

# **Board of Commissioners**

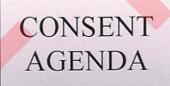
Luke Omodt

Steve Bradshaw

Asia Williams

June 18, 2024

# Memorandum



To: Bonner County Commissioners
Re: Adopting the Order of the Agenda as Presented
A suggested Motion would be: Mr. Chairman I move to adopt the order of agenda as presented.
Consent Agenda The Consent Agenda includes:
CONSENT AGENDA – Action Item  1) Bonner County Commissioners' Minutes for May 28, 2024 2) Invoice(s) Over \$5k: Sheriff (Confidential); EMS
A suggested motion would be: Mr. Chairman, based on the information before us I move to approve the consent agenda as presented.
Recommendation Acceptance:   yes   no Date:
Luke Omodt Chairman

(208) 265-1438

Fax: (208) 265-1460



# **Board of Commissioners**

Luke Omodt

Steve Bradshaw

Asia Williams

# MINUTES FOR THE BONNER COUNTY BOARD OF COMMISSIONERS' MEETING

June 11, 2024 – 9:00 A.M. Bonner County Administration Building 1500 Hwy 2, Room 338, Sandpoint, ID

On Tuesday, June 11, 2024, the Bonner County Commissioners met for their regularly scheduled meeting with Commissioners Omodt, Williams, and Bradshaw present. Commissioner Omodt called the meeting to order at 9:00 a.m. The Invocation was presented by Charlyn Wright and the Pledge of Allegiance followed.

### STANDING RULES

#### ADOPT ORDER OF THE AGENDA AS PRESENTED

Commissioner Bradshaw made a motion to adopt the order of the agenda as presented. Commissioner Williams seconded the motion. Roll call vote: Commissioner Williams – Yes, Commissioner Omodt – Yes, Commissioner Bradshaw – Yes. The motion carries.

### CONSENT AGENDA - Action Item

1) Bonner County Commissioners' Minutes for June 4, 2024

Commissioner Williams made a motion to adopt the consent agenda as presented. Commissioner Bradshaw seconded the motion. Roll call vote: Commissioner Williams – Yes, Commissioner Omodt – Yes, Commissioner Bradshaw – Yes. The motion carries.

### CLERK - Michael Rosedale

Action Item: Discussion/Decision Regarding FY24 Claims in Batch #18 Totaling \$1,294,700.46

Claims Batch #18				
General Fund	\$	71,882.22		
Road & Bridge	\$	578,678.30		
Airport	\$	1,038.68		
Elections	\$	2,089.41		
District Court	\$	10,807.47		
911 Fund	\$	12,595.02		
Court Interlock	\$	112.30		
Indigent & Charity	\$	2,000.00		
Revaluation	\$	899.63		
Solid Waste	\$	60,499.21		
Tort	\$	141,803.76		

1500 Highway 2, Ste. 308 Sandpoint, ID 83864 (208) 265-1438 Fax: (208) 265-1460

Weeds	\$ 290.86
Parks & Recreation	\$ 2,842.00
Justice Fund	\$ 45,704.25
Waterways	\$ 2,043.46
Grants	\$ 38,412.85
Self-Insured Medical	\$ 290,020.14
Northside Fire	\$ 12,037.08
Spirit Lake Fire	\$ 18,975.00
Auditors Trust	\$ 1,968.82
Total	\$ 1,294,700.46

Commissioner Bradshaw made a motion to approve payment of the FY24 Claims in Batch #18 Totaling \$1,294,700.46. Commissioner Williams seconded the motion. Roll call vote: Commissioner Williams – Yes, Commissioner Omodt – Yes, Commissioner Bradshaw – Yes. The motion carries.

2) Action Item: Discussion/Decision Regarding FY24 EMS Claims in Batch #18 Totaling \$50,550.91

2) 11011011 110111 2	EMS Claims	 V	
Ambulance District	\$	50,550	.91

Commissioner Williams made a motion to approve payment of the FY24 EMS Claims in Batch #18 totaling \$50,550.91. Commissioner Bradshaw seconded the motion. Roll call vote: Commissioner Williams – Yes, Commissioner Omodt – Yes, Commissioner Bradshaw – Yes. The motion carries.

### EMERGENCY MANAGEMENT/BONFIRE - Nick Zahler

1) Action Item: Discussion/Decision Regarding MOU between Bonner County and IDL Commissioner Bradshaw made a motion to approve the Memorandum of Understanding Grant# 23WFM-Bonner in the amount of \$240,000.00 and allow the chair to sign. Commissioner Williams seconded the motion. Roll call vote: Commissioner Williams – Yes, Commissioner Omodt – Yes, Commissioner Bradshaw - Yes. The motion carries.

#### **HUMAN RESOURCES** – Alissa Clark

1) Action Item: Discussion/Decision Regarding Conversion of Juvenile PO to Adult PO Position Commissioner Williams made a motion to approve commencing with approval of the county converting the Juvenile probation officer position into an adult probation officer position effective October 2024. Commissioner Bradshaw seconded the motion. Roll call vote: Commissioner Williams – Yes, Commissioner Omodt – Yes, Commissioner Bradshaw - Yes. The motion carries.

#### ROAD & BRIDGE - Jason Topp

1) Action Item: Discussion/Decision Regarding Advertisement for Bids for the Dufort Rd Culvert at Moore Creek

Commissioner Bradshaw made a motion to approve this Notice of Advertisements for the Dufort Rd Culvert at Moore Creek project. Commissioner Williams seconded the motion. Roll call vote: Commissioner Williams – Yes, Commissioner Omodt – Yes, Commissioner Bradshaw - Yes. The motion carries.

#### **DISTRICT 2 COMMISSIONER DISCUSSION**

- 1. Camp Bay Trail Completion date and access review
- 2. Commissioner Chat Guest review and line up
- 3. Community Issues brought to d2 Commissioner
- 4. Decisions made that you may not have heard about
- 5. Albeni Dam
- 6. WBCSD

- 7. Workshops Pending Status
- 8. Outside attorney updated contract and rate status
- 9. Questions for d2 commissioner related to the discussion points

#### PUBLIC COMMENT \* Opened at 9:22 a.m.

Dave Bowman – Discussed the hearing last week, quoted Sam Adams, Ben Franklin and several judges
Dan Welle – Discussed item last week regarding Ms. Glasoe and the CUP Appeal, called Commissioner Omodt an anarchist

Brandon Cramer – Discussed last week's hearing, the item regarding Ms. Glasoe and the CUP Appeal, and the Colburn Improvement Project

Mike Franco - Wished everyone a nice week

Susan Bowman - Discussed the first amendment

Jim Leighty – Discussed the first amendment and his lawsuit against the Sheriff

Jennifer Arn - Discussed the Camp Bay trail issue

Monica Gunter – Discussed a proposed east route in Sagle, a stoplight at Dufort Road

Commissioner Omodt recessed the meeting at 9:39 a.m. until the scheduled Executive Session at 11:00 a.m.

Reconvened at 11:00 a.m.

### 11:00 A.M. EXECUTIVE SESSION - Risk Management

1) Executive Session under Idaho Code § 74-206 (1) (B) Personnel, Fairgrounds Action Item: Discussion/Decision Regarding Personnel, Fairgrounds

At 11:00 a.m. Commissioner Bradshaw made a motion to go into Executive Session under Idaho Codes § 74-206 (1) (B) Personnel. Commissioner Williams seconded the motion. Roll call vote: Commissioner Williams – Yes, Commissioner Omodt – Yes, Commissioner Bradshaw – Yes. The motion carries.

Reconvened at 11:06 a.m.

Commissioner Williams made a motion to deny the \$300 monthly vehicle allowance payment for Fairground Manager Mark Knapp, with an effective date requested of June 6. Commissioner Bradshaw seconded the motion. Roll call vote: Commissioner Williams – Yes, Commissioner Omodt – Yes, Commissioner Bradshaw – Yes. The motion carries.

### **EXECUTIVE SESSION** – Elections

1) Executive Session Under Idaho Code § 74-206 (1) (D) Records Exempt Action Item: Discussion/Decision Regarding Records Exempt

At 11:06 Commissioner Bradshaw made a motion to go into Executive Session under Idaho Codes § 74-206 (1) (D) Records Exempt. Commissioner Williams seconded the motion. Roll call vote: Commissioner Williams – Yes, Commissioner Omodt – Yes, Commissioner Bradshaw – Yes. The motion carries.

Reconvened at 11:13 a.m.

