DAWSON COUNTY BOARD OF COMMISSIONERS VOTING SESSION AGENDA – THURSDAY, MAY 4, 2023 DAWSON COUNTY GOVERNMENT CENTER ASSEMBLY ROOM 25 JUSTICE WAY, DAWSONVILLE, GEORGIA 30534 TO IMMEDIATELY FOLLOW THE 4:00 PM WORK SESSION

A. ROLL CALL

B. INVOCATION AND PLEDGE OF ALLEGIANCE

C. ANNOUNCEMENTS

D. APPROVAL OF MINUTES

- 1. Minutes of the Work Session held on April 20, 2023
- 2. Minutes of the Voting Session held on April 20, 2023

E. APPROVAL OF AGENDA

F. PUBLIC COMMENT

G. NEW BUSINESS

- Consideration of the Future Site for the Emergency 9-1-1 / Emergency Operations Center Building
- 2. Consideration of Annual Renewal Options for Employee Insurance Benefits
- 3. Consideration of FY 2023 Legacy Link Contract Addendum No. 2
- 4. Consideration of FY 2024 Commitment Letter for Legacy Link

H. PUBLIC COMMENT

I. ADJOURNMENT

*An Executive Session may follow the Voting Session meeting.

DAWSON COUNTY BOARD OF COMMISSIONERS WORK SESSION MINUTES – THURSDAY, APRIL 20, 2023 DAWSON COUNTY GOVERNMENT CENTER ASSEMBLY ROOM 25 JUSTICE WAY, DAWSONVILLE, GEORGIA 30534 4:00 PM

Those present were Chairman Billy Thurmond; Commissioner Seth Stowers, District 1; Commissioner Chris Gaines, District 2; Commissioner Alexa Bruce, District 3; Commissioner Emory Dooley, District 4; Interim County Manager Vickie Neikirk; County Attorney Angela Davis; County Clerk Kristen Cloud; and interested citizens of Dawson County.

UNFINISHED BUSINESS

1. Discussion of the Future Site for the Emergency 9-1-1 / Emergency Operations Center Building- Jim King on behalf of Jericho Design Group (*Last Discussed at the March 2*, 2023, Work Session)

This item will be placed on the May 4, 2023, Voting Session Agenda.

NEW BUSINESS

- 1. Presentation of Updated Mutual Aid Memorandum of Understanding with Fort Benning, Presentation of Annual Renewal Options for Employee Insurance Benefits- Human Resources Director Kristi Finley / Mark III Vice President Mark Browder *This item will be placed on the May 4, 2023, Voting Session Agenda.*
- 2. Presentation of FY 2023 Legacy Link Contract Addendum No. 2- Senior Services Director Dawn Johnson

This item will be placed on the May 4, 2023, Voting Session Agenda.

3. Presentation of FY 2024 Commitment Letter for Legacy Link- Senior Services Director Dawn Johnson

This item will be placed on the May 4, 2023, Voting Session Agenda.

- 4. County Manager Report *This item was for information only.*
- 5. County Attorney Report

 County Attorney Davis had no information to report.

<u>APPROVE</u> :	ATTEST:
Billy Thurmond, Chairman	Kristen Cloud, County Clerk

DAWSON COUNTY BOARD OF COMMISSIONERS VOTING SESSION MINUTES – THURSDAY, APRIL 20, 2023 DAWSON COUNTY GOVERNMENT CENTER ASSEMBLY ROOM 25 JUSTICE WAY, DAWSONVILLE, GEORGIA 30534 IMMEDIATELY FOLLOWING THE 4:00 PM WORK SESSION

ROLL CALL: Those present were Chairman Billy Thurmond; Commissioner Seth Stowers, District 1; Commissioner Chris Gaines; District 2; Commissioner Alexa Bruce, District 3 Commissioner; Commissioner Emory Dooley, District 4; Interim County Manager Vickie Neikirk; County Attorney Angela Davis; County Clerk Kristen Cloud; and interested citizens of Dawson County.

OPENING PRESENTATION:

<u>Development Authority of Dawson County (DADC) Quarterly Update- DADC Chairman Brian</u> Trapnell

Dawson County Economic Development Director Kevin Herrit presented the Development Authority of Dawson County Quarterly Update.

INVOCATION AND PLEDGE OF ALLEGIANCE: Chairman Thurmond

ANNOUNCEMENTS:

None

APPROVAL OF MINUTES:

Motion passed 4-0 to approve the Minutes of the Planning Workshop & Retreat held on March 29, 2023. Dooley/Gaines

Motion passed 4-0 to approve the Minutes of the Special Called Meeting held on April 4, 2023. Gaines/Stowers

Motion passed 3-0 to approve the Minutes of the Work Session held on April 6, 2023. Stowers/Dooley- Commissioner Bruce abstained

Motion passed 3-0 to approve the Minutes of the Voting Session held on April 6, 2023. Gaines/Stowers- Commissioner Bruce abstained

Motion passed 4-0 to approve the Minutes of the Special Called Meeting held on April 19, 2023. Bruce/Dooley

APPROVAL OF AGENDA:

Motion passed 4-0 to approve the agenda as presented. Gaines/Bruce

PUBLIC COMMENT:

None

Page 1 of 2 Minutes 04-20-2023 Voting Session

ALCOHOL LICENSE:

<u>Alcohol License Transfer (Retail Package Sale of Beer, Wine and Distilled Spirits) – 400 Package</u> LLC

Motion passed 4-0 to approve an Alcohol License Transfer (Retail Package Sale of Beer, Wine and Distilled Spirits) – 400 Package LLC. Dooley/Bruce

NEW BUSINESS:

Consideration of Request for Additional Full-Time Human Resources Specialist

Motion passed 4-0 to deny the Request for an Additional Full-Time Human Resources Specialist. Gaines/Bruce

Consideration of Board Appointment:

- EMS Advisory Council
 - o Bridget Rigby- replacing Don Patterson (Term: Through June 2024)

Motion passed 4-0 to approve the appointment of Bridget Rigby to the EMS Advisory Council for a term to run through June 2024. Gaines/Stowers

PUBLIC COMMENT:

None

ADJOURNMENT:

APPROVE:

EXECUTIVE SESSION:

Motion passed 4-0 to enter into Executive Session to discuss personnel. Stowers/Bruce

Motion passed 4-0 to come out of Executive Session. Gaines/Stowers

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Billy Thurmond, Chairman	Kristen Cloud, County Clerk

ATTEST:



DAWSON COUNTY BOARD OF COMMISSIONERS AGENDA FORM

Department: Administra	ition			Work Session	on: <u>4/6/23</u>
Prepared By: Vickie Neil	<u>kirk</u>			Voting Se	ssion:
Presenter: Jim King			Pul	blic Hearing: Y	es No <u>:</u>
Agenda Item Title:					
Background Information:					
Selection of the site for to The item was tabled for for been conducted and the old Fleet Shop site and the	urther discussion ar re are pros and cor	nd investigation ns to both sites.	. Additional revi	ew of the potent	tial sites has
Current Information:					
A decision needs to be m Design Group) can get st			ed for the Cente	er so the A & E	firm (Jericho
Budget Information: Appli	cable: Not A	Applicable: <u>x</u> E	sudgeted: Yes	No	
Fund Dept.	Acct No.	Budget	Balance	Requested	Remaining
SPLOST VII					
Recommendation/Motion:					
Department Head Authoriz	ation:			Date:	<u>—</u>
Finance Dept. Authorizatio	n: <u>VLN</u>			Date: 3/28	<u>3/23</u>
County Manager Authoriza	tion: Vickie Neikirk			Date: <u>3/28</u>	<u>3/23</u>
County Attorney Authorizat	tion:			Date:	
Comments/Attachments:					





BENEFIT PLAN UPDATE

2023 – 2024 Bid Response



April 2023



- The Medical Plan claims have run very poorly.
- The transition to Humana did not resolve the historical claim challenge.
- Prior to the Humana exit from the Healthcare market, we anticipated an increase of over 50%.
- The Plan was bid based on the expected renewal increase.
- There is a competitive response, based on the County's claims activity.

