

**ITEMS REQUIRING BOCC APPROVAL
(5 Items)**

1. EMPLOYEE VISION BENEFITS -- HUMAN RESOURCES

FUNDING -- HUMAN RESOURCES

(Request sent to 27 vendors)

RFP #17-0010 Contract

	Vision Service Plan* (VSP Plan Choice) Option One		Vision Service Plan* (VSP Plan Choice w/KidsCare) Option Two		Avesis Third Party Administrators, Inc.	
	Bi-Weekly Rate		Bi-Weekly Rate		Bi-Weekly Rate	
Single Tier	\$3.15		\$3.56		\$4.38	
Two person Tier	\$6.30		\$7.13		\$7.66	
Family Tier	\$10.14		\$11.47		\$11.37	
Benefit	Cost to Employee (copay)	Discount/ Allowance	Cost to Employee (copay)	Discount/ Allowance	Cost to Employee (copay)	Discount/ Allowance
Annual Eye Exam	\$10.00	\$45.00 out of network allowance	\$10.00	\$45.00 out of network allowance	\$10.00	Covered in full in network/reimbursed up to \$45.00 out of network
Annual Contact Lens Eye Exam	\$0.00		\$0.00		Standard covered in full Specialty covered in full after \$25.00 co-payment	Covered in full in network No coverage out of network
Covered Prescription Lenses						
Single Lens	\$0.00	\$30.00 out of network allowance	\$0.00	\$30.00 out of network allowance	Covered in full	Standard lenses covered in full Reimbursed up to \$40.00 out of network

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Lined Bifocal	\$0.00	\$50.00 out of network allowance	\$0.00	\$50.00 out of network allowance	Covered in full	Standard lenses covered in full Reimbursed up to \$60.00 out of network
Lined Trifocal	\$0.00	\$65.00 out of network allowance	\$0.00	\$65.00 out of network allowance	Covered in full	Standard lenses covered in full Reimbursed up to \$80.00 out of network
No Lined Bi/Tri focal	\$55.00 - \$175.00		\$55.00 - \$175.00		20% discount plus \$60.00 allowance	Reimbursed up to \$60.00
UV Protection	\$0.00		\$0.00		Covered in full	Reimbursed up to \$6.00
Scratch Coating	\$0.00		\$0.00		Covered in full	Reimbursed up to \$5.00
Anti-Reflective	\$41.00		\$41.00		Covered in full	Reimbursed up to \$45.00
Polycarbonate Lens	\$31.00 - Single vision \$35.00 - Multifocal Children - Covered in full		\$31.00 - Single vision \$35.00 - Multifocal Children - Covered in full		Child covered in full Adult receives 20% discount	Reimbursed up to \$10.00 for children No coverage out of network for adults
Sunglasses	\$15.00 Solid Tint	20% of a complete pair when purchased with VSP doctor. N/A out of network	\$15.00 Solid Tint	20% of a complete pair when purchased with VSP doctor. N/A out of network	Solid or gradient tint covered in full	reimbursed up to \$4.00

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Covered Frames	\$130.00 retail allowance, plus extra \$20.00 on featured frames	20% discount off coverage (in network) \$70.00 out of network allowance	\$180.00 retail allowance, plus extra \$20.00 on featured frames	20% discount off coverage (in network) \$80.00 out of network allowance	\$50.00 wholesale frame allowance (\$130.00 retail average)	Reimbursed up to \$50.00 out of network
Contact Lens	\$150.00 allowance	\$105.00 out of network allowance	\$160.00 allowance	\$105.00 out of network allowance	\$150.00 allowance	Reimbursed up to \$130.00 out of network
Other	\$0.00 - Standard progressives		\$0.00 - Standard progressives		Up to 25% off refractive surgery plus \$150.00 allowance	reimbursed up to \$150.00 out of network
	United Health Care		Davis Vision, Inc. Option One*		Davis Vision, Inc. Option Two*	
	Bi-Weekly Rate		Bi-Weekly Rate		Bi-Weekly Rate	
Single Tier	\$3.88		\$3.14		\$3.75	
Two Person Tier	\$8.08		\$6.08		\$7.27	
Family Tier	\$12.57		\$8.95		\$10.68	
Benefit	Cost to Employee (copay)	Discount/ Allowance	Cost to Employee (copay)	Discount/ Allowance	Cost to Employee (copay)	Discount/ Allowance
Annual Eye Exam	\$10.00	100% after copay	\$10.00	100% after copay	\$10.00	100% after copay
Annual Contact Lens Eye Exam			Standard lenses: Covered Specialty Lenses: Up to \$60.00 allowance	15% discount after the allowance	Standard lenses: Covered Specialty Lenses: Up to \$60.00 allowance	15% discount after the allowance
Covered Prescription Lenses						
Single Lens	Covered		Covered		Covered	
Lined Bifocal	Covered		Covered		Covered	
Lined Trifocal	Covered		Covered		Covered	
No Lined Bi/Tri focal			Progressive: Standard \$50.00, Premium \$90.00, Ultra \$140.00		Progressive: Standard \$50.00, Premium \$90.00, Ultra \$140.00	
UV Protection	Covered		\$12.00		\$12.00	
Scratch Coating	Covered		Covered		Covered	
Anti-Reflective			Standard \$35.00 Premium \$48.00 Ultra \$60.00		Standard \$35.00 Premium \$48.00 Ultra \$60.00	

