



**BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS**

Award Contract Grant

Requested Board Meeting Date: 06/19/2018

* = Mandatory, information must be provided

or Procurement Director Award

***Contractor/Vendor Name/Grantor (DBA):**

HSA Bank, a division of Webster Bank NA

***Project Title/Description:**

Health Savings Account Services for Employer Benefit Plans

***Purpose:**

Amendment of Award: Master Agreement No. MA-PO-16-008, Amendment No. 5. This amendment extends the termination date to 06/30/2023, increases the award amount by \$250,000.00 for a cumulative not-to-exceed contract amount of \$1,029,633.80, reduces the Monthly Maintenance fee per account from \$1.55 to \$0.75, adds an early termination fee schedule, and increases the Paper Statement fee paid by account holders from \$1.00 to \$1.50. Administering Department: Human Resources.

Note: The attached MA-PO-16-008 document reflects a "NTE Amount" of \$515,518.50. \$514,115.30 was expended in a prior financial system, which accounts for the cumulative not-to-exceed contract amount of \$1,029,633.80.

***Procurement Method:**

Pursuant to Pima County Procurement Code 11.12.060, Emergency and other limited competition procurement, the Procurement Director approved award of contract No. 140841 for a five-year term with an effective date of 07/01/2008 and a contract amount of \$250,000.00 to JP Morgan Chase Bank, N.A.

On June 14, 2010, the Procurement Director approved Amendment No. 1 to replace Exhibit A to the Health Savings Account Service Appendix with Exhibit A-1 Health Savings Account Service Appendix effective 07/01/2010.

Contract No. 140841 was converted to CT-HR-13-507 in July 2011.

On December 28, 2012, the Procurement Director approved Amendment No. 2 to amend Exhibit A-1 Health Savings Account Service Appendix reducing the Monthly Maintenance Fee/Account from \$1.75 to \$1.55 effective 01/01/2013.

On September 01, 2015, the Board of Supervisors approved Amendment No. 3 to assign CT-HR-13-507 with JP Morgan Chase Bank, N.A. to Webster Bank, N.A. dba HSA Bank, MA-PO-16-008, delete Exhibit A-1 to the Health Savings Account Appendix and replace it with A.2 Health Savings Account Service Appendix, add Exhibit C Participant HSA and Interest Fee Schedule, extend the termination date to 06/30/2016 and to add \$329,633.80 for a cumulative not-to-exceed contract amount of \$579,633.80.

On June 21, 2016, the Board of Supervisors approved Amendment No. 4 to extend the termination date to 06/30/2018 and to add \$200,000.00 for a cumulative not-to-exceed contract amount of \$779,633.80.

PRCUID:191830

Attachment: Master Agreement.

***Program Goals/Predicted Outcomes:**

Continuity of services at the current unit price for both County and covered individuals.

***Public Benefit:**

Cost effective services for both the County and covered individuals.

***Metrics Available to Measure Performance:**

Effectively and securely maintain all Pima County employees Health Savings Accounts.

***Retroactive:**

No.

Contract / Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e., 15-123): _____

Effective Date: _____ Termination Date: _____ Prior Contract Number (Synergen/CMS): _____

Expense Amount: \$* _____ Revenue Amount: \$ _____

***Funding Source(s) required:**

Funding from General Fund? Yes No If Yes \$ _____ % _____

Contract is fully or partially funded with Federal Funds? Yes No

***Is the Contract to a vendor or subrecipient?**

Were insurance or indemnity clauses modified? Yes No

If Yes, attach Risk's approval

Vendor is using a Social Security Number? Yes No

If Yes, attach the required form per Administrative Procedure 22-73.

Amendment / Revised Award Information

Document Type: MA Department Code: PO Contract Number (i.e., 15-123): 16-008

Amendment No.: 5 AMS Version No.: 6

Effective Date: 07/01/2018 New Termination Date: 06/30/2023

Prior Contract No. (Synergen/CMS): _____

Expense or Revenue Increase Decrease Amount This Amendment: \$ 250,000.00

Is there revenue included? Yes No If Yes \$ _____

***Funding Source(s) required:** Pima County Health Benefits Trust Fund.

Funding from General Fund? Yes No If Yes \$ 250,000.00 % _____

Grant/Amendment Information (for grants acceptance and awards) Award Amendment

Document Type: _____ Department Code: _____ Grant Number (i.e., 15-123): _____

Effective Date: _____ Termination Date: _____ Amendment Number: _____

Match Amount: \$ _____ Revenue Amount: \$ _____

***All Funding Source(s) required:**

***Match funding from General Fund?** Yes No If Yes \$ _____ % _____

***Match funding from other sources?** Yes No If Yes \$ _____ % _____

***Funding Source:** _____

***If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)?**

Contact: Kelsey Braun, Procurement Officer *KB*

Department: Procurement Telephone: 724-7466

Department Director Signature/Date: [Signature] 6/6/18

Deputy County Administrator Signature/Date: [Signature] 6-6-18

County Administrator Signature/Date: [Signature] 6-6-18

(Required for Board Agenda/Addendum Items)