2021 – 2022 Experience



	Number of						
	Employees	Premium	Medical	Pharmacy	Total Claims	Loss Ratio	Clm/ee/mth
July-21	240	\$237,460.00	\$56,829.00	\$86,531.00	\$143,360.00	60.4%	\$597.33
August-21	240	\$238,227.00	\$160,309.00	\$136,401.00	\$296,710.00	124.5%	\$1,236.29
September-21	237	\$234,247.00	\$162,144.00	\$140,848.00	\$302,992.00	129.3%	\$1,278.45
October-21	242	\$238,112.00	\$130,155.00	\$133,688.00	\$263,843.00	110.8%	\$1,090.26
November-21	237	\$234,532.00	\$146,592.00	\$149,819.00	\$296,411.00	126.4%	\$1,250.68
December-21	238	\$236,006.00	\$271,108.00	\$147,744.00	\$418,852.00	177.5%	\$1,759.88
January-22	237	\$236,308.00	\$151,234.00	\$148,421.00	\$299,655.00	126.8%	\$1,264.37
February-22	236	\$235,668.00	\$140,318.00	\$115,339.00	\$255,657.00	108.5%	\$1,083.29
March-22	236	\$236,069.00	\$249,679.00	\$108,336.00	\$358,015.00	151.7%	\$1,517.01
April-22	237	\$238,345.00	\$130,248.00	\$114,868.00	\$245,116.00	102.8%	\$1,034.24
May-22	238	\$242,365.00	\$262,797.00	\$144,621.00	\$407,418.00	168.1%	\$1,711.84
June-22	237	\$242,477.00	\$216,995.00	\$125,197.00	\$342,192.00	141.1%	\$1,443.85
Total	2,855	\$2,849,816	\$2,078,408	\$1,551,813	\$3,630,221	127.4%	\$1,271.53
				Per Sub/Mth	\$1,271.53		
				Change	163.88%		

2022 – 2023 Experience



	Number of						
	Employees	Premium	Medical	Pharmacy	Total Claims	Loss Ratio	Clm/ee/mth
July-22	240	-\$20,471.00	\$187,692.00	\$68,059.00	\$255,751.00	-1249.3%	\$1,065.63
August-22	241	\$341,115.00	\$256,001.00	\$106,661.00	\$362,662.00	106.3%	\$1,504.82
September-22	245	\$347,578.00	\$327,314.00	\$119,614.00	\$446,928.00	128.6%	\$1,824.20
October-22	245	\$346,611.00	\$247,750.00	\$143,644.00	\$391,394.00	112.9%	\$1,597.53
November-22	239	\$340,049.00	\$341,754.00	\$137,159.00	\$478,913.00	140.8%	\$2,003.82
December-22	241	\$340,444.00	\$315,205.00	\$148,761.00	\$463,966.00	136.3%	\$1,925.17
January-23							
February-23							
March-23							
April-23							
May-23							
June-23							
Total	1,451	\$1,695,326	\$1,675,716	\$723,898	\$2,399,614	141.5%	\$1,653.77
				Per Sub/Mth	\$1,653.77		
				Change	130.06%		

• The leading claim drivers are Oncology, Specialty Pharmacy spend, and Cardiovascular Disease.



		Humana HMO			Humana NPOS		Humana HMO			Humana NPOS		
		2022 - 2023			2022 - 2023		2023 - 2024			2023 - 2024		
Primary Care Physician		\$30 copay			\$35 copay		\$30 copay			\$35 copay		
Specialist Visit		\$40 copay			\$60 copay		\$40 copay			\$60 copay		
Telehealth		\$30 copay			\$35 copay		\$30 copay			\$35 copay		
Preventive Care		100%			100%		100%			100%		
Deductible		\$1,500			\$2,500		\$1,500			\$2,500		
Deductible - Family Maximum		\$3,000			\$5,000		\$3,000			\$5,000		
Out of Pocket Maximum		\$4,000			\$7,900		\$4,000			\$7,900		
Out of Pocket Maximum - Family Max		\$8,000			\$15,800		\$8,000			\$15,800		
In/ Out Professional Services		Deductible/80%			Deductible/80%		Deductible/80%			Deductible/80%		
In/Out-Patient		Deductible/80%			Deductible/80%		Deductible/80%			Deductible/80%		
Hospital Stay		Deductible/80%			Deductible/80%		Deductible/80%			Deductible/80%		
Maternity		Deductible/80%			Deductible/80%		Deductible/80%			Deductible/80%		
Urgent Care		\$75 copay			\$75 copay		\$75 copay			\$75 copay		
Emergency Room		\$350 copay			\$350 copay		\$350 copay			\$350 copay		
Pharmacy		\$10/\$40/\$70/25%			\$10/\$40/\$70/25%		\$10/\$40/\$70/25%			\$10/\$40/\$70/25%		
Rx Deductible		\$250/\$500			\$250/\$500		\$250/\$500			\$250/\$500		
Vision Exam		N/A			N/A		N/A			N/A		
Lifetime Maximum		Unlimited			Unlimited		Unlimited			Unlimited		
Active Monthly Rates												
Employee Only	37	\$760.95	\$28,155.15	63	\$707.46	\$44,569.98	\$1,181.22	\$43,705.14	155.2%	\$1,098.19	\$69,185.97	155.2%
Employee/Spouse	22	\$1,521.91	\$33,482.02	30	\$1,414.92	\$42,447.60	\$2,362.46	\$51,974.12	155.2%	\$2,196.38	\$65,891.40	155.2%
Employee/Child(ren)	14	\$1,445.81	\$20,241.34	7	\$1,344.17	\$9,409.19	\$2,244.33	\$31,420.62	155.2%	\$2,086.56	\$14,605.92	155.2%
Employee/Family	25	\$2,435.05	\$60,876.25	42	\$2,263.86	\$95,082.12	\$3,779.93	\$94,498.25	155.2%	\$3,514.19	\$147,595.98	155.2%
Monthly Cost	98	1 /	\$142,754.76	142	' '	\$191,508.89	1 - 7	\$221,598.13		1 - 7	\$297,279.27	
Annual Cost			\$1,713,057.12			\$2,298,106.68		\$2,659,177.56	155.2%		\$3,567,351.24	155.2%
Pre-65 Monthly Rates			1 / -/			, , ,		, , , , , , , , , , , , , , , , , , , ,			1 - 7 - 7	
,												
	100		\$72,725.13							\$112,891.11		
	52		\$75,929.62							\$117,865.52		
	21	\$152.19	\$29,650.53		\$141.49		\$236.24			\$46,026.54		
	67	¥101.13	\$155,958.37		Ų 1 1 1 1 3		\$255.2 1			\$242,094.23		
Monthly Premium	240		\$334,263.65							\$518,877.40		
Annual Cost			\$4,011,163.80							\$6,226,528.80	155.2%	
			+ 1,022,200.00							+ 0,0,0-0.00	2001270	
Mark III Compensation - 1%												
Total Monthly Cost				1								
Percentage of change												
		Rx \$300 Max			Rx \$300 Max		*Rx \$300 Max			*Rx \$350 Max		
		7000 max			15.7550 11107		The February			TO TOO ITION		+
												+
		I .	1		<u> </u>			+			1	



