# Request for Legislative Action Res. 21065

Res. 21065 Sponsor: Crystal Williams Date: October 10, 2022

Completed by Cou	inty Counselor's Office		
Action Requested:	Resolution	Res.Ord No.:	21065
Sponsor(s):	Crystal J. Williams	Legislature Meeting Date:	10/10/2022

### Introduction

Action Items: ['Award']

Project/Title:

Requesting to award a twelve-month Term and Supply contract with 1) one twelve-month option to extend for furnishing employee group dental to Ameritas Life Insurance Corp. and FCL Dental of Sugarland, TX and group vision insurance to Ameritas Life Insurance Corp., pursuant to the recommendation of the County's Employee Benefits Consultant, CBIZ Benefits of Kansas City, Missouri.

#### **Request Summary**

On July 18, 2022, pursuant to their contract, CBIZ distributed Requests for Proposal for employee group dental and vision insurance to the major carriers on the market – Blue Cross Blue Shield (BCBS), United Healthcare (UHC), Cigna, Aetna, Humana, Ameritas, Delta Dental, Guardian, EyeMed and VSP. For the dental insurance, bids were received from BCBS, Ameritas, and Cigna; for vision, bids were received from EyeMed, Ameritas, UHC, and VSP; all others declined to quote.

For PPO dental coverage, while BCBS offered proposed savings from the current rates with a rate cap for 2024, Ameritas offered greater savings at -11.9% for 2023, plus a two-year rate hold and a very comparable network to the current plan. The total premium costs for 2023 Ameritas Dental plan types and rate options are as follows (Associate Only/Associate +1/Family):

- PPO Base: \$18.56 / \$34.40 / \$61.88

- PPO Buy-Up: \$29.36 / \$57.88 / \$96.56

For DHMO dental coverage, we will remain with FCL Dental DHMO plan whose rates will continue unchanged. The total premium costs for 2023 FCL Dental plan types and rate options are as follows (Associate Only/Associate +1/Family): -DHMO: \$8.76 / \$14.26 / \$22.00

For vision coverage, EyeMed offered a 4-year rate extension at no change from the current rates, but competitive bids were received from Ameritas and UHC. Ameritas showed the greatest overall savings at -9.7% with a 4-year rate guarantee and the unique option of offering both EyeMed and VSP networks to associates. This means during open enrollment, associates will have a choice between which network they prefer, but with no difference in rates or plan design. The total premium costs for 2023 Ameritas Vision plan types and rate options are as follows (Associate Only/Associate + Spouse/Associate + Children/Family):

-EyeMed Network: \$5.64 / \$10.72 / \$11.28 / \$16.52 -VSP Network: \$5.64 / \$10.72 / \$11.28 / \$16.52

Ameritas is also offering a \$10,000 implementation credit for setting up the electronic files since they

would be a new vendor for Jackson County.

Pursuant to Section 1054.6 of the Jackson County Code, Human Resources recommends awarding a twelve-month Term and Supply contract with 1) one twelve-month option to extend for furnishing employee group dental to Ameritas Life Insurance Corp. and FCL Dental of Sugarland, TX and group vision insurance to Ameritas Life Insurance Corp., pursuant to the recommendation of CBIZ.

Contact Informat	ion		
Department:	Human Resources	Submitted Date:	9/20/2022
Name:	Michelle K. Chrisman	Email:	MChrisman@jacksongov.org
Title:	Director of Human Resources	Phone:	816-881-1204

Budget Information			
Amount authorized by the	s legislation this fiscal year	:	\$ 0
Amount previously autho	rized 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

Prior Legislation	
Prior Ordinances	
Ordinance:	Ordinance date:
Prior Resolution	
Resolution:	Resolution date:
20825	December 6, 2021
20779	October 4, 2021
20773	October 4, 2021
20521	October 12, 2020
20272	September 30, 2019
18857	June 15, 2015
20998	June 21, 2022

Purchasing	
Does this RLA include the purchase or lease of	Yes
supplies, materials, equipment or services?	

# **Request for Legislative Action**

Chapter 10 Justification:	Formal Bid
Core 4 Tax Clearance Completed:	Not Applicable
Certificate of Foreign Corporation Received:	Not Applicable
Have all required attachments been included in	Yes
this RLA?	

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

# Fiscal Information •

### History

Submitted by Human Resources requestor: Michelle K. Chrisman on 9/20/2022. Comments:

Approved by Department Approver Gina M. Campbell on 9/20/2022 3:29:48 PM. Comments:

Returned for more information by Purchasing Office Approver Barbara J. Casamento on 9/20/2022 4:46:27 PM. Comments: Need to include Chapter 10 reference

Submitted by Requestor Michelle K. Chrisman on 9/21/2022 7:27:42 AM. Comments: Added reference to Ch. 10.

