

**Request for Legislative Action****Completed by County Counselor's Office**

Action Requested:	Resolution	Res.Ord No.:	20779
Sponsor(s):	Jalen Anderson	Legislature Meeting Date:	10/4/2021

**Introduction****Action Items:** ['Award']**Project/Title:**

Requesting to award a twelve month contract with one twelve month option to extend at the County's sole discretion for the furnishing of dental coverage for preferred provider organization (PPO) -Base plan and dental PPO Buy-Up plan insurance to Blue Cross Blue Shield as an associate benefit.

**Request Summary**

The proposed rates for 2022 Cigna Dental came in at an 16% increase over 2021 rates. Jackson County requested the broker, Garry and Associates, to secure better rates. The broker brought forward a negotiated package from Blue Cross Blue Shield of Kansas City. The proposal secures us a guaranteed rate of no more than a 6% rate increase per year for two years for the health insurance. Additionally, the dental coverage from BCBS of Kansas City, proposed an 8% increase over 2021 dental rates.

The total premium costs (employee and county) for 2022 by plan type and rate option are as follows:  
 Base PPO Plan - Individual - \$20.14, Associate + 1 - \$37.30, Family - \$67.17  
 Buy Up PPO Plan - Individual - \$31.85, Associate + 1 - \$62.79, Family - \$104.81

**Contact Information**

<b>Department:</b>	Human Resources	<b>Submitted Date:</b>	9/21/2021
<b>Name:</b>	Michelle Chrisman	<b>Email:</b>	MChrisman@jacksongov.org
<b>Title:</b>	Human Resources Director	<b>Phone:</b>	816-881-1204

**Budget Information**

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
<b>Single Source Funding:</b>			
Fund:	Department:	Line Item Account:	Amount:
			<b>!Unexpected End of Formula</b>

## Request for Legislative Action

Prior Legislation	
Prior Ordinances	
Ordinance:	Ordinance date:
Prior Resolution	
Resolution:	Resolution date:
20521	October 12, 2020
20273	September 30, 2019
20017	October 22, 2018

Purchasing	
Does this RLA include the purchase or lease of supplies, materials, equipment or services?	No
Chapter 10 Justification:	
Core 4 Tax Clearance Completed:	
Certificate of Foreign Corporation Received:	
Have all required attachments been included in this RLA?	

Compliance	
Certificate of Compliance	
*No	
Minority, Women and Veteran Owned Business Program	
Goals Not Applicable for following reason: NOT REVIEWED FOR GOALS	
	MBE: .00%
	WBE: .00%
	VBE: .00%
Prevailing Wage	
Not Applicable	

Fiscal Information
<ul style="list-style-type: none"> <li>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.</li> </ul>

## Request for Legislative Action

### History

Michelle Chrisman at 9/21/2021 3:23:48 PM - [Submitted | We have the broker and Blue Cross Representatives scheduled to be at the Monday 9/27/2021 Legislative meeting so need this on the agenda.]

Department Director: Michelle K. Chrisman at 9/22/2021 11:42:14 AM - [ Approved | ]

Finance (Purchasing): Barbara J. Casamento at 9/22/2021 1:37:53 PM - [ Not applicable | ]

Compliance: Katie M. Bartle at 9/22/2021 1:55:35 PM - [ Returned for more information | Blue Cross Blue Shield of Kansas City does not have a current Certificate of Compliance. They can go to [jacomocompliance.com](http://jacomocompliance.com) to apply for a certificate. ]

Submitter: Michelle K. Chrisman at 9/24/2021 10:54:50 AM - [ Submitted | ]

Department Director: Michelle K. Chrisman at 9/24/2021 11:04:36 AM - [ Approved | ]

Finance (Purchasing): Barbara J. Casamento at 9/24/2021 11:38:06 AM - [ Not applicable | ]

Compliance: Jaime Guillen at 9/27/2021 8:52:26 AM - [ Approved | ]

Finance (Budget): Mark Lang at 9/28/2021 11:06:58 AM - [ Approved | Fiscal notes are not required for term and supply contracts. ]

Executive: Sylvia Stevenson at 9/28/2021 11:29:03 AM - [ Approved | ]

Legal: Elizabeth Freeland at 9/28/2021 2:27:52 PM - [ Returned for more information | Please list 20184-Garry & Associates broker & consulting services ]

Submitter: Vivian M. Eads at 9/28/2021 3:47:07 PM - [ Submitted | ]

Department Director: Michelle K. Chrisman at 9/28/2021 4:13:12 PM - [ Approved | ]

Finance (Purchasing): Barbara J. Casamento at 9/28/2021 4:25:29 PM - [ Not applicable | ]

Compliance: Katie M. Bartle at 9/28/2021 4:50:59 PM - [ Returned for more information | Returned as requested by Lisa Honn. ]

Submitter: Michelle K. Chrisman at 9/28/2021 5:08:10 PM - [ Submitted | ]

Department Director: Michelle K. Chrisman at 9/29/2021 12:24:32 PM - [ Returned for more information | Need to revise. ]

Submitter: Michelle K. Chrisman at 9/29/2021 12:55:04 PM - [ Submitted | ]

Department Director: Michelle K. Chrisman at 9/29/2021 1:06:01 PM - [ Approved | ]

Finance (Purchasing): Barbara J. Casamento at 9/29/2021 1:39:53 PM - [ Not applicable | ]

Compliance: Katie M. Bartle at 9/29/2021 1:54:59 PM - [ Approved | ]

Finance (Budget): Mark Lang at 9/29/2021 2:22:36 PM - [ Approved | Term & Supply contracts do not require fiscal notes. ]

Executive: Sylvia Stevenson at 9/29/2021 2:54:12 PM - [ Approved | ]

Legal: Lisa Honn at 9/30/2021 8:12:51 AM - [ Returned for more information | At Elizabeth's request, returning so HR can make some edits. ]

Submitter: Michelle K. Chrisman at 9/30/2021 8:21:11 AM - [ Submitted | ]

Department Director: Michelle K. Chrisman at 9/30/2021 8:40:02 AM - [ Approved | ]

Finance (Purchasing): Craig A. Reich at 9/30/2021 8:58:21 AM - [ Not applicable | ]

Compliance: Katie M. Bartle at 9/30/2021 9:22:20 AM - [ Approved | ]

Finance (Budget): Mary Rasmussen at 9/30/2021 9:49:12 AM - [ Approved | Fiscal Note not required for term & supply. ]

Executive: Sylvia Stevenson at 9/30/2021 11:15:50 AM - [ Approved | ]

Legal: Elizabeth Freeland at 9/30/2021 11:27:51 AM - [ Approved | ]



# 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: Josh Garry  
Location of Group: MO

Proposed Effective Date: 01/01/22  
Today's Date: 09/14/21  
Commission: 5%

### A. PPO DENTAL Preferred-Care Dental - Base

Deductible:			
\$	Type I \$0/\$0	Type II \$50/\$150	Type III \$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	\$20.14	\$0.00	\$20.14
Employee + 1	\$37.30	\$0.00	\$37.30
Family	\$67.17	\$0.00	\$67.17

### 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	\$31.85	\$0.00	\$31.85	
Employee + 1	\$62.79	\$0.00	\$62.79	
Family	\$104.81	\$0.00	\$104.81	

### 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: 

<u>Dental</u>	
503	Individual
260	Employee + 1
<u>225</u>	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.



Kansas City

## Jackson County Dental Benefit Summary – Base Plan

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

**<sup>1</sup>Blue 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.

**<sup>2</sup>Blue 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.

**<sup>3</sup>Non-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 <sup>1</sup>	Blue Dental Choice/GRID+ Providers <sup>2</sup>	Non-Participating Providers <sup>3</sup>
	Deductible, Coinsurance and Limitations		
<b>Calendar Year Deductible</b>	Combined Basic Services and Major Services: \$50 individual / \$150 family		
<b>Type I-Diagnostic and Preventive Services</b> <b>Deductible Does Not Apply</b> <ul style="list-style-type: none"> <li>• Oral evaluations – 2 per calendar year</li> <li>• X-rays – complete mouth 1 every 3 calendar years; single tooth 12 per calendar year; bitewing 2 occurrences per calendar year</li> <li>• Teeth cleaning – 2 per calendar year</li> <li>• Fluoride treatment – 2 per calendar year age 19 and under</li> <li>• Sealant application on posterior tooth – 1 treatment per tooth every 3 years (age 14 and under)</li> <li>• Fixed and removable space maintainer (initial appliance only)</li> <li>• Emergency treatment – temporary pain relief</li> </ul>	100%	100%	100%
<b>Type II-Basic Services</b> <b>Deductible Applies</b> <ul style="list-style-type: none"> <li>• Fillings – composite fillings on all teeth</li> <li>• Recementation of existing inlays, crowns and bridges</li> <li>• Endodontics – root canals and pulpal therapy</li> <li>• Periodontics – gum/tissue care and surgery</li> <li>• Tooth extraction (simple and surgical including wisdom teeth)</li> <li>• General Anesthesia – payable only if provided in connection with a covered service</li> </ul>	80%	80%	60%
<b>Type III-Major Services</b> <b>Deductible Applies</b> <ul style="list-style-type: none"> <li>• Single crowns, inlays, onlays, bridges and dentures</li> <li>• Maintenance of Prosthodontics – adjust/ repair of dentures</li> </ul>	50%	50%	40%
<b>Type IV-Orthodontia Services (to age 19)</b>	60%	60%	50%
<b>Dependent Limiting Age</b>	26		
<b>Orthodontia Lifetime Maximum</b>	\$1,500 Combined per Covered Person <i>Dental Rewards does not apply</i>		
<b>Calendar Year Maximum</b>	\$1,500 Combined per Covered Person <i>Preventive applies towards Calendar Year Maximum</i>		
<b>Dental Rewards</b> 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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