		Humana HMO			Humana NPOS		Cigna OAPIN 17350967			Cigna OAP 17350968		
		2022 - 2023			2022 - 2023		2023 - 2024			2023 - 2024		
Primary Care Physician		\$30 copay			\$35 copay		\$30 copay			\$35 copay		
Specialist Visit		\$40 copay			\$60 copay		\$45 copay			\$60 copay		
Telehealth		\$30 copay			\$35 copay		\$30 copay			100%		
Preventive Care		100%			100%		100%			100%		
Deductible		\$1,500			\$2,500		\$1,500			\$2,500		
Deductible - Family Maximum		\$3,000			\$5,000		\$4,500			\$7,500		
Out of Pocket Maximum		\$4,000			\$7,900		\$4,000			\$7,900		
Out of Pocket Maximum - Family Max		\$8,000			\$15,800		\$8,000			\$15,800		
In/ Out Professional Services		Deductible/80%			Deductible/80%		Deductible/80%			Deductible/80%		
In/Out-Patient		Deductible/80%			Deductible/80%		Deductible/80%			Deductible/80%		
Hospital Stay		Deductible/80%			Deductible/80%		Deductible/80%			Deductible/80%		
Maternity		Deductible/80%			Deductible/80%		Deductible/80%			Deductible/80%		
Urgent Care		\$75 copay			\$75 copay		\$75 copay			\$75 copay		
Emergency Room		\$350 copay			\$350 copay		\$350 copay			\$350 copay		
Pharmacy		\$10/\$40/\$70/25%			\$10/\$40/\$70/25%		\$10/\$40/\$70/25%			\$15/\$35/\$60/25%*		
Rx Deductible		\$250/\$500			\$250/\$500		\$150/\$300			\$150/\$300		
Vision Exam		N/A			N/A		N/A			N/A		
Lifetime Maximum		Unlimited			Unlimited		Unlimited			Unlimited		
Active Monthly Rates												
Employee Only	37	\$760.95	\$28,155.15	63	\$707.46	\$44,569.98	\$865.77	\$32,033.49	113.8%	\$829.39	\$52,251.57	117.2%
Employee/Spouse	22	\$1,521.91	\$33,482.02	30	\$1,414.92	\$42,447.60	\$1,818.12	\$39,998.64	119.5%	\$1,741.69	\$52,250.70	123.1%
Employee/Child(ren)	14	\$1,445.81	\$20,241.34	7	\$1,344.17	\$9,409.19	\$1,644.77	\$23,026.78	113.8%	\$1,575.84	\$11,030.88	117.2%
Employee/Family	25	\$2,435.05	\$60,876.25	42	\$2,263.86	\$95,082.12	\$2,597.31	\$64,932.75	106.7%	\$2,488.16	\$104,502.72	109.9%
Monthly Cost	98		\$142,754.76	142		\$191,508.89		\$159,991.66			\$220,035.87	
Annual Cost			\$1,713,057.12			\$2,298,106.68		\$1,919,899.92	112.1%		\$2,640,430.44	114.9%
Pre-65 Monthly Rates												
	100		\$72,725.13							\$84,285.06		
	52		\$75,929.62							\$92,249.34		
	21	\$152.19	\$29,650.53		\$141.49		\$173.15			\$34,057.66		
	67		\$155,958.37							\$169,435.47		
Monthly Premium	240		\$334,263.65							\$380,027.53		
Annual Cost			\$4,011,163.80							\$4,560,330.36	113.7%	
Mark III Compensation - 1%												
Total Monthly Cost												
Percentage of change												
		Rx \$300 Max			Rx \$300 Max		*Rx \$300 Max			*Rx \$350 Max		
							Individual SL \$65,000			Individual SL \$65,000		
							110%/ 50%			110%/ 50%		



		Humana HMO			Humana NPOS		Blue Open Access POS			Blue Open Access POS		
		2022 - 2023			2022 - 2023		1500/20%			2500/20%		
Primary Care Physician		\$30 copay			\$35 copay		\$30 copay			\$35 copay		
Specialist Visit		\$40 copay			\$60 copay		\$45 copay			\$60 copay		
Telehealth		\$30 copay			\$35 copay							
Preventive Care		100%			100%		100%			100%		
Deductible		\$1,500			\$2,500		\$1,500			\$2,500		
Deductible - Family Maximum		\$3,000			\$5,000		\$3,000			\$5,000		
Out of Pocket Maximum		\$4,000			\$7,900		\$4,000			\$7,900		
Out of Pocket Maximum - Family Max		\$8,000			\$15,800		\$8,000			\$15,800		
In/ Out Professional Services		Deductible/80%			Deductible/80%		Deductible/80%			Deductible/80%		
In/Out-Patient		Deductible/80%			Deductible/80%		Deductible/80%			Deductible/80%		
Hospital Stay		Deductible/80%			Deductible/80%		Deductible/80%			Deductible/80%		
Maternity		Deductible/80%			Deductible/80%		Deductible/80%			Deductible/80%		
Urgent Care		\$75 copay			\$75 copay		\$75 copay			\$75 copay		
Emergency Room		\$350 copay			\$350 copay		\$350 copay			\$350 copay		
Pharmacy		\$10/\$40/\$70/25%			\$10/\$40/\$70/25%		\$10/\$40/\$70/25%			\$10/\$40/\$70/25%*		
Rx Deductible		\$250/\$500			\$250/\$500		\$250			\$250		
Vision Exam		N/A			N/A		N/A			N/A		
Lifetime Maximum		Unlimited			Unlimited		Unlimited			Unlimited		
Active Monthly Rates												
Employee Only	37	\$760.95	\$28,155.15	63	\$707.46	\$44,569.98	\$1,209.53	\$44,752.61	158.9%	\$1,111.73	\$70,038.99	157.1%
Employee/Spouse	22	\$1,521.91	\$33,482.02	30	\$1,414.92	\$42,447.60	\$2,540.03	\$55,880.66	166.9%	\$2,334.65	\$70,039.50	165.0%
Employee/Child(ren)	14	\$1,445.81	\$20,241.34	7	\$1,344.17	\$9,409.19	\$2,358.59	\$33,020.26	163.1%	\$2,167.88	\$15,175.16	161.3%
Employee/Family	25	\$2,435.05	\$60,876.25	42	\$2,263.86	\$95,082.12	\$3,689.08	\$92,227.00	151.5%	\$3,390.79	\$142,413.18	149.8%
Monthly Cost	98		\$142,754.76	142	. ,	\$191,508.89		\$225,880.53		, ,	\$297,666.83	
Annual Cost			\$1,713,057.12			\$2,298,106.68		\$2,710,566.36	158.2%		\$3,572,001.96	155.4%
Pre-65 Monthly Rates												
,												
	100		\$72,725.13							\$114,791.60		
	52		\$75,929.62							\$125,920.16		
	21	\$152.19	\$29,650.53		\$141.49					\$48,195.42		
	67	,	\$155,958.37		, -					\$234,640.18		
Monthly Premium	240		\$334,263.65							\$523,547.36		
Annual Cost			\$4,011,163.80							\$6,282,568.32	156.6%	
			+ 1,022,200.00							7 0/-0-/00000		
Mark III Compensation - 1%												
Total Monthly Cost												
Percentage of change												
		Rx \$300 Max			Rx \$300 Max							
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		Humana HMO 2022 - 2023			Humana NPOS 2022 - 2023		Aetna 2023-2024	United Healthcare 2023-2024
Primary Care Physician		\$30 copay			\$35 copay		DTQ	DTQ
Specialist Visit		\$40 copay			\$60 copay		DTQ	DTQ
Telehealth		\$30 copay			\$35 copay		DTQ	DTQ
Preventive Care		100%			100%		DTQ	DTQ
Deductible		\$1,500			\$2,500		DTQ	DTQ
Deductible - Family Maximum		\$3,000			\$5,000		DTQ	DTQ
Out of Pocket Maximum		\$4,000			\$7,900		DTQ	DTQ
Out of Pocket Maximum - Family Max		\$8,000			\$15,800		DTQ	DTQ
In/ Out Professional Services		Deductible/80%			Deductible/80%		DTQ	DTQ
n/Out-Patient		Deductible/80%			Deductible/80%		DTQ	DTQ
Hospital Stay		Deductible/80%			Deductible/80%			
Maternity		Deductible/80%			Deductible/80%			
Jrgent Care		\$75 copay			\$75 copay		DTQ	DTQ
Emergency Room		\$350 copay			\$350 copay		DTQ	DTQ
Pharmacy		\$10/\$40/\$70/25%			\$10/\$40/\$70/25%		DTQ	DTQ
Rx Deductible		\$250/\$500			\$250/\$500		5.0	Did
Vision Exam		N/A			N/A		DTQ	DTQ
Lifetime Maximum		Unlimited			Unlimited		DTQ	DTQ
Active Monthly Rates		Ommineca			Ommitted		DIQ	DIQ
Employee Only	37	\$760.95	\$28,155.15	63	\$707.46	\$44,569.98	DTQ	DTQ
Employee/Spouse	22	\$1,521.91	\$33,482.02	30	\$1,414.92	\$42,447.60	DTQ	DTQ
Employee/Child(ren)	14	\$1,445.81	\$20,241.34	7	\$1,344.17	\$9,409.19	DTQ	DTQ
Employee/Family	25	\$2,435.05	\$60,876.25	42	\$2,263.86	\$95,082.12	DTQ	DTQ
Monthly Cost	98	72, 133.03	\$142,754.76	142	Ψ2,203.00	\$191,508.89	5.0	DiQ
Annual Cost	30		\$1,713,057.12	1		\$2,298,106.68		
Pre-65 Monthly Rates			+-,,,,,			+-,,		
The do monthly nates								
	100		\$72,725.13					
	52		\$75,929.62					
	21	\$152.19	\$29,650.53		\$141.49			
	67	Ψ132.13	\$155,958.37		Ş141.43			
Monthly Premium	240		\$334,263.65					
Annual Cost	240		\$4,011,163.80					
Aimuai cost			74,011,103.00					
Mark III Compensation - 1%								
Total Monthly Cost								
Percentage of change								
		Rx \$300 Max			Rx \$300 Max			
		•			•			