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Polycarbonate Lens	Covered for children up to age 19		Child \$0.00 Adult \$30.00		Child \$0.00 Adult \$30.00	
Sunglasses			Covered as above when used as primary benefit Second pairs are 50% off at Visionworks 30% off at most other providers		Covered as above when used as primary benefit Second pairs are 50% off at Visionworks 30% off at most other providers	
Covered Frames	Up to \$130.00 for in network Up to \$65.00 for out of network	30% discount after allowance	Up to \$130.00 or a free frame at Visionworks or members may choose from exclusive Davis Vision Collection: Fashion/Designer Covered, Premier \$25.00 copay	20% discount on any amount over retail allowance	Up to \$180.00 or a free frame at Visionworks or members may choose from exclusive Davis Vision Collection covered in full	20% discount on any amount over retail allowance
Contact Lens	Up to \$150.00 for in network Up to \$105.00 for out of network		\$150.00 allowance or members may be prescribed lenses from the Exclusive Collection. Lenses and evaluation and fitting would be covered in full.	15% discount on any amount over retail allowance	\$150.00 allowance or members may be prescribed lenses from the Exclusive Collection. Lenses and evaluation and fitting would be covered in full.	15% discount on any amount over retail allowance

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Other -	Covered tent		\$39.00 retinal imaging			
	Covered medically necessary contact lenses for in network Up to \$210.00 for out of network		Free one year breakage warranty			
	HealthSmart Benefit Solutions Option One		HealthSmart Benefit Solutions Option Two		HealthSmart Benefit Solutions Option Three	
	Bi-Weekly Rate		Bi-Weekly Rate		Bi-Weekly Rate	
Single Tier	\$0.83		\$0.86		\$0.95	
Two Person Tier	\$1.16		\$1.21		\$1.40	
Family Tier	\$1.41		\$1.48		\$1.74	
Benefit	Cost to Employee (copay)	Discount/ Allowance	Cost to Employee (copay)	Discount/ Allowance	Cost to Employee (copay)	Discount/ Allowance
Annual Eye Exam	\$10.00		\$10.00		\$30.00	
Annual Contact Lens Eye Exam		15% savings on exam		15% savings on exam		15% savings on exam
Covered Prescription Lenses	\$10.00		\$25.00		Included	
Single Lens	Included		Included		Included	
Lined Bifocal	Included		Included		Included	
Lined Trifocal	Included		Included		Included	
No Lined Bi/Tri focal	Included		Included		Included	
UV Protection		Avg. savings of 20-25%		Avg. savings of 20%		Avg. savings of 20-25%
Scratch Coating		Avg. savings of 20-25%		Avg. savings of 20%		Avg. savings of 20-25%
Anti-Reflective		Avg. savings of 20-25%		Avg. savings of 20%		Avg. savings of 20-25%
Polycarbonate Lens		Avg. savings of 20-25%		Avg. savings of 20%		Avg. savings of 20-25%
Sunglasses		Avg. savings of 20-25%		Avg. savings of 20%		Avg. savings of 20-25%
Covered Frames	\$10.00	\$130.00 Allowance 20% savings on amount over allowance	\$25.00	\$130.00 Allowance 20% savings on amount over allowance		\$150.00 Allowance 20% savings on amount over allowance
Contact Lens		\$130.00 allowance		\$130.00 allowance		\$200.00 allowance

