AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Addendum to the Claims Administration Agreement be

Action Requested: Board of County Commissioners' Signature

Parties to the Agreement: Gunnison County, Colorado & Group & Pension Adminstrators, LLC dba GPA

Term Begins: 01/01/2021 **Term Ends:** **Grant Contract #:**

Summary:

Claims administration monthly fees compensated to Claims Administrator, GPA

Fiscal Impact: None - Fee schedule same as 2020

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

Finance Review: (●) Required ( ) Not Required

Comments:

Reviewed by: GUNCOUNTY1\kweak Discharge Date: 1/29/2021

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

Comments:
I see no legal issues. MRH

Reveiwed by: Discharge Date: 1/22/2021 Certificate of Insurance Required Yes ( ) No (●)

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\mbirnie Discharge Date: 1/29/2021

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

Agenda Date: 2/2/2021

Revised April 2015

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ADDENDUM

to the Claims Administration Agreement
between GUNNISON COUNTY, COLORADO (Client)
and GROUP & PENSION ADMINISTRATORS, LLC DBA GPA (GPA)

This Claims Administration Agreement Addendum is entered into this **1st** day of **January** 2021, by and between **Gunnison County, Colorado**, a **Colorado** municipality (the "Client"), and Group & Pension Administrators, LLC dba GPA, a Texas corporation (the "Claims Administrator").

Therefore, by signing this Claims Administration Agreement Addendum, the Client authorizes GPA to follow the terms and conditions set forth in said Agreement and any Addendum to it.

Replacement Section 6.1:

6.1 Basic Compensation. The following monthly fees, in addition to any fees described in an Addenda to this Agreement, will be payable on the first day of each month, based on the Covered Person count on such date, and will be in effect beginning with the Effective Date and will continue during the term hereof until revised in writing by both parties to this Agreement:

(a) **For the Claims Administrator**:

(1) **MONTHLY**

(A) Per Employee during the term of this Agreement	$33.30
(B) Per Employee during the term of this Agreement (Dental)	$3.50
(C) Per Employee during the term of this Agreement (Vision)	$1.50
(D) Monthly Minimum Fee	$3,346.00
(E) PHCS PPO Service Fee	$4.75
(F) Cost Containment Services	25% of savings
(G) COBRA Administration Service Fee	$1.50
(H) Percent of Transplant Program Premium	10%

The above fees are for the services outlined in Article I of this Agreement. The above medical administration fees are guaranteed for two years from January 1, 2021 through December 31, 2022. The fees may be revised if the Employer requires additional services not listed in Article I or fails to provide services agreed upon in Article IV.

(2) **UTILIZATION REVIEW SERVICES**

Notification: Per Employee Per Month during the term of this Agreement	Included in (a)(1)(A)
Care Management	$135 per hour
Physician Review	$300 per hour

(3) **SPECIAL CLAIMS CHARGE** (if applicable)

(A) Post contract payment	
Percent of paid claims	10%
Monthly Minimum	$250

(4) **MISCELLANEOUS CHARGES**

(A) Restatement of Summary Plan Description for medical/dental/vision (if applicable)	$1,000
(B) Restatement of Summary Plan Description for dental only	$ 500
(C) Summary of Benefits and Coverage (SBC)	Included in (a)(1)(A)
(D) Translation of the Summary of Benefits and Coverage will be billed on an actual cost basis to the Plan.	
(E) Enrollment Forms, Summary of Benefits, Amendments,	

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	and/or Employee Booklets re-issued due to changes requested by the Employer after the initial enrollment will be billed on an actual cost basis to the Plan.	
(F)	External Appeal	$98 plus IRO hourly rate
(G)	Printing of Employee Booklets, I.D. Cards, and PPO Directories will be billed on an actual cost basis to the Plan.	
(H)	Home Mailing of ID Cards by Claims Administrator	Included in (a)(1)(A)
(I)	Renewal Expense; At Employer/Client's written request, Claims Administrator will provide assistance and services at renewal to include printing of materials, staff travel expenses for re-enrollment meetings, and other services mutually agreed upon by Employer/Client and Claims Administrator. Expenses for the services provided under this section shall be itemized and invoiced to Employer/Client	
(J)	Programming charges for non-standard reports	$225/hour
(K)	Plan changes made after Plan Benefits are entered into GPA system	$125/hour Minimum $250
(L)	Additional Benefit Plan Options added after initial set-up completed	$500
(M)	Positive Pay Arrangement with Employer's Bank	$500 set-up fee
	- Per Employee per month	$0.35 (minimum)
(N)	Explanation of Benefits (EOB)/Check copies to Employer (upon request)	$0.09 per page
(5)	**MONTHLY LATE CHARGE** Owed each month for any premium payment received by the Claims Administrator after the last day of the month that the premium payment was due	$250

IN WITNESS WHEREOF, the parties have caused this instrument to be executed on their behalf by the duly authorized signatures on the 1st day of January, 2021.

Gunnison County

By: _____

Printed Name: _____

Title: _____

Date: _____

Group & Pension Administrators, LLC dba GPA

By: _____

Printed Name: **Kathy Enochs**

Title: **Chief Executive Officer**

Date: _____