

Completed by County Counselor's Office

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|-------------------|----------------|---------------------------|-----------|
| Action Requested: | Resolution | Res.Ord No.: | 20825 |
| Sponsor(s): | Jalen Anderson | Legislature Meeting Date: | 12/6/2021 |

Introduction

Action Items: ['Award']

Project/Title:

Requesting to award a twelve month contract with one twelve month option to extend, for the furnishing of employee group dental coverage for Preferred Provider Organization (PPO) Base and Buy-Up dental plan insurance as an employee benefit for use Countywide to Blue Cross Blue Shield of Kansas City under the terms and conditions of Request for Proposal No. 72-21.

Request Summary

Due to a communication breakdown with our Dental Broker-Garry and Associates, and in the best interest of Jackson County, we submitted a RFP to re-bid the Preferred Provider Organization (PPO) Base and Buy-up dental insurance plans for 2022. On October 29, 2021, the Purchasing Department issued Request for Proposal 72-21 in response to those requirements. Twelve bid notifications were distributed and two responses were received. The evaluation committee determined both proposals offered comparable benefits. Blue Cross Blue Shield offered the lowest pricing. Therefore, the committee recommends that Blue Cross Blue Shield offered the best proposal for the County. Blue Cross Blue Shield of Kansas City has been selected to provide PPO Base and Buy-Up dental insurance with a 13% increase over 2021 dental rates.

Pursuant to 1054.6 of the Jackson County Code, the Human Resources Department recommends the award of the contract for Dental Insurance to Blue Cross Blue Shield of Kansas City, Missouri as the best proposal received

The total premium costs (employee and county) for 2022 by plan type and rate option are as follows:
Base Plan: \$21.07 - Individual, \$39.03 - Associate + 1, \$70.27 - Family
Buy-Up Plan: \$33.32 - Individual, \$65.70 - Associate + 1, \$109.67 - Family

Contact Information

| | | | |
|--------------------|-----------------------------|------------------------|--------------------------|
| Department: | Human Resources | Submitted Date: | 11/23/2021 |
| Name: | Michelle K. Chrisman | Email: | MChrisman@jacksongov.org |
| Title: | Director of Human Resources | Phone: | 816-881-1204 |

Budget Information

Request for Legislative Action

| | | | |
|---|-------------|--------------------|---------------------------------------|
| 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: |
| 20521 | October 12, 2020 |
| 20273 | September 30, 2019 |
| 20779 | October 4, 2021 |

| | |
|--|------------|
| 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 K. Chrisman at 11/23/2021 8:43:41 AM - [Submitted |]
Department Director: Gina M. Campbell at 11/23/2021 9:37:27 AM - [Approved |]
Finance (Purchasing): Barbara J. Casamento at 11/23/2021 10:32:35 AM - [Returned for more information | Please attach Bid Abstract Please note many bidders were sent notifications in summaryPlease explain why you selected Blue Cross in the summary]
Submitter: Michelle K. Chrisman at 11/23/2021 2:36:29 PM - [Submitted | Entered the number of bids notifications that was sent and explained by BCBS was selected in summary]
Department Director: Gina M. Campbell at 11/23/2021 3:02:56 PM - [Approved |]
Finance (Purchasing): Barbara J. Casamento at 11/23/2021 3:38:35 PM - [Returned for more information | Please attach the Bid Abstract sent by Purchasing]
Submitter: Michelle K. Chrisman at 11/23/2021 4:32:32 PM - [Submitted | Attached Abstract of bids for RFP #72-21.]
Department Director: Gina M. Campbell at 11/24/2021 7:18:03 AM - [Approved |]
Finance (Purchasing): Barbara J. Casamento at 11/24/2021 9:27:40 AM - [Returned for more information | Counselor's Office would like you to (1) correct the prior legislation listed and (2) add the following statement in the Summary:Pursuant to 1054.6 of the Jackson County Code, the Human Resources Department recommends the award of the contract for Dental Insurance to Blue Cross Blue Shield of Kansas City, Missouri as the best proposal received.]
Submitter: Michelle K. Chrisman at 11/24/2021 10:08:50 AM - [Submitted | Added Pursuant to 1054.6 language to the summary and moved 20779 from ordinance to resolution.]
Department Director: Gina M. Campbell at 11/24/2021 10:19:07 AM - [Approved |]
Finance (Purchasing): Barbara J. Casamento at 11/24/2021 10:30:51 AM - [Approved |]
Compliance: Katie M. Bartle at 11/24/2021 11:43:19 AM - [Approved | eRLA 330]
Finance (Budget): Mark Lang at 11/29/2021 9:26:58 AM - [Approved | no fiscal note for term & supply contracts.]
Executive: Sylvya Stevenson at 11/29/2021 11:16:20 AM - [Approved | Michelle Chrisman to bring information on Cigna Bid with her to the Legislative Meeting.]
Legal: Elizabeth Freeland at 11/29/2021 11:30:51 AM - [Approved |]