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Other -	Up to \$39.00 for retinal screening	Avg. 15% off regular price or 5% off promotional price	Up to \$39.00 for retinal screening	Avg. 15% off regular price or 5% off promotional price	Up to \$39.00 for retinal screening	Avg. 15% off regular price or 5% off promotional price
	National Vision Administrators, LLC		Metropolitan Life Insurance Company dba MetLife		Aetna Life Insurance Company	
	Bi-Weekly Rate		Bi-Weekly Rate		Bi-Weekly Rate	
Single Tier	\$3.13		\$4.60		\$3.94	
Two Person Tier	\$6.10		\$8.91		\$7.63	
Family Tier	\$8.90		\$13.10		\$11.22	
Benefit	Cost to Employee (copay)	Discount/ Allowance	Cost to Employee (copay)	Discount/ Allowance	Cost to Employee (copay)	Discount/ Allowance
Annual Eye Exam	\$10.00 in network \$35.00 out of network		\$10.00	\$45.00 allowance	\$10.00 in network \$34.00 reimbursement out of network	
Annual Contact Lens Eye Exam			Covered in full with a maximum copay of \$60.00		\$0.00 in network \$40.00 reimbursement out of network	10% off retail price, then apply \$40.00 allowance
Covered Prescription Lenses						
Single Lens	\$0.00		\$0.00	\$30.00 allowance	\$0.00 in network \$29.00 reimbursement out of network	
Lined Bifocal	\$0.00		\$0.00	\$50.00 allowance	\$0.00 in network \$43.00 reimbursement out of network	
Lined Trifocal	\$0.00		\$0.00	\$65.00 allowance	\$0.00 in network \$53.00 reimbursement out of network	
No Lined Bi/Tri focal	\$30.00		Not included	Not included	\$65.00 in network \$43.00 reimbursement out of network	20% off retail minus \$120.00 plan allowance plus \$65.00
UV Protection	\$12.00		Covered in full	Applied to the allowance for the applicable corrective lens	\$15.00 discounted fee for in network not covered for out of network	

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Scratch Coating	\$10.00 (Standard)		Covered in full	Applied to the allowance for the applicable corrective lens	\$15.00 discounted fee for in network not covered for out of network	
Anti-Reflective	\$40.00 Anti-reflective		Covered in full	Applied to the allowance for the applicable corrective lens		\$45.00 discount fee for in network Not covered for out of network
Polycarbonate Lens	\$25.00 Single Vision \$30.00 Multifocal		Covered in full (Child up to age 18)	Applied to the allowance for the applicable corrective lens	\$0.00 for children to age 19 in network \$35.00 reimbursement for out of network \$40.00 discounted fee for in network not covered for out of network	
Sunglasses	N/A		Not included	Not included	Frame allowance in network \$65.00 reimbursement for out of network	20% off balance over the allowance
Covered Frames	\$130.00 retail allowance	80% of balance over \$130.00	\$150.00 allowance Costco: \$85.00 allowance	\$70.00 allowance	\$130.00 allowance in network \$65.00 reimbursement for out of network	20% off balance over the allowance
Contact Lens	150.00 retail allowance	Conventional: 85% of balance over \$150.00 Disposable: 90% of balance over \$150.00	\$150.00 allowance	\$105.00 allowance	\$150.00 allowance for in network \$65.00 reimbursement for out of network	20% off balance over the allowance

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Other -	\$50.00 Standard Progressive \$100.00 Premium Progressive \$75.00 polarized \$65.00 Single vision standard transition \$70.00 Multifocal standard transition \$55.00 High index \$10.00 Solid tint \$12.00 Fashion gradient \$20.00 Single vision glass photogrey \$30.00 Multifocal glass photogrey				Discounted fee of \$15.00 for in network not covered for out of network Tint (solid and gradient)	Pays 80% of retail for in network not covered for out of network polarized Pays 80% of retail for in network not covered for out of network Photochromic/transitions plastic
	Surency Life and Health Insurance Company Option One	Surency Life and Health Insurance Company Option Two	EyeMed Vision Care, LLC*			
	Bi-Weekly Rate	Bi-Weekly Rate	Bi-Weekly Rate			
Single Tier	\$4.32	\$3.67	\$4.04			
Two Person Tier	\$8.38	\$7.12	\$7.82			
Family Tier	\$12.31	\$10.47	\$11.50			

