



What: Cass County Commission Meeting

When: April 10, 2024, at 12:00 pm

Location: Historic Courthouse – 102 E Wall, Harrisonville, Mo 64701

AGENDA

The tentative agenda of this meeting includes:

Agenda Commission Meeting - 12:00 pm

- 1. Call to Order**
- 2. Roll Call**
- 3. Pledge of Allegiance**
- 4. Accept the Agenda as presented.**
- 5. Approval of Commission Meeting Minutes**
 - April 3, 2024
- 6. Approval of Work Session Minutes**
 - April 1, 2024 – Health Benefits Renewal
- 7. Resolution No. 24-27 – Cass County Commission**
 - Approving a proposal for Insurance Benefits Renewal
 - Comment:
- 8. Resolution No. 24-28 – Cass County Sheriff’s Office**
 - Approving an agreement with Turn Key Health Clinics, LLC for jail healthcare services
 - Comment:
- 9. Presentation by NextEra Energy**
 - Comment:
- 10. Public Comment (5-minute limit):**
- 11. Commissioner Communications**
- 12. Adjourn**

The tentative agenda of this meeting may also include a vote to close part of the meeting pursuant to RS MO Sections:

	RSMo. 610.021.1 - Legal
	RSMo. 610.021.2 – Real Estate
	RSMo. 610.021.3 – Personnel Actions
	RSMo. 610.021.13 – Personnel Records
	RSMo. 610.021.17 – Confidential Communication with Auditor
	RSMo. 610.021.12 – Contract Negotiations



What: Cass County Commission Meeting

When: April 3, 2024, at 12:00 PM

Location: Historic Courthouse – 102 E Wall, Harrisonville, Mo 64701

Bob Huston, Presiding Commissioner
Jeff Fletcher, County Clerk

Monty Kisner, Associate Commissioner District 1
Ryan Johnson, Associate Commissioner District 2

Cass County Meeting Minutes

1. Call to Order

Presiding Commissioner Huston called the meeting to order at 12:00 PM.

2. Roll Call

Attendance	Name	Title
x	Bob Huston	Presiding Commissioner
x	Monty Kisner	Associate Commissioner District 1
x	Ryan Johnson	Associate Commissioner District 2

3. Pledge of Allegiance

4. Accept the agenda as presented.

Commissioner Johnson made a motion to accept the agenda.
Commissioner Kisner seconded the motion to accept the agenda.
Motion Status: Passed 3-0

5. Approval of Commission Meeting Minutes

- March 20, 2024

Commissioner Johnson made a motion to approve the minutes.
Commissioner Kisner seconded the motion to approve the minutes.
Motion Status: Passed 3-0

6. Approval of Work Session Minutes

- March 13, 2024 – Continue to discuss logistics of moving Codes, Treasurer and Payroll Offices
- March 20, 2024 – Cass County Commission – Policy Manual

Commissioner Johnson made a motion to approve the minutes.
Commissioner Kisner seconded the motion to approve the minutes.
Motion Status: Passed 3-0

7. Resolution No. 24-25 – Second hearing for Cantrell Rd

- Conducting second reading of petition to vacate a portion of South Cantrell Road.
- Comment: Presiding Commissioner Huston gave an update.

Commissioner Kisner made a motion to approve Resolution No. 24-25.
Commissioner Johnson seconded the motion to approve Resolution No. 24-25.
Motion Status: Passed 3-0

8. Resolution No. 24-26 – Approving a petition to vacate a portion of South Cantrell Road

- Presentation of Road and Bridge Report
- Applicant comments
- Receipt of any remonstrances
- Public comment: David Anderson was not present. Linda Zellmer gave an update.
RESOLUTION WAS NOT PASSED. Vote 3-0 against

9. Cass County Sheriff's Office – Accept the bid from Turnkey Health as the preferred vendor.

- Cass County Sheriff's Office put out an RFP for medical services in the jail.
- Comment: Captain Barbarick gave an update.

Commissioner Kisner made a motion to approve a bid from TurnKey Health.

Commissioner Johnson seconded the motion to approve a bid from TurnKey Health.

Motion Status: Passed 3-0

10. Cass County Codes & Zoning Department – Application # 3085

- Lot Split and Rezoning of a parent tract of 21.39 +/- acres with the Zoning Designation of Agriculture (Ag) into a 5 +/- acre tract and a 16.39 +/- acre tract both to obtain Residential Rural (RR) Zoning Designation. This Application for an Action has been submitted by Brandon & Megan Fuller, who are requesting the zoning actions described above on a tract of land located in part of Lot 1 of the NW ¼ of Section 31, Township 46, Range 31, Cass County, Missouri and generally located at the Southwest corner of E 195th St and S Parrott Farm Rd, Pleasant Hill, MO 64080.
- Comment: Codes & Zoning Director Valerie McCubbin gave an update

Commissioner Johnson made a motion to approve Application # 3085.

Commissioner Kisner seconded the motion to approve Application # 3085.

Motion Status: Passed 3-0

11. Cass County Codes & Zoning Department – Application # 3086

- Minor Subdivision (Preliminary and Final plats) of a parent tract of 40.12 +/- acre parcel with Agriculture (AG) zoning designation to be divided into three (3) tracts consisting of a 9.55 +/- acre tract, a 7.75 +/- acre tract to obtain Residential Rural (RR) zoning, and a 22.82 +/- acre tract to retain Agriculture (AG) zoning designation. This Application for an Action has been submitted by Ron Henley, on behalf of Steve & Angela Zahn, who are requesting the zoning actions described above located on a tract of land being part of Section 12, Township 46, Range 31, Cass County, Missouri and commonly known as 16510 & 16512 & 16608 S Hereford Rd, Pleasant Hill, MO 64080.
- Comment: Codes & Zoning Director Valerie McCubbin gave an update

Commissioner Johnson made a motion to approve Application # 3086.

Commissioner Kisner seconded the motion to approve Application # 3086.

Motion Status: Passed 3-0

12. Cass County Codes & Zoning Department – Application # 3087

- Lot Split and Rezoning of a parent tract of 37.5 +/- acres with the Zoning Designation of Agriculture (AG) into a 5 +/- acre tract to obtain Residential Rural (RR) Zoning Designation and a 32.5 +/- acre tract to retain Agriculture (AG) Zoning Designation. This Application for an Action has been submitted by Malvin Jr & Mitchel Hobbs, on behalf of Kathryn Hobbs, who are requesting the zoning actions described above on a tract of land located in part of the NE ¼ of Section 36, Township 45, Range 33, Cass County, Missouri and generally located on the East side of S Hunter Rd and just South of E 243rd St, Peculiar, MO 64078.
- Comment: Codes & Zoning Director Valerie McCubbin gave an update

Commissioner Johnson made a motion to approve Application # 3087.

Commissioner Kisner seconded the motion to approve Application # 3087.

Motion Status: Passed 3-0



13. Cass County Codes & Zoning Department – Application # 3088

- Lot Split and Rezoning of a parent tract of 22 +/- acres with the Zoning Designation of Agriculture (AG) into a 3 +/- acre tract to obtain Light Industrial (I-1) Zoning Designation and a 19 +/- acre tract to obtain Residential Rural (RR) Zoning Designation. This Application for an Action has been submitted by Charles E. Weedman, Jr, on behalf of Charles B. & Barbara A. Taylor, who are requesting the zoning actions described above on a tract of land located in part of the NW ¼ of the SE ¼ of Section 9, Township 44, Range 31, Cass County, Missouri and generally located on the East side of SE Outer Rd, Harrisonville, MO 64701.
- Comment: Charles Weedman gave an update. Codes & Zoning Director Valerie McCubbin gave an update.

Commissioner Johnson made a motion to approve Application # 3088.
Commissioner Kisner seconded the motion to approve Application # 3088.
Motion Status: Passed 3-0

14. For the Record – Cass County Clerk’s Office

- Destroy list.
- Comment: County Clerk Jeff Fletcher gave an update.