Commissioner Williams made a motion to approve the upgrade for the voting equipment to Verity v2.7 and Windows 10 for the contract price of \$40,180. This is to be paid out of this year's election budget. Commissioner Bradshaw seconded the motion. Roll call vote: Commissioner Williams – Yes, Commissioner Omodt – Yes, Commissioner Bradshaw – Yes. The motion carries.

#### **EXECUTIVE SESSION** – Human Resources

1) Executive Session under Idaho Code § 74-206 (1) (B) Personnel

Minutes – June 11, 2024

Action Item: Discussion/Decision Regarding Personnel, Sheriff's Office-Jail Action Item: Discussion/Decision Regarding Personnel, Parks & Waterways

Executive Session under Idaho Code § 74-206 (1) (A) Hiring

Action Item: Discussion/Decision Regarding Hiring, Public Defender

At 11:14 a.m. Commissioner Williams made a motion to go into Executive Session under Idaho Codes § 74-206 (1) (B) Personnel and 74-206 (1) (A) Hiring. Commissioner Bradshaw seconded the motion. Roll call vote:

Commissioner Williams – Yes, Commissioner Omodt – Yes, Commissioner Bradshaw – Yes. The motion carries.

Reconvened at 11:46 a.m.

Commissioner Bradshaw made a motion to proceed as discussed on the Sheriff's item. Commissioner Williams seconded the motion. Roll call vote: Commissioner Williams – Yes, Commissioner Omodt – Yes, Commissioner Bradshaw – Yes. The motion carries.

Commissioner Bradshaw made a motion to proceed as discussed on Waterways. Commissioner Omodt stepped down from the chair and seconded the motion. Discussion among the board. Roll call vote: Commissioner Williams – No, Commissioner Omodt – Yes, Commissioner Bradshaw – Yes. The motion carries.

Commissioner Williams made a motion to proceed as directed regarding Public Defender. Commissioner Bradshaw seconded the motion. Roll call vote: Commissioner Williams – Yes, Commissioner Omodt – Yes, Commissioner Bradshaw – Yes. The motion carries.

The meeting was adjourned at 11:52 a.n	1.
Special Meetings, (including Tax C Emergency Meetings and	is a summary of the Board of County Commissioners ancellations, Assistance Meetings/Admin and other) Executive Sessions Hearings held during the week of June 4, 2024 – June 10, 2024 omplete meeting minutes are available upon request.
On Monday, June 10, 2024, a Planning	Update was held pursuant to Idaho Code §74-204 (2).
On Monday, June 10, 202 <mark>4, a</mark> Road & B	Bridge Update was held pursuant to Idaho Code §74-204 (2).
ATTEST: Michael W. Rosedale	
ByChairman Luke Omodt	By Deputy Clerk

**BOCC Meeting** 

Date



# **Bonner County EMS**

521 N. Third Ave • Sandpoint, ID 83864 • Phone: (208) 255-2194

June 13, 2024

# Memorandum

Consent Agenda

To: Bonner County Commissioners

From: Jeff Lindsey, Chief BCEMS

Re: Ambulance Lease annual payment

Recommendation Acceptance: □ yes □ no

**Description:** Bonner County EMS has an annual ambulance lease renewal due with Umpqua Bank for \$107,509.69. This will be paid from 99918-9350 Capitol-Lease. The lease was originally approved by the BOCC June 2,2020.

### Distribution:

1 Copy to Bonner County EMS

Auditor's Approval

A suggested motion would be to approve payment of the annual ambulance lease renewal in the amount of \$107,509.69	

Commissioner Luke Omodt, Chairman



# Page 1 of 2 LOAN STATEMENT

CBC Spokane & North Idaho Joseph Williams (208) 265-3796 General Customer Service (877) 367-5773

Account Number	97002049294
	0.0000
Statement Date	May 17, 2024
Current Balance	\$397,015.43
Payment Due Date	June 2, 2024
Maturity Date	June 2, 2027
Amount Due	\$112,885.17

### **BORROWERS** BONNER COUNTY EMS

If you have any questions regarding this statement, please visit <a href="https://www.umpquabank.com/commercial-statements/">https://www.umpquabank.com/commercial-statements/</a> or call (877) 367-5773.

TRANCACTIONS

Please note that your loan number may differ from the reference area of your loan documents; the number (97) represents Commercial Products and should be used when setting up any external transfer such as bill pay or ACH.

			TRANSACTIONS		
DATE			DESCRIPTION		AMOUNT
07/24/23 07/24/23		WORTH	REST PAYMENT CIPAL PAYMENT		\$15,806.21 \$91,703.48
			ACCRUAL SUMMARY		
FROM DATE	TO DATE	NO OF DAYS	ACCRUING BALANCE	ACCRUING RATE	AMOUNT ACCRUED
06/02/23	06/02/24	366	\$397,015.43	3.160000	\$12,754.78

			LATE CHARGE SUMMARY	
FROM DATE	TO DATE	NO OF DAYS		AMOUNT ACCRUED
06/12/23	07/24/23	42		\$5,375.48

ATE CHARGE BEING REMOVED DUE TO BANK ERROR

Account Number	97002049294
Payment Due Date	June 2, 2024
Interest Owing	\$12,754.78
Late Charges	\$5,375.48
Principal	\$94,754.91
Amount Due	\$112,885.17
Amount Enclosed	

Please remit the amount due by June 2, 2024.

UMPQUA BANK PO BOX 1580 ROSEBURG OR 97470-0367



# Page 2 of 2 LOAN STATEMENT

Account Number Statement Date 97002049294 May 17, 2024

YEAR TO DATE SUMMARY				
DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT	
CURRENT YEAR INTEREST PAID	\$0.00	PREVIOUS YEAR INTEREST PAID	\$15,806.21	
CURRENT YEAR PRINCIPAL PAID	\$0.00	PREVIOUS YEAR PRINCIPAL PAID	\$91,703.48	
CURRENT YEAR ESCROW PAID	\$0.00	PREVIOUS YEAR ESCROW PAID	\$0.00	
CURRENT YEAR LATE CHARGES PAID	\$0.00	PREVIOUS YEAR LATE CHARGES PAID	\$0.00	



## **Board of Commissioners**

Luke Omodt

Steve Bradshaw

Asia Williams

CLERK Item #1

June 18, 2024

# Memorandum

To: Commissioners

Re: FY24 Demands in Batch #19

The Auditor's Office presented the FY24 Demands in Batch #19 Totaling \$955,664.49

A suggested motion would be: I move to approve payment of the FY24 Demands in Batch #19 Totaling \$955,664.49

Recommendation Accept	ptance: □ yes □ no	Date:
	Luke Omodt, Chairma	an

1500 Highway 2, Ste. 308 Sandpoint, ID 83864 (208) 265-1438 Fax: (208) 265-1460



## **ACCOUNTS PAYABLE WARRANT REPORT**

	Bonner	County	Dema	ands	
DATE:	06/13/2024	WARRANT:	D1924	AMOUNT:	\$ 955,664.49
	COMMISSIONER	'S APPROVAL	REPORT		



## **DETAIL INVOICE LIST**

CASH ACCOUNT: 000 1002 TREASURER ACCT/WARRANT ACCT WARRANT: D1924 06/13/2024

VENDOR	G/L ACCOUNTS	R PO	TYPE DUE DATE	INVOICE/AMOUNT	VOUCHER	CHECK
	AMAZON CAPITAL SERVICE 1 047 8994	00001	INV 06/06/2024 DEMGRANTS	1HLV-4LV7-HV66 Grant 3,089.45 3,089.45 CHECK TOTAL 3,089.4	156761	
	AMAZON CAPITAL SERVICE 1 047 8994 AMAZON CAPITAL SERVICE 1 047 8994 2 047 8994 3 047 8994	Invoice Net 00001 GRANT GRANT	CRM 06/12/2024 DEMGRANTS INV 06/12/2024 DEMGRANTS DEMGRANTS DEMGRANTS	1FX3-394C-L6G3 -3,679.25 -3,679.25 1HLV-4LV7-HV66-A 17.34 33.20 87 49.67	157027	
4700	AMAZON CAPITAL SERVICE 1 047 8994 2 047 8994 3 047 8994 4 047 8994 5 047 8994 6 047 8994 7 047 8994 8 047 8994 9 047 8994 10 047 8994 11 047 8994	OOOO1 GRANT	INV 06/12/2024 DEMGRANTS	1C4R-7RVD-W7MM-A 3,679.25 739.90 80.98 149.98 359.96 118.64 279.98 28.99 76.98 63.57 -3.25 5,574.98 CHECK TOTAL 1,945.4	157028	
3862	BONNER COUNTY PETTY CA 1 00822 6440	00014 9110PS Invoice Net	INV 06/06/2024 TRAVEL	MAY24A 15.47 15.47	156739	
3862	BONNER COUNTY PETTY CA 1 00822 6440	00014	INV 06/06/2024 TRAVEL	MAY24B 16.00 16.00	156740	
3862	BONNER COUNTY PETTY CA 1 00822 6440	00014	INV 06/06/2024 TRAVEL	MAY24C 15.47 15.47	156741	
3862	BONNER COUNTY PETTY CA 1 00822 6440	00014	INV 06/06/2024 TRAVEL	MAY24D 16.00 16.00	156742	
3862	BONNER COUNTY PETTY CA 1 03457 7000	00014	INV 06/06/2024 GASOLINE	MAY24E 22.13 22.13	156743	
3862	BONNER COUNTY PETTY CA 1 03453 6440 2 03453 6440	00014 SHERPATROL	INV 06/06/2024 TRAVEL TRAVEL	MAY24F 13.57 13.57 27.14	156745	



