

**WHATCOM COUNTY CONTRACT  
INFORMATION SHEET**

Whatcom County Contract No. \_\_\_\_\_

Originating Department:	Administrative Services
Division/Program: <i>(i.e. Dept. Division and Program)</i>	Human Resources
Contract or Grant Administrator:	Karen S. Goens, HR Manager
Contractor's / Agency Name:	Sun Life Assurance Company
Is this a New Contract?    If not, is this an Amendment or Renewal to an Existing Contract?    Yes <input checked="" type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #: <u>Insurance Policy</u>	
Does contract require Council Approval?    Yes <input type="radio"/> No <input checked="" type="radio"/> If No, include WCC: _____ Already approved? Council Approved Date: _____ (Exclusions see: Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100)	
Is this a grant agreement?    Yes <input checked="" type="radio"/> No <input type="radio"/> If yes, grantor agency contract number(s): _____ CFDA#: _____	
Is this contract grant funded?    Yes <input type="radio"/> No <input checked="" type="radio"/> If yes, Whatcom County grant contract number(s): _____	
Is this contract the result of a RFP or Bid process?    Contract _____ Yes <input checked="" type="radio"/> No <input type="radio"/> If yes, RFP and Bid number(s): <u>Bid by benefit consultant</u> Cost Center: _____	
Is this agreement excluded from E-Verify?    No <input type="radio"/> Yes <input checked="" type="radio"/> If no, include Attachment D Contractor Declaration form.	
If YES, indicate exclusion(s) below: <input checked="" type="checkbox"/> Professional services agreement for certified/licensed professional. <input type="checkbox"/> Contract work is for less than \$100,000. <input type="checkbox"/> Contract for Commercial off the shelf items (COTS). <input type="checkbox"/> Contract work is for less than 120 days. <input type="checkbox"/> Work related subcontract less than \$25,000. <input type="checkbox"/> Interlocal Agreement (between Governments). <input type="checkbox"/> Public Works - Local Agency/Federally Funded FHWA.	
Contract Amount:(sum of original contract amount and any prior amendments): \$ <u>698,477</u> This Amendment Amount: \$ <u>93,310 (13.4%)</u> Total Amended Amount: \$ <u>791,757</u>	Council approval required for; all property leases, contracts or bid awards <b>exceeding \$40,000</b> , and professional service contract amendments that have an increase greater than \$10,000 or 10% of contract amount, whichever is greater, <b>except when:</b> 1. Exercising an option contained in a contract previously approved by the council. 2. Contract is for design, construction, r-o-w acquisition, prof. services, or other capital costs approved by council in a capital budget appropriation ordinance. 3. Bid or award is for supplies. 4. Equipment is included in Exhibit "B" of the Budget Ordinance. 5. Contract is for manufacturer's technical support and hardware maintenance of electronic systems and/or technical support and software maintenance from the developer of proprietary software currently used by Whatcom County.
Summary of Scope: <b>Insurance renewal for Stop Loss protection for the self-insured medical plan. Although not technically a contract, we bring this forward for Council consideration if the cost increases more than 10%.</b>	
Term of Contract: January 1, 2020	Expiration Date: March 31, 2021

Contract Routing:	1. Prepared by: <u>Karen S. Goens</u>	Date: <u>10/09/2019</u>
	2. Attorney signoff: _____	Date: <u>10/9/19</u>
	3. AS Finance reviewed: _____	Date: _____
	4. IT reviewed (if IT related): _____	Date: _____
	5. Contractor signed: _____	Date: _____
	6. Submitted to Exec.: _____	Date: _____
	7. Council approved (if necessary): _____	Date: _____
	8. Executive signed: _____	Date: _____
	9. Original to Council: _____	Date: _____

# Renewal options

October 9, 2019

## To accept the renewal proposal, please do the following:

- At the bottom of this page, select a renewal option and sign where indicated.
- Email, fax, or mail all of the pages in the 'Renewal options' and 'Renewal options, continued' tabs to me by December 1, 2019, in order to avoid a lapse in coverage.

Policyholder name:	Whatcom County	Account number:	89876
Policyholder Address:	311 Grand Ave Ste 503 Bellingham, WA 98225	Renewal status:	Open
Situs State:	WA	TPA Name:	Healthcare Management Administrators Inc
Renewal Eff. Date:	January 1, 2020	PPO Name:	BS Regence, HMA preferred plan

Current and renewal rate summary	
Tier	Employees
Single	77
Family	225
<b>Total</b>	<b>302</b>

Specific Stop-Loss policy details and renewal options			
Plan thresholds	Current	Renewal	
Individual Specific deductible	\$200,000	\$200,000	
Aggregating Specific deductible	None	None	
Annual maximum	Unlimited	Unlimited	
Lifetime maximum	Unlimited	Unlimited	
Specific rates	Current	Renewal	
Claims basis	12/15 gapless	12/15 gapless	
Gapless Renewal		Included	
Benefits covered	Medical and Rx	Medical and Rx	
Single	\$97.58	\$110.61	
Family	\$225.29	\$255.39	
<b>Total monthly premium</b>	<b>\$58,203.91</b>	<b>\$65,979.72</b>	
Renewal rate action as a % increase to current monthly premium		13.4%	

Aggregate Stop-Loss policy details and renewal options			
Aggregate rates	Current	Renewal	
Aggregate Benefit Maximum	\$1,000,000	\$1,000,000	
Per employee per month rate	\$6.59	\$6.59	
<b>Total monthly premium</b>	<b>\$1,990.18</b>	<b>\$1,990.18</b>	
Renewal rate action as a % increase to current monthly premium		0.0%	

Aggregate thresholds and rates			
	Current	Renewal	
Claims basis	12/15	12/15	
Benefits covered	Medical/PDP	Medical/PDP	
Corridor	125%	125%	
<b>Minimum Attachment Point %</b>	<b>100%</b>	<b>100%</b>	
<b>Composite Aggregate deductible factor</b>	<b>\$1,553.34</b>	<b>\$1,553.34</b>	
- Medical	\$1,087.37	\$1,087.37	
- Rx Drug	\$465.97	\$465.97	
<b>Minimum Attachment Point</b>	<b>\$469,108.68</b>	<b>\$469,108.68</b>	
<b>Estimated monthly renewal liability</b>	<b>\$469,108.68</b>	<b>\$469,108.68</b>	
Renewal rate action as a % increase to current monthly aggregate deductible factors.		0.0%	

Total estimated annual plan costs			
Total costs	Current	Renewal	
Total annual premium	\$722,329.08	\$815,638.80	
Annual Aggregate Attachment Point	5,629,304.16	5,629,304.16	
<b>Total estimated self-funded plan costs</b>	<b>\$6,351,633.24</b>	<b>\$6,444,942.96</b>	
Renewal rate action as a % increase to total estimated annual plan cost.		1.5%	

Select renewal option	<b>X</b>		
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Please acknowledge acceptance of the terms and conditions of the renewal proposal by signing below and returning all pages of the proposal to Brian Partridge.

Please indicate the renewal option you have selected by initialing one of the three boxes above. Your signature on the renewal proposal constitutes your acceptance of the terms, conditions, assumptions and contingencies set forth in the proposal. The premium rates agreed upon as part of the renewal will be effective on the Policy Renewal Effective Date.

Authorized Signature: _____	Date: _____ 10/23/2019
Printed Name: _____ Jack Louws	Printed Title: _____ County Executive