2023 – 2024 Medical Plan Rates



				Humana HMO 2022 - 2023)						Humana NPOS 2022 - 2023			
				Employer		Employee				Employer	Employer		Employee	
Active Monthly			Employer	Monthly	Employee	Monthly	Employee			Contribution	Monthly	Employee	Monthly	Employee
Rates			Contribution	Premium	Contribution	Premium	Percentage			80%	Premium	Contribution	Premium	Percentage
Employee Only	37	\$760.95	539.07	\$19,945.59	\$221.88	\$8,209.56	29.16%	63	\$707.46	555.22	\$34,978.86	\$152.24	\$9,591.12	21.52%
Employee/Spouse	22	\$1,521.91	1,120.77	\$24,656.94	\$401.14	\$8,825.08	26.36%	30	\$1,414.92	1,160.04	\$34,801.20	\$254.88	\$7,646.40	18.01%
Employee/Child(ren)	14	\$1,445.81	1,055.12	\$14,771.68	\$390.69	\$5,469.66	27.02%	7	\$1,344.17	1,089.29	\$7,625.03	\$254.88	\$1,784.16	18.96%
Employee/Family	25	\$2,435.05	1,857.92	\$46,448.00	\$577.13	\$14,428.25	23.70%	42	\$2,263.86	1,899.16	\$79,764.72	\$364.70	\$15,317.40	16.11%
Monthly Cost	98			\$105,822.21		\$36,932.55		142			\$157,169.81		\$34,339.08	
Annual Cost				\$1,269,866.52		\$443,190.60					\$1,886,037.72		\$412,068.96	
Dollar Change														
Percentage Change									Total					
									\$4,011,163.80					

		Cią	gna OAPIN 17350	967			(Cigna OAP 17350	968				
			2023 - 2024			2023 - 2024							
		Employer	Employer	Employee	Employee		Employer	Employer	Employee	Employee			
Active Monthly		Contribution	Monthly	Contribution	Monthly		Contribution	Monthly	Contribution	Monthly			
Rates		80%	Premium	20%	Premium		80%	Premium	20%	Premium			
Employee Only	\$865.77	\$692.62	\$25,626.79	\$173.15	\$6,406.7	\$829.39	\$663.51	\$41,801.26	\$165.88	\$10,450.3			
Employee/Spouse	\$1,818.12	\$1,454.50	\$31,998.91	\$363.62	\$7,999.7	\$1,741.69	\$1,393.35	\$41,800.56	\$348.34	\$10,450.1			
Employee/Child(ren)	\$1,644.77	\$1,315.82	\$18,421.42	\$328.95	\$4,605.4	\$1,575.84	\$1,260.67	\$8,824.70	\$315.17	\$2,206.2			
Employee/Family	\$2,597.31	\$2,077.85	\$51,946.20	\$519.46	\$12,986.6	\$2,488.16	\$1,990.53	\$83,602.18	\$497.63	\$20,900.5			
Monthly Cost			\$127,993.33		\$31,998.33			\$176,028.70		\$44,007.17			
Annual Cost			\$1,535,919.94		\$383,979.98			\$2,112,344.35		\$528,086.09			
Dollar Change			\$266,053.42		(\$59,210.62)			\$226,306.63		\$116,017.13			
Percentage Change			121.0%		86.6%			112.0%		128.2%			
							County						
						\$4,560,330.36	Change						
						\$549,166.56	\$492,360.05	<u>.</u>					
						113.7%							

2023 – 2024 Bid Results – Dental

		Humana		Humana			Cigna DPPO		
		2022 - 2023		2023 - 2024 - Renewal			2023 - 2024		
		Preventive		Preventive			Preventive		
Cleanings		100%		100%			100%		
Exams		100%		100%			100%		
X-Rays - Bitewing		100%		100%			100%		
X-Rays - Complex and Panoramic		100%		100%			100%		
Fluoride Treatment		100%		100%			100%		
Space Maintainers		100%		100%			100%		
Sealants		100%		100%			100%		
		Basic		Basic			Basic		
Fillings		80%		80%			80%		
Simple Extractions		80%		80%			80%		
Oral Surgery		80%		80%			80%		
Surgical Extractions		80%		80%			80%		
Denture Repair		80%		80%			80%		
Periodontics		80%		80%			80%		
Crowns - Stainless Steel/ Resin		80%		80%			80%		
Anesthetics		3070		3070			80%		
Emergency Care to Relieve Pain		80%		80%			80%		
Brush Biopsy		30%		3070			80%		
ы изп вюрзу		Major		Major			Major		
Root Canal Therapy/ Endodontics		50%		50%			50%		
Relines, Rebases and Adjustments		50%		50%			50%		
Repairs - Bridges, Crowns and Inlays		50%		50%					
		50%		50%			50% 50%		
Repairs - Dentures		50%		50%			50%		
Crown/ Inlays/ Onlays Denture		50%		50%			50%		
							50%		
Bridges		50%		50%					
Implants		50%		50%			50% No Ortho Ded		
Annual Max		\$1,000		\$1,000			\$1,000		
		Ortho		Ortho			Ortho		
Eligible Child Only		50% /Ded		50% /Ded			50% /Ded		
Lifetime Maximum - Ortho		\$1,000		\$1,000			\$1,000		
Annual Deductible (Does not apply to		4					4		
preventive)		\$50		\$50			\$50		
Family Annual Deductible (Does not apply to		4		4			4		
preventive)		\$150		\$150			\$150		
Annual Maximum		\$1,000		\$1,000			\$1,250		
		None- Basic/ Major 12		None- Basic/ Major 12			50% on Basic/ Major/		
Waiting Periods/Timely Entrants		Month - Basic/ Major		Month - Basic/ Major			Implants 1 yr		
UCR Percentage	Count	Network		Network			Network		
Employee	97	\$28.84	\$2,797.48	\$28.84	\$2,797.48	100.0%	\$25.46	\$2,469.62	88.3%
Employee and Spouse	50	\$58.60	\$2,930.00	\$58.60	\$2,930.00	100.0%	\$51.75	\$2,587.50	88.3%
Employee and Child(ren)	18	\$72.79	\$1,310.22	\$72.79	\$1,310.22	100.0%	\$63.83	\$1,148.94	87.7%
Employee and Family	63	\$101.93	\$6,421.59	\$101.93	\$6,421.59	100.0%	\$89.99	\$5,669.37	88.3%
Tota	228		\$13,459.29		\$13,459.29			\$11,875.43	
Annual Total			\$161,511.48	45	\$161,511.48	100.0%		\$142,505.16	88.2%
				15 ed w/ Medical			Packaged w/ Medical		
				Composites & Implants			Composites & Implants		
				Included			Included		10
					1	1			