## **DETAIL INVOICE LIST**

CASH ACCOUNT: 000 1002 TREASURER ACCT/WARRANT ACCT WARRANT: D1924 06/13/2024

VENDOR	G/L ACCOUNTS	R PO	TYPE DUE DATE	INVOICE/AMOUNT	VOUCHER	CHECK
(10000000000000000000000000000000000000	BONNER COUNTY PETTY CA	00014	INV 06/06/2024	MAY24G	156747	CHECK
	1 03452 6440 BONNER COUNTY PETTY CA	SHERDETECT T Invoice Net 00014	TRAVEL INV 06/06/2024	13.57 13.57 MAY24H	156748	
	1 03452 6440 2 03452 6440 3 03452 6440 4 03452 6440	SHERDETECT T SHERDETECT T SHERDETECT T Invoice Net	RAVEL RAVEL RAVEL RAVEL RAVEL	16.00 10.55 10.55 10.55 47.65		
	BONNER COUNTY PETTY CA 1 03453 6440 2 03453 6440 3 03453 6440 4 03453 6440	SHERPATROL T SHERPATROL T SHERPATROL T SHERPATROL T Invoice Net	INV 06/06/2024 RAVEL RAVEL RAVEL RAVEL	MAY24I 18.00 13.10 17.47 18.00 66.57	156749	
3862	BONNER COUNTY PETTY CA 1 03453 6440 2 03453 6440	SHERPATROL T	INV 06/06/2024 RAVEL RAVEL	MAY24J 14.94 14.72 29.66 CHECK TOTAL	156750 269.66	
1962	CORPORATE PAYMENT SYST  1 03416 9020 2 03473 6530 3 03473 7760 4 03473 6530 5 03416 9050 6 03473 7700 7 03473 6530 8 03416 9050 9 03416 9050 9 03416 9050 10 03473 6530	PROSVAST V JUST-PA O JUST-PA L JUST-PA O PROSVAST A JUST-PA C JUST-PA O PROSVAST A PROSVAST A	INV 06/07/2024 VICTIM AST OFFICE AW LIBRAR OFFICE ONTINGENC OFFICE APFOUND OFFICE	4130MAY24 94.71 293.92 62.26 85.53 348.83 10.35 79.98 165.28 37.09 244.49	156795	
1962	CORPORATE PAYMENT SYST  1 03473 7700 2 03473 6530 3 03473 6530 4 03473 7700 5 03473 7700 6 03473 7700 7 03473 7700 8 03473 7700 9 03473 7700 10 03473 7700 11 03473 7700	JUST-PA CO	INV 06/07/2024 CONTINGENC DFFICE CONTINGENC	7219MAY24 67.68 9.99 154.97 57.42 20.98 20.98 671.20 671.20 883.32 22.99 134.99 2,715.72	156797	



## **DETAIL INVOICE LIST**

CASH ACCOUNT: 000 1002 TREASURER ACCT/WARRANT ACCT WARRANT: D1924 06/13/2024

VENDOR G/L ACCOUNTS	R PO TYPE DUE DATE	INVOICE/AMOUNT	VOUCHER CHECK
VENDOR G/L ACCOUNTS	K PO TIPE DUE DATE	CHECK TOTAL 2,715.72	VOUCHER CHECK
1962 CORPORATE PAYMENT SYST 1 03471 6520 2 03471 6900	00001 INV 06/07/2024 JUST-CIVIL DUES JUST-CIVIL CELL PHONE Invoice Net	5389MAY24 150.00 120.00 270.00 CHECK TOTAL 270.00	156800
1962 CORPORATE PAYMENT SYST 1 03473 6490 2 03473 7000 3 03473 7000 4 03473 7000 5 03473 7000 6 03473 6490	00001 INV 06/07/2024  JUST-PA EDUCATION  JUST-PA GASOLINE  JUST-PA GASOLINE  JUST-PA GASOLINE  JUST-PA GASOLINE  JUST-PA EDUCATION  Invoice Net	5137MAY24 102.50 77.25 72.75 60.85 80.00 129.13 522.48	156801
		CHECK TOTAL 522.48	
6082 KILGORE CONSTRUCTION I 1 00118 9480	00001 INV 06/07/2024 GENEXP CAP - CIP Invoice Net	KCI-10 862,924.02 862,924.02 CHECK TOTAL 862,924.02	156764
5671 MORGAN RUTH 1 00822 7000	00000 INV 06/06/2024 9110PS GASOLINE Invoice Net	JUN24A 50.17 50.17 CHECK TOTAL 50.17	156752
9999 AVISTA GAS - PROPERTY 1 00118 7860	00000 INV 06/13/2024 GENEXP MISCEXPENS Invoice Net	JUN24.3 56,948.30 56,948.30 CHECK TOTAL 56,948.30	157218
9999 JAMES NORVELL 1 800 2603	00000 INV 06/12/2024 AUDITOR TR DEPOSITS Invoice Net	JUN24.2 1,200.00 1,200.00 CHECK TOTAL 1,200.00	157086
3904 MICHAEL ROSEDALE 1 004 6440	00000 INV 06/13/2024 ELECTIONS TRAVEL	JUN24 104.52 104.52 CHECK TOTAL 104.52	157170
835 STATE OF IDAHO DIV OF 1 800 2605	00002 INV 05/31/2024 AUDITOR TR CAT CASES Invoice Net	MAY24 Reconcile 1,813.93 1,813.93 CHECK TOTAL 1,813.93	156333



### **DETAIL INVOICE LIST**

CASH ACCOUNT: 000

1002

TREASURER ACCT/WARRANT ACCT

WARRANT: D1924

06/13/2024

VENDOR G/L ACCOUNTS	R PO TYPE DUE DATE	INVOICE/AMOUNT	VOUCHER CHECK
3553 WEX BANK 1 00124 7000	00000 INV 06/04/2024 GIS GASOLINE Invoice Net	97413351 283.65 283.65 CHECK TOTAL 283.65	156473
3553 WEX BANK 1 03457 7000 2 03461 7000 3 03479 7000 4 00822 7000	00002 INV 06/10/2024 SHERAUTO GASOLINE JAILDETENT GASOLINE MARINE PTR GASOLINE 9110PS GASOLINE Invoice Net	97606394 18,056.05 313.73 368.54 96.09 18,834.41 CHECK TOTAL 18,834.41	156814
5284 NORTHWEST FIBER LLC 1 00823 6920	00001 INV 06/12/2024 911TECH TELEPHONE Invoice Net	208-197-1750JUN24 660.84 660.84	157093
5284 NORTHWEST FIBER LLC 1 00823 6920	00001 INV 06/12/2024 911TECH TELEPHONE Invoice Net	208-197-1990JUN24 1,507.50 1,507.50	157098
5284 NORTHWEST FIBER LLC 1 00823 6920	00001 INV 06/12/2024 911TECH TELEPHONE Invoice Net	208-197-1685JUN24 551.00 551.00	157102
5284 NORTHWEST FIBER LLC 1 00823 6920	00001 INV 06/12/2024 911TECH TELEPHONE Invoice Net	208-197-1691JUN24 551.00 551.00	157107
		CHECK TOTAL 3,270.34	
30 INVOICES	WARRANT TOTAL	955,664.49 955,664.49	