Approved by Department Approver Gina M. Campbell on 9/21/2022 8:07:19 AM. Comments:

Approved by Purchasing Office Approver Barbara J. Casamento on 9/21/2022 12:36:56 PM. Comments:

Returned for more information by Compliance Office Approver Katie M. Bartle on 9/21/2022 2:34:10 PM. Comments: Ameritas is not in compliance.

Submitted by Requestor Michelle K. Chrisman on 9/22/2022 10:54:51 AM. Comments: Have been notified by Compliance Office they are in compliance.

Approved by Department Approver Gina M. Campbell on 9/22/2022 1:45:03 PM. Comments:

Approved by Purchasing Office Approver Barbara J. Casamento on 9/22/2022 4:08:00 PM. Comments:

Approved by Compliance Office Approver Katie M. Bartle on 9/23/2022 10:03:26 AM. Comments:

Approved by Budget Office Approver Mark Lang on 9/23/2022 4:34:00 PM. Comments: No fiscal note required for a T&S contract.

Approved by Executive Office Approver Sylvya Stevenson on 9/24/2022 2:21:07 PM. Comments:

Approved by Counselor's Office Approver Elizabeth Freeland on 10/5/2022 2:06:36 PM. Comments:



# 2023 EMPLOYEE BENEFITS RENEWAL

### **DENTAL/VISION**

## Blue Cross Blue Shield of Kansas City/EyeMed

As part of the RFP process, CBIZ also distributed proposal requests for Dental and Vision coverage to the market – the above-mentioned medical carriers, plus Ameritas, Delta Dental, Guardian, and VSP. We received dental options from BlueKC as the incumbent, plus Ameritas and Cigna. For the Vision program, we received a proposal from EyeMed the incumbent, plus Ameritas, United Healthcare, and VSP. While BlueKC's dental proposal offered savings from current, plus a rate cap for 2024, both the Ameritas and Cigna offers showed greater savings for 2023 plus a 2-year rate hold. The Ameritas offer showed greater savings than Cigna, and a very compatible network to the current program. This does not represent any changes to the FCL Dental HMO program.

For Vision, EyeMed offered a 4-year rate extension at no change from current, but the market showed competitive offers from Ameritas and United Healthcare. The Ameritas offer showed the greatest overall savings, a 4-year rate guarantee, and the unique option of offering both the EyeMed and VSP networks to associates at the same time. This means that at Open Enrollment, associates would have the option to choose between the EyeMed network or the VSP network, with the same rates and same plan design. As the two largest vision networks in the country, these are the two most requested vision programs we encounter, and being able to offer both at the same time – at the associate's choice, is a unique opportunity that has resulted in very high member satisfaction in past implementations. Further, Ameritas is offering a \$10,000 implementation credit with their program.

Based on these offerings, it is our recommendation to accept the Ameritas offering for Dental and Vision for 2023.

### **SUMMARY**

CBIZ is proud to have established a strong emerging relationship with Jackson County over the past 2 months, and feel the partnership will be very successful for years to come. We are glad to be able to deliver these RFP results and market offerings for 2023 for associates and the County. Further, we are looking forward to strategic discussion in the coming year about program enhancements and best-in-class practices to optimize the program Jackson County offers to associates and their families.

#### JACKSON COUNTY, MISSOURI 2023 DENTAL VISION RATES

		2022	Rates			20	23 Rates	
		FCL I	Dental			FC	L Dental	
DENTAL DHMO PLAN	Total Monthly Premium	County Contribution	Associate Monthly Premium	Associate Cost PPP (24)	Total Monthly Premium	County Contribution	Associate Monthly Premium	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
	1							
		Blue Cross	s Base Plan			Ameri	tas Base Plan	
DENTAL PPO BASE PLAN	Total Monthly Premium	County Contribution	Associate Monthly Premium	Associate Cost PPP (24)	Total Monthly Premium	County Contribution	Associate Monthly Premium	Associate Cost PPP (24)
Associate Only	\$20.14	\$4.81	\$15.33	\$7.67	\$18.56	\$1.86	\$16.70	\$8.35
Associate + 1	\$37.30	\$7.96	\$29.34	\$14.67	\$34.40	\$5.16	\$29.24	\$14.62
Family	\$67.17	\$12.47	\$54.70	\$27.35	\$61.88	\$12.38	\$49.50	\$24.75
						-		
		Blue Cross I	Buy-Up Plan			Amerita	s Buy-Up Plan	
DENTAL PPO BUY-UP PLAN	Total Monthly Premium	County Contribution	Associate Monthly Premium	Associate Cost PPP (24)	Total Monthly Premium	County Contribution	Associate Monthly Premium	Associate Cost PPP (24)
Associate Only	\$31.85	\$5.07	\$26.78	\$13.39	\$29.36	\$1.86	\$27.50	\$13.75
Associate + 1	<b>\$62.79</b>	\$8.50	\$54.29	\$27.15	\$57.88	\$5.16	\$52.72	\$26.36
Family	\$104.81	\$13.28	\$91.53	\$45.77	\$96.56	\$12.38	\$84.18	\$42.09
		EyeMe	d Vision			Ame	ritas Vision	
VISION PLAN	Total Monthly Premium	County Contribution	Associate Monthly Premium	Associate Cost PPP (24)	Total Monthly Premium	County Contribution	Associate Monthly Premium	Associate Cost PPP (24)
Associate Only	\$6.24	\$0.68	\$5.56	\$2.78	\$5.64	\$0.56	\$5.08	\$2.54
Associate + Spouse	\$11.85	\$1.27	\$10.58	\$5.29	\$10.72	\$1.08	\$9.64	\$4.82
Associate + Children	\$12.48	\$1.34	\$11.14	\$5.57	\$11.28	\$1.14	\$10.14	\$5.07
Family	\$18.33	\$1.96	\$16.37	\$8.19	\$16.52	\$1.66	\$14.86	\$7.43

2023 Health Savings Account (HSA) Data

County Contribution to HSA: Associate = \$1,300 Associate+1 = \$1,800 Family = \$2,300 Annual contribution distributed in January; will prorate for new hires. HSA IS NOT ALLOWED WITH FSA-MEI

IRS Contribution HSA Maximums: Associate = \$3,850 Associate+1/Family = \$7,750 (Includes County Contribution) Age 55+ may add \$1,000 to IRS HSA Max.

Flexible Spending Account (FSA) IRS Maximums: Medical \$2,850 Dependent Care \$5,000 MUST RE-ENROLL EACH YEAR IN FSA

			Ameritas	
	In Network	Out of Network	In Network	Out of Network
Plans	EyeMed Insight	Insight	VSP Choice Network	e Network
Eve Exam	\$10 Copay	Up to \$35	\$10 Copay	Up to \$45
Standard Contact Lens Fit & Follow-Up	Up to \$40	Not covered	Up to \$60	Not covered
Premium Contact Lens Fit & Follow-Up	10% off Retail	Not covered	Up to \$60	Not covered
Frequency	Once every 12 months	12 months	Once every 12 monus	12 montus
Single Vision	\$20 Copav	Up to \$25	\$20 Copay	Up to \$30
Bifocal	\$20 Copay	Up to \$40	\$20 Copay	Up to \$50
Trifocal	\$20 Copay	Up to \$55	\$20 Copay	Up to \$65
Frequency	Once every	every 12 months	Once every 1∠ monus	i∠ monus
IIV Coating	\$0 Copav	Not covered	\$0 Copay	Not covered
Standard Scratch	\$0 Copay	Not covered	\$0 Copay	Not covered
Standard Polycarbonate	\$40 Copay	Not covered	\$33 Copay	Not covered
Standard Anti-Reflective	\$45 Copay	Not covered	Not covered	Not covered
Premium Anti-Reflective - Tier 1/2/3	\$57 / \$68 / 80% of charge	Not covered	\$43 - \$85 Momber reconneible for roet over	NOLCOVERU
Standard Progressive	\$85 Copay	Not covered	menuer responsible for cost over bifocal	Not covered
Premium Progressives - Tier 1 / 2 / 3 / 4	\$105 / \$115 / \$130 / \$85 Copay, 80% of charge less \$120 Allowance	Not covered	Member responsible for cost over bifocal	Not covered
Photochromic (Plastic)	\$31 Glass/\$82 Plastic	Not covered	\$31 Glass/\$82 Plastic	Not covered
				110-to ¢75
Frames	20	0p to \$75		
25	Once every	24 months		Once every 24 monuts
Floctive Conventional	\$150 allowance then 15% off balance	Un to \$120	Up to \$150	Up to \$120
- 1-	\$150 allowance, then 15% off balance	Up to 120	Up to \$150	Up to \$120
	\$0 Copay	2	\$0 Copay	Up to \$210
Frequency	Once	every 12 months	Once every	Once every 12 months
			\$5 64	
Associate Office Associate + Spouse	and the second		\$10.72	· · · · · · · · · · · · · · · · · · ·
Associate + Child(ren)		· <b>49</b>	\$11.28	
Family		φ.	\$16.52	
Projected Annual Premium			\$107,495 \$11 E10	
Difference from Current (\$)		<b>?</b>	8TC/TT4-	
		4 Years, plus \$10,0	4 Years, plus \$10,000 implementation credit	
All 2023 rates are shown Net of Commission	ssion			

CBIZ

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