15. For the Record – Cass County Collector’s Office – Abatements

- 2023 Real Estate Abatement # 18
- 2019 Personal Property Abatement # 666
- 2021 Personal Property Abatement # 548-551
- 2022 Personal Property Abatement # 563-569
- 2023 Personal Property Abatement # 417-447

16. Public Comment (5-minute limit) Cass County Collector Chris Molendorp gave an update on Senate Bill 190

17. Commissioner Communications

18. Adjourn

Commissioner Kisner made a motion to adjourn at 12:20 PM.
Commissioner Johnson seconded the motion to adjourn.
Motion Status: Passed 3-0

Bob Huston
Presiding Commissioner

Monty Kisner
Associate Commissioner District 1

Ryan Johnson
Associate Commissioner District 2

Jeff Fletcher
County Clerk

Minutes Approval Date: _____



Cass County Commission –

Work Session Minutes

What: Health Insurance Renewal

When: April 1, 2024

Time Started: 2:00 pm

Time Ended: 2:33 pm

Location: Historic Courthouse, 3rd Floor Conference Room

Address: 102 E Wall Street, Harrisonville, MO 64701

Attendance	Name	Title
x	Bob Huston	Presiding Commissioner
x	Monty Kisner	Associate Commissioner District 1
absent	Ryan Johnson	Associate Commissioner District 2

1. Call to Order
2. Roll Call:

General Topics of Discussion

1. Blue Cross & Blue Shield Medical Insurance Renewal for July 1, 2024.
 - a. No Rate Increase
 - b. New IRS guidelines for High Deductible Health Plans increase the deductible from \$1,500 to \$1,600.
 - c. \$95,000 premium credit on first bill
 - d. Additional 0.5% rate reduction on the renewal if we implement RX programs.
2. Presiding Commissioner Huston made a motion to implement two RX programs for an additional 0.5% rate reduction. Commissioner Kisner seconded the motion. Vote 2-0
3. Vision, Dental and Life
 - a. No rate increases.
4. April 24, 2024 – Benefit Day at Sheriff’s Office Training Room.

Prepared By: Kayleigh Bowes

Certified Copy of Record

STATE OF MISSOURI, }
County of Cass, } ss.

In the County Commission of Cass County, Missouri, at the April Term, 2024, held on the 10th day of April 2024 amongst others, were the following proceedings:

RESOLUTION NO. 24-27 OF THE CASS COUNTY COMMISSION

APPROVING A PROPOSAL FOR INSURANCE BENEFITS RENEWEAL

BE IT HEREBY RESOLVED AND ORDERED BY THE COUNTY COMMISSION OF CASS COUNTY, MISSOURI, THAT, this Commission hereby approves the Proposal for health, dental, vision, and life insurance renewal, attached hereto and incorporated herein by reference. The Presiding Commissioner and Human Resources Director are authorized to sign documents and take actions necessary to facilitate this order.

ADOPTED BY THE COUNTY COMMISSION OF CASS COUNTY, MISSOURI, THIS 10TH DAY OF APRIL 2024.

Bob Huston
Presiding Commissioner

Monty Kisner
Associate Commissioner
Dist. 1

Ryan Johnson
Associate Commissioner
Dist. 2

ATTEST:



Jeff Fletcher
County Clerk

Dated: _____



A Leavitt Group Company

July 2024 Renewal

Cass County

Comparison of Benefits



Joe DeLisis

Employee Benefits Consultant

joe.delisis@gbsbenefits.com

(801) 244-7573

Tierney Turner

Account Manager

tierney.turner@gbsbenefits.com

(801) 364-7233 x7733

Prep: ea

Cass County

Annual Renewal Summary

	Carrier(s)	Plan Year	Monthly Premium	Annual Premium	Percent Increase
Medical	BCBS of KC	Current	\$190,374	\$2,284,492	0.00%
		Proposed Renewal	\$190,374	\$2,284,492	
Dental	Beam	Current	\$21,436	\$257,229	0.00%
		Proposed Renewal	\$21,436	\$257,229	
Vision	Beam	Current	\$3,340	\$40,084	0.00%
		Proposed Renewal	\$3,340	\$40,084	
Life	MetLife	Current	\$3,027	\$36,329	0.00%
Totals			\$218,178	\$2,618,134	0.00%
			\$218,178	\$2,618,134	
Change fom Current			\$0	\$0	

Comparison of Benefits
Medical



Cass County Medical Summary

Carrier	Option	Funding Type	Monthly Premium	Annual Premium	Annual Increase	Percent Increase
BCBS of KC	CURRENT	Fully Insured	\$190,374	\$2,284,492	--	--
	NO BID RENEWAL	Fully Insured	\$190,374	\$2,284,492	\$0	0.00%
	ALTERNATE OPTION-1	Fully Insured	\$168,065	\$2,016,783	(\$267,709)	-11.72%

*Reminder: Fees will apply for HSA bank account vendors.

Cass County
Medical Comparison

		BCBS of KC		BCBS of KC		BCBS of KC	
		PCB 80% \$1,000		PCB 80% \$1,500 HDHP		PCB 80% \$2,500 HDHP	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Medical Benefits							
	Deductible	\$1,000/\$3,000	\$1,000/\$3,000	\$1,500/\$3,000	\$5,000/\$10,000	\$2,500/\$5,000	\$5,000/\$10,000
	Out of Pocket Maximum	\$4,000/\$8,000	\$10,000/\$20,000	\$3,000/\$6,000	\$10,000/\$20,000	\$5,000/\$8,150	\$10,000/\$20,000
	Deductible Embedded		Yes		Yes		Yes
	OOP Max Embedded		Yes		No		No
Professional Services							
Office Visits	Primary Care Physicians	\$30	40% AD	20% AD	30% AD	20% AD	50% AD
	Specialists	\$50	40% AD	20% AD	30% AD	20% AD	50% AD
	Mental Health & Chemical Dependency	\$30	40% AD	20% AD	30% AD	20% AD	50% AD
	Urgent Care	\$50	40% AD	20% AD	30% AD	20% AD	50% AD
	Emergency Room	\$150 then 20% AD		20% AD		20% AD	
	Minor Lab / X-Ray	20% AD	40% AD	20% AD	30% AD	20% AD	50% AD
	Major Lab / X-Ray	20% AD	40% AD	20% AD	30% AD	20% AD	50% AD
	Hospital Outpatient Surgery	20% AD	40% AD	20% AD	30% AD	20% AD	50% AD
	Preventive Care	0%	40% AD	0%	30% AD	0%	50% AD
Inpatient Services							
	Inp Hospital / Physicians	\$300 then 30%	40% AD	20% AD	30% AD	20% AD	50% AD
	Inp Maternity	\$300 then 30%	40% AD	20% AD	30% AD	20% AD	50% AD
Additional Benefits							
	Chiropractic/Manipulations	\$50	40% AD	20% AD	30% AD	20% AD	50% AD
	Adult Routine Eye Exam	20% AD	40% AD	20% AD	30% AD	0%	50% AD
Prescription Drugs (In-Network)							
Retail	Rx Deductible	None		Medical Deductible Applies		Medical Deductible Applies	
	Tier 1	\$10		\$10 AD		\$10 AD	
	Tier 2	\$35		\$35 AD		\$35 AD	
	Tier 3	\$60		\$60 AD		\$60 AD	
	Tier 4	--		--		--	
	Mail Order	2.5x Retail		2.5x Retail AD		2.5x Retail AD	
		CURRENT		CURRENT		CURRENT	
Monthly Rates		Fully Insured		Fully Insured		Fully Insured	
<u>Subs</u>	<u>Enrollment Tier</u>	<u>Subscribers</u>	<u>Premium Rate</u>	<u>Subscribers</u>	<u>Premium Rate</u>	<u>Subscribers</u>	<u>Premium Rate</u>
163	Employee	10	\$881.69	68	\$778.01	85	\$696.87
15	Employee + 1	1	\$2,078.09	4	\$1,835.52	10	\$1,642.48
23	Family	0	\$2,325.69	6	\$2,054.19	17	\$1,838.16
201	TOTAL BY PLAN	11	\$10,895	78	\$72,572	112	\$106,907
	COMBINED TOTAL	201	\$190,374	--	--	--	--