## **WARRANT SUMMARY**

WARRANT: D1924 06/13/2024

FUND ORG		ACCOUNT		AMOUNT	AVLB BUDGET
001 0011 001 0011 001 0012	GENERAL FUND EXPEN	001-18-00-000-7860- 001-18-00-000-9480- 001-24-00-000-7000-	MISCELLANEOUS EXPENSES CAPITAL - CONSTRUCTION VEHICLES - FUEL, GASOL FUND TOTAL	56,948.30 862,924.02 283.65 920,155.97	653,799.44 653,799.44 284,920.36
004 004	ELECTIONS	004-00-00-000-6440-	TRAVEL FUND TOTAL	104.52 104.52	159,285.36
008 0082 008 0082 008 0082	911 OPERATIONS	008-00-22-000-6440- 008-00-22-000-7000- 008-00-23-000-6920-	TRAVEL VEHICLES - FUEL, GASOL UTILITIES - TELEPHONE FUND TOTAL	62.94 146.26 3,270.34 3,479.54	44,230.20 44,230.20 198,358.08
034 0341 034 0345 034 0345 034 0345 034 0345 034 0347 034 0347 034 0347 034 0347 034 0347 034 0347 034 0347	PROSECUTOR - VAST SHERIFF - DETECTIV SHERIFF - PATROL SHERIFF - AUTO SHO JAIL - DETENTION JUSTICE - CIVIL LI JUSTICE - CIVIL LI JUSTICE - PROSECUT	$\begin{array}{c} 034-73-16-000-9020\\ 034-73-16-000-9050-\\ 034-72-52-000-6440-\\ 034-72-53-000-6440-\\ 034-72-57-000-7000-\\ 034-78-61-000-7000-\\ 034-71-00-000-6520-\\ 034-71-00-000-6520-\\ 034-73-00-000-6900-\\ 034-73-00-000-6530-\\ 034-73-00-000-7000-\\ 034-73-00-000-7700-\\ 034-73-00-000-7700-\\ 034-73-00-000-7700-\\ 034-73-00-000-7700-\\ 034-79-00-000-7000-\\ \end{array}$	VICTIM ASSISTANCE AP FOUNDATION DONATION TRAVEL TRAVEL VEHICLES - FUEL, GASOL VEHICLES - FUEL, GASOL DUES/MEMBERSHIP/LICENS UTILITIES - CELLULAR T EDUCATION SUPPLIES - OFFICE VEHICLES - FUEL, GASOL CONTINGENCY ACCOUNT LAW LIBRARY VEHICLES - FUEL, GASOL FUND TOTAL	94.71 551.20 61.22 123.37 18,078.18 313.73 150.00 120.00 231.63 868.88 290.85 2,561.11 62.26 368.54 23,875.68	81,223.25 9,262.55 346,189.24 346,189.24 346,189.24 344,476.39 288,931.74 288,931.74 81,223.25 81,223.25 81,223.25 81,223.25 81,223.25 81,223.25
047 047	GRANTS	047-00-00-000-8994-	EMERGENCY MNGT GRANTS FUND TOTAL	5,034.85 5,034.85	1,420,934.44
800 800 800 800	AUDITORS TRUST AUDITORS TRUST	800-00-00-000-2603- 800-00-00-000-2605-	DEPOSITS CHARITY CAT CASE REIMB FUND TOTAL	1,200.00 1,813.93 3,013.93	
			WARRANT SUMMARY TOTAL GRAND TOTAL	955,664.49 955,664.49	



## **WARRANT LIST BY VOUCHER**

06/13/2024 WARRANT: D1924

VOUCHER 1	VENDOR VENDOR NAME	INVOICE PO	ТҮРЕ	DUE DATE	AMOUNT COMMENT
	4700 AMAZON CAPITAL SERVICES INC	1FX3-394C-L6G3	CRM	06/12/2024	-3,679.25 CREDIT MEMO DAMAGED SA
156333	835 STATE OF IDAHO DIV OF FINAN	MAY24 Reconcile	INV	05/31/2024	1,813.93 MAY24 Reconcile
156473	3553 WEX BANK	97413351	INV	06/04/2024	283.65 GIS Fuel
156739	3862 BONNER COUNTY PETTY CASH	MAY24A	INV	06/06/2024	15.47 Reimburse Kristin Boyl
156740	3862 BONNER COUNTY PETTY CASH	MAY24B	INV	06/06/2024	16.00 Reimburse A.Noll for m
156741	3862 BONNER COUNTY PETTY CASH	MAY24C	INV	06/06/2024	15.47 Reimburse J.Hale for m
156742	3862 BONNER COUNTY PETTY CASH	MAY24D	INV	06/06/2024	16.00 Reimburse C.Cooper for
156743	3862 BONNER COUNTY PETTY CASH	MAY24E	INV	06/06/2024	22.13 Reimburse J. Jones for
156745	3862 BONNER COUNTY PETTY CASH	MAY24F	INV	06/06/2024	27.14 Reimburse N.Hall for m
156747	3862 BONNER COUNTY PETTY CASH	MAY24G	INV	06/06/2024	13.57 Reimburse T.Swanstrom
156748	3862 BONNER COUNTY PETTY CASH	MAY24H	INV	06/06/2024	47.65 Reimburse C.Vogt for m
156749	3862 BONNER COUNTY PETTY CASH	MAY24I	INV	06/06/2024	66.57 Reimburse C.Bell for m
156750	3862 BONNER COUNTY PETTY CASH	MAY24J	INV	06/06/2024	29.66 Reimburse C.Inge for m
156752	5671 MORGAN RUTH	JUN24A	INV	06/06/2024	50.17 Reimburse for Fuel - M
156761	4700 AMAZON CAPITAL SERVICES INC	1HLV-4LV7-HV66 Grant	INV	06/06/2024	3,089.45 2022 SHSP GRANT / INCI
156764	6082 KILGORE CONSTRUCTION INC	KCI-10	INV	06/07/2024	862,924.02 FAC EMS STATION 1/OFFI
156795	1962 CORPORATE PAYMENT SYSTEMS	4130MAY24	INV	06/07/2024	1,422.44 May 2024 Visa Charges
156797	1962 CORPORATE PAYMENT SYSTEMS	7219MAY24	INV	06/07/2024	2,715.72 May 2024 Visa Charges
156800	1962 CORPORATE PAYMENT SYSTEMS	5389MAY24	INV	06/07/2024	270.00 May 2024 Visa Charges
156801	1962 CORPORATE PAYMENT SYSTEMS	5137MAY24	INV	06/07/2024	522.48 May 2024 Visa Charges
156814	3553 WEX BANK	97606394	INV	06/10/2024	18,834.41 Fuel Charges May 24
157027	4700 AMAZON CAPITAL SERVICES INC	1HLV-4LV7-HV66-A	INV	06/12/2024	49.67 AMAZON ITEMS - TOTAL A
157028	4700 AMAZON CAPITAL SERVICES INC	1C4R-7RVD-W7MM-A	INV	06/12/2024	5,574.98 AMAZON ITEMS FOR 2022
157086	9999 JAMES NORVELL	JUN24.2	INV	06/12/2024	1,200.00 REFUND PERMIT 20220407
157093	5284 NORTHWEST FIBER LLC	208-197-1750JUN24	INV	06/12/2024	660.84 9-1-1 CIRCUITS (MAY/JU



### **WARRANT LIST BY VOUCHER**

WARRANT: D1924 06/13/2024

VOUCHER \	ENDOR VENDOR NAME	INVOICE	PO	TYPE DUE DATE	AMOUNT COMMENT
157098	5284 NORTHWEST FIBER LLC	208-197-1990JUN24		INV 06/12/2024	1,507.50 9-1-1 CIRCUITS (MAY/JU
157102	5284 NORTHWEST FIBER LLC	208-197-1685JUN24		INV 06/12/2024	551.00 9-1-1 CIRCUITS (NEW AC
157107	5284 NORTHWEST FIBER LLC	208-197-1691JUN24		INV 06/12/2024	551.00 9-1-1 CIRCUITS (NEW AC
157170	3904 MICHAEL ROSEDALE	JUN24		INV 06/13/2024	104.52 MILEAGE - MAGISTRATE C
157218	9999 AVISTA GAS - PROPERTY TAX	JUN24.3		INV 06/13/2024	56,948.30 COURT ORDERED PROPERTY
				WARRANT TOTAL	955,664.49

<sup>\*\*</sup> END OF REPORT - Generated by Nichole Janes \*\*

Report generated: 06/13/2024 13:09 User: njanes Program ID: apwarrnt



# **Bonner County Human Resources**

1500 Highway 2, Suite 337 • Sandpoint, ID 83864

June 1	Memorandum
То:	Bonner County Commissioners
From:	Alissa Clark, Human Resources Director
Re:	Self Funded Renewal
Source Admin	er County Human Resource office is seeking approval and signature for the Pacific e Notice of Change to Your Medical Administration and Self Funded Renewal-istrative Services Renewal, Stop Loss and Aggregate Fee Renewal.  Original to BOCC Office Copy to Human Resources
	ggested motion would be: Mr. Chairman based on the information before us I e a motion to approve the renewal documents for Pacific Source Plan 10/2024.
Recon	nmendation Acceptance: □ yes □ no Date: Commissioner Luke Omodt, Chairman



## Idaho Public Self-Funded

# Notice of Change to Your Medical Administration

Your Plan administration may change in 2024 to comply with the Affordable Care Act (ACA), federal legislation, state legislation or PacificSource best practices. The following outline will guide you on the changes that will be made to the PacificSource core Plan Document and Administrative Services Agreement. If you have questions, you should seek legal counsel for how these apply to your Plan.

### G0039089 - Bonner County

Required Changes:

Administrative Services Ag	greement	
Section	Summary of Change	Why are these changes occurring?
4.5 Reporting and Exhibit II – Coverage Services Addendum	Language has been updated to expand upon reporting provided to client. The Addendum will be provided at renewal.	Core Language Update.
Exhibit II – Coverage Services Addendum	All references to "Aetna" and "Aetna Network" have been updated to "Aetna Signature Administrators".	Core Language Update.
Exhibit II – Coverage Services Addendum	Aetna Signature Administrators has been moved to the Travel Wrap Network section and clarifying language has been added for the percent of savings and when it will apply.	Core Language Update.
Exhibit II – Coverage Services Addendum	First Choice of Washington Fee has been updated to 12.75%	Updated per PacificSource agreement with First Choice.
Exhibit II – Coverage Services Addendum	Run-out Claims Processing has been updated from 36 months of run-out services to 12 months of run-out services.	Clarification of the administration of run-out services. This is not a change to the administration of run-out Claims Processing.

Section	Old Language	New Language	Why are these changes occurring?
Preventive Care Services	New section is added, no previous language.	Weight Reduction or Control Services This Plan covers intensive behavioral interventions for children ages six and older and adults who qualify as obese, as required under the USPSTF recommendations.	Updated to meet Federa requirement.
Professional Services - Dietary or Nutritional Counseling	This Plan covers services for diabetic education, management of inborn errors of metabolism, and management of anorexia nervosa or bulimia nervosa if provided by a qualified Provider or as required under ACA for obesity. Intensive counseling and behavioral interventions to promote sustained weight loss for obese adults, and comprehensive,	This Plan covers services for prediabetes education via National Diabetes Prevention Programs, diabetic education, management of inborn errors of metabolism, and management of eating disorders anorexianervosa or bulimia nervosa if provided by a qualified Provider or as required under ACA for obesity screening and counseling. Counseling will also	Updated to meet Federa requirement.