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

To: Katelyn Edgar, Buyer
From: Michelle Chrisman, Director of HR
Subj: PPO Dental Base & Buy-up Insurance Selection – RFP 72-21
Date: November 22, 2021

On October 29, 2021, we went out to bid for Group PPO Dental Insurance and we received two bids, one from Blue Cross Blue Shield (BCBS) and one from Cigna Dental. The BCBS bid is a 13% increase over our premium rates for 2021. The networks between both BCBS and Cigna did not have a significant difference and the dental plans percentages were identical. The committee has reviewed both proposals and is recommending the proposal from Blue Cross & Blue Shield.

Please let me know if there is anything additional that we can provide.

Cc: Sylvya Stevenson

Frank White, Jr., County Executive



Kansas City

Jackson County Dental Benefit Summary – Base Plan

| Dental Service Type | Blue Dental PPO/GRID Providers ¹ | Blue Dental Choice/GRID+ Providers ² | Non-Participating Providers ³ |
|--|--|---|--|
| | Deductible, Coinsurance and Limitations | | |
| Calendar Year Deductible | Combined Basic Services: \$50 individual / \$150 family | | |
| Type I-Diagnostic and Preventive Services Deductible Does Not Apply <ul style="list-style-type: none"> • Oral evaluations – 2 per calendar year • X-rays – complete mouth 1 every 3 calendar years; single tooth 12 per calendar year; bitewing 2 occurrences per calendar year • Teeth cleaning – 2 per calendar year • Fluoride treatment – 2 per calendar year age 19 and under • Sealant application on posterior tooth – 1 treatment per tooth every 3 years (age 14 and under) • Fixed and removable space maintainer (initial appliance only) • Emergency treatment – temporary pain relief | 100% | 100% | 100% |
| Type II-Basic Services Deductible Applies <ul style="list-style-type: none"> • Fillings – composite fillings on all teeth • Recementation of existing inlays, crowns and bridges • Endodontics – root canals and pulpal therapy • Periodontics – gum/tissue care and surgery • Tooth extraction (simple and surgical including wisdom teeth) • General Anesthesia – payable only if provided in connection with a covered service | 80% | 80% | 60% |
| Dependent Limiting Age | 26 | | |
| Calendar Year Maximum | \$1,500 Combined per Covered Person <i>Preventive applies towards Calendar Year Maximum</i> | | |
| Dental Rewards begins on January 1 | Once Dental Rewards begins for your plan, you will accumulate claims towards the Dental Rewards program. Accumulated claims between \$1 - \$300, will receive \$250 in Rewards to use the following Calendar Year. Your accumulated Rewards total are capped at \$500. | | |

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

¹Blue Dental PPO Providers: The preferred network of coverage in the Blue KC service area. **Lowest** out-of-pocket costs for covered services. Outside our service area, providers are available through the GRID Blue Cross and Blue Shield national network.

²Blue Dental Choice Providers: An additional network of coverage in the Blue KC service area. **Higher** out-of-pocket costs for covered services. Outside our service area, providers are available through the GRID+ Blue Cross and Blue Shield national network.

³Non-Participating Providers: Seeing a non-participating dentist results in the **highest** out-of-pocket costs for covered services. Members may be responsible for filing claims and may be balanced billed by the non-participating provider.



