

PREVIOUS ITEM

NEXT ITEM

BROWARD COUNTY
BOARD OF COUNTY COMMISSIONERS

Meeting Date




AGENDA ITEM # 18

07/01/03

Page 1 of 2

Requested Action	<small>(Identify appropriate Action or Motion, Authority or Requirement for Item and identify the outcome and/or purpose of item.)</small>
<p>MOTION TO APPROVE Sponsorship Agreement between Broward County and American Pioneer Life for Medicare Supplemental Insurance, RLI No. 20020717-0-PEB-01 for the Human Resources Division for a term to begin upon execution of agreement, and terminate on December 31, 2009, and authorize the Mayor and Clerk to execute the same.</p> <p>Why is Action Necessary: In accordance with Broward County Procurement Code Section 21.31.a.4, the Board must approve agreements exceeding the authority of the Purchasing Director..</p> <p>What Action Accomplishes: This sponsorship agreement makes medicare supplemental insurance available to eligible employees and retirees on a group rate basis.</p>	
Summary Explanation / Background	<small>(Provide an executive summary of the action that gives an overview of the relevant details for the item. The first sentence includes the Agency recommendation.)</small>
<p>THE SELECTION/NEGOTIATION COMMITTEE RECOMMENDS APPROVAL OF THE ABOVE MOTION.</p> <p>There are no small disadvantaged business enterprise (SDBE) goals assigned to this Sponsorship Agreement by the Division of Equal Employment and Small Opportunity (DEESBO) due to lack of certified SDBE firms for this service.</p> <p>This sponsorship agreement with American Pioneer Life will make Medicare Supplemental Insurance available to Medicare eligible individuals at group discount rates. This sponsorship agreement provides for this program to be offered as a voluntary benefit through direct bill, or through the Florida Retirement billing system if eligible, rather than through the County's payroll system. The fact that this program is voluntary, direct bill, fully paid by the participant and no charge to the County allows for the development of a sponsorship type agreement. Medicare eligible current employees, retirees, and former County elected officials, as well as their spouses or domestic partners may participate in this program . Currently, Broward County has over 300 medicare eligible active employees and approximately 2,600 FRS eligible retirees. Subsequent to Board approval, a guaranteed</p>	

Authorized Signature <small>(Signature confirms that required approvals from other agencies have been received – e.g. Purchasing, Budget, Risk Mgt. Attorney)</small>		Scheduling <small>Cnty Admin initials</small>
<p>Signature: </p> <p>Date: 6/23/03</p>	<p>Type Name, Title, Agency and Phone: Phillip C. Allen, CFO & Director Finance and Administrative Services Department (954) 357-7130</p>	
<p>Source of Additional Information: Type Name, Title, Agency and Phone: James R. Acton, Jr., Director, Human Resources Division (954) 357-6001</p>		

issue open enrollment will be scheduled making this program available to all eligible groups.

The medicare supplement insurance option provides our active and retiree population an additional alternative to participating in the County's other group health insurance plans. American Pioneer offers ten plans with varying benefits and premiums to choose from which are detailed in Exhibits A and B of the agreement.

The Health Insurance Selection/Negotiation Committee approved the selection of American Pioneer and the development of a Sponsorship Agreement on November 12, 2002. Implementation of this program offering was delayed by the unique development of a Sponsorship Agreement, the completion of 2003 health insurance open enrollment, and the priority of coordinating and conducting a new open enrollment for Long Term Care insurance.

Members of the Health Insurance Selection/Negotiation Committee are:

- Commissioner Ben Graber
- Commissioner Sue Gunzburger
- Commissioner Ilene Lieberman
- Commission John E. Rodstrom, Jr.
 CFO and Director, Finance and Administrative Services Department (Chair)
 Director, Office of Budget Services
 Director, Human Resources Division

Fiscal Impact / Cost Summary

(include projected cost, approved budget amount and account number, source of funds, and any future funding requirements)

There is no funding required from the County for this agreement. Insurance coverage purchased under this agreement is fully paid by the participant.

Exhibits Attached (copies of original agreements)

(Please number exhibits numerically.)

1. Agreement with American Pioneer Life
2. DEESBO goals memorandum dated August 5, 2002

Document Control

Commission Action

1 Executed original(s) for permanent record

3 Executed copies to return to: James Acton, Human Resources
 (954) 357-6001

Other instructions: (Include name, agency, and phone)

APPROVED DENIED

DEFERRED

From: _____

To: _____