intensive behavioral interventions to promote improvement in weight status for children are also covered.  Professional Services - DME  Professional Services - DME  Hearing Aids: Hearing Aids, auditory osseointegrated (bone conduction) devices, cochlear implants and examination for or fitting of them, for Dependent Children with a Congenital Anomaly or acquired hearing loss which may result in cognitive or speech development deficits without intervention. The Durable Medical Equipment benefit covers one device per hearing impaired ear every 36 months and up to 45 speech therapy visits during the 12 months after delivery of the covered device.  Termination of Provider Contracts  Termination of Provider Contracts of the Continued of time at the in-network cost share. Continuation of care will not be available if you are no longer covered under this Plan, the Provider will not accept the Allowable Fee, the Provider no longer holds an active license, or the Provider is otherwise unavailable to continue the care. Contact the PacificSource Customer Service team for additional information. If you do not qualify for continuation of care, the	e
improvement in weight status for children are also covered.  Professional Services - DME  Hearing Aids: Hearing Aids, auditory osseointegrated (bone conduction) devices, cochlear implants and examination for or fitting of them, for Dependent Children with a Congenital Anomaly or acquired hearing loss which may result in cognitive or speech development defloits without intervention. The Durable Medical Equipment benefit covers one device per hearing impaired ear every 36 months and up to 45 speech therapy visits during the 12 months affer delivery of the covered device.  Termination of Provider Contracts  Termination of Provider Contracts  Termination of Provider Contract was terminated without cause, for a limited period of time at the in-network cost share. Continuation of care will not be available if you are no longer rowered under this Plan, the Provider will not accept the Allowable Fee, the Provider no longer holds an active license, or the Provider is otherwise unavailable to continue the care. Contact the PacificSource Customer Service team for additional information. If you do not qualify for	e
children are also covered.  Professional Services - DME  Hearing Aids: Hearing Aids, auditory osseointegrated (bone conduction) devices, cochlear implants and examination for or fitting of them, for Dependent Children with a Congenital Anomaly or acquired hearing loss which may result in cognitive or speech development deficits without intervention. The Durable Medical Equipment benefit covers one device per hearing impaired ear every 36 months and up to 45 speech therapy visits during the 12 months and up to 45 speech therapy visits during the 12 months and up to 45 speech therapy visits during the 12 months and up to 45 speech therapy visits during the 12 months and up to 45 speech therapy visits during the 12 months and up to 45 speech therapy visits during the 12 months after delivery of the covered device.  Termination of Provider Contracts  You may be entitled to continue care with an individual Provider or facility, whose contract was terminated without cause, for a limited period of time at the in-network cost share. Continuation of care will not be available if you are no longer covered under this Plan, the Provider will not accept the Allowable Fee, the Provider no longer holds an active license, or the Provider is otherwise unavailable to continue the care. Contact the PacificSource Customer Service team for additional information. If you do not qualify for	e
Professional Services - DME  Hearing Aids: Hearing Aids, auditory osseointegrated (bone conduction) devices, cochlear implants and examination for or of fitting of them, for Dependent Children with a Congenital Anomaly or acquired hearing loss which may result in cognitive or speech development deficits without intervention. The Durable Medical Equipment benefit covers one device per hearing impaired ear every 36 months and up to 45 speech therapy visits during the 12 months after delivery of the covered device.  Termination of Provider Contracts  Termination of Contracts  Termination of Provider Contracts  Termination of Provider Contracts  Termination of Contracts  Termination of Provider Contracts  Termination of Contracts  Termination of Provider Contracts  Termination of Contracts  Terminatio	e e
Professional Services - DME  Hearing Aids: Hearing Aids, auditory osseointegrated (bone conduction) devices, cochlear implants and examination for or fitting of them, for Dependent Children with a Congenital Anomaly or acquired hearing loss which may result in cognitive or speech development deficits without intervention. The Durable Medical Equipment benefit covers one device per hearing impaired ear every 36 months and up to 45 speech therapy visits during the 12 months after delivery of the covered device.  Termination of Provider Contracts  You may be entitled to continue care with an individual Provider, whose contract was terminated without cause, for a limited period of time at the in-network cost share. Continuation of care will not be available if you are no longer covered under this Plan, the Provider will not accept the Allowable Fee, the Provider no longer holds an active license, or the Provider is otherwise unavailable to continue the care. Contact the PacificSource Customer Service team for additional information. If you do not qualify for	re ·
Services - DME  auditory osseoIntegrated (bone conduction) devices, cochlear implants and examination for or fitting of them, for Dependent Children with a Congenital Anomaly or acquired hearing loss which may result in cognitive or speech development deficits without intervention. The Durable Medical Equipment benefit covers one device per hearing impaired ear every 36 months and up to 45 speech therapy visits during the 12 months after delivery of the covered device.  Termination of Provider Contracts  Termination of Provider Contracts and up to 45 speech therapy visits during the 12 months after delivery of the covered device.  Termination of Provider Contracts are with an individual Provider.  Termination of Provider Contracts are with an individual Provider.  Termination of Provider Contracts  Termination	
conduction) devices, cochlear implants and examination for or fitting of them, for Dependent Children with a Congenital Anomaly or acquired hearing loss which may result in cognitive or speech development deficits without intervention. The Durable Medical Equipment benefit covers one device per hearing impaired ear every 36 months and up to 45 speech therapy visits during the 12 months after delivery of the covered device.  Termination of Provider Contracts  Termination of Care with an individual Provider or facility, whose contract was terminated without cause, for a limited period of time at the innetwork cost share. Continuation of care will not accept the Allowable Fee, the Provider no longer covered under this Plan, the Provider on longer holds an active license, or the Provider is otherwise unavailable to continue the care. Contact the PacificSource Customer Service team for additional information. If you do not qualify for	
implants and examination for or fitting of them, for Dependent Children with a Congenital Anomaly or acquired hearing loss which may result in cognitive or speech development deficits without intervention. The Durable Medical Equipment benefit covers one device per hearing impaired ear every 36 months and up to 45 speech therapy visits during the 12 months after delivery of the covered device.  Termination of Provider Contracts  Termination of Provider Contracts was terminated without cause, for a limited period of time at the in-network cost share. Continuation of care will not be available if you are no longer covered under this Plan, the Provider will not accept the Allowable Fee, the Provider no longer holds an active license, or the Provider is otherwise unavailable to continue the care. Contact the PacificSource Customer Service team for additional information. If you do not qualify for	
fitting of them, for Dependent Children with a Congenital Anomaly or acquired hearing loss which may result in cognitive or speech development deficits without intervention. The Durable Medical Equipment benefit covers one device per hearing impaired ear every 36 months and up to 45 speech therapy visits during the 12 months after delivery of the covered device.  Termination of You may be entitled to continue care with an individual Provider, whose contract was terminated without cause, for a limited period of time at the in-network cost share. Continuation of care will not be available if you are no longer covered under this Plan, the Provider will not accept the Allowable Fee, the Provider no longer holds an active license, or the Provider is otherwise unavailable to continue the care. Contact the PacificSource Customer Service team for additional information. If you do not qualify for	
Anomaly or acquired hearing loss which may result in cognitive or speech development deficits without intervention. The Durable Medical Equipment benefit covers one device per hearing impaired ear every 36 months and up to 45 speech therapy visits during the 12 months after delivery of the covered device.  Termination of Provider Contracts  Termination of Care with an individual Provider, whose contract was terminated without cause, for a limited period of time at the in-network cost share. Continuation of care will not be available if you are no longer covered under this Plan, the Provider will not accept the Allowable Fee, the Provider no longer holds an active license, or the Provider is otherwise unavailable to continue the care. Contact the PacificSource Customer Service team for additional information. If you do not qualify for	
loss which may result in cognitive or speech development deficits without intervention. The Durable Medical Equipment benefit covers one device per hearing impaired ear every 36 months and up to 45 speech therapy visits during the 12 months after delivery of the covered device.  Termination of Provider Contracts  Termination of Provider Contracts  Termination of Provider Contracts  Termination of Provider Contract was terminated without cause, for a limited period of time at the in-network cost share. Continuation of care will not be available if you are no longer covered under this Plan, the Provider will not accept the Allowable Fee, the Provider no longer holds an active license, or the Provider is otherwise unavailable to continue the care. Contact the PacificSource Customer Service team for additional information. If you do not qualify for	
cognitive or speech development deficits without intervention. The Durable Medical Equipment benefit covers one device per hearing impaired ear every 36 months and up to 45 speech therapy visits during the 12 months after delivery of the covered device.  Termination of Provider Contracts  Termination of Care with an individual Provider or facility, whose contract was terminated without cause, for a limited period of time at the innetwork cost share. Continuation of care with an individual Provider or facility, whose contract was terminated without cause, for a limited period of time at the innetwork cost	
development deficits without intervention. The Durable Medical Equipment benefit covers one device per hearing impaired ear every 36 months and up to 45 speech therapy visits during the 12 months after delivery of the covered device.  Termination of You may be entitled to continue care with an individual Provider, whose contract was terminated without cause, for a limited period of time at the in-network cost share. Continuation of care will not be available if you are no longer covered under this Plan, the Provider will not accept the Allowable Fee, the Provider no longer holds an active license, or the Provider is otherwise unavailable to continue the care. Contact the PacificSource Customer Service team for additional information. If you do not qualify for	
intervention. The Durable Medical Equipment benefit covers one device per hearing impaired ear every 36 months and up to 45 speech therapy visits during the 12 months after delivery of the covered device.  Termination of Provider Contracts  Termination of Provider Contracts  You may be entitled to continue care with an individual Provider or facility, whose contract was terminated without cause, for a limited period of time at the in-network cost share. Continuation of care will not be available if you are no longer covered under this Plan, the Provider will not accept the Allowable Fee, the Provider no longer holds an active license, or the Provider is otherwise unavailable to continue the care. Contact the PacificSource Customer Service team for additional information. If you do not qualify for	
Medical Equipment benefit covers one device per hearing impaired ear every 36 months and up to 45 speech therapy visits during the 12 months after delivery of the covered device.  Termination of Provider Contracts  Termination of Provider Contracts  You may be entitled to continue care with an individual Provider, whose contract was terminated without cause, for a limited period of time at the in-network cost share. Continuation of care will not be available if you are no longer covered under this Plan, the Provider will not accept the Allowable Fee, the Provider no longer holds an active license, or the Provider is otherwise unavailable to continue the care. Contact the PacificSource Customer Service team for additional information.  If you do not qualify for  months and up to 45 speech therapy visits during the 12 months after delivery of the covered device.  Termination of Provider Contracts  You are entitled to continue care with an individual Provider or facility, whose contract was terminated without cause, for a limited period of time at the innetwork cost share. Continuation of care will not be available if you are no longer covered under this Plan, the Provider will not accept the Allowable Fee under the terms of their terminated agreement, the Provider no longer holds an active license, or the Provider is otherwise unavailable to continue the care. Contact the PacificSource Customer Service team for delivery of the covered device.  Termination of Provider of time at the innetwork cost share. Continuation of care will not be available if you are no longer covered under this Plan, the Provider mill not accept the Allowable Fee under the terms of their terminated agreement, the Provider is otherwise unavailable to continue the care. Contact the Provider is otherwise.	
covers one device per hearing impaired ear every 36 months and up to 45 speech therapy visits during the 12 months after delivery of the covered device.  Termination of Provider Contracts  Termination of Provider Contracts  You may be entitled to continue care with an individual Provider, whose contract was terminated without cause, for a limited period of time at the in-network cost share. Continuation of care will not be available if you are no longer covered under this Plan, the Provider will not accept the Allowable Fee, the Provider no longer holds an active license, or the Provider is otherwise unavailable to continue the care. Contact the PacificSource Customer Service team for additional information. If you do not qualify for  Termination of 250 months after delivery of the covered device.  You are entitled to continue care with an individual Provider or facility, whose contract was terminated without cause, for a limited period of time at the innetwork cost share. Continuation of care will not be available if you are no longer covered under this Plan, the Provider will not accept the Allowable Fee under the terms of their terminated agreement, the Provider no longer holds an active license, or the Provider is otherwise unavailable to continue the care. Contact the PacificSource Customer Service team for	
impaired ear every 36 months and up to 45 speech therapy visits during the 12 months after delivery of the covered device.  Termination of Provider Contracts  Termination of Contracts  Termination of Provider Contracts  Termination of Contracts  Termination of Provider Contracts  Termination of Contract Would an Individual Provider or facility, whose contract was terminated without cause, for a limited period of time at the innetwork cost share. Continuation of Contract will not be available if you are no longer covered under this Plan, the Provider will not accept the Allowable Fee, the Provider no longer holds an active license, or the Provider is otherwise unavailable to continue the care. Contact the PacificSource Customer Service team for additional information. If you do not qualify for	
and up to 45 speech therapy visits during the 12 months after delivery of the covered device.  Termination of Provider Contracts  You may be entitled to continue care with an individual Provider, whose contract was terminated without cause, for a limited period of time at the in-network cost share. Continuation of care will not be available if you are no longer covered under this Plan, the Provider will not accept the Allowable Fee, the Provider no longer holds an active license, or the Provider is otherwise unavailable to continue the care. Contact the PacificSource Customer Service team for additional information.  If you do not qualify for  You are entitled to continue care with an individual Provider or facility, whose contract was terminated without cause, for a limited period of time at the innetwork cost share. Continuation of care will not be available if you are no longer covered under this Plan, the Provider will not accept the Allowable Fee under the terms of their terminated agreement, the Provider no longer holds an active license, or the Provider is otherwise unavailable to continue the care. Contact the PacificSource Customer Service team for	
visits during the 12 months after delivery of the covered device.  Termination of Provider Contracts  You may be entitled to continue care with an individual Provider, whose contract was terminated without cause, for a limited period of time at the in-network cost share. Continuation of care will not be available if you are no longer covered under this Plan, the Provider will not accept the Allowable Fee, the Provider no longer holds an active license, or the Provider is otherwise unavailable to continue the care. Contact the PacificSource Customer Service team for additional information. If you do not qualify for	
delivery of the covered device.  Termination of Provider Contracts  You may be entitled to continue care with an individual Provider, whose contract was terminated without cause, for a limited period of time at the in-network cost share. Continuation of care will not be available if you are no longer covered under this Plan, the Provider will not accept the Allowable Fee, the Provider no longer holds an active license, or the Provider is otherwise unavailable to continue the care. Contact the PacificSource Customer Service team for additional information.  If you do not qualify for  You are entitled to continue care with an individual Provider or facility, whose contract was terminated without cause, for a limited period of time at the innetwork cost share. Continuation of care will not be available if you are no longer covered under this Plan, the Provider will not accept the Allowable Fee under the terms of their terminated agreement, the Provider no longer holds an active license, or the Provider is otherwise unavailable to continue the care. Contact the PacificSource  Contact the PacificSource  Customer Service team for	
Termination of Provider Contracts  You may be entitled to continue care with an individual Provider, whose contract was terminated without cause, for a limited period of time at the in-network cost share. Continuation of care will not be available if you are no longer covered under this Plan, the Provider will not accept the Allowable Fee, the Provider no longer holds an active license, or the Provider is otherwise unavailable to continue the care. Contact the PacificSource Customer Service team for additional information. If you do not qualify for  You are entitled to continue care with an individual Provider or facility, whose contract was terminated without cause, for a limited period of time at the in-network cost share. Continuation of care will not be available if you are no longer covered under this Plan, the Provider will not accept the Allowable Fee under the terms of their terminated agreement, the Provider no longer holds an active license, or the Provider is otherwise unavailable to continue the care. Contact the PacificSource Customer Service team for	
Provider Contracts  care with an individual Provider, whose contract was terminated without cause, for a limited period of time at the in-network cost share. Continuation of care will not be available if you are no longer covered under this Plan, the Provider will not accept the Allowable Fee, the Provider no longer holds an active license, or the Provider is otherwise unavailable to continue the care. Contact the PacificSource Customer Service team for additional information. If you do not qualify for  with an individual Provider or facility, whose contract was terminated without cause, for a limited period of time at the in-network cost share. Continuation of care will not be available if you are no longer covered under this Plan, the Provider will not accept the Allowable Fee under the terms of their terminated agreement, the Provider no longer holds an active license, or the Provider is otherwise unavailable to continue the care. Contact the PacificSource Customer Service team for	leral
without cause, for a limited period of time at the in-network cost share. Continuation of care will not be available if you are no longer covered under this Plan, the Provider will not accept the Allowable Fee, the Provider no longer holds an active license, or the Provider is otherwise unavailable to continue the care. Contact the PacificSource Customer Service team for additional information. If you do not qualify for	
period of time at the in-network cost share. Continuation of care will not be available if you are no longer covered under this Plan, the Provider will not accept the Allowable Fee, the Provider no longer holds an active license, or the Provider is otherwise unavailable to continue the care. Contact the PacificSource Customer Service team for additional information. If you do not qualify for	
cost share. Continuation of care will not be available if you are no longer covered under this Plan, the Provider will not accept the Allowable Fee, the Provider no longer holds an active license, or the Provider is otherwise unavailable to continue the care. Contact the PacificSource Customer Service team for additional information. If you do not qualify for  network cost share. Continuation of care will not be available if you are no longer covered under this Plan, the Provider will not accept the Allowable Fee under the terms of their terminated agreement, the Provider no longer holds an active license, or the Provider is otherwise unavailable to continue the care. Contact the PacificSource Customer Service team for	
will not be available if you are no longer covered under this Plan, the Provider will not accept the Allowable Fee, the Provider no longer holds an active license, or the Provider is otherwise unavailable to continue the care. Contact the PacificSource Customer Service team for additional information. If you do not qualify for	
no longer covered under this Plan, the Provider will not accept the Allowable Fee, the Provider no longer holds an active license, or the Provider is otherwise unavailable to continue the care. Contact the PacificSource Customer Service team for additional information. If you do not qualify for	
Plan, the Provider will not accept the Allowable Fee, the Provider no longer holds an active license, or the Provider is otherwise unavailable to continue the care. Contact the PacificSource Customer Service team for additional information. If you do not qualify for	
accept the Allowable Fee, the Provider no longer holds an active license, or the Provider is otherwise unavailable to continue the care. Contact the PacificSource Customer Service team for additional information. If you do not qualify for  accept the Allowable Fee under the terms of their terminated agreement, the Provider no longer holds an active license, or the Provider is otherwise unavailable to continue the care. Contact the PacificSource Customer Service team for	
Provider no longer holds an active license, or the Provider is otherwise unavailable to continue the care. Contact the PacificSource Customer Service team for additional information.  If you do not qualify for  the terms of their terminated agreement, the Provider no longer holds an active license, or the Provider is otherwise unavailable to continue the care.  Contact the PacificSource Customer Service team for	
active license, or the Provider is otherwise unavailable to continue the care. Contact the PacificSource Customer Service team for additional information.  If you do not qualify for  agreement, the Provider no longer holds an active license, or the Provider is otherwise unavailable to continue the care. Contact the PacificSource Customer Service team for	
otherwise unavailable to continue the care. Contact the PacificSource Customer Service team for additional information.  If you do not qualify for  longer holds an active license, or the Provider is otherwise unavailable to continue the care. Contact the PacificSource Customer Service team for	
continue the care. Contact the PacificSource Customer Service team for additional information. If you do not qualify for  the Provider is otherwise unavailable to continue the care. Contact the PacificSource Customer Service team for	
PacificSource Customer Service team for additional information.  If you do not qualify for unavailable to continue the care.  Contact the PacificSource  Customer Service team for	
If you do not qualify for Customer Service team for	
continuation of care, the additional information.	
Provider becomes an Out-of- If you do not qualify for	
network Provider on the date continuation of care, the	
the contract with PacificSource Provider becomes an Out-of-	
terminates. Any services you network Provider on the date the	
receive from them will be paid at the percentage shown in the terminates. Any services you	
cut-of-network column of the receive from them will be paid at	
Benefit Summaries. To avoid the percentage shown in the cut-	
unexpected costs, be sure to of-network column of the Benefit	
verify each time you see your Summaries. To avoid	
Provider that they are still in- unexpected costs, be sure to	
network. verify each time you see your	
Provider that they are still in-	
network.	
Active Course of Treatment	
If the contract of a Provider who	
is providing to you an active	
course of treatment, is terminated without cause, you	
may be able to continue to	
receive services from the	
Provider at the in-network	
benefit level for a limited period	

