12
FAMILY - HMO	\$ 1,782.07	\$ 1,205.22	\$ 576.85	\$ 288.43	\$ 1,693.01	\$ 1,204.49	\$ 488.52	\$ 244.26
EMPLOYEE ONLY - PPO	\$ 622.03	\$ 502.18	\$ 119.85	\$ 59.93	\$ 590.99	\$ 489.51	\$ 101.48	\$ 50.74
EMPLOYEE + 1 - PPO	\$ 1,421.81	\$ 1,068.13	\$ 353.68	\$ 176.84	\$ 1,350.46	\$ 1,048.40	\$ 302.06	\$ 151.03
FAMILY - PPO	\$ 1,744.56	\$ 1,205.22	\$ 539.34	\$ 269.67	\$ 1,657.27	\$ 1,195.08	\$ 462.19	\$ 231.10
EMPLOYEE ONLY - H S A	\$ 587.30	\$ 502.18	\$ 85.12	\$ 42.56	\$ 557.89	\$ 487.75	\$ 70.14	\$ 35.07
EMPLOYEE + 1 - H S A	\$ 1,354.13	\$ 1,068.13	\$ 286.00	\$ 143.00	\$ 1,285.96	\$ 1,045.77	\$ 240.19	\$ 120.10
FAMILY - H S A	\$ 1,642.74	\$ 1,205.22	\$ 437.52	\$ 218.76	\$ 1,560.24	\$ 1,183.89	\$ 376.35	\$ 188.18

2017 EYEMED VISION PLAN RATES

EYEMED VISION PLAN	MONTHLY RATE	PER PAY PERIOD
EMPLOYEE ONLY	\$ 5.57	\$ 2.79
EMPLOYEE + SPOUSE	\$ 10.58	\$ 5.29
EMPLOYEE + CHILDREN	\$ 11.14	\$ 5.57
FAMILY	\$ 16.37	\$ 8.19

Jackson County, MO Proposed Health Contributions for 2017

County Contribution for 2017 Administrative Fees		(a)	(b)	(c)	(d)	(e)
Plan	Number of EE's Enrolled	2017 Monthly Admin Fees	Total Monthly Admin Premium	Yearly Cost of Admin Fee to County	Yearly Cost of Admin Fee to Employee	
BCBS HMO Employee Only	530	56.89	30,151.70	361,820.40	0.00	
BCBS HMO Employee + 1	168	142.20	23,889.60	286,675.20	0.00	
BCBS HMO Family	158	166.35	26,283.30	315,399.60	0.00	
BCBS PPO Employee Only	108	56.89	6,144.12	73,729.44	0.00	
BCBS PPO Employee + 1	26	142.20	3,697.20	44,366.40	0.00	
BCBS PPO Family	18	166.35	2,994.30	35,931.60	0.00	
BCBS HSA Employee Only	247	56.89	14,051.83	168,621.96	0.00	
BCBS HSA Employee + 1	39	142.20	5,545.80	66,549.60	0.00	
BCBS HSA Family	81	166.35	13,474.35	161,692.20	0.00	
	1375		126,232.20	1,514,786.40	0.00	
Total Contributions for 2017						
HMO = 79% Ind; 74% Ind+1; 68% Fam						
HSA = 86% Ind; 79% Ind+1; 73% Fam						
PPO = 81% Ind; 75% Ind+1; 69% Fam						
Plan	(a)	(b)	(c)	(d)	(e)	(f)
	Number of EE's Enrolled	Total Maximum Monthly Rate including Claims and Admin Fees	Monthly Contribution to Admin Cost paid by County	Monthly Contribution to Claims Cost paid by County	Monthly Contribution to Claims Cost paid by Employee	CLAIMS FEE
		C + D + E = B				(g)
			Monthly Contribution to Admin Cost paid by County	Monthly Contribution to Claims Cost paid by County	Monthly Contribution to Claims Cost paid by Employee	Total Premium for Claims Only - No Admin Fees
						(D + E) x A
						Total Premium for Admin Only - No Claims Cost
						C x A
BCBS HMO Employee Only	530	603.03	56.89	431.45	114.69	289,454.20
BCBS HMO Employee + 1	168	1,373.87	142.20	911.44	320.23	206,920.56
BCBS HMO Family	158	1,693.01	166.35	1,038.14	488.52	241,213.86
BCBS PPO Employee Only	108	590.99	56.89	432.62	101.48	57,682.80
BCBS PPO Employee + 1	26	1,350.46	142.20	906.20	302.06	31,414.76
BCBS PPO Family	18	1,657.27	166.35	1,028.73	462.19	26,836.56
BCBS HSA Employee Only	247	557.89	56.89	430.86	70.14	123,747.00
BCBS HSA Employee + 1	39	1,285.96	142.20	903.57	240.19	44,606.64
BCBS HSA Family	81	1,560.24	166.35	1017.54	376.35	112,905.09
	1375				30,484.35	1,134,781.47
					x 12	x 12
		15,132,164.04	\$1,514,786.40	10,304,402.76	3,312,974.88	13,617,377.64
TOTAL YEARLY AMOUNTS:						GRAND TOTAL \$15,132,164.04