

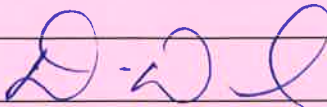
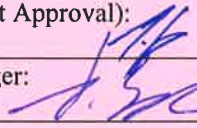

EXECUTIVE OFFICE

REQUEST FOR LEGISLATIVE ACTION

OCT 03 2018

Completed by County Counselor's Office:
 Res/~~Ord~~ No.: 20005
 Sponsor(s): Crystal Williams
 Date: October 8, 2018

SUBJECT	Action Requested <input checked="" type="checkbox"/> Resolution <input type="checkbox"/> Ordinance 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>													
BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Amount authorized by this legislation this fiscal year:</td> <td style="width: 20%; 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 style="vertical-align: top;">Source of funding (name of fund) and account code number; FROM / TO</td> <td style="vertical-align: top;">FROM ACCT</td> </tr> <tr> <td></td> <td style="vertical-align: top;">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 checked="" type="checkbox"/> Term and Supply Contract (funds approved in the annual budget); estimated value and use of contract: Department: Estimated Use: \$</p> <p>Prior Year Budget (if applicable): Prior Year Actual Amount Spent (if applicable):</p>		Amount authorized by this legislation this fiscal year:	\$	Amount previously authorized this fiscal year:	\$	Total amount authorized after this legislative action:	\$	Amount budgeted for this item * (including transfers):	\$	Source of funding (name of fund) and account code number; FROM / TO	FROM ACCT		TO ACCT
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	TO ACCT													
PRIOR LEGISLATION	Prior ordinances and (date): Prior resolutions and (date): Resolution 19250 on September 19, 2016													
CONTACT INFORMATION	RLA drafted by (name, title, & phone): Dennis Dumovich, Director of Human Resources; 816-881-3140													
REQUEST SUMMARY	<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 with a 9 % increase for the Base and Buy-Up plans and no increase for the DHMO. We have also eliminated the "Family Health" Rate for all associates, which equalizes the county contribution for associates based on their plan choice.</p> <p>The total premium costs (employee and county) for 2019 by plan type and rate option are as follows:</p> <p>Base Plan: 17.48 / 32.37 / 58.29 Buy Up Plan: 27.64 / 54.50 / 90.97 Dental Source DHMO: 8.76 / 14.26 / 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	Summary of Rates	
REVIEW	Department Director: Dennis Dumovich 	Date: 10/3/18
	Finance (Budget Approval): <i>If applicable</i> 	Date: 10/3/18
	Division Manager: 	Date: 10/3/18
	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

Dental Source DHMO	2018 RATES				2019 RATES			
	2018 Total Monthly Premium	2018 County	2018 Associate Monthly Premium	2018 Associate Cost PPP(24)	2019 Total Monthly Premium	2019 County	2019 Associate Monthly Premium	2019 Associate Cost PPP(24)
Dental Source DHMO								
ASSOCIATE	\$8.76	\$4.38	\$4.38	\$2.19	\$8.76	\$4.38	\$4.38	\$2.19
ASSOCIATE + 1	\$14.26	\$7.14	\$7.12	\$3.56	\$14.26	\$7.14	\$7.12	\$3.56
FAMILY	\$22.00	\$11.00	\$11.00	\$5.50	\$22.00	\$11.00	\$11.00	\$5.50
Blue KC Base Dental Plan								
ASSOCIATE	\$16.04	\$4.38	\$11.66	\$5.83	\$17.48	\$4.38	\$13.10	\$6.55
ASSOCIATE + 1	\$29.70	\$7.14	\$22.56	\$11.28	\$32.37	\$7.14	\$25.23	\$12.62
FAMILY	\$53.48	\$11.00	\$42.48	\$21.24	\$58.29	\$11.00	\$47.29	\$23.65
Blue KC Buy-Up Dental Plan								
ASSOCIATE	\$25.36	\$4.38	\$20.98	\$10.49	\$27.64	\$4.38	\$23.26	\$11.63
ASSOCIATE + 1	\$50.00	\$7.14	\$42.86	\$21.43	\$54.50	\$7.14	\$47.36	\$23.68
FAMILY	\$83.46	\$11.00	\$72.46	\$36.23	\$90.97	\$11.00	\$79.97	\$39.99

EYEMED VISION PLAN	Monthly Premium	Per Pay Period (24)
ASSOCIATE ONLY	\$5.57	\$2.79
ASSOCIATE + SPOUSE	\$10.58	\$5.29
ASSOCIATE + CHILDREN	\$11.14	\$5.57
FAMILY	\$16.37	\$8.19

HSA: 2019 County Contribution to HSA: Associate = \$1,000; Associate +1 = \$1,500; Family = \$2,000.

HSA: 2019 IRS Maximum Contribution: Associate = \$3,500; Associate +1 = \$7,000; Family = \$9,000. (Age 55+ Add \$1,000)

FSA - ASI Flexible Spending Account: Medical Max \$2,600; Dependent Care Max \$5,000 MUST RE-ENROLL EA YEAR