2023 – 2024 Bid Results – Dental



			ZUZ4 DI	i nesuits – i	Dentai				
		Humana 2022 - 2023 Current		Aetna DPPO 2023 - 2024 Option 1			Aetna DPPO 2023 - 2024 Option 2		
		Preventive		Preventive			Preventive		
Cleanings		100%		100%			100%		
Exams		100%		100%			100%		
X-Rays - Bitewing		100%		100%			100%		
X-Rays - Complex and Panoramic		100%		100%			100%		
Fluoride Treatment		100%		100%			100%		
Space Maintainers		100%		100%			100%		
Sealants		100%		100%			100%		
		Basic		Basic			Basic		
Fillings		80%		80%			80%		
Simple Extractions		80%		80%			80%		
Oral Surgery		80%		80%			80%		
Surgical Extractions		80%		80%			80%		
Denture Repair		80%		50%			50%		
Periodontics		80%		80%			80%		
Crowns - Stainless Steel/ Resin		80%		80%			80%		
Anesthetics				80%			80%		
Emergency Care to Relieve Pain		80%							
Brush Biopsy									
		Major		Major			Major		
Root Canal Therapy/ Endodontics		50%		50%			50%		
Relines, Rebases and Adjustments		50%		50%			50%		
Repairs - Bridges, Crowns and Inlays		50%		50%			50%		
Repairs - Dentures		50%		50%			50%		
Crown/ Inlays/ Onlays		50%		50%			50%		
Denture		50%		50%			50%		
Bridges		50%		50%			50%		
Implants		50%							
Annual Max		\$1,000							
		Ortho		Ortho			Ortho		
Eligible Child Only		50% /Ded		50% /Ded			50% /Ded		
Lifetime Maximum - Ortho		\$1,000		\$1,000			\$1,000		
Annual Deductible (Does not apply to preventive)		\$50		\$50			\$50		
Family Annual Deductible (Does not apply to		750		750			750		
preventive)		\$150		\$150			\$150		
Annual Maximum		\$1,000		\$1,250			\$1,250		
		None- Basic/ Major 12							
Waiting Periods/Timely Entrants		Month - Basic/ Major		None			None		
UCR Percentage	Count		40 707 10	Network	40.00	100 701	Network	40.00= :=	05.537
Employee	97	\$28.84	\$2,797.48	\$30.77	\$2,984.69	106.7%	\$24.61	\$2,387.17	85.3%
Employee and Spouse	50	\$58.60	\$2,930.00	\$65.52	\$3,276.00	111.8%	\$50.01	\$2,500.50	85.3%
Employee and Child(ren)	18	\$72.79	\$1,310.22	\$77.12	\$1,388.16	105.9%	\$61.70	\$1,110.60	84.8%
Employee and Family	63	\$101.93	\$6,421.59	\$108.74	\$6,850.62	106.7%	\$86.99	\$5,480.37	85.3%
Total	228		\$13,459.29		\$14,499.47	405		\$11,478.64	07.53
Annual Total			\$161,511.48	16	\$173,993.64	107.7%		\$137,743.68	85.3%
				r Rate Guarantee			3 Year Rate Guarantee		
				90th UCR for the Out of Network			MAC Plan for the Out of Network		11
				5		1	5	1	

2023 – 2024 Bid Results – Dental

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		Humana		Anthon		
		Humana		Anthem 2023 - 2024		
		2022 - 2023 Preventive				
Classings		100%		Preventive 100%		
Cleanings Exams		100%		100%		
X-Rays - Bitewing		100% 100%		100%		
X-Rays - Complex and Panoramic				100%		
Fluoride Treatment		100%		100%		+
Space Maintainers		100%		100%		
Sealants		100%		100%		
e:II:		Basic		Basic		
Fillings		80%		80%		
Simple Extractions		80%		80%		
Oral Surgery		80%		80%		
Surgical Extractions		80%		80%		
Denture Repair		80%		50%		
Periodontics		80%		80%		
Crowns - Stainless Steel/ Resin		80%		80%		
Anesthetics				80%		
Emergency Care to Relieve Pain		80%		80%		
Brush Biopsy				80%		
		Major		Major		
Root Canal Therapy/ Endodontics		50%		50%		
Relines, Rebases and Adjustments		50%		50%		
Repairs - Bridges, Crowns and Inlays		50%		50%		
Repairs - Dentures		50%		50%		
Crown/ Inlays/ Onlays		50%		50%		
Denture		50%		50%		
Bridges		50%		50%		
Implants		50%				
Annual Max		\$1,000				
		Ortho		Ortho		
Eligible Child Only		50% /Ded		50% /Ded		
Lifetime Maximum – Ortho		\$1,000		\$1,000		
Annual Deductible (Does not apply to preventive)		\$50		\$50		
Family Annual Deductible (Does not apply to preventive)		\$150		\$150		
Annual Maximum		\$1,000		\$1,000		
		None- Basic/ Major 12 Month -		. ,		
Waiting Periods/Timely Entrants		Basic/ Major		None		
UCR Percentage		Network		Network		
	Count					
Employee	97	\$28.84	\$2,797.48	\$27.19	\$2,637.43	94.3%
Employee and Spouse	50	\$58.60	\$2,930.00	\$55.25	\$2,762.50	94.3%
Employee and Child(ren)	18	\$72.79	\$1,310.22	\$68.15	\$1,226.70	93.6%
Employee and Family	63	\$101.93	\$6,421.59	\$96.10	\$6,054.30	94.3%
Total	228		\$13,459.29	,	\$12,680.93	
Annual Total			\$161,511.48		\$152,171.16	94.2%
7 1111601 10101		17	7/	2 Year Rate Guarantee	, ,	
				Discount available w/		+
				Medical		1