Cass County
Medical Comparison

		BCBS of KC		BCBS of KC		BCBS of KC		BCBS of KC	
		PCB 80% \$1,000		PCB 80% \$1,600 HDHP		PCB 80% \$2,500 HDHP		PCB 80% \$3,500 HDHP	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Medical Benefits									
	Deductible	\$1,000/\$3,000	\$1,000/\$3,000	\$1,600/\$3,200	\$5,000/\$10,000	\$2,500/\$5,000	\$5,000/\$10,000	\$3,500/\$7,000	\$7,000/\$14,000
	Out of Pocket Maximum	\$4,000/\$8,000	\$10,000/\$20,000	\$3,000/\$6,000	\$10,000/\$20,000	\$5,000/\$8,150	\$10,000/\$20,000	\$6,000/\$12,000	\$14,000/\$24,000
	Deductible Embedded		Yes		Yes		Yes		Yes
	OOP Max Embedded		Yes		No		No		No
Professional Services									
Office Visits	Primary Care Physicians	\$30	40% AD	20% AD	40% AD	20% AD	50% AD	20% AD	50% AD
	Specialists	\$50	40% AD	20% AD	40% AD	20% AD	50% AD	20% AD	50% AD
	Mental Health & Chemical Dependency	\$30	40% AD	20% AD	40% AD	20% AD	50% AD	20% AD	50% AD
	Urgent Care	\$50	40% AD	20% AD	40% AD	20% AD	50% AD	20% AD	50% AD
	Emergency Room	\$150 then 20% AD		20% AD		20% AD		20% AD	
	Minor Lab / X-Ray	20% AD	40% AD	20% AD	40% AD	20% AD	50% AD	20% AD	50% AD
	Major Lab / X-Ray	20% AD	40% AD	20% AD	40% AD	20% AD	50% AD	20% AD	50% AD
	Hospital Outpatient Surgery	20% AD	40% AD	20% AD	40% AD	20% AD	50% AD	20% AD	50% AD
	Preventive Care	0%	40% AD	0%	40% AD	0%	50% AD	0%	50% AD
Inpatient Services									
	Inp Hospital / Physicians	\$300 then 30%	40% AD	20% AD	40% AD	20% AD	50% AD	20% AD	50% AD
	Inp Maternity	\$300 then 30%	40% AD	20% AD	40% AD	20% AD	50% AD	20% AD	50% AD
Additional Benefits									
	Chiropractic/Manipulations	\$50	40% AD	20% AD	40% AD	20% AD	50% AD	20% AD	50% AD
	Adult Routine Eye Exam	20% AD	40% AD	20% AD	40% AD	0%	50% AD	0%	50% AD
Prescription Drugs (In-Network)									
Retail	Rx Deductible	None		Medical Deductible Applies		Medical Deductible Applies		Medical Deductible Applies	
	Tier 1	\$10		\$10 AD		\$10 AD		\$10 AD	
	Tier 2	\$35		\$35 AD		\$35 AD		\$35 AD	
	Tier 3	\$60		\$60 AD		\$60 AD		\$60 AD	
	Tier 4	--		--		--		\$250 AD	
	Mail Order	2.5x Retail		2.5x Retail AD		2.5x Retail AD		2.5x Retail AD	
Monthly Rates		NO BID RENEWAL		NO BID RENEWAL		NO BID RENEWAL		ALTERNATE OPTION-1	
		Fully Insured		Fully Insured		Fully Insured		Fully Insured	
<u>Subs</u>	<u>Enrollment Tier</u>	<u>Subscribers</u>	<u>Premium Rate</u>	<u>Subscribers</u>	<u>Premium Rate</u>	<u>Subscribers</u>	<u>Premium Rate</u>	<u>Subscribers</u>	<u>Premium Rate</u>
163	Employee	10	\$881.69	68	\$778.01	85	\$696.87	163	\$649.19
15	Employee + 1	1	\$2,078.09	4	\$1,835.52	10	\$1,642.48	15	\$1,527.91
23	Family	0	\$2,325.69	6	\$2,054.19	17	\$1,838.16	23	\$1,709.94
201	TOTAL BY PLAN	11	\$10,895	78	\$72,572	112	\$106,907	201	\$168,065
	COMBINED TOTAL	201	\$190,374	--	--	--	--	201	\$168,065
Percent of Increase		0.00%						-11.72%	

*Includes ½ month (~\$95k) premium credit

*Additional 0.5% rate relief if Rx CCAA & VCS is Implemented

Comparison of Benefits
Dental



Cass County Dental Summary

Carrier	Option	Funding Type	Monthly Premium	Annual Premium	Annual Increase	Percent Increase
Beam	CURRENT	Fully Insured	\$21,436	\$257,229	--	--
	RENEWAL	Fully Insured	\$24,222	\$290,669	\$33,440	13.00%
	REVISED RENEWAL	Fully Insured	\$21,436	\$257,229	\$0	0.00%

Cass County
Dental Comparison

Dental Benefits	Beam		Beam		Beam		
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	
Deductible	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	
Annual Maximum		\$1,500		\$1,500		\$1,500	
Preventive / Diagnostic	100%	100%	100%	100%	100%	100%	
Basic	100%	80%	100%	80%	100%	80%	
Major	60%	50%	60%	50%	60%	50%	
Oral Surgery	100%	80%	100%	80%	100%	80%	
Periodontics	100%	80%	100%	80%	100%	80%	
Endodontics	100%	80%	100%	80%	100%	80%	
Implants	60%	50%	60%	50%	60%	50%	
Orthodontics							
Deductible		None		None		None	
Lifetime Maximum		\$1,500		\$1,500		\$1,500	
Child (under 19)	50%	50%	50%	50%	50%	50%	
Adult	Discounts May Apply	Not Covered	Discounts May Apply	Not Covered	Discounts May Apply	Not Covered	
Waiting Periods							
Preventive		None		None		None	
Basic		None		None		None	
Major		None		None		None	
Orthodontics		None		None		None	
UCR Percentile		90%		90%		90%	
Number of National Providers		118,740		118,740		118,740	
Provider Directory Website		www.dentists.beam.dental		www.dentists.beam.dental		www.dentists.beam.dental	
Administrative Fees		None		None		None	
Voluntary / Employer Paid		Voluntary		Voluntary		Voluntary	
Participation Requirements		Minimum of 2		Minimum of 2		Minimum of 2	
Rate Guarantee		6/30/2024		6/30/2025		6/30/2024	
		CURRENT		RENEWAL		REVISED RENEWAL	
Monthly Rates		Fully Insured		Fully Insured		Fully Insured	
Plan Type		Plan 1		Plan 1		Plan 1	
<u>Subs</u>	<u>Enrollment Tier</u>	<u>Subscribers</u>	<u>Premium Rate</u>	<u>Subscribers</u>	<u>Premium Rate</u>	<u>Subscribers</u>	<u>Premium Rate</u>
113	Employee	113	\$24.21	113	\$27.36	113	\$24.21
218	Family	218	\$85.78	218	\$96.93	218	\$85.78
331	TOTAL BY PLAN	331	\$21,436	331	\$24,222	331	\$21,436
Percent of Increase					13.00%		0.00%

Comparison of Benefits
Vision



Cass County Vision Summary

Carrier	Option	Funding Type	Monthly Premium	Annual Premium	Annual Increase	Percent Increase
Beam	CURRENT	Fully Insured	\$3,340	\$40,084	--	--
	RENEWAL	Fully Insured	\$3,340	\$40,084	\$0	0.00%

