

Loudon County Commission Workshop

Loudon, Tennessee

Monday, May 20, 2024

Courthouse Annex

6:00 pm

AGENDA

Regular Meeting

To provide public comment, prior to the start of the meeting please write your name on the sign-up sheet located on the podium for the Public Hearing

- 1) Comments by Members of the General Public
- 2) Commissioner – Henry Cullen
 - A) State Representative Monty Fritts
- 3) Loudon County Purchasing Director - Matt Kleinschmidt
 - A) Employee Health Insurance for 2024-2025
 - B) Postage Machine Lease for Health Department
\$ 129.69 per month for 60 months
 - C) Postage Machine Lease for Clerk and Master
\$ 179.04 per month for 60 months
- 4) Commissioner – Van Shaver
 - A) Davis Lane Repair Update
- 5) Director of Accounts and Budgets – Erin Rice
 - A) Budget Recommendations



Cigna Healthcare Financial Exhibit for:
Loudon County Government
 Effective Date: July 01, 2024

Q1P2, Concession

Cigna PLAN OFFERED Plan Offering Plan Name Situs	LocalPlus LCP Single Option LCP Performance TN					
	LCP (TNLCPR, TNLCPU)					
	Subscribers	Members	Current Rate	Renewal Rate	Monthly Billed Amount	Change
Employee	95		\$622.56	\$666.13	\$63,282.35	7.00%
Emp + Dep	68		\$1,245.08	\$1,332.21	\$90,590.28	7.00%
Emp + Family	82		\$1,774.23	\$1,898.40	\$155,668.80	7.00%
Monthly Billed Amount	245	543			\$309,541.43	

Included in the proposed Monthly Billed Amount is the Benefit Advisor Fee which is not part of the monthly premium.



Cigna Vision Solution for Loudon County Government

Plan Code: 757

Effective Date : 07/01/2024

Renewal quote completed by Cigna Dental & Vision Underwriting on March 19, 2024

Voluntary FI Quote (Per Employee Per Month)

15% Minimum Participation Required*

	Enrolled EE's	Current	07/01/2024	07/01/2025
Employee Only	94	\$5.63	\$5.63	\$5.63
Employee + 1	59	\$10.53	\$10.53	\$10.53
Employee + 2+	94	\$15.94	\$15.94	\$15.94
Total EE's	247			

*Broker commissions of 10.00% are included in this quote.

**Voluntary: Medical and/or dental subscribers can elect to not enroll in vision. Does not refer to contribution levels.

***Quote is valid for 90 days and includes claim processing, network access, customer service, policy and certificate, and standard vision reporting. The fee also includes two vision specific ID cards, mailed directly to the member's home address (unless other arrangements are made in advance).

****Our Cigna Vision proposal is contingent upon selecting Cigna for your dental and/or medical coverage.

*****This quote assumes the Cigna Vision will be administered on Facets.

*****Rates are guaranteed for 2 years.

*****Cigna Healthcare's vision products are "excepted benefits" and not subject to Essential Health Benefit requirements.

*****The above quoted rates include Health Insurance Assessment fees (PPACA) for 2020 months, but not for 2021 and beyond. Cigna reserves the right to modify quoted rates, as necessary, should there be any changes in future regulation or costs.

Cigna Vision Network serviced by EyeMed offers one of the largest national routine vision networks, with optometrists and ophthalmologists at full service locations nationwide, including private practices and national and regional retail locations. Please be aware that the Cigna Vision Network serviced by EyeMed is different from the Cigna medical networks.