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Benefit	Cost to Employee (copay)	Discount/ Allowance	Cost to Employee (copay)	Discount/ Allowance	Cost to Employee (copay)	Discount/ Allowance
Annual Eye Exam	\$10.00		\$10.00		\$10.00	N/A
Annual Contact Lens Eye Exam	\$0.00		\$0.00		\$0.00	N/A
Covered Prescription Lenses						
Single Lens	\$0.00		\$25.00		\$0.00	N/A
Lined Bifocal	\$0.00		\$25.00		\$0.00	N/A
Lined Trifocal	\$0.00		\$25.00		\$0.00	N/A
No Lined Bi/Tri focal	\$65.00		\$65.00 + \$25.00 Bi/Tri focal copay		\$0.00	N/A
UV Protection	\$15.00		\$15.00		\$0.00	N/A
Scratch Coating	\$15.00		\$15.00		\$0.00	N/A
Anti-Reflective	\$45.00		\$45.00		\$0.00	N/A
Polycarbonate Lens	\$0.00 for dependents under 19		\$0.00 - Dependents under 19		\$0.00 Kids \$40.00 Adults	N/A
Sunglasses		\$20.00 discount		\$20.00 discount	N/A	Can use frame and lens benefit for prescription sunglasses
Covered Frames	\$150.00 allowance	20% off balance over \$150.00	\$150.00 allowance	20% off balance over \$150.00	\$0.00	\$130.00 allowance, 20% off balance over \$130.00
Contact Lens	\$150.00 allowance		\$150.00 allowance		\$0.00	\$150.00 allowance 15% off balance over \$150.00 for conventional lenses only Medically necessary: paid in full

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Other	\$65.00 + 80% off retail, less \$120.00 for premium progressive	20% discount 40% discount off second pair of glasses	\$65.00 + 80% off retail, less \$120.00 for premium progressive	20% discount 40% discount off second pair of glasses	Standard Progressive Lenses \$65.00	
	Significa Benefit Services, Inc.		Superior Vision Services, Inc.			
	Bi-Weekly Rate		Bi-Weekly Rate			
Single Tier	\$2.29		\$4.60			
Two Person Tier	Included		\$8.91			
Family Tier	Included		\$13.10			
Benefit	Cost to Employee (copay)	Discount/ Allowance	Cost to Employee (copay)	Discount/ Allowance		
Annual Eye Exam	Balance after \$10.00 discount	\$10.00	\$10.00	Up to \$34.00 Out of network Ophthalmologist Up to \$26.00 Out of network Optometrist		
Annual Contact Lens Eye Exam	Balance after \$10.00 discount	\$10.00	100% covered for in network			
Covered Prescription Lenses						
Single Lens	\$35.00		100% covered for in network	Up to \$29.00 out of network allowance		
Lined Bifocal	\$55.00		100% covered for in network	Up to \$43.00 out of network allowance		
Lined Trifocal	\$70.00		100% covered for in network			

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No Lined Bi/Tri focal	\$50.00 + bifocal/trifocal charge		Covered up to the retail tri-focal level	Up to \$53.00 out of network allowance	
UV Protection	\$12.00		100% covered for in network	Not covered	
Scratch Coating	\$15.00		100% covered for in network	Not covered	
Anti-Reflective	\$45.00		100% covered for in network	Not covered	
Polycarbonate Lens	\$35.00		100% covered in network for dependent children up to age 19	Not covered	
Sunglasses	\$75.00 Polarized		Covered if prescription lenses and only as the 1st pair. Discounts available on them as a 2nd pair at participating providers.		
Covered Frames		35% off retail	100% covered before \$130.00 allow	Up to \$65.00 Out of network	
Contact Lens		15% off retail for conventional lenses	100% covered before \$150.00 allow	Up to \$100.00 Out of network	
Other		10% off retail for contact lens disposable 10% off retail for contact lens fitting/follow up	100% covered for in network Medically necessary contract lenses 100% covered for in network standard contact lens fitting \$50.00 retail allowance for in network specialty contact lens fitting	Up to \$210.00 out of network medically necessary contact lenses Not covered	
No Bids	Advantica		Humana		

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*Negotiated prices

On the recommendation of Kara Kingsley, on behalf of the Division of Human Resources, Richard Powell moved to **accept the proposal from Vision Service Plan Option Two and establish contract pricing at the rates listed above for two (2) years with three (3) one (1) year options to renew.** Linda Kizzire seconded the motion. The motion passed unanimously.

A committee comprised of Heather Poorman, Rebecca Page - Human Resources, Jeana Morgan - Public Works and Kara Kingsley - Purchasing reviewed and scored the responses based on criteria set forth in the RFP. Davis Vision, Inc., Vision Service Plan, EyeMed Vision Care, LLC, and Superior Vision Services, Inc. were shortlisted and were asked for their best and final offer, additional questions and clarifications, and a disruption report was configured. The committee unanimously decided to recommend Vision Service Plan for award.

Vision benefit services are offered by Sedgwick County to the full-time active population of approximately 2,800 total eligible employees, 250 employees classified as "permanent" part-time employees, and all COBRA eligible employees. As of March 2017, there are 2,061 employees, 3,240 spouses and dependent children under age 26, 195 COBRA and Retirees covered under Sedgwick County's current Vision Plan.

HealthSmart Benefit Solutions was not considered due to higher prices for lens options, additional co-pays, and Sedgwick County would be responsible to distribute cards and booklets.

National Vision Administrators, LLC was not considered due to their network of doctors that didn't include Grene Vision Group.

Significa Benefit Services, Inc. was not considered due to their poor response and that they provided a discount plan not a vision benefit plan.

Superior Vision Services, Inc. is our current vendor.

Questions and Answers

Talaya Schwartz: I just have a comment and then a question. This is extensive work so I appreciate the Review Committee and Purchasing working on this. I sat in on one too many review committees and can't imagine having to read all these responses so thank you for that. Can you tell me what questions were asked to the shortlisted vendors?

Kara Kingsley: They ranged depending on their response and our questions. I don't have it with me. I can include that in the response later.

Thomas Stolz: We shortlisted. Did we then send a list of questions back to them electronically or did we bring anybody in physically to talk to them?

Kara Kingsley: It was all electronic.

Thomas Stolz: It sounds like you had a pretty extensive review so we didn't have to bring anybody in physically to talk to them?

Kara Kingsley: Correct, there wasn't a website we needed to demo.

Thomas Stolz: And the questions that were shot back out were not uniform in nature, they were individualized?

Talaya Schwartz: Based on each proposal?

Kara Kingsley: Correct.

Thomas Stolz: Superior – did they bid?

Heather Poorman, Benefits Manager: Yes.

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Thomas Stolz: The vendor we choose outperformed them?

Heather Poorman: Superior was the highest bid that we received and they didn't do a best and final offer.

Talaya Schwartz: Is there any key highlight that are different than the current plan that we have?

Heather Poorman: With VSP they offer a...I believe it's called kid care, where children up to the age of 19 can receive glasses or contacts every year, versus right now it's every other year for like frames and glasses so that was one of the key points with VSP.

Talaya Schwartz: Any benefits we lost?

Heather Poorman: There is a 15% disruption in member service as there are 5,496 members on the Vision Plan and 849 are currently seeing providers out of VSP's network. We would ask VSP reach out to the providers our members are currently using who are not in VSP's network to see if they would join the network.

Thomas Stolz: Has the county historically had VSP?

Heather Poorman: Yes.

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2. EMPLOYEE FLEXIBLE SPENDING ACCOUNT ADMINISTRATION -- HUMAN RESOURCES

FUNDING -- HUMAN RESOURCES

(Request sent to 55 vendors)

RFP #17-0012 Contract

	Total Administrative Services Corporation	Significa Benefit Services, Inc.	Application Software, Inc. dba ASI Flex	AxisPlus Benefits
Initial Setup, One Time	\$0.00	\$500.00	\$0.00	Included
Basic Administration, Per Participant Per Month	\$3.45	\$4.75 w/debt card \$3.50 w/o debt card	\$2.50	\$2.75
Informal Seminar, Each Time	TBD	\$0.00	\$0.00	Included
Open Enrollment Packets, Per Packet	\$0.00	\$0.00	\$0.00	Included
Open Enrollment Consultation, Per Employee Per Hour	N/A	\$0.00	\$0.00	Included
Debit Card Services, Per Participant Per Month and Annual Charge	\$0.00 (two included)	\$0.00 \$10.00 per additional card or replacement card	\$0.00 (two included) \$5.00 for additional or replacement	Included
Custom Reports, Per Hour	\$125.00	\$0.00	\$0.00	Included
Mailings due to changes in law, As Necessary Per Form/Letter Mailed	TBD	\$0.00	Can be quoted based on scope	Included
Other	\$400.00 First year \$100.00 Renewal per year HIPAA compliance	\$10.00 per enrollment fee		\$5.00 per card replacement \$5.00 When necessary, plan amendment fee
	Discovery Benefits, Inc.	Connect Your Care, LLC	Aetna Life Insurance Company	UnitedHealthcare
Initial Setup, One Time	\$0.00	Waived	\$500.00	Included
Basic Administration, Per Participant Per Month	\$3.50	\$2.85	\$4.25	\$4.22
Informal Seminar, Each Time	\$0.00	\$2,000.00	\$0.00 For first time \$500.00 each after first one	
Open Enrollment Packets, Per Packet	\$0.00	Included	Included	
Open Enrollment Consultation, Per Employee Per Hour	Webinars provided at no additional cost	No Charge	N/A	
Debit Card Services, Per Participant Per Month and Annual Charge	\$0.00	\$0.00	Included	\$0.50 Per participating employee per month
Custom Reports, Per Hour	\$0.00	\$200.00	\$150.00	Included
Mailings due to changes in law, As Necessary Per Form/Letter Mailed	\$0.00	Electronic provided at no charge	\$10.00	

