



PUBLIC HEARING AGENDA ITEM

DATE OF PUBLIC HEARING: September 1, 2020
SUBJECT: 2020 United Healthcare Contracts
FROM: Terri Lautt, Director
AGENCY/DEPARTMENT: People and Culture Services
HEARD AT STUDY SESSION ON: October 15, 2019
AUTHORIZATION TO MOVE FORWARD: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
RECOMMENDED ACTION: That the Board of County Commissioners approves the 2020 Financial Renewal and Terms Amendment to the Administrative Services Agreement, the Amendment to the Specific Excess Risk Insurance Policy, and the Summary Plan Descriptions with United Healthcare Services, Inc.

BACKGROUND: The Adams County Board of County Commissioners entered into a contract with United HealthCare Services Inc., to provide Third Party Administration and Specific Excess Risk Insurance for the county's self-funded health plan.

The attached Financial Renewal and Terms Amendment to the Administrative Services Agreement between United HealthCare, Services Inc. and County of Adams provides for changes to the Financial Terms as outlined within Exhibit A and changes to the Performance Standards as outlined within Exhibit B, providing consistent performance reimbursement guarantees for 2020.

The attached Amendment to the Specific Excess Loss Insurance Policy provides for changes as outlined in the Schedule of Benefits.

The attached United HealthCare Summary Plan Descriptions provide for the addition of Hearing Aid coverage for 2020 and changes to the Eligibility rules as approved through Study Session.

AGENCIES, DEPARTMENTS OR OTHER OFFICES INVOLVED:

People and Culture Services
County Manager's Office
Budget Office
County Attorney's Office

ATTACHED DOCUMENTS:

Financial Renewal and Terms Amendment (Exhibit A and Exhibit B)
Stop Loss Amendment No. 7
Fully Executed Business Associate Agreement as reference in the Financial Renewal and Terms Amendment
UHC Choice EPO Plan Summary Plan Description
UHC Choice Plus HDHP/HSA Plan Summary Plan Description
UHC Colorado Doctors Plan (CDP) Summary Plan Description

FISCAL IMPACT:

Please check if there is no fiscal impact ☒. If there is fiscal impact, please fully complete the section below.

Fund: 19**Cost Center:** 8612,8613

	Object Account	Subledger	Amount
Current Budgeted Revenue:			
Additional Revenue not included in Current Budget:			
Total Revenues:			

	Object Account	Subledger	Amount
Current Budgeted Operating Expenditure:			
Add'l Operating Expenditure not included in Current Budget:			
Current Budgeted Capital Expenditure:			
Add'l Capital Expenditure not included in Current Budget:			
Total Expenditures:			

New FTEs requested: ☐ YES ☒ NO

Future Amendment Needed: ☐ YES ☒ NO

Additional Note: