

AUG 22 2016

REQUEST FOR AGENDA PLACEMENT FORM

Submission Deadline - Tuesday, 12:00 PM before Court Dates

SUBMITTED BY: Randy Gillespie TODAY'S DATE: August 16, 2016

DEPARTMENT: Personnel

SIGNATURE OF DEPARTMENT HEAD:

REQUESTED AGENDA DATE: August 22, 2016

SPECIFIC AGENDA WORDING: Consideration to approve Renewal Rates with Cigna Dental coverage effective October 1, 2016 – September 30, 2017.

PERSON(S) TO PRESENT ITEM: Randy Gillespie

SUPPORT MATERIAL: (Must enclose supporting documentation)

TIME: 5 minutes	ACTION ITEM: <u> X </u>
	WORKSHOP: _____
(Anticipated number of minutes needed to discuss item)	CONSENT: _____
	EXECUTIVE: _____

STAFF NOTICE:

COUNTY ATTORNEY: _____	IT DEPARTMENT: _____
AUDITOR: _____	PURCHASING DEPARTMENT: _____
PERSONNEL: _____	PUBLIC WORKS: _____
BUDGET COORDINATOR: _____	OTHER: _____

*******This Section to be Completed by County Judge's Office*******

ASSIGNED AGENDA DATE: _____

REQUEST RECEIVED BY COUNTY JUDGE'S OFFICE _____

COURT MEMBER APPROVAL _____ Date _____

AUG 22 2016

Johnson County
*Guaranteed Cost Funding
Non-Participating
October 01, 2016 - September 30, 2017*

Tier	Expected Lives	Current Rates	Renewal Rates*
Dental PPO			
Employee Only	108	\$27.56	\$29.21
Employee + Spouse	19	\$55.08	\$58.38
Employee + Child(ren)	21	\$59.09	\$62.64
Employee + Family	14	\$90.83	\$96.28
Annual Cost	162	\$78,426	\$83,127
Percent Change (Renewal vs Current)			5.99%

*The above quoted rates do not include any commissions.

Tier	Expected Lives	Current Rates	Quoted Rates*
Dental HMO [Enter PCS Here]			
Employee Only	149	\$9.27	\$9.83
Employee + Spouse	32	\$18.06	\$19.15
Employee + Child(ren)	26	\$19.54	\$20.72
Employee + Family	24	\$28.25	\$29.95
Annual Cost	231	\$37,742	\$40,020
Percent Change (Renewal vs Current)			6.03%

*The above quoted rates do not include any commissions.