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	Lifetime Benefit Solutions, Inc.	HealthSmart Benefit Solutions	Flex Made Easy	Surency Life and Health Insurance Company
Initial Setup, One Time	Waived	\$0.00	Waived	Waived
Basic Administration, Per Participant Per Month	\$2.95	\$3.80	\$2.50	\$2.75
Informal Seminar, Each Time	Included	\$0.00	Waived	Included
Open Enrollment Packets, Per Packet	Included	\$0.00	Waived	Included
Open Enrollment Consultation, Per Employee Per Hour	Included	\$0.00	Waived	Included
Debit Card Services, Per Participant Per Month and Annual Charge	Included	Included \$10.00 per replacement	Waived	Included
Custom Reports, Per Hour	\$150.00	\$175.00	Waived	Included
Mailings due to changes in law, As Necessary Per Form/Letter Mailed	Included	\$5.00	Waived	Included
Other		\$215.00 Annual renewal fee		\$0.50 discount if a valid email is provided
	Mii Life, Inc. dba SelectAccount			
Initial Setup, One Time	\$0.00			
Basic Administration, Per Participant Per Month	\$4.00			
Informal Seminar, Each Time	\$0.00			
Open Enrollment Packets, Per Packet	\$0.00			
Open Enrollment Consultation, Per Employee Per Hour	\$500.00 + Travel per event			
Debit Card Services, Per Participant Per Month and Annual Charge	\$0.00			
Custom Reports, Per Hour	\$0.00			
Mailings due to changes in law, As Necessary Per Form/Letter Mailed	\$0.00			
Other	\$400.00 Annual Fee			
No Bids	Tri-Star Systems	Sedgwick Claims Management Services, Inc.	Family Health America	
	Hinkle Law	USI Insurance Services	AGHLC	

On the recommendation of Kara Kingsley, on behalf of the Division of Human Resources, Jennifer Dombaugh moved to **accept the proposal from Surency Life and Health Insurance Company (Surency) and establish contract pricing at the rates listed above for three (3) years with two (2) one (1) year options to renew.** Richard Powell seconded the motion. The motion passed unanimously, Linda Kizzire abstained.

A committee comprised of Heather Poorman and Rebecca Page - Human Resources, Linda Kizzire - Treasurer's Office and Kara Kingsley - Purchasing reviewed and scored the responses based on criteria set forth in the RFP. The committee unanimously decided to recommend Surency for award.

Sedgwick County has offered Health Care Reimbursement and Dependent Care Flexible Spending Account Programs to employees since 1996. The County contributes (\$75 single/\$150 2-person/\$220 family) to a Health Care Flexible Spending Account for each employee that is currently enrolled in health care benefits and completes an annual preventive exam and enters the date before the deadline.

AxisPlus Benefits was not considered due to their amendment fee and additional card fee.

Flex Made Easy was not considered due to their card replacement fee, client size, and that they did not provide performance guarantees.

Application Software, Inc. dba ASI Flex was not considered due to their high turnover rate and that they did not provide performance guarantees. They are our current vendor.

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Questions and Answers

Richard Powell: I have a question pertaining to I believe it's on the first page about halfway down... there's a basic administration per participant monthly fee. Now that assessed back to the employee or their division?

Heather Poorman: Sedgwick County pays the administrative fee for each employee that is enrolled.