Vision Services and Frequency	In-Network Plan Coverage**	In-Network Member Cost***	Out-of-Network Reimbursement
Exam and Professional Services: Frequency*: once per 12 month			
Eye Exam	100% after \$15 Copay	\$15 Copay	Up to \$45 Allowance
Retinal Screening	\$0	Up to \$10	Not Covered
Standard Eyeglass Lenses Allowances: Frequency*: once per 12 month			
Lenses:	Copay: \$30		
Single Vision	100%	\$30 Copay	Up to \$40 Allowance
Lined Bifocal	100%	\$30 Copay	Up to \$65 Allowance
Lined Trifocal	100%	\$30 Copay	Up to \$75 Allowance
Lenticular	100%	\$30 Copay	Up to \$100 Allowance
Lens Enhancements / Options			
Oversize Lenses	100%	\$0	Not Covered
Rose #1 and #2 Solid Tints	100%	\$0	Not Covered
Polycarbonate Lenses <18 years of age	100%	\$0	Not Covered
Progressives	100%	\$0	\$75
Plastic Dye Tints	\$0	\$15	Not Covered
Photochromic - Glass or Plastic	\$0	\$75	Not Covered
Standard Scratch Coating	\$3	\$15	Not Covered
Standard Ultraviolet (UV) Coating	\$3	\$15	Not Covered
Anti-Reflective (AR) Coating	\$3	\$45	Not Covered
Hi-Index Lenses	\$0	20% off retail	Not Covered
All other lens options, including Premium Tint	\$0	20% off retail	Not Covered
Contact Lenses Retail Allowance: Frequency*: one pair or single purchase per 12 month			
Elective	100% up to \$100 Retail Allowance	Balance over \$100 Allowance	Up to \$87 Allowance
Therapeutic	100%	\$0	Up to \$210 Allowance
Frame Retail Allowance Frequency*: one per 24 month			
	100% up to \$100 Retail Allowance	20% off balance over \$100 Allowance	Up to \$55 Allowance

* Your Frequency Period begins on January 1 (Calendar year basis)

** coverage may vary at participating discount retail and membership club optical locations, please contact Customer Service for specific coverage information.

*** Provider participation is 100% voluntary, please check with your Eye Care Professional for any offered discounts; stated Customer Cost, up to maximums, are subject to change without notice.

Benefits are underwritten or administered by Cigna. Read your plan carefully - this benefit summary provides a very brief description of the important features of your plans. This is not the insurance contract. Your full rights and benefits are expressed in the actual plan documents that are available to you upon request. Network providers are independent contractors solely responsible for your routine vision examinations and products.

03/19/2024 15:55
Opportunity Number: OF-5402971

12
Paul French (Knoxville, TN) - 478)

Account Number: 0626354

Vision Underwriter: Kenny Gahani



Plan Cost Summary - Rates

		Total Enrollment	Current	Renewal
Cigna Rates				
PPO	Employee	117	\$29.39	\$29.39
Plan 1	Emp + Family	176	\$86.30	\$86.30
Monthly Total			\$18,627.43	\$18,627.43
			Renewal Change	0.00%

This quote assumes the proposed DPPO benefits will be administered on Dentacom.
 The above DPPO renewal rates are guaranteed for 2 years, valid for 07/01/2024 and 07/01/2025 effective dates



Section (A) Office Information

Office Number	Office Name	Phone #	Date
962	Advanced Mailing Systems	(800) 903-4858	04/05/2024

Section (B) Billing Information

Company Name	Loudon County Department of Health		
DBA			
Billing Address	100 River Rd, Ste 109		
City State Zip+4	Loudon	TN	37774
Contact Name	Matt Kleinschmidt	Phone	(865) 458-4663
Contact Title	Procurement Director	Fax	
Email Address	kleinschmidtm@loudoncounty-tn.gov	PO #	

Section (C) Installation Information (if different from billing information)

Company Name	Loudon County Department of Health		
Installation Address	600 Rayder Ave		
City State Zip+4	Loudon	TN	37774
Contact Name	Debbie Lorenz	Phone	(865) 458-2662
Contact Title	Office Manager	Fax	
Email Address	debra.j.lorenz@tn.gov		
Main Post Office		PO 5-Digit Zip Code	

Section (D) Products

Qty	Model / Part Number	Description (include Serial Number, if applicable)
1	IX5HFWP5	IX-5 Series Base w/ Hand Feeder, Moistener, Catch Tray, Ink Cartridge & IXWP5
5	H90MRS100	(MS90L) Promo Credit Valid With: iX-1/3/5/7/9 Mailing or S.M.A.R.T Packages