Cass County
Vision Comparison

Vision Benefits	Beam		Beam	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Eye Examination	\$10 Copay	up to \$45	\$10 Copay	up to \$45
Standard Plastic Lenses				
Single Vision	\$25 Copay	up to \$30	\$25 Copay	up to \$30
Bifocal	\$25 Copay	up to \$50	\$25 Copay	up to \$50
Trifocal	\$25 Copay	up to \$65	\$25 Copay	up to \$65
Frames*	up to \$130 then 20% off	up to \$70	up to \$130 then 20% off	up to \$70
Contact Lenses*				
Conventional	up to \$130	up to \$105	up to \$130	up to \$105
Disposable	up to \$130	up to \$105	up to \$130	up to \$105
*Either Frames -or- Contact Lenses				
Frequency				
Exams	12 Months		12 Months	
Lenses	12 Months		12 Months	
Frames	12 Months		12 Months	
Contacts	12 Months		12 Months	
Voluntary / Employer Paid Participation Requirements Rate Guarantee	Voluntary Minimum of 2 6/30/2024		Voluntary Minimum of 2 6/30/2025	
	CURRENT		RENEWAL	
Monthly Rates	Fully Insured		Fully Insured	
Plan Type	VSP Choice Plan 6		VSP Choice Plan 6	
<u>Subs</u> <u>Enrollment Tier</u>	<u>Subscribers</u>	<u>Premium Rate</u>	<u>Subscribers</u>	<u>Premium Rate</u>
100 Employee	100	\$6.83	100	\$6.83
64 Employee + 1	64	\$12.95	64	\$12.95
99 Family	99	\$18.47	99	\$18.47
263 TOTAL BY PLAN	263	\$3,340	263	\$3,340
Percent of Increase				0.00%

Comparison of Benefits
Life, AD&D, and Dependent Life



Cass County

Basic Life, AD&D and Dependent Life Comparison

		MetLife
Eligibility	All Full-Time	X
	All Full-Time Who Elect Management	
Number of Eligible Employees		283
Eligible Employees with Family Status		174
Benefit Volume		\$14,110,000
Rate Guarantee		6/30/2025
Benefit		
Life Insurance		\$50,000
AD&D Insurance		\$50,000
Conversion		Included
Portability		Included
Dependent Life		
Spouse		\$5,000
Child (birth - 14 days)		--
Child (14 days - 6 months)		\$100
Child (6 months - 19 years)		\$2,500
Monthly Rates		CURRENT
Basic Life (per \$1,000)		\$0.174
AD&D (per \$1,000)		\$0.020
Dependent Life		\$1.667
MONTHLY TOTAL		\$3,027
ANNUAL TOTAL		\$36,329

Cass County
Supplemental Life

	MetLife	
Employee Benefit		
Increments	\$10,000	
Minimum Benefit	\$10,000	
Maximum Benefit	\$500,000	
Spouse Benefit		
Increments	\$5,000	
Minimum Benefit	\$5,000	
Maximum Benefit	\$100,000	
Child Benefit		
Increments	--	
Maximum Benefit	\$10,000	
Additional Benefits		
Waiver of Premium	Included	
Conversion	Included	
Portability	Included	
Rate Guarantee	6/30/2025	
Rates Per \$1,000		
	CURRENT/RENEWAL	
	Employee	Spouse
<25	\$0.060	\$0.060
25-29	\$0.060	\$0.060
30-34	\$0.080	\$0.080
35-39	\$0.090	\$0.090
40-44	\$0.124	\$0.124
45-49	\$0.206	\$0.206
50-54	\$0.355	\$0.355
55-59	\$0.571	\$0.571
60-64	\$0.765	\$0.765
65-69	\$1.270	\$1.270
70-74	\$2.016	\$2.016
75+	\$2.016	\$2.016
Dependent Rates	\$0.120	
Voluntary AD&D		
Employee	\$0.021	
Spouse	\$0.021	
Child	\$0.051	

Comparison of Benefits

Supplemental Benefits



**Cass County
Accident Plan Quotes**

Carrier	MetLife		Mutual of Omaha	Aflac	
	Low Plan	High Plan		Low Plan	High Plan
Participation Requirements	5%		5%	25 Enrolled (across all lines)	
Reimbursement Method	Indemnity benefits that pay according to a schedule of benefits		Indemnity benefits that pay according to a schedule of benefits	Indemnity benefits that pay according to a schedule of benefits	
Coverage Type	24-Hour		24-Hour	24-Hour	
Emergency Medical Expenses	\$150 Emergency Room \$75 Urgent Care \$75 Physician's Office	\$200 Emergency Room \$100 Urgent Care \$100 Physician's Office	\$300 Emergency Room \$225 Urgent Care \$100 Physician's Office	\$150 Emergency Room \$150 Urgent Care \$75 Physician's Office	\$200 Emergency Room \$200 Urgent Care \$100 Physician's Office
Ambulance	\$300 ground \$1,000 air	\$400 ground \$1,250 air	\$300 ground \$1,500 air	\$300 ground \$900 air	\$400 ground \$1,200 air
Hospital Confinement	\$200/day up to 15 days \$1,000 initial confinement	\$300/day up to 15 days \$1,500 initial confinement	\$300/day up to 365 days \$1,500 initial confinement	\$225/day up to 365 days \$900 initial confinement	\$300/day up to 365 days \$1,250 initial confinement
Dislocations	Up to \$8,000 (wrist fracture, closed: \$750)	Up to \$10,000 (wrist fracture, closed: \$1,000)	Up to \$9,000 (wrist fracture, closed: \$900)	Up to \$6,000 (wrist fracture, closed: \$1,500)	Up to \$8,000 (wrist fracture, closed: \$2,000)
Fractures					
X-Ray	\$150	\$200	\$75	\$50	\$50
AD&D	Up to \$25,000	Up to \$50,000	Up to \$50,000	Up to \$50,000	Up to \$50,000
Sports Accident Rider	25% increase in benefits		N/A	10% increase in benefits	
Wellness Benefit	\$50 per person - payable for a covered preventative exam	\$50 per person - payable for a covered preventative exam	\$50 per person - payable for a covered preventative exam	\$50 per person - payable for a covered preventative exam	\$50 per person - payable for a covered preventative exam
Portability	Portable as long as Master Contract remains in-force		Portable as long as Master Contract remains in-force	Portable as long as Master Contract remains in-force	
Monthly Rates	Proposed		Proposed	Proposed	
Employee	\$9.73	\$13.16	\$11.80	\$12.49	\$14.96
Employee + Spouse	\$19.31	\$26.00	\$18.71	\$21.02	\$25.23
Employee + Children	\$23.18	\$31.16	\$25.46	\$26.80	\$32.59
Family	\$27.41	\$36.85	\$34.39	\$35.33	\$42.86

**Cass County
Critical Illness Plan Quotes**

Carrier	MetLife		Mutual of Omaha		Aflac	
Participation Requirements	5%		5%		25 Enrolled (across all lines)	
How Do Benefits Pay:	Benefits payable upon critical illness diagnosis shown in the schedule of benefits		Benefits payable upon critical illness diagnosis shown in the schedule of benefits		Benefits payable upon critical illness diagnosis shown in the schedule of benefits	
Increments	\$10,000, \$20,000, or \$30,000		\$10,000, \$20,000, or \$30,000		\$10,000, \$20,000, or \$30,000	
Guaranteed Issue	Yes		Yes		Yes	
Premiums	Premiums based on attained age uni-tobacco		Premiums based on attained age uni-tobacco		Premiums based on attained age uni-tobacco	
Covered Conditions	<p style="text-align: center;">Conditions Covered at 100%: Benign Brain Tumor, Invasive Cancer, Coma, Loss of Speech, Loss of Hearing, Loss of Sight, Paralysis, Heart Attack, Kidney Failure, Major Organ Transplant, ALS, Alzheimer's Disease, Multiple Sclerosis, Muscular Dystrophy, Parkinson's Disease, Systemic Lupus Erythematosus, Severe Burns, Stroke</p> <p style="text-align: center;">Conditions Covered at 50%: Coronary Artery Bypass Graft, Sudden Cardiac Arrest</p> <p style="text-align: center;">Conditions Covered at 25%: Non-Invasive Cancer, Certain Infectious Diseases (if hospitalized for 3 days)</p> <p style="text-align: center;">Skin Cancer 5% (but not less than \$250)</p> <p style="text-align: center;">7 Childhood Conditions</p>		<p style="text-align: center;">Conditions Covered at 100%: Heart Attack, Heart Transplant, Stroke, ALS, Advanced Alzheimer's Disease, Advanced Parkinson's Disease, Major Organ Transplant, End-Stage Renal Failure, Invasive Cancer</p> <p style="text-align: center;">Conditions Covered at 50%: Bone Marrow Transplant</p> <p style="text-align: center;">Conditions Covered at 25%: Heart Valve Surgery, Coronary Artery Bypass, Aortic Surgery, Acute Respiratory Distress Syndrome, Carcinoma in Situ, Benign Brain Tumor</p> <p style="text-align: center;">5 Childhood Conditions</p>		<p style="text-align: center;">Conditions Covered at 100%: Heart Attack, Sudden Cardiac Arrest, Coronary Artery Bypass Surgery, Major Organ Transplant, Bone Marrow Transplant, Kidney Failure, Stroke, Type 1 Diabetes, Coma, Loss of Hearing, Loss of Sight, Loss of Speech, Paralysis, Invasive Cancer, Benign Brain Tumor, Coma, Severe Burns, Advanced Alzheimer's Disease, Advanced Parkinson's Disease, ALS, Multiple Sclerosis</p> <p style="text-align: center;">Conditions Covered at 25%: Non-Invasive Cancer, Metastatic Cancer, COPD, Crohn's Disease, Addison's Disease, Cerebrospinal Meningitis, Diphtheria, Encephalitis, Huntington's Chorea, Legionnaire's Disease, Lyme Disease, Malaria, Muscular Dystrophy, Myasthenia Gravis, Polio, Rabies, Sickle Cell Anemia, Systemic Lupus, Systemic Sclerosis, Tetanus, Tuberculosis</p> <p style="text-align: center;">7 Childhood Conditions</p>	
Re-occurrence Benefit	100% eligible benefit available for different condition available after 30 days; or same condition after 3 months		100% eligible benefit available for different condition available after 3 months; or same condition after 6 months		100% eligible benefit available for different condition available after 6 months; or same condition after 6 months	
Spouse Coverage	50% of Employee's elected amount		50% of Employee's elected amount		50% of Employee's elected amount	
Dependent Coverage	50% of Employee's elected amount; no additional charge		50% of Employee's elected amount, up to \$10,000; no additional charge		50% of Employee's elected amount; no additional charge	
Wellness Benefit	\$50 per person, per year; no waiting period		\$50 per person, per year; no waiting period		\$50 per person, per year; no waiting period	
Waiting Period	No waiting period for any plan benefits		No waiting period for any plan benefits		No waiting period for any plan benefits	
Pre-existing Conditions	None		None		None	
Portability	Portable as long as Master Contract remains in-force		Portable as long as Master Contract remains in-force		Portable as long as Master Contract remains in-force	
Monthly non-tobacco	Employee \$10,000	Family Rate Spouse-\$5,000	Employee \$10,000	Family Rate Spouse-\$5,000	Employee \$10,000	Family Rate Spouse-\$5,000
	Proposed		Proposed		Proposed	
18-24	\$5.30	\$8.90	\$3.80	\$5.70	\$5.24	\$7.86
25-29	\$6.00	\$9.80	\$3.80	\$5.70	\$6.87	\$10.30
30-34	\$6.90	\$11.30	\$6.70	\$10.05	\$8.60	\$12.91
35-39	\$9.10	\$14.50	\$6.70	\$10.05	\$10.93	\$16.39
40-44	\$11.90	\$18.80	\$14.40	\$21.60	\$14.04	\$21.06
45-49	\$16.00	\$25.00	\$14.40	\$21.60	\$18.23	\$27.35
50-54	\$22.10	\$33.70	\$30.00	\$45.00	\$28.02	\$42.03
55-59	\$30.60	\$46.10	\$30.00	\$45.00	\$33.57	\$50.36
60-64	\$40.20	\$60.10	\$62.40	\$93.60	\$54.20	\$81.30
65-69	\$50.60	\$75.40	\$62.40	\$93.60	\$86.02	\$129.03
70-74	\$65.60	\$97.90	\$116.30	\$174.45	\$86.02	\$129.03
75-79	\$89.50	\$133.30	\$116.30	\$174.45	\$86.02	\$129.03
80+	\$89.50	\$133.30	\$161.00	\$241.50	\$86.02	\$129.03
Dependent Coverage	Included in Employee's Rate		Included in Employee's Rate		Included in Employee's Rate	

Cass County Hospital Indemnity Plan Quotes

Carrier	MetLife	Mutual of Omaha	Aflac
Participation Requirements	5%	5%	25 Enrolled (across all lines)
Hospital Admission (per admission)	\$1,000 four admissions per year	\$1,000 two admissions per year	\$1,000 one admission per year
Hospital Confinement (per day)	\$150/day up to 15 days per year	\$150/day up to 30 days per year	\$150/day up to 31 days per year
Intensive Care (per day)	\$300/day up to 15 days per year (combined with regular confinement)	\$300/day up to 30 days per year (combined with regular confinement)	\$300/day up to 10 days per year
Maternity	No maternity wait	No maternity wait	No maternity wait
Pre-existing Conditions	None	None	None
Portability	Portable as long as Master Contract remains in-force	Portable as long as Master Contract remains in-force	Portable as long as Master Contract remains in-force
Monthly Rates	Proposed	Proposed	Proposed
Employee	\$13.54	\$16.21	\$16.14
Employee + Spouse	\$29.43	\$37.27	\$32.36
Employee + Children	\$22.38	\$22.36	\$25.72
Family	\$38.27	\$44.73	\$41.94

Certified Copy of Record

STATE OF MISSOURI, }
County of Cass, } ss.

In the County Commission of Cass County, Missouri, at the April Term, 2024, held on the 10th day of April 2024 amongst others, were the following proceedings:

RESOLUTION NO. 24-28 OF THE CASS COUNTY COMMISSION

APPROVING AN AGREEMENT WITH TURN KEY HEALTH CLINICS, LLC FOR JAIL HEALTHCARE SERVICES

BE IT HEREBY RESOLVED AND ORDERED BY THE COUNTY COMMISSION OF CASS COUNTY, MISSOURI, THAT, the Cass County Commission hereby approves the Agreement, attached hereto and incorporated herein with Turn Key Health Clinics, LLC for jail healthcare services. The Presiding Commissioner and/or his designee is hereby authorized to sign the agreement on behalf of Cass County, Missouri, and all other documents necessary to facilitate this order.

ADOPTED BY THE COUNTY COMMISSION OF CASS COUNTY, MISSOURI, THIS 10TH DAY OF APRIL 2024.

Bob Huston
Presiding Commissioner

Monty Kisner
Associate Commissioner
Dist. 1

Ryan Johnson
Associate Commissioner
Dist. 2

ATTEST:



Jeff Fletcher
County Clerk

Dated: _____

CASS COUNTY, MISSOURI

Contract for

HEALTHCARE PERSONNEL AND ADMINISTRATION

At the

CASS COUNTY JAIL

For the

CASS COUNTY SHERIFF'S OFFICE
Jeff Weber, Sheriff

2501 W. Mechanic St.
Harrisonville, MO 64701

This Contract is entered into between Cass County, Missouri on behalf of the Cass County Sheriff's Office ("Agency") and Turn Key Health Clinics, LLC ("Contractor"). The purpose of this Contract is to contract for the Healthcare Personnel and Administration at the Cass County Jail in Harrisonville, Missouri (herein called the "Facility") under the terms and conditions detailed in the Contract.

I. DUTIES AND RESPONSIBILITIES OF THE CONTRACTOR

1.1 SCOPE OF CONTRACT

The Contractor shall be the supplier and/or coordinator of the health care delivery system at the Facility, as set forth herein. The Contractor shall be responsible for medical care for all inmates (except Work Release inmates who shall, when in the Facility, receive only emergency care from the provider) at the Facility up to the limits described in this Contract. The responsibility of the Contractor for the medical care of an inmate commences with the commitment of the inmate to the custody of the Facility and ends with the release of the inmate.