Kansas City

Jackson County Dental Benefit Summary – Buy Up Plan

| Dental Service Type | Blue Dental PPO/GRID Providers ¹ | Blue Dental Choice/GRID+ Providers ² | Non-Participating Providers ³ |
|--|--|---|--|
| | Deductible, Coinsurance and Limitations | | |
| Calendar Year Deductible | Combined Basic Services and Major Services: \$50 individual / \$150 family | | |
| Type I-Diagnostic and Preventive Services Deductible Does Not Apply <ul style="list-style-type: none"> • Oral evaluations – 2 per calendar year • X-rays – complete mouth 1 every 3 calendar years; single tooth 12 per calendar year; bitewing 2 occurrences per calendar year • Teeth cleaning – 2 per calendar year • Fluoride treatment – 2 per calendar year age 19 and under • Sealant application on posterior tooth – 1 treatment per tooth every 3 years (age 14 and under) • Fixed and removable space maintainer (initial appliance only) • Emergency treatment – temporary pain relief | 100% | 100% | 100% |
| Type II-Basic Services Deductible Applies <ul style="list-style-type: none"> • Fillings – composite fillings on all teeth • Recementation of existing inlays, crowns, and bridges • Endodontics – root canals and pulpal therapy • Periodontics – gum/tissue care and surgery • Tooth extraction (simple and surgical including wisdom teeth) • General Anesthesia – payable only if provided in connection with a covered service | 80% | 80% | 60% |
| Type III-Major Services Deductible Applies <ul style="list-style-type: none"> • Single crowns, inlays, onlays, bridges and dentures • Maintenance of Prosthodontics – adjust/ repair of dentures | 50% | 50% | 50% |
| Type IV-Orthodontia Services (to age 19) | 60% | 60% | 50% |
| Dependent Limiting Age | 26 | | |
| Orthodontia Lifetime Maximum | \$1,500 Combined per Covered Person <i>Dental Rewards does not apply</i> | | |
| Calendar Year Maximum | \$1,500 Combined per Covered Person <i>Preventive applies towards Calendar Year Maximum</i> | | |
| Dental Rewards begins on January 1 | Once Dental Rewards begins for your plan, you will accumulate claims towards the Dental Rewards program. Accumulated claims between \$1 - \$300, will receive \$250 in Rewards to use the following Calendar Year. Your accumulated Rewards total are capped at \$500. | | |

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Kansas City

An independent licensee of the Blue Cross and Blue Shield Association

Monthly Rate Summary For: Jackson County Government

BCBSKC Group Sales Representative: Maggie Parker
 Broker: McDaniel Hazley
 Location of Group: MO

Proposed Effective Date: 01/01/22
 Today's Date: 11/15/21
 Commission: 10%

A. PPO DENTAL Preferred-Care Dental - Base

| Deductible: | | | |
|--------------------------|---------------------------|------------------------------|-----------------------------|
| | Type I | Type II | Type III |
| \$ | \$0/\$0 | \$50/\$150 | \$50/\$150 |
| Services | Blue Dental PPO Providers | Blue Dental Choice Providers | Non-Participating Providers |
| Coinsurance: | | | |
| Type I | 100% | 100% | 100% |
| Type II | 80% | 80% | 60% |
| Annual Maximum (I - II): | | \$1,500 | |
| Rates | | | |
| Enrollment Tiers | BlueKC | ACA | Total |
| Individual | \$21.07 | \$0.00 | \$21.07 |
| Employee + 1 | \$39.03 | \$0.00 | \$39.03 |
| Family | \$70.27 | \$0.00 | \$70.27 |

PPO DENTAL Preferred-Care Dental - Buy Up

| Deductible: | | | | |
|---------------------------|---------------------------|------------------------------|-----------------------------|---------|
| | Type I | Type II | Type III | Type IV |
| \$ | None | \$50/\$150 | \$50/\$150 | None |
| Services | Blue Dental PPO Providers | Blue Dental Choice Providers | Non-Participating Providers | |
| | Coinsurance: | | | |
| Type I | 100% | 100% | 100% | |
| Type II | 80% | 80% | 60% | |
| Type III | 50% | 50% | 50% | |
| Type IV | 60% | 60% | 50% | |
| Annual Maximum (I - III): | | | \$1,500 | |
| Lifetime Maximum (IV): | | | \$1,500 | |
| Rates | | | | |
| Enrollment Tiers | BlueKC | ACA | Total | |
| Individual | \$33.32 | \$0.00 | \$33.32 | |
| Employee + 1 | \$65.70 | \$0.00 | \$65.70 | |
| Family | \$109.67 | \$0.00 | \$109.67 | |

