

**REQUEST FOR LEGISLATIVE ACTION**

**Version 6/10/19**

Completed by County Counselor's Office:

Res/~~Ord~~ No.: 20521

Sponsor(s): Crystal Williams

Date: October 12, 2020

<p><b>SUBJECT</b></p>	<p>Action Requested  <input checked="" type="checkbox"/> Resolution  <input type="checkbox"/> Ordinance</p> <p>Project/Title: Requesting a twelve-month extension of the Term and Supply contract with Cigna Health and Life Insurance Company of Overland Park, KS and FCL Dental of Sugarland, TX under the terms and conditions of Request for Proposal No. 27-19</p>										
<p><b>BUDGET INFORMATION</b>  <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 style="text-align: right;">\$</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 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>Source of funding (name of fund) and account code number:</td> <td style="text-align: right;">\$</td> </tr> </table> <p>* If account includes additional funds for other expenses, total budgeted in the account is: \$</p> <p><b>OTHER FINANCIAL INFORMATION:</b></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:	\$
Amount authorized by this legislation this fiscal year:	\$										
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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><b>PRIOR LEGISLATION</b></p>	<p>Prior ordinances and (date): _____                  Prior resolutions and (date): Resolution 20273 (9/30/2019)</p>										
<p><b>CONTACT INFORMATION</b></p>	<p>RLA drafted by (name, title, &amp; phone): Michelle Chrisman, Director of Human Resources, 816-88-1204</p>										
<p><b>REQUEST SUMMARY</b></p>	<p>On October 7, 2019, Resolution No. 20273 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 Cigna Health and Life and FCL Dental.</p> <p>This extension will provide the same dental benefit options currently provided with a 4.08% increase for the Dental PPO-Base Plan and 4.09% increase in the Dental PPO-Buy-Up Plan and no increase for the FCL Dental DHMO plan.</p> <p>The total premium costs (employee and county) for 2021 by plan type and rate option are as follows:</p> <p>Base Plan: \$18.65 – Individual, \$34.54 – Associate +1, \$62.19 – Family                  Buy Up Plan: \$29.49 – Individual, \$58.14 – Associate +1, \$97.05 – Family                  FCL Dental DHMO: \$8.76 – Individual, \$14.26 – Associate +1, \$22.00 – Family</p>										
<p><b>CLEARANCE</b></p>	<p><input type="checkbox"/> Tax Clearance Completed (Purchasing &amp; Department)  <input type="checkbox"/> Business License Verified (Purchasing &amp; Department)  <input type="checkbox"/> Chapter 6 Compliance - Affirmative Action/Prevailing Wage (County Auditor's Office)</p>										
<p><b>COMPLIANCE</b></p>	<p><input type="checkbox"/> MBE Goals  <input type="checkbox"/> WBE Goals</p>										

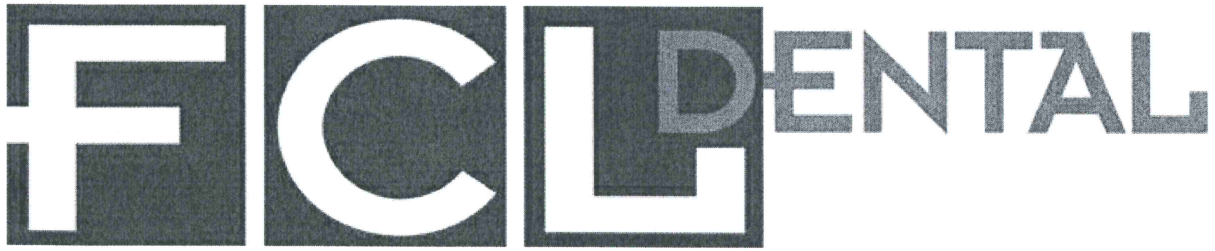
	<input type="checkbox"/> VBE Goals	
ATTACHMENTS		
REVIEW	Department Director: <i>Michelle Chusmer</i>	Date: <i>10/7/2020</i>
	Finance (Budget Approval): <i>If applicable</i>	Date:
	Division Manager: <i>Whitford</i>	Date: <i>10/8/20</i>
	County Counselor's Office: <i>Bryan Conish</i>	Date: <i>10/8/20</i>

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.