1.2 INSURANCE

The Contractor will carry professional liability insurance in minimum amounts of One Million Dollars (\$1,000,000.00) per occurrence and Three Million Dollars (\$3,000,000.00) in the aggregate annually during the entire term and any renewal term of this Contract.

1.3 COMPLIANCE WITH APPLICABLE LAW

The Contractor will comply with the standards set forth by the Missouri Department of Health and Senior Services for the duration of the term of this Agreement with the Agency.

1.4 CONTRACTOR COOPERATION

All Contractor personnel, including the personnel of its subcontractor and agents, will be subject to security background checks and clearances by the Agency. In each instance, the individual and the Contractor will provide such cooperation as may be reasonably required to complete the security check. The Agency agrees to perform such security checks in a timely manner and not unduly delay such checks.

1.5 PHARMACEUTICAL

The Contractor shall provide for pharmaceutical management services to assure the availability of prescribed medications within a reasonable time period of the order of issue being written except where such medications are not readily available in the local community. In order to facilitate the timely administration of medications, the Agency agrees to allow the use of an inmate's home medication, as appropriate, upon the verification of the medication by Contractor personnel. The Agency is financially responsible for all medications.

The Contractor shall provide a method for the recording of the administration of medications by Agency and/or Contractor personnel on a pre-approved form that includes documentation of the fact that inmates are receiving and ingesting their prescribed medications. Medication

administration and medication documentation training shall be made available for Agency staff, upon request, for times when Contractor personnel are not at the Facility to administer medications. Agency understands the primary function of Contractor personnel is to provide for intake questionnaires and to perform sick calls. However, when Contractor personnel is on-site and their schedule allows, Contractor personnel will assist Detention staff with medication pass.

The Contractor will negotiate discounted rates with a pharmacy licensed in the State of Missouri. The Agency will be responsible to pay the costs of all pharmaceuticals.

1.6 HOSPITALIZATION, OFF-SITE SERVICES AND SPECIALTY CARE

Contractor will arrange for hospitalization, off-site (outside the Facility) services, and specialty care for inmates who, in the opinion of the treating provider and/or the medical director, require treatment beyond what is provided at the Facility. Costs for such services shall be the responsibility of the Agency. However, nothing in this Subsection shall prevent or impede the Agency from transporting inmates whom the Agency determines, in its own discretion, to require emergent medical treatment outside of the Facility. Furthermore, Contractor's responsibilities pursuant to this section are limited to the hours when Contractor's personnel are on-site, at the Facility.

Upon Agency's request to Contractor, Contractor will re-price medical claims for the Agency for a fee of Fifteen Dollars (\$15.00) per medical claim. Contractor will calculate the applicable discount, if any, and confirm the integrity of the medical claim prior to returning to the Agency for payment. Medical claims re-pricing fees shall be invoiced to the Agency each month, and Agency agrees to pay such invoices within 30 days.

1.7 LABORATORY AND RADIOLOGY SERVICES

Contractor shall arrange laboratory and radiology services to be performed on-site (within the Facility) to the extent reasonably practicable. The Contractor shall make appropriate off-site arrangements for required laboratory and radiology services that cannot be rendered on-site. Contractor will arrange and coordinate with the Sheriff's Office for the transportation for such off-site services. Costs for such services shall be the responsibility of the Agency. Furthermore, Contractor's responsibilities pursuant to this section are limited to the hours when Contractor's personnel are on-site, at the Facility.

1.8 TRANSPORTATION

The cost of emergency medical transportation will be considered an off-site service. Costs for such services shall be the responsibility of the Agency. All other non-emergent transportation relating to the provision of health services shall also be the responsibility of the Agency, not the Contractor.

1.9 INMATES FROM OTHER JURISDICTIONS

The Contractor will provide on-site services for inmates incarcerated at the Facility for the Missouri Department of Corrections, Missouri municipalities, the U.S. Marshals, the Federal Bureau of Prisons, and/or other custodial jurisdictions. However, hospitalizations, off-site

services, specialty services, and pharmaceutical costs associated with inmates from other jurisdictions shall not be the responsibility of the Contractor. The Contractor shall promptly notify the Jail Administrator for any needed pharmaceutical, specialty service or off-site services for such inmates and shall provide documentation of required treatment to the custodial jurisdiction as requested. Upon receipt, the Contractor shall submit all related bills to the Agency for appropriate processing. Furthermore, Contractor's responsibilities pursuant to this section are limited to the hours when Contractor's personnel are on-site, at the Facility.

1.10 IMMUNITY FROM LIABILITY

The Contractor agrees to indemnify and to hold the Agency harmless for, from, and against claims, suits, reasonable attorney's fees, damages, or injuries to persons or property or other liabilities arising out of the sole negligence of the Contractor or the Contractor's personnel to properly provide medical care or administration pursuant to the terms of this Contract; including but not limited to claims for violation of privacy, medical malpractice, governmental enforcement or remedial actions, federal or state discrimination claims and tort actions. Contractor's responsibilities pursuant to this section are limited to the hours when Contractor's personnel are on-site, at the Facility.

Immunity from liability and/or indemnity shall not extend to the Agency for the actions, omission of action, neglect, the prevention of any person from receiving medical care, or the lack of personnel training, by the Agency or any Agency personnel or agents. Agency has not contracted for mental health care coverage through Contractor thus, all crisis management and mental health evaluations/assessments shall be performed by an independent community mental health provider or community hospital as designated by the Agency, not the Contractor.

The Contractor shall not be responsible for any claims arising from the negligence or torts on the part of the Agency or any Agency personnel or agents in promptly and/or accurately presenting a person to the appropriate Contractor's personnel or independent contractors if it should have been reasonably known that the individual was in need of medical attention, or in denying the Contractor or its personnel access to treat any such individuals in need of medical attention. The Contractor shall not be responsible for the failure of the Agency or Agency personnel or agents to obtain emergency medical care in the event Contractor personnel are not available at the Facility. Agency has declined the provision of Mental Health services provided by Contractor, as such, Contractor shall not be liable for any claims arising out of mental health services, suicide precaution or prevention efforts.

The Agency shall hold harmless the Contractor and the Contractor's officers and personnel against any loss or damage, including attorney's fees or other litigation costs, caused or necessitated by the sole negligence of the Agency, Agency employees and agents, and/or other vendors which is related to medical treatment or care.

The terms and provisions of this Section 1.10 shall survive the termination of this Contract.

1.11 THIRD PARTY PAYORS

The Contractor may assist with obtaining private health insurance information, whenever possible, to help ensure claims are billed appropriately for applicable off-site and specialty care

medical expenses. However, in no event shall any patient be denied access to appropriate medical care due to a lack of insurance coverage, nor shall insurance coverage and/or a patient's financial condition be taken into consideration when rendering medical care or in the exercise of medical decision-making by the Contractor or its personnel.

1.12 INMATE MEDICAL FEE FOR SERVICE SYSTEM

The Contractor and Agency may implement an inmate fee for medical services program for medical encounters as directed by the Agency. Any inmate charges will be established by the Agency in accordance with Missouri State Statutes. Fees for services shall be collected directly by the Agency and will be utilized by the Agency. The Contractor will not be responsible to collect any of the fees from the inmates.

1.13 NEGOTIATION OF DISCOUNTS

Contractor shall use its best efforts to negotiate discounts for medical services and pharmaceuticals. The Agency will be allowed to use the contractual discounts negotiated by the Contractor.

1.14 PERSONNEL RECORD KEEPING

The Contractor shall, upon request, provide to the Agency proof of licenses and/or certificates for all Contractor professional staff. Personnel files of Contractor's employees assigned to the Facility shall be maintained at the Contractor's corporate office and shall be available to the Agency upon written request.