Section (E) Lease Payment Information & Lease Payment Schedule

Tax Status: <input type="checkbox"/> Taxable <input checked="" type="checkbox"/> Tax Exempt <i>Certificate attached</i> Billing Frequency: <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Annually Billing Method: <input checked="" type="checkbox"/> Standard	Number of Months First: 63	Monthly Payment (Plus applicable taxes) \$129.68
	Current Lease Number: N19041702	
	<input type="checkbox"/> ACH (Customer to submit authorization form)	

Section (F) Postage Meter & Postage Funding Information

Meter Model	IX5HFAI	Machine Model	IX5HFWP5
Postage Funding Method: <input checked="" type="checkbox"/> Bill Me <input type="checkbox"/> Prepay by Check <input type="checkbox"/> ACH Debit (Submit customer authorization form)		Postage Funding Account: <input checked="" type="checkbox"/> POC <input type="checkbox"/> TMS <input type="checkbox"/> New <input checked="" type="checkbox"/> Existing Existing Account Number: 8005364	

Service Products (Check all that apply)

<input checked="" type="checkbox"/> Online Postal Rates iMeter™ App (SP10) <input type="checkbox"/> Online Postal Expense Manager iMeter™ App (SP20/NeoStats) <input type="checkbox"/> Online E-Services with Electronic Return Receipt iMeter™ App (SP35) <input type="checkbox"/> NeoShip PLUS (EP70PLUS) <input type="checkbox"/> NeoShip Install & User Guide (EP70GUIDES) <input type="checkbox"/> 4G/5G Cell Service <input checked="" type="checkbox"/> Maintenance <input checked="" type="checkbox"/> Installation/Training <input type="checkbox"/> Software Support for premise (non-cloud) solutions

Section (G) Approval

Existing customers who currently fund the Postage account by ACH Debit will not be converted to the Postage Funding Account unless initial here _____.

This document consists of a Product Lease Agreement with Quadiant Leasing USA, Inc.; and a Postage Meter Rental Agreement, and an Online Services and Software Agreement with Quadiant, Inc.; and a Postage Funding Account Agreement with Quadiant Finance USA, Inc. Your signature constitutes an offer to enter into such agreements, and acknowledges that you have received, read, and agree to all applicable terms and conditions (version Commercial-Equipment-Lease-Terms-USPS-Dealer-V11-2023), which are also available at <https://quadiantterms.com/Commercial-Equipment-Lease-Terms-USPS-Dealer-V11-2023>, and that you are authorized to sign the agreements on behalf of the customer identified above. The agreements will become binding on the companies identified above only after an authorized individual accepts your offer by signing below, or when the equipment is shipped to you.

Guided by Quadiant, Inc.'s Sustainable Design and Responsible Manufacturing Policy, our Products may contain reused components. For more information visit <https://www.quadiant.com/about-us/sustainable-design-and-manufacturing>.

Authorized Signature	Print Name and Title	Date Accepted
Accepted by Quadiant Inc. and its Affiliates		Date Accepted



Product Lease Agreement with Postage Meter Rental Agreement

Section (A) Office Information

Table with 4 columns: Office Number, Office Name, Phone #, Date

Section (B) Billing Information

Table with 4 columns: Company Name, DBA, Billing Address, City State Zip+4, Contact Name, Contact Title, Email Address

Section (C) Installation Information (if different from billing information)

Table with 4 columns: Company Name, Installation Address, City State Zip+4, Contact Name, Contact Title, Email Address, Main Post Office

Section (D) Products

Table with 3 columns: Qty, Model / Part Number, Description

Section (E) Lease Payment Information & Lease Payment Schedule

Form with sections for Tax Status, Billing Frequency, Billing Method, and a table for Number of Months and Monthly Payment.

Section (F) Postage Meter & Postage Funding Information

Form with sections for Meter Model, Machine Model, Postage Funding Method, and Postage Funding Account.

Service Products (Check all that apply)

Form with a list of service products and checkboxes for selection.

Section (G) Approval

Approval section containing text about the agreement, a signature line, and a date accepted line.