July 27, 2020

Vivian Eads  
Jackson County  
415 E 12 Street  
KANSAS CITY, MO 64106

***Re: Jackson County - H- DHMO, Group #KB107295 Renewal***

First Continental Life & Accident Insurance Company (**FCL Dental/Dental Source Dental Plans**) would like to extend our appreciation for the opportunity to continue to be your trusted Dental Insurance partner. As open enrollment approaches underwriting has completed their annual review of your program.

In order to address the changes that have occurred within the composition of your group, to include but not limited to your overall claims experience, no rate adjustment is appropriate at this time. **Effective January 1, 2020 to January 1, 2022 your new rates will be as follows:**

<u>FCL Plan</u>	<u>Current</u>	<u>Renewal</u>
EE Only	\$8.76	\$8.76
EE + One	\$14.26	\$14.26
EE + Family	\$22.00	\$22.00

These rates will be reflected on your next Group Billing Notice. Should you have questions or require additional information please contact your employee benefits advisor or you may also contact your FCL dedicated sales representative.

Again, we want to thank you for your business and look forward to being of service to you throughout the coming year. Please feel free ask us about our *Vision* Insurance!

Sincerely,

**FCL Dental/Dental Source Dental Plans**

CC:



**Jackson County**  
*Guaranteed Cost Funding*  
*Non-Participating*  
*January 01, 2021 - December 31, 2021*

Cigna Total DPPO Tier	Expected Lives	Current Rates	Renewal Rates*
<b>Dental PPO - Base</b>			
Employee Only	198	\$17.92	\$18.65
Employee + 1 Dep	54	\$33.18	\$34.54
Employee + 2 or More Deps	71	\$59.75	\$62.19
Annual Cost	323	\$114,986	\$119,680
<b>Percent Change (Renewal vs Current)</b>			<b>4.08%</b>

\*The above quoted rates include 0.00% Health Insurance Assessment fees (PPACA).

\*The above quoted rates include 10.0% commissions.

Cigna Total DPPO Tier	Expected Lives	Current Rates	Renewal Rates*
<b>Dental PPO - Buy Up</b>			
Employee Only	329	\$28.33	\$29.49
Employee + 1 Dep	147	\$55.86	\$58.14
Employee + 2 or More Deps	182	\$93.24	\$97.05
Annual Cost	658	\$414,020	\$430,943
<b>Percent Change (Renewal vs Current)</b>			<b>4.09%</b>

\*The above quoted rates include 0.00% Health Insurance Assessment fees (PPACA).

\*The above quoted rates include 10.0% commissions.

<b>Total</b>	<b>981</b>	<b>\$529,006</b>	<b>\$550,623</b>
<b>Percent Change (Renewal vs Current)</b>			<b>4.09%</b>

## 2021 DENTAL RATES

	2020 RATES - FCL Dental					2021 RATES - FCL Dental						
	2020 Total Monthly Premium	2020 County Contribution	2020 Associate Monthly Premium	2020 Associate Cost PPP(24)	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	\$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	\$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	\$22.00	\$11.00	\$11.00	\$5.50

	2020 - Cigna Base Plan				2021 - Cigna Base Plan			
	2019 Total Monthly Premium	2019 County Contribution	2019 Associate Monthly Premium	2019 Associate Cost PPP(24)	2021 Total Monthly Premium	2021 County Contribution	2021 Associate Monthly Premium	2021 Associate Cost PPP(24)
Associate Only	\$17.92	\$4.82	\$13.10	\$6.55	\$18.65	\$4.81	\$13.84	\$6.92
Associate + 1	\$33.18	\$7.96	\$25.22	\$12.61	\$34.54	\$7.96	\$26.58	\$13.29
Family	\$59.75	\$12.47	\$47.28	\$23.64	\$62.19	\$12.47	\$49.72	\$24.86

	2020 - Cigna Buy-Up Plan				2021 - Cigna Buy-Up Plan			
	2020 Total Monthly Premium	2020 County Contribution	2020 Associate Monthly Premium	2020 Associate Cost PPP(24)	2021 Total Monthly Premium	2021 County Contribution	2021 Associate Monthly Premium	2021 Associate Cost PPP(24)
Associate Only	\$28.33	\$5.07	\$23.26	\$11.63	\$29.49	\$5.07	\$24.42	\$12.21
Associate + 1	\$55.86	\$8.50	\$47.36	\$23.68	\$58.14	\$8.50	\$49.64	\$24.82
Family	\$93.24	\$13.28	\$79.96	\$39.98	\$97.05	\$13.27	\$83.78	\$41.89