2023 – 2024 Bid Results – Vision



		Human	a		Cigna Vision	Revised	
Plan Design		In-Network	Out-of-Network		In-Network	Out-of-Network	
Eye Exam Frequency		every 12 months	every 12 months		every 12 months	every 12 months	
Co-payment for eye exam		\$0.00	up to \$30		\$0.00		
Co-payment for material					\$15.00		
Frame frequency		every 12 months	every 12 months		every 12 months	every 12 months	
Frame allowance		Up to \$130 retail	Reimbursed up to \$65		Up to \$130 retail	up to \$71	
Lens Frequency		every 12 months	every 12 months		every 12 months	every 12 months	
Lens Allowance							
Single Vision		\$15 Copay	up to \$25		\$15 Copay	\$40	
Bifocal		\$15 Copay	up to \$40		\$15 Copay	\$65	
Trifocal		\$15 Copay	up to \$60		\$15 Copay	\$75	
Progressive		\$15 Copay Standard Premium - \$110/\$120/\$135/\$90 copay/80%	up to \$40		\$15 Copay Standard - Up to \$65 Max	\$75	
Lense Options Maximum Charge		Polycarbonate - \$40 Scratch Coating - \$15 Anti-Reflective - \$57/\$68/80% UV Coating - \$15	No Benefit		Polycarbonate - \$40 Scratch Coating - \$17 Anti-Reflective - \$45 UV Coating - \$17	No Benefit	
Contact lens allowance		Every 12 months, elective - up to \$130 (in lieu of lenses/frames)	Every 12 months - elective - up to \$105 (i lieu of lenses/frames)		Every 12 months, elective - up to \$130 (in lieu of lenses/frames)	Every 12 months - elective - up to \$105 (in lieu of lenses/frames)	
Contact Lens Fitting Fee		up to \$40/ Premium 10% off retail	Not Covered			Not Covered	
Refractive Eye Surgery			Not Covered			Not Covered	
Providers					Cigna Vision Network is s	erviced by EyeMed	
Participation Requirement					15% Minir	num	
MONTHLY RATES							
Employee	88			\$519.20	\$5.96		\$524.48
Employee/ Spouse	57	\$11.79		\$672.03	\$11.92		\$679.44
Employee/ Child(ren)	14	•		\$176.82	\$12.15		\$170.10
Family	48	\$19.04		\$913.92	\$19.22	<u> </u>	\$922.56
				\$2,281.97			\$2,296.58
Rate Guarantee		2 Years	18	\$27,383.64	2 Year		\$27,558.96
				J	Discount available for Pack Denta		100.6%

2023 – 2024 Bid Results – Vision



		Aetna Visi	on		Anthem V	ision	
Dian Dasien							
Plan Design		In-Network	Out-of-Network		In-Network	Out-of-Network	
Eye Exam Frequency		every 12 months	every 12 months		every 12 months	every 12 months	
Co-payment for eye exam		\$0.00	Reimbursed up to \$38		\$0.00	Reimbursed up to \$42	
Co-payment for material		\$0.00	' '		\$15.00	' '	
Frame frequency		every 12 months	every 12 months		every 12 months	every 12 months	
Frame allowance		Up to \$130 retail	Reimbursed up to \$65		Up to \$130 retail	Reimbursed up to \$45	
Lens Frequency		every 12 months	every 12 months		every 12 months	every 12 months	
Lens Allowance							
Single Vision		\$10 Copay	Reimbursed up to \$28		\$15 Copay	Reimbursed up to \$40	
Bifocal		\$10 Copay	Reimbursed up to \$44		\$15 Copay	Reimbursed up to \$60	
Trifocal		\$10 Copay	Reimbursed up to \$72		\$15 Copay	Reimbursed up to \$80	
Progressive		Standard - \$75 Premium Tier 1 - \$95 Premium Tier 2 - \$105 Premiuim Tier 3 - \$120 Premium Tier 4 - \$75/ 80% of \$120 Allownace	Reimbursed up to \$44		Standard - \$55 Premium Tier 1 - \$85 Premium Tier 2 - \$95 Premiuim Tier 3 - \$110 Premium Tier 4 - \$175		
Lense Options Maximum Charge		Polycarbonate - \$40 Scratch Coating - \$0 Anti-Reflective - \$45/ \$57/\$68/20% UV Coating - \$15	No Benefit		Polycarbonate - \$40 Scratch Coating - \$0 Anti-Reflective - \$45/ \$57/\$68/\$85 UV Coating - \$15	No Benefit	
Contact lens allowance		Every 12 months, elective - up to \$130 (in lieu of lenses/frames)	Reimbursed up to \$104		Every 12 months, elective - up to \$130 (in lieu of lenses/frames)	Reimbursed up to \$105	
Contact Lens Fitting Fee		Standard - \$40 Specialty - 90% retail	Not Covered		Standard - \$55 Specialty - 90% retail	Not Covered	
Refractive Eye Surgery		Discount at Network Providers	Not Covered			Not Covered	
Providers		Visit www.aetnavision.com for a co	omplete listing of providers		Visit www.aetnavision.com for a d	complete listing of providers	
Participation Requirement					70% Minir	num	
MONTHLY RATES							
Employee	88	\$7.54		\$663.52	\$5.84		\$513.92
Employee/ Spouse	57	\$14.33		\$816.81	\$11.68		\$665.76
Employee/ Child(ren)	14	\$15.08		\$211.12	\$13.05		\$182.70
Family	48	\$22.17		\$1,064.16	\$20.56	õ	\$986.88
				\$2,755.61			\$2,349.26
Rate Guarantee		48 Mont	h	\$33,067.32	36 Mon		\$28,191.12
				120.8%	Discount available for Packagir	ng w/ Medical and Dental	102.9%

2023 – 2024 Rates

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			Current Plan Year July	y 1, 2022 through June 3	0, 2023	
		Employer Monthly	Percentage paid	Employee Monthly	Percentage paid by	Employee Standard Payroll
Humana HMO Premier	Total Monthly Premium	Cost	by County	Cost	Employee	Deduction
Employee	760.95	539.07	70.84%	221.88	29.16%	110.94
Employee + Spouse	1,521.90	1,120.77	73.64%	401.14	26.36%	200.57
Employee + Child(ren)	1,445.81	1,055.12	72.98%	390.69	27.02%	195.35
Employee + Family	2,435.05	1,857.92	76.30%	577.13	23.70%	288.57
		Employer Monthly	Percentage paid	Employee Monthly	Percentage paid by	Employee Standard Payroll
Humana National POS	Total Monthly Premium	Cost	by County	Cost	Employee	Deduction
Employee	707.46	555.22	78.48%	152.24	21.52%	76.12
Employee + Spouse	1,414.92	1,160.04	81.99%	254.88	18.01%	127.44
Employee + Child(ren)	1,344.17	1,089.29	81.04%	254.88	18.96%	127.44
Employee + Family	2,263.86	1,899.16	83.89%	364.70	16.11%	182.35
		Employer Monthly	Percentage paid	Employee Monthly	Percentage paid by	Employee Standard Payroll
Humana Dental	Total Monthly Premium	Cost	by County	Cost	Employee	Deduction
Employee	28.84	1.31	4.54%	27.53	95.46%	13.77
Employee + Spouse	58.60	2.66	4.54%	55.94	95.46%	27.97
Employee + Child(ren)	72.29	3.28	4.54%	69.01	95.46%	34.51
Employee + Family	101.93	4.63	4.54%	97.30	95.46%	48.65
		Employer Monthly	Percentage paid	Employee Monthly	Percentage paid by	Employee Standard Payroll
Humana Vision	Total Monthly Premium	Cost	by County	Cost	Employee	Deduction
Employee	5.90	0.37	6.27%	5.53	93.73%	2.77
Employee + Spouse	11.79	1.50	12.72%	10.29	87.28%	5.15
Employee + Child(ren)	12.63	1.80	14.25%	10.83	85.75%	5.42
Employee + Family	19.04	3.11	16.33%	15.93	83.67%	7.97

