

Legislation Text

File #: 19-0733, Version: 1

Meeting Type: BCC Regular Meeting Meeting Date: 2/19/2019 Item Status: New From: Deidra Hanak, Interim Personnel Director Submitted by: Deidra Hanak, Interim Personnel Director

ITEM TITLE

Personnel Department - AirMedCare Network Services

STAFF RECOMMENDATION

Authorize the Chairman to execute the AirMedCare contractual agreement (AirMedCare Network Group Full Census Membership For Baldwin County Commission) and any related necessary documents for Air Medical helicopter coverage for employees.

This membership plan will be effective for 12 months, effective as of February 19, 2019, and will be evaluated by both parties annually at least 30 days prior to anniversary date, if (a) no termination notice has been sent by either party and (b) payment for the renewal period is received by AirMedCare Network before expiration of the grace period. Either party may terminate this Agreement at any time and for any reason with 30 days prior written notice to the other party, but termination will not affect issued memberships.

BACKGROUND INFORMATION

Previous Commission action/date: N/A

Background:

Medstar Air Care 1 presented a contractual membership agreement, for the Commission to approve, to cover all eligible Commission and Sheriff's Office employees and dependents within their households. This membership ensures that the employees will have no out-of-pocket flight expenses if flown by the AirMedCare Network.

During the FY18-19 Budget Deliberations, the Commission budgeted money for a Medstar Air Care 1 membership for employees. This agreement reflects a membership program for all full-time employees of the Baldwin County Commission and Baldwin County Sheriff's Office.

FINANCIAL IMPACT

Total cost of recommendation: 41,535.00

Budget line item(s) to be used: N/A

If this is not a budgeted expenditure, does the recommendation create a need for funding? N/A

LEGAL IMPACT

Is legal review necessary for this staff recommendation and related documents? $\ensuremath{\mathsf{N/A}}$

Reviewed/approved by: N/A

Additional comments: N/A

ADVERTISING REQUIREMENTS

Is advertising required for this recommendation? N/A

If the proof of publication affidavit is not attached, list the reason: N/A

FOLLOW UP IMPLEMENTATION

For time-sensitive follow up, select deadline date for follow up: N/A

Individual(s) responsible for follow up: Personnel

Action required (list contact persons/addresses if documents are to be mailed or emailed): N/A

Additional instructions/notes: N/A