The Wildy 4/6/18



PIMA COUNTY

MASTER AGREEMENT

PIMA COUNTY, ARIZONA

**THIS IS NOT AN ORDER - TRANSMISSION CONSTITUTES
CONTRACT EXECUTION**

Master Agreement No: 16000000000000000008

MA Version: 6

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Description: Health Savings Account Services Agreement LC 191830

I S S U E R	Pinna County Procurement Department 130 W. Congress St. 3rd Fl Tucson AZ 85701
	Issued By: Kelsey Braun-Shirley Phone: 5207247466 Email: kelsey.braun-shirley@pima.gov

T E R M S	Initiation Date: 07-01-2018 Expiration Date: 06-30-2023
	NTE Amount: \$515,518.50 Used Amount: \$221,495.61

V E N D O R	HSA BANK A DIVISION OF WEBSTER BANK DBA: HSA BANK A DIVISION OF WEBSTER BANK 605 N 8TH STREET SUITE 320 SHEBOYGAN WI 53081-0939	Contact: Shelly Meyer Phone: 920-803-4235 Email: smeyer@hsabank.com Terms: 0.00 % Days: 30
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Shipping Method: Vendor Method Delivery Type: FOB: FOB Dest, Freight Prepaid
Modification Reason This amendment extends the termination date to 06/30/2023 and increases the award amount by \$250,00,000.00 for a cumulative not-to-exceed contract amount of \$1,029,633.80, reduces the Monthly Maintenance fee per account from \$1.55 to \$0.75, adds an early termination fee schedule, and increases the Paper Statement fee paid by account holders from \$1.00 to \$1.50. Attachment: Amendment No. 5.

This Master Agreement incorporates the attached documents, and by reference all instructions, Standard Terms and Conditions, Special Terms and Conditions, and requirements that are included in or referenced by the solicitation documents used to establish this agreement. All transactions and conduct are required to conform to these documents.



MASTER AGREEMENT DETAILS

PIMA COUNTY

Master Agreement No: 18000000000000000008

MA Version: 6

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Line Description

Line	Description	UOM	Unit Price	Stock Code	VPN	MPN
1	Monthly Maintenance Fee per Account Discount 0.0000 %	EA	\$0.75			

Pima County Department of Human Resources Project: Health Savings Account (HSA) Services for Employer Benefit Plans Contractor: HSA Bank, a division of Webster Bank NA 605 N 8th St Suite 320 Sheboygan, WI 53081-0939 Contract No.: MA-PO-16-008 Contract Amendment No.: 5	CONTRACT
	NO. <u>MA-PO-16-008</u> AMENDMENT NO. <u>05</u> This number must appear on all invoices, correspondence and documents pertaining to this contract.

Orig. Contract Term: 07/01/2008 -06/30/2013	Orig. Amount:	\$250,000.00
Termination Date Prior Amendment: 06/30/18	Prior Amendments Amount:	\$529,633.80
Termination Date This Amendment: 06/30/23	This Amendment Amount:	\$250,000.00
	Revised Total Amount:	\$1,029,633.80

CONTRACT AMENDMENT

The parties agree to amend the above-referenced contract as follows:

1. **Term.** The Contract terminates on June 30, 2023.
2. **Maximum Payment Amount.** The maximum amount the County will spend under this Contract, is increased by \$250,000.00. County's total payments to Contractor under this contract, including any sales taxes, will not exceed \$1,029,633.80.
3. **Exhibit A.2.** Exhibit A.2 Schedule of Fees to the Health Savings Account Service Appendix, as incorporated into the Agreement, is hereby amended as follows:

The Monthly Maintenance Fee/Account for employees with active/leave of absence status will be reduced from \$1.55 to \$0.75. For terminated, laid off, retired and COBRA employees the Monthly Maintenance Fee/Account will be \$1.55 to be paid by the account holder.

The Paper Statement Fee paid by account holders will increase to \$1.50.

If County terminates contract for convenience an early termination fee per account will apply as follows.

Year 1	Year 2	Year 3	Year 4	Year 5
\$20.00	\$15.00	\$10.00	\$5.00	\$0.00

The effective date of this Amendment is July 01, 2018.

All other provisions of the Contract not specifically changed by this Amendment remain in effect and are binding upon the parties.

PIMA COUNTY

Chairman, Board of Supervisors

Date

CONTRACTOR

Edward Seaver

Authorized Officer Signature

Edward C Seaver - SVP

Printed Name and Title

June 6, 2018

Date

ATTEST

Clerk of the Board

Date

APPROVED AS TO FORM

Chris Straub

Chris Straub Deputy County Attorney

6-4-2018

Date

APPROVED AS TO CONTENT

Cathy Bohland

Cathy Bohland, Human Resources Director

6/4/18

Date