AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Amendment #6; Contract # IOARE-1084-717; CoreSourc

Action Requested: County Manager Signature

Parties to the Agreement: IOA Re and Gunnison County, Colorado

Term Begins: September 1, 2017 **Term Ends:** **Grant Contract #:**

Summary:

Amendment reflecting changes to rates, factors and Minimum Aggregate Deductible to our stop loss insurance because of the recent addition of ELAP. Services.

Fiscal Impact: Premium rates

Submitted by: Cheryl Seling **Submitter's Email Address:** cseling@gunnisoncounty.org

Finance Review: (●) Required ( ) Not Required

Comments:
Aggregate Monthly Factors and Minimum Aggregate Deductible amounts are decreasing. We are expecting savings in total plan costs. No concerns. ln

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 8/31/2017

County Attorney Review: (●) Required ( ) Not Required

Comments:
ok db 8/30/17

Reveiwed by: GUNCOUNTY1\dBaumgarten Discharge Date: 8/30/2017 Certificate of Insurance Required Yes ( ) No (●)

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\mbirnie Discharge Date: 8/31/2017

(●) Consent Agenda ( ) Regular Agenda ( ) Worksession Time Allotted: 0

Agenda Date: 9/5/2017

Revised April 2015

AMENDMENT No. 6

To be attached to and made part of Contract Number IOARE-1084-171, issued to Gunnison County. The Contract is amended as of September 1, 2017.

The existing Schedule of Insurance is deleted in its entirety and is replaced with the attached Schedule of Insurance.

1. Contract Number: IOARE-1084-171

2. Contractholder: Gunnison County

3. Address: 200 E. Virginia Avenue

   City: Gunnison State: CO Zip Code: 81230

4. Subsidiary or affiliated companies (companies under common control through stock ownership, contract, or otherwise) to be included (List legal name and addresses.):

   None

5. Name and address of Designated Third Party Administrator:

   CoreSource, Inc., 35601 Mound Road, Sterling Heights, MI 48310

6. Effective Date:
   January 1, 2017 to January 1, 2018

7. **GENERAL SCHEDULE OPTIONS:**

   (a) Contract Period: 1/1/2017 to 1/1/2018

   (b) Disabled Persons [X] are covered, provided such persons have been disclosed to, and accepted by, the Company.
   [ ] are not covered.

   Retired Employees [ ] are [X] are not covered.

   (c) **Aggregate Benefit:** [X] Yes [ ] No

   Aggregate Contract Basis: Employee Benefit Plan Expenses must be
   Incurred from 1/1/2016 to 1/1/2018, and
   Paid from 1/1/2017 to 1/1/2018.
   Claims Incurred prior to the Contract Effective Date are limited to $238,873.

   Aggregate eligible expenses include:
   [X] Medical [X] Prescription Card Service
   [ ] Dental Care [ ] Weekly (Disability) Income
   [ ] Vision Care [ ] Prescription Drugs under Medical
   [ ] Other

AMENDMENT No. 6
(continued)

7. **GENERAL OPTIONS: (Continued)**

1/1/17 to 8/31/17:

Aggregate Monthly Factor per Single Employee:	$ 510.31
Employee & Spouse:	$ 1,016.55
Employee & Child(ren):	$ 899.68
Family:	$ 1,526.86

Effective 9/1/17:

Aggregate Monthly Factor per Single Employee:	$ 473.30
Employee & Spouse:	$ 942.83
Employee & Child(ren):	$ 834.44
Family:	$ 1,416.14

Aggregate Payable Percentage (excess of Deductible):	100%
Maximum Eligible Claim Expense Per Covered Person:	$ 50,000
Minimum Aggregate Deductible:	$ 1,553.989
Maximum Aggregate Benefit (excess of Deductible):	$ 1,000,000

(c) Monthly Aggregate Accommodation: [ ] Yes [X] No

(d) Aggregate Terminal Liability: [ ] Yes [X] No

(e) **Specific Benefit:** [X] Yes [ ] No

Specific Contract Basis: Employee Benefit Plan Expenses must be
Incurred from 1/1/2016 to 1/1/2018, and
Paid from 1/1/2017 to 1/1/2018.
Claims Incurred per Covered Person prior to the Contract Effective Date are limited to: $ N/A

Specific Eligible Expense:
[X] Medical
[ ] Prescription Drugs under Medical
[X] Prescription Card Service
[ ] Other

Specific Deductible (per Covered Person):	$ 50,000
Specific Payable Percentage (excess of Deductible):	100%
Maximum Specific Benefit (per Covered Person in excess of Specific Deductible):	$ Unlimited

(f) Simultaneous Specific Reimbursement: [X] Yes [ ] No

(g) Aggregating Specific Deductible: $40,000 [X] Yes [ ] No

(h) Specific Terminal Liability: [ ] Yes [X] No

8. **PREMIUMS:**

(a) Aggregate Premium
Premium Per Month Per Covered Unit: $7.50

Monthly Aggregate Accommodation
Premium Per Month Per Covered Unit: $ N/A

AMENDMENT No. 6
(continued)

(b) Specific Premium
1/1/17 to 8/31/17:

Premium Per Month Per Single Employee:	$ 137.72
Employee & Spouse:	$ 269.15
Employee & Child(ren):	$ 238.81
Family:	$ 401.63

Effective 9/1/17:

Premium Per Month Per Single Employee:	$ 123.84
Employee & Spouse:	$ 241.50
Employee & Child(ren):	$ 214.34
Family:	$ 360.10

Payment of premium on or after the effective date of the Amendment shall constitute acceptance by the Contractholder of the modifications contained herein.

Except as stated in this Amendment, nothing contained herein shall be deemed to alter or affect any of the provisions of the Contract.

Signed on behalf of the Company by:

_____

Title: Executive Vice President

Date:_____

Accepted for the Contracholder by:

_____

Title:_____

Date:_____