of time. The services may be paid at in-network cost sharing until the earliest of the following:

- · Treatment is complete: or
- 90 days after you were notified that the contract ended.

## **Employer Plan Document**

Your PacificSource Sales and Service Team will provide you a 'redlined' version of your Plan Document with the applicable changes for you to review. Please review the Plan Document carefully, which will include all redline changes. Please note that minor changes, including formatting, grammatical or cosmetic are not included in the NOC summary. Once the changes and updates have been approved a final Plan Document will be provided to you for signature. You will be able to access your signed Plan Document online. You can also enroll new members, update existing member information, print temporary ID cards, and view your current census information and enrollment totals.

https://intouch.pacificsource.com/ITE/Login

### Member Materials

After your Plan changes have been processed, new ID cards will be mailed to your covered employees and their dependents only if there is a change that impacts ID cards. Participants under the plan will have 24/7 access to the approved Plan Document and Summary of Benefit Coverages (SBCs) through InTouch for Members at PacificSource.com, as well as access to our provider directory and other information.

### We're here to help.

As always, PacificSource is here to assist you. If you have questions, your agent or PacificSource Account Executive is happy to help.

Signature:		Date:	





Administrat

### Self Funded Renewal Administrative Services Renewal

Group: **Bonner County** Effective Date: October 1, 2024

	Employees	Current	Renewal
Medical/Rx Administration (CVS Caremark)	380	\$34.26	\$35.70
If group decides to carve out Rx, we will charge an additional \$2.00 P	PEPM and a \$10,000		
implementation fee to establish integration.			
Commissions	380	\$0.00	\$0.00
Total Administrative Cost - Without Network Fees		\$34.26	\$35.70
Network Access Fees	380	\$4.60	\$4.75
Total Administrative Cost - With Network Fees **Billed Admin R	ate**	\$38.86	\$40.45
Estimated Annual Administrative Cost - With Network Fees		\$177,202	\$184,452

Rx Rebates are split 80%/20% with group. Rebates are credited quarterly on claims statements.

### Services Included in Administrative Fees

Utilization Review & Large Case Management

Condition Support

AccordantCare - Rare Disease Management

Prenatal Management

Wellness Program (includes wellness consulting and Virgin Pulse)

Washington Partner Access Line

NQTL Comparative Analysis for Services Administered by PacificSource

Monthly Reporting

Standard Summary Plan Document

\$175 per hour \$150 per hour

\$4.19 PEPM (estimated)

\$36.05 per identified member

12.75% of savings

Standard Plan Amendments

Identification Cards

24 hour Nurse Line

### Services Included as Pass Through Costs

Customized Ad Hoc Reporting

Electronic Data File Reporting

Idaho Immunization Program Fee (Will be calculated on annual basis.)