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**3. COBRA/RETIREE COVERAGE CONTINUATION ADMINISTRATION -- HUMAN RESOURCES
FUNDING -- HUMAN RESOURCES**

(Request sent to 12 vendors)

RFP #17-0019 Contract

	Significa Benefit Services, Inc.	WageWorks, Inc.	ASI COBRA, LLC	Discovery Benefits, Inc.*
Initial Setup, One Time	\$100.00	Waived	\$250.00	\$0.00
Open Enrollment Dissemination, Per Packet Mailed	\$1.00	\$15.00 Full service \$8.00 Partial Service	\$8.00	Included
Comprehensive Initial Mailing, Per Form Mailed	\$1.00		\$3.00 COBRA initial notices \$15.00 COBRA qualifying event election notice	\$0.00
COBRA/Retiree Services, Per Employee Per month (PEPM)	\$1.50	\$0.43 PEPM \$5.50 Per participant per month Direct Bill	\$5.00 COBRA \$5.00 Retiree	\$0.42 COBRA \$4.50 Retiree billing
Billing and Collection, % Of Premium Billed	2%	2%	2%	2%
HIPAA Certificate of Creditable Coverage, Each	\$0.00	N/A	Included	N/A
Special Programming, Per Hour		\$150.00	\$125.00	\$0.00
Mailings Due To Changes In Law, As Necessary Per Form/Letter Mailed	\$1.00	Included		\$0.00
Other	\$0.50 PEPM Each additional benefit line			

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	Aetna Life Insurance Company	Lifetime Benefit Solutions, Inc.	Taben, LC*	Flex Made Easy
Initial Setup, One Time	\$1,500.00	Waived	\$0.00	Included
Open Enrollment Dissemination, Per Packet Mailed	\$15.00	Included	\$5.00	Included
Comprehensive Initial Mailing, Per Form Mailed	\$22.00	Included	Included	Included
COBRA/Retiree Services, Per Employee Per month (PEPM)	\$0.60 COBRA \$5.00 Retiree	\$0.65 COBRA \$3.50 Retiree	\$0.45 COBRA \$4.00 Retiree	\$0.90
Billing and Collection, % Of Premium Billed	2%	2%	Included	Included
HIPAA Certificate of Creditable Coverage, Each	N/A	Included	Included	Included
Special Programming, Per Hour	\$150.00	\$150.00	\$200.00	Included
Mailings Due To Changes In Law, As Necessary Per Form/Letter Mailed	\$10.00	Included	Cost	Included
	HealthSmart Benefit Solutions	Health Plan Services	Connect Your Care	
Initial Setup, One Time	\$0.00	\$0.00	Waived	
Open Enrollment Dissemination, Per Packet Mailed	\$0.00	\$5.85	\$20.00	
Comprehensive Initial Mailing, Per Form Mailed	\$0.00	N/A	\$0.00	
COBRA/Retiree Services, Per Employee Per month (PEPM)	\$1.40	\$3400.00 Cobra \$800.00 Retiree	\$0.65	
Billing and Collection, % Of Premium Billed	2%	2%	2%	
HIPAA Certificate of Creditable Coverage, Each	N/A	Included	\$5.00	
Special Programming, Per Hour	\$0.00	\$135.00	\$200.00	
Mailings Due To Changes In Law, As Necessary Per Form/Letter Mailed	\$5.00	Negotiated Charge	\$0.00	
Other	215.00 Annual renewal fee			

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No Bids	Total Administration Services Corporation	UnitedHealthcare
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*Negotiated rates

On the recommendation of Kara Kingsley, on behalf of the Division of Human Resources, Linda Kizzire moved to **accept the proposal from Taben, LC and establish contract pricing at the rates listed above for two (2) years with three (3) one (1) year options to renew.** Talaya Schwartz seconded the motion. The motion passed unanimously.

A committee comprised of Heather Poorman, Rebecca Page and Connie McAfee - Human Resources, Lindsay Poe Rousseau - CFO and Kara Kingsley - Purchasing reviewed and scored the responses based on criteria set forth in the RFP. Discovery Benefits, Inc. and Taben, LC were shortlisted and were asked for their best and final offer, additional questions and clarifications, and were asked to give demos of their online portal. The committee unanimously decided to recommend Taben, LC for award.

Upon separation of employment, retirement, or other circumstances resulting in the loss of benefit coverage, employees and/or their dependents may be extended the right for continuation of benefit coverage under the Federal Laws known as COBRA and under Kansas State Laws known as KPERS/KP&F Retired Employee Benefits.

In 2016 Sedgwick County had an average of 10 COBRA participants and 110 retiree participants each month.

Significa Benefit Services, Inc. was not considered due to their poor response and lack of information. The committee had concerns that they could not handle an organization of our size.