1.15 HEALTHCARE PERSONNEL SERVICES PROVIDED

All health personnel providing services through the Contractor under this Contract shall be the employees and/or agents of the Contractor and not of the Agency. Such individuals shall hereby be referred to as the "Healthcare Personnel". All wages, worker's compensation, insurance, benefits, vacations, and claims of any kind relating to the Healthcare Personnel provided by the Contractor shall be the sole responsibility of the Contractor and not of the Agency. Healthcare Personnel associated with the terms of this contract shall not include employees and/or agents of the Agency.

1. Contractor shall provide medical unit coverage pursuant to Exhibit A:
2. Contractor shall provide a physician or midlevel provider who will provide 24 hours a day, seven days a week, EMERGENCY on-call coverage for consultation on an as needed basis.
3. The Healthcare Personnel shall perform intake screenings while at the Facility. Intake screenings performed by detention staff while Healthcare Personnel are not at the Facility shall be reviewed by Healthcare Personnel the following day. Inmates identified with significant health concerns will be scheduled for follow-up care, as appropriate.
4. Healthcare Personnel shall administer medications, as prescribed, while at the Facility;

5. Healthcare Personnel shall conduct sick call triage and follow-up, as indicated, while at the Facility; and
6. Healthcare Personnel shall provide appropriate and timely response to medical needs and emergencies during regularly scheduled hours at the Facility.

1.16 SATISFACTION WITH HEALTHCARE PERSONNEL

In recognition with the sensitive nature of the Facility's operation, if the Agency becomes dissatisfied with any member of the Contractor's Healthcare Personnel, the Agency shall provide Contractor written notice of such dissatisfaction and the reason(s) therefore. Following receipt of such notice, Contractor shall use reasonable efforts to resolve the dissatisfaction. If the problem is not resolved to the satisfaction of the Agency within ten (10) business days following the Contractor's receipt of the notice, Contractor shall remove the individual from providing services at the Facility within a reasonable timeframe considering the affects of such removal on Contractor's ability to deliver healthcare services and recruitment/hiring of an acceptable replacement.

1.17 POLICIES AND PROCEDURES / PROTOCOLS

A written manual of the Agency and Contractor's standardized policies and defined procedures will be available at all times for the Contractor's personnel. The Contractor's nursing protocols shall be devised and approved by a physician licensed in the State of Missouri. Policies and procedures and nursing protocols will be reviewed and revised as necessary.

1.18 NON-INMATE HEALTH SERVICES

Non-inmate health services shall be provided in the form of emergency care for Facility staff and visitors for the purpose of stabilizing the condition and arranging for transport. Emergency services include first aid, assessment, stabilization and the coordination of transport of employees or visitors who become ill or injured in the Facility.

The Contractor shall make available the Hepatitis B vaccination program and annual Tuberculosis Skin Testing (TST) for all Facility staff as requested by the Sheriff. However, the Agency will bear the cost of the vaccine and serum.

1.19 EMERGENCY ASSISTANCE

The Contractor shall, in times of emergency or threat thereof, whether accidental, natural or man-made, provide medical assistance to the Facility to the extent or degree required by policies and procedures. Contractor's responsibilities pursuant to this section are limited to the hours when Contractor's personnel are on-site, at the Facility.

1.20 TESTIFYING IN COURT

Contractor personnel shall be aware that they might, from time to time, be subpoenaed to testify in court or at a deposition regarding medical treatment. Contractor will keep the Agency informed of any and all requests.

1.21 MEDICAL RECORDS REQUIREMENTS

An electronic health record consistent with state regulations and community standards of practice shall be maintained for each inmate held beyond the first appearance in court for services rendered following the inmate's assignment to a housing area. These records shall be kept separate from the jail confinement records of the inmate on a server designated and owned by the Agency.

In any case where medical care is at issue, or in any criminal or civil litigation where the physical or mental condition of an inmate is at issue, the Contractor shall make accessible to the Agency such records and, upon request, provide copies. The Contractor additionally acknowledges compliance with and understanding of all applicable HIPAA requirements as they apply to correctional facilities.

The Contractor acknowledges and agrees that all records prepared or acquired by the Contractor during performance of services under the Contract are the property of the Cass County Sheriff's Office. The Contractor shall be considered the records custodian during the duration of the Contract. Upon the termination of this Contract, all inmate medical records shall remain in the care and custody of the Agency. Inactive medical records will be maintained in accordance with the laws of the State of Missouri.

The Contractor shall be responsible for costs associated with leasing and/or maintenance of the electronic health record software program. However, all costs associated with the jail management system interface, internet connectivity, server maintenance and/or replacement and software other than the electronic health record program shall be the responsibility of the Agency.

II. DUTIES OF AGENCY

2.1 MONTHLY REIMBURSEMENT FOR SERVICES

The reimbursement for the Contract shall be paid by the Agency to the Contractor on a monthly basis. The monthly reimbursement shall be in the amounts as stated in the Reimbursement Schedule below. All monthly reimbursements shall be eligible to be pro-rated for any partial months and subject to any reconciliation as applicable. The first payment for the month of May 2024 shall be paid to the Contractor by the 1st day of June 2024 for the services administered in the month of May. All subsequent payments shall be paid in the full amount by the Agency to the Contractor by the 1st day of each month for services rendered the previous month.

This Agreement shall cover services provided by the Contractor for the Agency with a facility average daily population (ADP) up to two hundred and fifteen (215) inmates. The ADP will be calculated as the monthly total for all inmates in the jail at 8:00am each day divided by the number of days in that month. Should the ADP exceed 2015 inmates, Agency agrees to pay Contractor a per diem fee of \$0.87 per inmate per day. Should the ADP exceed 215 inmates for three consecutive months, the parties agree to renegotiate the terms of this agreement in good faith.

ANNUAL RENEWALS		
Renewals assume an ADP up to 215		
	% Increase	Monthly Reimbursement Amount
Year One	N/A	\$49,445.54
Year Two	3.95%	\$51,398.64
Year Three	3.95%	\$53,428.88
Year Four	3.95%	\$55,539.32
Year Five	3.95%	\$57,733.16
PER DIEM FEES		
Per Diem - monthly ADPs higher than 215		
\$0.87		

2.2 USE OF FACILITY, EQUIPMENT AND SUPPLIES

The Agency shall be responsible for providing the non-exclusive use and access to certain office equipment (copier, fax machine, phones, desks, office chairs, computers, etc.), office supplies (chart folders, pens, paper, etc.) durable medical equipment (exam tables, sinks, cabinets, etc.), internet connectivity, and phone service required for the administrative operation of the medical unit. Agency agrees that the Contractor will be provided appropriate space in the Facility to perform all required duties and that the Contractor will be allowed use of the medical office areas, medical equipment, and medical supplies currently at the facility at the initiation of services.

In the event additional durable office or medical equipment needs to be purchased, or existing equipment needs to be repaired, it will be the Agency's responsibility to purchase/repair the required equipment, and it will be owned by the Agency. Provided that, Contractor shall provide and bear the cost of standard disposable medical supplies.

2.3 MEDICAL WASTE

The Agency shall be responsible to arrange for the disposal of medical waste, including infectious or hazardous medical waste. The material must be removed from the Facility and disposed of as regulated by federal, state and local laws.

2.4 SECURITY COVERAGE

The Agency and the Contractor acknowledge that efficient functioning of the medical program is dependent upon appropriate levels of security staffing. The Agency shall provide adequate security coverage for medical staff operating within the facility to ensure that medical staff are not left alone with inmates and to ensure that medical staff can complete their contracted functions. In the event that the Agency cannot provide adequate security coverage, the Agency shall provide timely notice to the Contractor of the same.

III. CONTRACT TERM

The term of this Contract shall commence on May 1, 2024 and, subject to the satisfaction and concurrence of both parties, renew annually each year thereafter through April, 2029 (a 5-year period). Following the initial five year period, a contract continuing services with Contractor will be subject to an annual increase for the reimbursement of services at a rate agreed upon between Contractor and Agency. The annual increase will begin at the renewal date, and each subsequent year thereafter.