B. ADDITIONAL INFORMATION

DO NOT cancel your current coverage until you receive final approval from Blue Cross and Blue Shield of Kansas City. Blue Cross and Blue Shield of Kansas City may maintain, adjust, or withdraw the above rates, which were calculated subject to the following:

- Covered census:

| | |
|--------|--------------|
| Dental | |
| 503 | Individual |
| 260 | Employee + 1 |
| 225 | Family |
| 988 | |
- Quote assumes no more than a 10% enrollment variance.
- Rates shown above have the following rate guarantees: 12 months on Dental
- Employer must complete an acceptable Group Application, including the Group Survey Size Form.
- Assumes the information submitted upon which this quote is calculated is both accurate and complete. Receipt of additional information could result in the quote being withdrawn or the rates being adjusted.
- Out-of-network fee schedule is based upon 90th percentile of U&C.

2022 DENTAL RATES

| DENTAL DHMO PLAN | 2021 RATES - FCL Dental | | | | 2022 RATES - FCL Dental | | | |
|------------------|----------------------------|--------------------------|--------------------------------|-----------------------------|----------------------------|--------------------------|--------------------------------|-----------------------------|
| | 2021 Total Monthly Premium | 2021 County Contribution | 2021 Associate Monthly Premium | 2021 Associate Cost PPP(24) | 2021 Total Monthly Premium | 2021 County Contribution | 2021 Associate Monthly Premium | 2021 Associate Cost PPP(24) |
| Associate Only | \$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 |

| DENTAL PPO BASE PLAN | 2021 - Cigna Base Plan | | | | 2022 - Blue Cross Base Plan | | | |
|----------------------|----------------------------|--------------------------|--------------------------------|-----------------------------|-----------------------------|--------------------------|--------------------------------|-----------------------------|
| | 2021 Total Monthly Premium | 2021 County Contribution | 2021 Associate Monthly Premium | 2021 Associate Cost PPP(24) | 2022 Total Monthly Premium | 2022 County Contribution | 2022 Associate Monthly Premium | 2022 Associate Cost PPP(24) |
| Associate Only | \$18.65 | \$4.81 | \$13.10 | \$6.55 | \$21.07 | \$4.81 | \$16.26 | \$8.13 |
| Associate + 1 | \$34.54 | \$7.96 | \$25.22 | \$12.61 | \$39.03 | \$7.96 | \$31.07 | \$15.54 |
| Family | \$62.19 | \$12.47 | \$47.28 | \$23.64 | \$70.27 | \$12.47 | \$57.80 | \$28.90 |

| DENTAL PPO BUY-UP PLAN | 2021 - Cigna Buy-Up Plan | | | | 2022 - Blue Cross Buy-Up Plan | | | |
|------------------------|----------------------------|--------------------------|--------------------------------|-----------------------------|-------------------------------|--------------------------|--------------------------------|-----------------------------|
| | 2021 Total Monthly Premium | 2021 County Contribution | 2021 Associate Monthly Premium | 2021 Associate Cost PPP(24) | 2022 Total Monthly Premium | 2022 County Contribution | 2022 Associate Monthly Premium | 2022 Associate Cost PPP(24) |
| Associate Only | \$29.49 | \$5.07 | \$24.42 | \$12.21 | \$33.32 | \$5.07 | \$28.25 | \$14.13 |
| Associate + 1 | \$58.14 | \$8.50 | \$49.64 | \$24.82 | \$65.70 | \$8.50 | \$57.20 | \$28.60 |
| Family | \$97.05 | \$13.28 | \$83.77 | \$41.89 | \$109.67 | \$13.28 | \$96.39 | \$48.20 |

ABSTRACT OF BIDS

[illegible]

NOV 16 PM 2:04