

12/18/2025

BCC Agenda Date/Item: \_\_\_\_\_

Board of County Commissioners  
Clackamas County

**Approval of a Contract Amendment with Mercer Health and Benefits for the Employee Benefits Broker. Amendment Value is \$773,503.59 for 4 years. Total Contract Value is \$1,611,824.88 for 8 years. Funding is through the Benefit Administration Fee charged to other County departments, which may include a small portion of Budgeted County General Funds.**

Previous Board Action/Review	List, by date and agenda item, any relevant Board deliberation or decision Briefed at Issues - BCC Policy Session on February 2, 2021		
Performance Clackamas	1. Which indicator of success does this item affect? Public Trust in Good Government		
Counsel Review	Yes	Procurement Review	Yes
Contact Person	Cynthia Kodachi	Contact Phone	503-742-5470

**EXECUTIVE SUMMARY:** The Benefits and Wellness Division conducted a search in 2020 for an Employee Benefits Broker for strategic guidance, maintenance, and assessment of our employee benefits programs. Health and welfare plan work comprises broker services in the areas of developing strategy and understanding the employee benefits market, ongoing financial tracking and analysis, vendor placement, program and vendor management, and renewal activities including developing rates for a variety of self-insured and insured health, vision, dental, life, and disability insurance coverage. The Benefits and Wellness Division has opted to execute the option for two (2) additional two (2) year renewals per section 3.3.2 of the current contract.

- Was the work for which the amendment is sought included in the original scope of the work? If not, why? Yes.
- Was the additional work requested or authorized by staff? If so, why was it authorized? No additional work, just an extension of the original contract.
- Why has the price increased and what is the basis for determining the amount of the increase? Per Exhibit A any extension after Year 5, fees will continue to increase a minimum of 1% and a maximum of 3% based on the US Consumer Price Index, CPI-W; West Urban Annual Average, as report by the U.S. Department of Labor for the prior Contract year.
- What source of funding will cover any cost increases? Cost is budgeted in Fund 760, Program 160401 Account 43100 Professional Services.

For Filing Use Only

**RECOMMENDATION:** Staff respectfully recommends that the Board approve and execute the Contract Amendment with Mercer Health and Benefits, LLC for the Employee Benefits Broker.

Respectfully submitted,



Evelyn Minor-Lawrence  
Human Resources Director

**AMENDMENT #1**  
**TO THE CONTRACT DOCUMENTS WITH MERCER HEALTH AND BENEFITS LLC FOR**  
**EMPLOYEE BENEFITS BROKER**  
**Contract #3239**

This Amendment #1 is entered into between **Mercer Health and Benefits LLC** ("Contractor") and Clackamas County ("County") and shall become part of the Contract documents entered into between both parties on **February 11, 2021** ("Contract").

The Purpose of this Amendment #1 is to make the following changes to the Contract:

1. ARTICLE I, Section 1. **Effective Date and Duration** is hereby amended as follows:  
County is hereby exercising both optional two-year renewals to this Contract. Contract termination date is hereby changed from December 31, 2025 to **December 31, 2029**.
2. ARTICLE I, Section 3. **Consideration** is hereby amended as follows:  
In consideration for Contractor performing the additional work, County shall pay Contractor an additional sum not to exceed \$773,503.59. Consideration rates are on an annual fixed fee basis in accordance with the Fee Schedule specified in **Exhibit A** to this Amendment #1, attached hereto and incorporated herein. The total Contract compensation shall not exceed **\$1,611,824.88**.

ORIGINAL CONTRACT	\$ 838,321.29
<b><u>AMENDMENT #1</u></b>	<b><u>\$ 773,503.59 + Renewal</u></b>
<b>TOTAL AMENDED CONTRACT</b>	<b>\$1,611,824.88</b>

Except as expressly amended above, all other terms and conditions of the Contract shall remain in full force and effect. By signature below, the parties agree to this Amendment #1, effective upon the date of the last signature below.

**Mercer Health and Benefits LLC**

 11/20/2025  
Authorized Signature Date

Keith Storie  
Printed Name

**Clackamas County**

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

**Approved for Legal Sufficiency:**

 11/24/2025  
County Counsel Date

**EXHIBIT A**  
**FEE SCHEDULE**

**Mercer Benefits Consulting Fee Schedule for Clackamas County 1/1/2026 – 12/31/2029**

Effective Date	Year	Annual Fee
1/1/2026	1	\$184,888.29
1/1/2027	2	\$190,434.93
1/1/2028	3	\$196,147.97
1/1/2029	4	\$202,032.40
<b>1/1/2026 – 12/31/2029</b>	<b>Total Contract Amount</b>	<b>\$773,503.59</b>