Comprehensive Coordination of Benefits \* First Choice Travel Wrap Network \*

Aetna Signature Administrators Network*	16.75% of savings						
For services received outside of PacificSource's 4 state service area							
Federal No Surprise Act Independent Dispute Resolution Fees							
State Surprise Billing Program / Arbitration Fees							
* Pass through fees for this service are negotiated with the vendor and subject to co	hange during the contract period.						
Optional Services							
	Renewal A	ccept					
Wellness Level II (Includes up to 50 hours of wellness consulting)	\$4,000 Annually						
Wellness Level III (Includes up to 100 hours of wellness consulting)	\$12,000 Annually						
ACS Quit for Life - Tobacco Cessation	\$1.50 PEPM						
Assist America – Global Emergency Services	\$0.36 PEPM						
Virgin Pulse - Rewards Platform	\$2.50 PEPM						
Teladoc Services							
PrudentRx Coupon Maximizer							
Additional Administrative Costs							
	Renewal						
Implementation Fee: Initial eligibility load and plan set up.	Waived						
Claim Funding Requirement: Two week claim fund is required. Provider PacificSource check stock and then invoices client for reimbursement.	s payments are on NA						
Run Out Claims Administration: 12 months of claim run out.	Two months administration	Two months administration					
Signature and Title: I accept the above rates for Self-Funded coverage	Date						



## Self Funded Renewal Stop Loss and Aggregate Fee Renewal

Group: Bonner County Effective Date: October 1, 2024

Ellottivo Buto.	0010001 1, 2021		
TPA Administration			TO A STATE OF
	Employees	Current	Renewal
Medical/Rx Administration PEPM	380	\$34.26	\$35.70
Network Access Fees PEPM	380	\$4.60	\$4.75
Net Administrative Cost PEPM		\$38.86	\$40.45
<b>Estimated Annual Net Administrative Cost</b>		\$177,202	\$184,452
Specific Stop Loss Coverage - Medical/Rx Card		V.	
		Current	Renewal
Stop Loss Contract Type		12/15	12/15
Specific Stop Loss Deductible per Individual		\$150,000	\$150.000
Specific Stop loss Fee PEPM		\$129.02	\$146.80
Commission PEPM		\$0.00	\$0.00
Total Specific Stop Loss Premium PEPM		\$129.02	\$146.80
Estimated Annual Specific Stop Loss Premi	um	\$588,331	\$669,411
Estimated Annual Opening Stop 2005 From		4000,001	0000,411
Aggregate Coverage - Medical/Rx Card			
		Current	Renewal
Aggregate Contract Type		12/15	12/15
Maximum Annual Aggregate Reimbursement		\$1,000,000	\$1,000,000
Aggregate Premium PEPM		\$5.80	\$5.80
Estimated Annual Aggregate Premium		\$26,448	\$26,448
Expected Claims PEPM*		\$921.97	\$954.24
Expected Annual Claims	I)	\$4,204,183	\$4,351,330
	,		<del>+ 1,001,000</del>
Aggregate Claim Factors PEPM at 125%		\$1,152.47	\$1,192.80
Minimum Annual Aggregate Deductible at 1	25%	\$5,255,263	\$5,439,162
Total Estimated Annual Costs			
		Current	Renewal
Total Fixed Costs	1	\$791,981	\$880,311
Net Administrative Cost, Stop Loss Premium, Aggre	egate Premium		, <b>,</b>
Total Fixed Costs plus Aggregate Deductible	e	\$6,047,244	\$6,319,473
Option Selected. Indicate b	y initialing box =>		

Signature and Title: I accept the above checked rates for Self-Funded coverage



# Self Funded Renewal Assumptions and Contingencies

Group:

**Bonner County** 

ALTH PLANS Effective Date:

October 1, 2024

#### Stop Loss and Risk

Stop Loss Reimbursements are immediate and are shown as credit on reporting statements.

If there is change in enrollment greater/less 10% from initial submission to final enrollment, all rates Stop Loss and Aggregate rates may change.

Minimum participation level of 75% of all eligible employees is required.

PacificSource Stop Loss is offered as a no laser at renewal policy.

#### General

Please note that the Patient-Centered Outcomes Research Institute Fee has not been included and is the responsibility of the group once a year and reported quarterly on Form 720 (Quarterly Federal Excise Tax Return).

Quote rated with retirees and COBRA being covered based on the census information provided. COBRA administration fees are not included (they are billed separately through PacificSource Administrators).

This proposal is valid until 30 days prior to the effective date and does not bind coverage or obligate PacificSource.

Rates quoted are subject to changes if a subsidiary, division or affiliated company is added or deleted from the plan, or if the number of employees changes by more than 10 percent or more from this quote.

This is a quote based upon the information furnished in the Request for Proposal. Material deviations from any of the original information that was submitted to PacificSource may result in a change to the quoted rates and/or factors or withdrawal of the proposal. PacificSource will not be bound by any typographical errors or omissions contained herein.

#### Administration

The quoted administrative fees are firm for 12 months from the effective date.

The TPA administrative fees do not include Rx Rebates. Rx Rebates are split 80%/20% with group. Rebates are credited quarterly on claims statements.

Additional fees to the rates may occur if client changes benefit plan off-anniversary (these fees are subject to the complexity of the plan changes).

PacificSource assumes all services provided will be handled according to our standard format and procedures, unless otherwise specifically addressed within this proposal. Specialized or custom services will be priced as necessary.

Run out claims will be processed for a period of 12 months after termination of the contract for an additional premium. The run out fees are equal to the in force administrative fees at the time of cancellation, times the average employee count in the last 6 months, times two months. The run out fees are due 15 days prior to the termination date in full.



# Authorized Recipient List Form

Please provide the names of representatives and business associates to whom PacificSource may disclose members' protected health information as directed by the plan sponsor. If you have questions, please contact your Account Manager or Client Service Representative.

Plan Sponsor Information													
Plan sponsor name Bonner County													
Plan sponsor ID number G0039089													
Authorized recipients' name, title, email	Relationship to plan sponsor	Add this contact	Delete this contact	Web access	Identifiable member level claims	Identifiable eligibility	Group experience/utilization	Financial reports	Claims funding	Vendor agreements	Stop loss premium	Billing questions	Other (please specify below)
Alissa Clark-HR Director/alissa.clark@bonnercountyid.gov Alysha Poteet-HR Generalist/alysha.poteet@bonnercountyid.gov	HR			4	<b>7</b>	<b>Z</b>	Z	Z	Z	Z	Z	<b>Z</b>	
Kevin Rothenberger-Sir.HR Generalist/kevin.rothenberger@bonnercountyid.gov. Justin Dahouas-Actuarial-justin.dahouas@	HR Broker			Z	Z	Z	Z	Z	Z	Z	Z	Z	
Kinsie Raynor-Payroll/kinsie.raynor@bonnercountyid.gov	HR Payroll			Z	<b>Z</b>	Ø	Z	Z	<b>Z</b>	Z	<b>Z</b>	<b>Z</b>	
Josh Peterson - Broker / Joshua.Peterson@MarshMMA.com Julie Fender - Account Manager/	Broker			<b>Z</b>	<b>7</b>	<b>4</b>	<b>2</b>	<b>Z</b>	<b>Z</b>	Z	Z	<b>Z</b>	
Gary Abney-Financial Analyst/ Gary. Abney@MarshMMA.com Jackie Sue McFarlin-Acct. Manager/Jackie-	Broker			Z	Z	Z	Z	Z	Z	Z	<b>Z</b>	Z	
Kayla Kees- Account manager/ Kkees@paynewest.com> remove	broker		Z										
I have updated the email address of  Josh Peterson, Julie Fender, Gary Abrand Jackie Sue McFarlin. Please togst  Notes the document to see the full information and selection of the plan sponsor, I hereby authorized disclosure of Plan member's protected health information and Authorized representative signature.  Authorized representative signature.	gle within tion.  The PacificSources instructed a	ce a	nd it	ts su	ıbco	ntra						susp 24	

Please return this form to your PacificSource representative.



### Alisa Schoeffel <alisar.schoeffel@bonnercountyid.gov>

### Agenda Items

1 message

Asia Williams <asia.williams@bonnercountyid.gov>

Thu, Jun 13, 2024 at 7:46 AM

To: Alisa Schoeffel <alisar.schoeffel@bonnercountyid.gov>, Jessi Reinbold <jessi.reinbold@bonnercountyid.gov>

Commissioner Discussion

1. Legal Update

2. Commissioner Chat Line Up

Asia Williams SSBB, LPN, MBA Bonner County Commissioner District 2

Office: (208) 265- 1438 Cell (208) 946-3738 Fax: (208) 265-1460

asia.williams@bonnercountyid.gov