		Pr	oposed Cigna Plan Year Ju	ıly 1, 2023 through Jun	e 30, 2024	
			Percentage paid by	Employee Monthly	Percentage paid by	Employee Standard Payroll
Cigna OAPIN (HMO)	Total Monthly Premium	Employer Monthly Cost	County	Cost	Employee	Deduction
Employee	865.77	692.62	80.00%	173.15	20.00%	86.58
Employee + Spouse	1,818.12	1,454.50	80.00%	363.62	20.00%	181.81
Employee + Child(ren)	1,644.77	1,315.82	80.00%	328.95	20.00%	164.48
Employee + Family	2,597.31	2,077.85	80.00%	519.46	20.00%	259.73
			Percentage paid by	Employee Monthly	Percentage paid by	Employee Standard Payroll
Cigna OAP (POS)	Total Monthly Premium	Employer Monthly Cost	County	Cost	Employee	Deduction
Employee	829.39	663.51	80.00%	165.88	20.00%	82.94
Employee + Spouse	1,741.69	1,393.35	80.00%	348.34	20.00%	174.17
Employee + Child(ren)	1,575.84	1,260.67	80.00%	315.17	20.00%	157.58
Employee + Family	2,488.16	1,990.53	80.00%	497.63	20.00%	248.82
			Percentage paid by	Employee Monthly	Percentage paid by	Employee Standard Payroll
Cigna Dental	Total Monthly Premium	Employer Monthly Cost	County	Cost	Employee	Deduction
Employee	25.46	0.00	0.00%	25.46	100.00%	12.73
Employee + Spouse	51.75	0.00	0.00%	51.75	100.00%	25.88
Employee + Child(ren)	63.83	0.00	0.00%	63.83	100.00%	31.92
Employee + Family	89.99	0.00	0.00%	89.99	100.00%	45.00
			Percentage paid by	Employee Monthly	Percentage paid by	Employee Standard Payroll
Cigna Vision	Total Monthly Premium	Employer Monthly Cost	Correty	Cost	Employee	Deduction
Employee	5.96	0.00	20	5.96	100.00%	2.98
Employee + Spouse	11.92	0.00		11.92	100.00%	5.96
Employee + Child(ren)	12.15	0.00	0.00%	12.15	100.00%	6.08
Employee + Family	19.22	0.00	0.00%	19.22	100.00%	9.61

2023 – 2024 Bid Results – Telemedicine

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	Ally Health Basic	Ally Health Essential	FlexCare Digital Health
	Basic	Long Term	Virtual Urgent Care (TM)
PMPM Cost	\$4.00	\$6.25	\$4.50*
Consultation Cost	\$0.00	\$0.00	\$0.00
Co-Pay	\$0.00	\$0.00	\$0.00
Website	Yes	Yes	Yes
Mobile App	Yes	Yes	Yes
Email Access			
Call Center Support	Yes	Yes	Yes
Video and Audio Kiosk/ Support			
Certified Physicians	Yes	Yes	Yes
Acute Care	Yes	Yes	Yes
Chronic Care Management			No
Access to Specialist			
Health & Wellness Coaching			
Mental Health			
Licensed Counselor	N/A	Yes	Yes*
Mental Health Specialist			Referral
EAP			
Claims Tracking/ Reporting	Yes**	Yes**	Yes
E-prescribe	Yes	Yes	Yes
HIPAA Compliant	Yes	Yes	Yes
Marketing Materials	Yes	Yes	Yes
Utilization & Engagement Collaboration			
Email Communication	Yes	Yes	Yes
Implement Pre-Registration			Yes
Internal Support Marketing	Yes	Yes	Yes
Webinars	Yes	Yes	Yes
Reporting	Yes	Yes	Yes
ROI Transparency	Yes 21	Yes	Yes
One time welcome package PMPM Fee	\$0.00	\$0.00	\$0.00



- We have over 90 customers with FBA.
- They are an administrator that is easy to work with and customer centric.
- We have already set up Dawson County for COBRA.
- If FBA is the FSA vendor, Mark III will pay for the administration.
- The estimated savings to the County is approximately \$3,000.



- CIGNA has provided the most competitive offer to Dawson County:
 - Medical Coverage
 - Dental Coverage
 - Vision Coverage
- The recommendation is for CIGNA.
- FlexCare is the Telemedicine recommendation.
- FBA for FSA Services







DAWSON COUNTY BOARD OF COMMISSIONERS AGENDA FORM

Department: <u>S</u>	enior Services	We	ork Session: <u>4-2</u>	<u> 20-2023</u>		
Prepared By: <u>C</u>	Dawn Johnson			Vo	ting Session: <u>5-</u>	<u>4-2023</u>
Presenter: <u>Dav</u>	vn Johnson			Pu	blic Hearing: Y	es No <u>X</u>
Agenda Item T	itle: Approval of	f FY 2023 Legad	cy Link Addenc	lum #2		
Background Inf	formation:					
Legacy Link	receives additic	onal funding duri	ing the year fro	m federal and s	tate agencies.	
Current Informa	ation:					
Addendum #2	2 is an increase	of funds of \$16	66.50 that will g	o toward Home	Delivered Meal	S.
Budget Informa	ation: Applicab	ole: X_Not Applic	cable:Bı	ıdgeted: Yes X	No	
Fund 5520	Dept.	Acct No.	Budget	Balance	Requested	Remaining
Recommendat	ion/Motion: <u>Ap</u>	prove the FY 20	23 Legacy Linl	< Addendum #2	<u>.</u>	
Department He	ead Authorization	on: <u>Dawn Johns</u>	on_		Date: <u>4-11</u>	<u>-2023</u>
Finance Dept.	Authorization: \	<u>/LN</u>			Date: <u>4/11</u>	<u>/23</u>
County Manag	County Manager Authorization: Vickie Neikirk Date: 4/11/23					
County Attorney Authorization: Date:						<u>/23</u>
County Attorne						
County Attorne Comments/Atta	y Authorization					
•	y Authorization					
•	y Authorization					



March 28, 2023

C/O Dawn Johnson, Director Dawson County Senior Services 201 Recreation RD. Dawsonville, GA 30534

Dear Mrs. Johnson:

Enclosed are two (2) original copies of the FY-2023 Addendum #2 Contract between The Legacy Link, Inc. and the Dawson County Commission for Nutrition Program Services. This Addendum is for the contract period of July 1, 2022 - June 30, 2023.

After the Addendums have been reviewed and approved, please sign and notarize both copies and return both copies to The Legacy Link, Inc.. Ms. Melissa Armstrong, Chief Executive Officer/AAA Director of The Legacy Link, Inc. will also sign them. A fully executed copy will then be returned to your office.

Please let me know if you have any questions about the enclosed. My phone number is (678) 677-8511 or e-mail at legacylink.org.

Sincerely,

Linda Earls Clark Financial Specialist

functo Earl Clark

Enclosure

ADDENDUM NO. 2 TO AGREEMENT

first COMMISSION the program and entered into on INC., AND Dawson COUNTY Nutrition LEGACY LINK, OF THE PROVISION 2022 BETWEEN THE July, οĘ

Said agreement is amended to read as follows.

2. Description of Services.

- total 32,400 units of home-delivered nutrition services to 125 elderly persons, for a
- in persons 90 40 services Provide 1,008 units of Wellness Dawson County. (e)

5. Compensation.

- Contractor Dollars shall Three the Agreement total compensation paid by the Legacy to Sixty to this Hundred pursuant Six Thousand operation Nine site Ninety The nutrition (\$99,663.00). (p) exceed for
- Sixty Thousand Two Hundred Sixty funds state and agrees to provide federal amount of in the (\$60,268.00) Legacy meals The home-delivered Eight Dollars (C

6. Non-Federal Funds.

the Agreement Dollars TWO term of Thirty the Hundred for cash requirement for home-delivered meals. Five Thousand minimum Five Eighty The (\$85,532.00) (p) being

local non-match Four (\$394,594.00) services two (2) of this contract, this amount being the necessary the οţ Four Thousand Five Hundred Ninety provision provide the shall for Contractor required Paragraph resources Ninety

remain agreement this οĘ conditions and terms other unchanged. All

the parties hereto have hereunto set their hands and affixed their seals the day and year first above written. IN WITNESS WHEREOF,

THE LEGACY LINK, INC.

By: Chief Executive Officer/AAA Director

Subscribed and sworn to in our presence:

Notary Public

CONTRACTOR: DAWSON COUNTY COMMISSION

By: Chairman

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Subscribed and sworn to in our presence:

Notary Public

THE LEGACY LINK, INC FY-2023 MONTHLY FINANCIAL REPORT

PROVIDER AGENCY:	Dawson County Commission		MONTH OF:	March 2023	
SERVICE:	Home Delivered Meals		_ FUND SOURCE:	Income Tax	
Bulk Home Delivered Meals:	37	_ X	\$4.50	Cost Per Unit =\$	166.50
Box/Pinic, Shelf Stables Meals:	0	_ x	\$4.33	Cost Per Unit =\$	\$0.00
Frozen Meals:	0	_ x _	\$4.83	Cost Per Unit =\$	\$0.00
Total Home Delivered Meals:	37	_		Total Cost	16to. 50

BUDGET					
		YTD	CONTRACTED	% EXPENDED	
GRAND TOTAL	\$0.00	\$0.00	\$169.05	0.00%	
VOLUNTARY CLIENT CONTRIBUTIONS	\$0.00	\$0.00	\$0.00	0.00%	
UNIT COST ROUNDING	\$0.00	\$0.00	\$2.05	0.00%	
SUB-TOTAL	\$0.00	\$0.00	\$167.00	0.00%	
(100%) STATE	\$0.00	\$0.00	\$167.00	0.00%	
TOTAL	\$0.00	\$0.00	\$167.00	0.00%	

Danne Dolanson	4-10-M		
AUTHORIZED SIGNATURE OF AGENCY	DATE		



DAWSON COUNTY BOARD OF COMMISSIONERS AGENDA FORM

saidy of the								
Department: Senior Services				Work Sess	Work Session: 4-20-2023			
Prepared By: Dawn Johnson				Voting Ses	Voting Session: 5-4-2023			
Presenter: Dawn Johnson				Public Hea	ring: Yes	No <u>X</u>		
Agenda Item T	itle: Request fo	r Chairman to s	sign commitmer	t letter for Lega	acy Link for FY2	2024.		
Background Inf	ormation:							
		ging resource c y receive a loca				-		
Current Informa	ation:							
For FY 2024 the local match is \$14,050. This amount is already budgeted in our FY 2024 RFP.								
Budget Information: Applicable: Not Applicable: Budgeted: Yes_X_No								
Fund	Dept.	Acct No.	Budget	Balance	Requested	Remaining		
	5520							
Recommendation/Motion: Approve for Chairman to sign the commitment letter for Legacy for FY2024 local match of \$14,050.								
Department Head Authorization: <u>Dawn Johnson</u>				Date: <u>4-1</u>	<u>1-2023</u>			
Finance Dept. Authorization: <u>VLN</u>				Date: <u>4/11/23</u>				
County Manager Authorization: Vickie Neikirk				Date: 4/11/23				
County Attorney Authorization:				Date:	<u></u>			
Comments/Attachments:								

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April 3, 2023

Honorable Billy Thurmond, Chairman Dawson County Commission 25 Justice Way Suite 2313 Dawsonville, GA 30534

Dear Chairman Thurmond,

Legacy Link will once again provide state and federal funds to Dawson County for Services at your senior center including Meals on Wheels, congregate meals, transportation, center management, etc. in the fiscal year beginning July 1, 2023. We plan to provide \$157,798.00 to Dawson County for these services. Due to federal COVID 19 legislation additional federal funds will be allocated for your county.

Legacy Link provides the following services in all 13 counties: Information, telephone screening and counseling for families seeking assistance for seniors and persons with disabilities. Georgia SHIP staff and volunteers provide counseling and assist with Medicare, other insurance, fraud, and scam issues. We subcontract with a personal care service agency for homemaker and personal care to help frail older persons remain in their homes and also subcontract for legal services for older individuals in the region.

Legacy Link's RN's and social workers will continue to provide care management in all 13 counties for non-Medicaid and Medicaid-funded health programs to help nursing home eligible persons of all ages with chronic health conditions remain in their homes and communities. The RN's and case managers work with over 1,000 persons and their families to arrange for in-home and community health services to avoid premature nursing home placement.

Legacy Link staff will also continue to work with families and nursing home staff and assist residents in moving out of nursing homes and back into the community when feasible.

Additionally, we provide funding for services to help caregivers of persons with Alzheimer's disease and other dementias. We will continue funding various services designed to help families caring for someone with Alzheimer's in part-time day programs in Forsyth, White, Dawson, and Union Counties. We have a Caregiver Specialist on staff to work with families in all counties who have caregiver issues.

The Legacy Link Kinship Care Program (Grandparents Raising Grandchildren) continues to help relatives and the children in their care. Our Wellness program for seniors has been highly successful in the region and the Retired Senior and Volunteer Program (RSVP) has about 200 volunteers aged 50+ who volunteer in their communities.

The Legacy Link Senior Community Service Employment Program assists low-income persons aged 55+ needing employment and training. We pay minimum wage for parttime employment based training. The participants are helping their communities by training in local non-profits and government organizations while learning workplace skills to obtain unsubsidized employment.

In order to draw down federal and state funds for programs and services as described, we must have local matching funds. These local matching funds from each county government are necessary for us to continue sub-contracting and providing services including administration, information and referral, screening services, and volunteer programs in all counties. We utilize in-kind match as much as possible but need local matching funds revenue to continue our services in the region.

Our local share match request of each county government for the fiscal year July 1, 2023, to June 30, 2024, is \$14,050.00 this year. Each county government's local share contribution is critical to draw down funds for continuation of services that help families in your county. This amount may be paid in one payment, quarterly, or semi-annually.

The commitment page for your signature signifying approval of the request is enclosed. Please sign and return to me so we can continue services offered in your county in the new fiscal year. If you have any questions about services operated or funded by Legacy Link in your county, please do not hesitate to call me.

We appreciate your support of Legacy Link. Through continued partnership, we can keep improving the quality of life of older adults, individuals with disabilities, and their caregivers in your community.

Sincerely,

Melissa Armstrong, MSW

CEO/ AAA Director

The Legacy Link, Inc.

Enclosure



LOCAL SHARE COMMITMENT LETTER FY2024

The FY–2024 local share requested by The Legacy Link, Inc. from each county is \$14,050.00. These funds will be used by the Area Agency on Aging (AAA) as match to draw down the federal and state funding for administration, coordination, information & referral, employment & training of older workers, volunteer program and other services These funds will also help to continue to Wellness Programs, Kinship Care Program, and Medicare Prescription assistance in all counties.

The Dawson County Commission hereby approves the services to be offered for older citizens, family members and individuals with disabilities in Dawson County in FY–2024. Dawson County Commission also agrees to pay the necessary local share funds in the amount of \$14,050.00 to secure federal and state funding, and continue services as noted above.

Approved:		Date:	
Daws	son County Commission Chairman		-
Please return to:	Melissa Armstrong, CEC The Legacy Link, Inc.	O/ AAA Director	

P.O. Box 1480

Oakwood, Georgia 30566