IV. CONTRACT TERMINATION

4.1 TERMINATION FOR CAUSE

If either party fails to fulfill its obligations under the Contract in a timely proper manner, or if either party violates any material covenant, agreement, or stipulation of the Contract, the aggrieved party shall thereupon have the right to terminate the Contract by giving written notice of termination to the other party, which such notice shall be given not less than thirty (30) calendar days prior to the stated effective date of termination. The notice shall specify the effective date of the termination, and the reasons therefore, unless the party to whom notice is given cures the breach to the satisfaction of the party giving notice prior to the effective date of termination.

4.2 TERMINATION FOR COVENIENCE

The Agency or Contractor may terminate the Contract out of convenience at any time by giving written notice to the Contractor of termination, which such notice shall be given not less than sixty (60) calendar days prior to the stated effective date of termination.

4.3 PAYMENT UPON TERMINATION

Upon termination of this Contract for any reason, prior to the end of the then existing term, the Contractor will be paid up to the effective termination date such sums and expenses, prorated as necessary, in accordance with those monthly fees described in paragraph 2.1.

4.4 PROPERTY UPON TERMINATION

All health records, Agency policies and procedures, and Agency manuals shall be the property of the Agency and, at the termination of the Contract, shall remain the property of the Agency without further obligation.

V. GENERAL TERMS AND CONDITIONS

5.1 ALTERATIONS TO CONTRACT

Any alterations, variations, modifications, or waivers of the provisions of the Contract will be valid only if they are reduced to writing, agreed upon by the parties, and attached to the original Contract.

5.2 FORCE MAJEURE

Neither party shall be liable in damages or have the right to terminate this Agreement for any delay or default in performing hereunder if such delay or default is caused by conditions beyond its control including, but not limited to Acts of God, Government restrictions (including the denial or cancellation of any export or other necessary license), wars, insurrections and/or any other cause beyond the reasonable control of the party whose performance is affected.

5.3 PANDEMICS

In the event of a widespread pandemic, the parties acknowledge that the medical personnel coverage provided for herein may need to be adjusted due to heightened screening measures, enhanced safety precautions, and/or staffing shortages resulting from the pandemic. Furthermore, depending on the nature of the pandemic, the parties agree that increased utilization of telemedicine services, where practicable, may be necessary to reduce the risk of spread to the facility and to maintain sufficient provider and/or nursing staffing levels. The parties agree that any such measures taken in response to a pandemic shall be approved and communicated in writing between the parties and shall not require a formal amendment to this agreement. Any such measures taken in response to a pandemic shall be effective until the resolution of the pandemic or until the parties provide notice in writing that such measures are no longer necessary.

5.4 INDEPENDENT CONTRACTOR STATUS

It is mutually understood and agreed, and it is the intent of the parties hereto that an independent contractor relationship be and is hereby established under the terms and conditions of this Contract. Nothing in this Contract shall be construed to create an agency relationship, an employer/employee relationship, a joint venture relationship, or any other relationship allowing the Agency to exercise control or direction over the manner or methods by which the Contractor, its employees, agents or subcontractors perform hereunder, or the Contractor to exercise control or direction over the manner or methods by which the Agency and its employees, agents or subcontractors perform hereunder, other than as provided in this Contract.

5.5 SUBCONTRACTING

In order to discharge its obligation hereunder, the Contractor may engage certain physicians as independent contractors rather than employees (“Contract Professionals”). The Contractor shall not engage any Contract Professionals that do not meet the applicable professional licensing requirements and the Contractor shall exercise administrative supervision over such Contract Professionals as necessary to ensure the strict fulfillment of the obligations contained in this Contract. Services provided by Contract Professionals under this Contract shall be provided in a manner reasonably consistent with the independent medical judgment the Contract Professionals are required to exercise.

5.6 AGENCY STATUTORY DELEGATION

For purposes of asserting any statutory rights afforded to the Agency or the Facility to pay providers for medical services at certain reduced rates, Agency designates the Contractor as its agent to assert such rights and privileges.

5.7 EQUAL EMPLOYMENT OPPORTUNITY

The Contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, ancestry, national origin, place of birth, marital status, sexual orientation, age or handicap unrelated to a bona fide occupational qualification of the position or because of status as a disabled veteran or Vietnam-Era veteran. Contractor will distribute copies of its commitment not to discriminate to all persons who participate in recruitment, screening, referral and selection of job applicants, and to prospective job applicants.

5.8 WAIVER OF BREACH

The waiver of either party of a breach or violation of any provision of this Contract shall not operate as, or be construed to be, a waiver of any subsequent breach of the same or other provision hereof.

5.9 NOTICES

Any notice of termination, requests, demands or other communications under this Contract shall be in writing and shall be deemed delivered: (a) when delivered in person to a representative the parties listed below; (b) 3 days after mailing when mailed by first-class certified mail, return receipt requested, addressed to the party at the address below; or (c) upon confirmation of receipt if sent by electronic means or facsimile to the parties listed below:

If for Turn Key:
Turn Key Health Clinics, LLC
Attn: Flint Junod, CEO
900 NW 12th
Oklahoma City, OK 73106

Telephone: (405) 516-0276

If for Cass County Sheriff's Office:
Cass County Sheriff's Office
Attn: Jeff Weber, Sheriff
2501 W. Mechanic St.
Harrisonville, MO 64701
Telephone: 816-380-8320

Either party may change such address or phone number from time to time by providing written notice as provided above.

5.10 GOVERNING LAW

This Contract shall be governed by and construed in accordance with the laws of the State Missouri without regard to the conflicts of laws or rules of any jurisdiction.

5.11 COUNTERPARTS

This Contract may be executed in several counterparts, each of which shall be considered an original and all of which shall constitute but one and the same instrument.

5.12 TITLE OF PARAGRAPHS AND INTERPRETATION

Titles of paragraphs are inserted solely for convenience of reference and shall not be deemed to limit, expand or otherwise affect the provisions to which they relate. Further, as used in this Contract, the word “or” shall have the conjunctive as well as the disjunctive meaning and refers to alternatives that are not necessarily exclusive. As used in this Contract, references to “include” and similar terms shall be construed as if followed by the phrase “without limitation.”

5.13 SEVERABILITY

In the event that any one or more provisions of this Contract shall, for any reason, be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect any other provision of this Contract and this Contract shall be construed and enforced as if such invalid, illegal or unenforceable provision had never been contained herein.

5.14 ENTIRE CONTRACT

This Contract constitutes the entire agreement of the parties and is intended as a complete and exclusive statement of the promises, representations, negotiations, discussions and agreements that have been made in connection with the subject matter hereof. This Contract may be amended at any time, but only with the written consent of all parties.

IN WITNESS WHEREOF, the parties have caused this Contract to be executed as their official action by their respective representative, each of whom is duly authorized to execute the same.

[Signatures on next page]

AGREED TO AND ACCEPTED AS STATED ABOVE:

TURN KEY HEALTH CLINICS, LLC.

Dated: _____, 2024 By: _____
Flint Junod, Chief Executive Officer

CASS COUNTY SHERIFF'S OFFICE

Dated: _____, 2024 By: _____
Jeff Weber, Cass County Sheriff

FOR THE COUNTY OF CASS

Dated: _____, 2024 By: _____

Exhibit A

STAFFING FOR THE CASS COUNTY JAIL									
Harrisonville, Missouri									
ADP - 215									
POSITION	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Hrs/ Wk	FTE
DAY SHIFT									
Provider (MD/DO/ARNP/PA)	Up To One Clinic Per Week*								
RN Site Manager	8	8	8	8	8			40	1.0
RN	12	12	12					36	0.9
RN/LPN				8				8	0.2
LPN					12	12	12	36	0.9
Total Day Hours / FTE	20	20	20	16	20	12	12	120	3.0
TOTAL HOURS / FTE	20	20	20	16	20	12	12	120	3.0

* Actual clinic days may change to accommodate the facility and provider work flow