Lifetime Benefit Solutions, Inc. was not considered due to their high rate of dropped calls and their high cost for card payments.

Flex Made Easy was not considered due to a poor response. They provided no performance guarantee, references or customer surveys.

HealthSmart Benefit Solutions was not considered due to their lack of online access and provided no performance guarantees.

Health Plan Services (known as Harrington Health) is our current vendor.

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Questions and Answers

Richard Powell: In the documentation on the second page there are several mentions of special programming per hour. It seems rather costly. What is special programming?

Heather Poorman: That would be if we set up like a new group. You may be familiar when we have the SVRP group several years ago that would require a special program with the COBRA vendor. Very rare that we would have any type of special programming.

Richard Powell: So that would be something that would occur at the county level, not the employee level?

Heather Poorman: Correct.

Richard Powell: And one more question, our current vendor did not participate in this bid?

Heather Poorman: They did, they are on the second page on the bottom in the middle called Health Plan Services. They recently bought Harrington Health.

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**4. ASBESTOS ABATEMENT JUDGE RIDDEL BOYS RANCH -- FACILITIES PROJECT SERVICES
FUNDING -- CAPITAL IMPROVEMENT PROGRAM**

(State of Kansas contract 42663)

#17-2027 S/C Pending

	B&R Insulation, Inc.	New Horizons Enterprises LLC	Major Abatement and Demolition, Inc.
Asbestos Abatement Services	\$132,726.00	\$109,657.00	\$88,500.00
Time to Complete	5 Weeks	4 - 6 Weeks	5 Weeks

On the recommendation of Kimberly Bush, on behalf of Facilities Project Services, Jennifer Dombaugh moved to **accept the low quote from Major Abatement and Demolition, Inc. in the amount of \$88,500.00.** Linda Kizzire seconded the motion. The motion passed unanimously.

In order to demolish the buildings at Judge Riddel Boys Ranch, an asbestos abatement must be done to be in compliance with KDHE (Kansas Department of Health and Environment) guidelines. The State of Kansas has three (3) contracted vendors that provide these services. Purchasing contacted all three (3) vendors to see if they would be willing to quote on the work. Since they were all willing to do the job, quotes were obtained from each of them and the low quote is being recommended for award.

County staff received an asbestos report from a local vendor and provided that information to the state contracted vendors. County staff feel confident that the selected vendor will be able to complete the work as required.

Note: Funding is pending CIP amendment to be presented on July 12th, 2017 BoCC Consent Agenda.

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**5. PROPERTY DEMOLITION JUDGE RIDDEL BOYS RANCH -- FACILITIES PROJECT SERVICES
FUNDING -- CAPITAL IMPROVEMENT PROGRAM**

(Request sent to 57 vendors)

RFB #17-0056 S/C Pending

	H. Excavating LLC	H.D. Mills & Sons, Inc.	G & G Dozer, LLC
Lump Sum Base Bid	\$128,500.00	\$477,900.00	\$218,000.00
Days to Complete Demolition	120	150	45
Bid Bond	Yes	Yes	Yes
Acknowledge Addendum	Yes	Yes	Yes
Designated, Licensed Landfill or Landfills	Brooks Landfill	Brooks Landfill	Brooks Landfill
	Dondlinger & Sons Const. Co., Inc.	Pearson Construction LLC	
Lump Sum Base Bid	\$550,000.00	\$232,805.00	
Days to Complete Demolition	150	60	
Bid Bond	Yes	Yes	
Acknowledge Addendum	Yes	Yes	
Designated, Licensed Landfill or Landfills	Brooks Landfill	Cornejo & Sons	
No Bids	EMA, Inc.	Vogts Construction Company	Inca-Sol Environment, Inc.

On the recommendation of Kimberly Bush, on behalf of Facilities Project Services, Talaya Schwartz moved to **accept the low bid from H. Excavating LLC in the amount of \$128,500.00**. Richard Powell seconded the motion. The motion passed unanimously.

This work includes demolishing buildings/recreational features, debris removal, and grading to return the site to usable park land.

Judge Riddell Boys Ranch has been closed for several years. The buildings are in major disrepair and it would be cost prohibitive to remodel them and bring them up to code. The county has attempted on several occasions to sell or lease the property and has been unsuccessful.

County staff met with the vendor to ensure they understood the scope of work and could complete the project as specified at the cost quoted. The county is confident that the vendor will be successful in completion of this project.

Note: Funding is pending CIP amendment to be presented on July 12th, 2017 BoCC Consent Agenda.