



**REQUEST FOR PROPOSAL
RFP #1617-23
HEALTH AND WELFARE EMPLOYEE BENEFITS**

I. DEFINITIONS

Respondent means the person or entity that submits a Submittal in response to this RFP.

Proposal means the documents required to be submitted under Section II (a).

II. SUBMITTAL

Documents must be submitted as follows:

A. At least one (1) complete original, four (4) complete copies and one (1) complete electronic version of the following documents must be submitted to the City of Longview.

1. Proposal;
2. Vendor Acknowledgement
3. Respondent’s Information Form;
4. Conflict of Interest Questionnaire.

B. The Proposal must be completed in ink or be typewritten.

C. The Proposal must be submitted in a sealed envelope or container that is marked on the outside of the envelope or container with the RFP Number and Name, as shown on the first page of this document, the Respondent’s name and mailing address, and the date of the proposal deadline.

D. The Proposals may be:

**HAND DELIVERED OR
MAILED VIA FEDEX / UPS IF MAILING VIA USPS:**

<u>Physical Address</u>	<u>Mailing Address</u>
City of Longview Purchasing Manager – Jaye Latch 300 W. Cotton Street Longview, TX 75601 (903) 237-1324	City of Longview Purchasing Manager – Jaye Latch 300 W. Cotton Street Longview, TX 75601 (903) 237-1324

FACSIMILE OR EMAILED TRANSMITTALS WILL NOT BE ACCEPTED.

E. Proposals will be received on or before **2:00 p.m. Wednesday, May 10, 2017**. Proposals received after the Proposal date and time will not be considered.

III. ADDITIONAL INSTRUCTIONS AND INFORMATION

A. If a Respondent finds a discrepancy in or omission from, or has a question about the meaning of, this RFP or other related document, the Respondent should immediately notify the Office of the city's Consultant: IPS Advisors, Attn: Amanda Bowen at abowen@ipsadvisors.com. on or before 5:00 p.m. on April 25th.

B. A Respondent may withdraw a Proposal by giving the Purchasing Office and IPS Advisors written notice of the withdrawal before the Proposal deadline. If a Respondent submits written notice of the withdrawal after the Proposal deadline, a Respondent must receive the City's written consent to withdraw a Proposal.

C. Proposals received in response to this RFP will be reviewed and evaluated by City staff and IPS Advisors, LLP.

D. Additional documents, amendments, and addendums relating to this RFP are available at the City of Longview's Purchasing Manager Office and on the City's website: <https://LongviewTexas.gov/Bids>.

E. Questions regarding this bid must be received by IPS Advisors, LLP no later than **5:00 P.M., Tuesday, April 25th**. **Questions will not be accepted after this time.**

If you have any questions, please contact:

IPS Advisors
Amanda Bowen
Marketing Assistant
abowen@ipsadvisors.com

Vendors shall not contact members of the City staff with respect to this Request for Proposal (RFP) or the selection process. Contact with any personnel of the City, regarding this Request for Proposal may be grounds for elimination from the selection process.

The City does not assume responsibility for not receiving questions from the Respondent or the Respondent's receipt of any answers, addenda, or amendments placed on that website.

IV. GENERAL INSTRUCTIONS

The City of Longview will receive Proposals for: HEALTH AND WELFARE EMPLOYEE BENEFITS IT IS UNDERSTOOD that the City of Longview Health Plan Board of Trustees reserves the right to reject any or all proposals for any or all products and/or services covered in this request for proposal and to waive informalities of defects in such proposals. Proposals must be valid for one hundred fifty (150) days after opening. The anticipated award(s) will be made around May/June and July for Stop Loss.

TO PROVIDE FOR: A contract commencing on the latest date executed by both parties and continuing

for a three-year contract with two one-year renewal options with caps, or a two-year contract with options for three one-year renewals with caps, or a one-year contract with options for four one-year renewal options with caps will be considered. **If it is the respondent's intent to increase rates at the renewal date, the City must be notified of the maximum increase for each renewal period and the basis for calculating the increase.** The City must be notified of renewal rates at least 120 days prior to the effective date of the rate change.

Proposals must be submitted on the pricing forms included for that purpose in this packet. Each proposal shall be placed in a separate sealed envelope and **manually signed by a person having the authority to bind the Respondent in a contract** and marked clearly on the outside as indicated in this RFP. Respondents should carefully examine all terms, conditions, specifications and related documents. Should a respondent find discrepancies in or omissions from the specifications or related documents, or should there be doubt as to their meaning, the City of Longview Purchasing Office and IPS Advisors, LLP., should be notified by **5:00 p.m. April 25, 2017** for clarification prior to submitting the proposal. In the event of any conflict between the terms and conditions of these requirements and the specifications, the specifications shall govern. In the event of any conflict of interpretation of any part of this overall document, the City of Longview and IPS Advisors' interpretation shall govern.

DOCUMENTATION: Respondent shall provide with this response all documentation required by this RFP. Failure to provide this information may result in rejection of proposal.

DESCRIPTIONS: Specifications may reference any catalog, brand name or manufacturers' model numbers. It is the intent of the City of Longview to be **DESCRIPTIVE - NOT RESTRICTIVE** and to establish a desired quality level of service or products or to meet a pre-established standard of quality. Respondents may offer items of equal quality and the burden of proof of such quality rests with them. The City of Longview shall act as sole judge in determining quality and acceptability of products offered.

TAX EXEMPTION: The City is not liable to Respondent for any federal, state, or local taxes for which the City is not liable by law, including state and local sales and use taxes (Section 151.309 and Title 3, Texas Tax Code) and federal excise tax (Subtitle D of the Internal Revenue Code). Accordingly, those taxes may not be added to any item. The city's Tax Exemption Certificate will be furnished by the city on request of the Respondent.

EVALUATION FACTORS: Evaluation factors outlined in the RFP shall be applied to all eligible, responsive Respondents in comparing proposals. Award of a contract may be made without discussion to one of the Respondents submitting a proposal after responses are received. Proposals should, therefore, be submitted on the most favorable terms.

EVALUATION COMMITTEE: Proposals received in response to this RFP will be reviewed and evaluated by City staff and IPS Advisors, LLP.

DISCUSSIONS: Formal or informal communication involving an oral or written exchange of information for the primary purpose of obtaining information essential for determining the acceptability of a proposal.

BEST AND FINAL OFFER (BAFO): In a competitive negotiation, the final proposal submitted after negotiations or discussions are completed that contains the proposer's most favorable terms for price, services and products to be delivered. Sometimes referred to as BAFO and utilized during the Request for Proposal method of procurement.

EVALUATION PROCESS: After receipt of the proposals, City of Longview and IPS Advisors will evaluate the proposals based upon the evaluation criteria set forth in the Request for Proposal. The City has at its sole discretion, the ability to negotiate with the respondent determined to be the highest ranked after completion of the evaluations.

The City may elect to conduct discussions with the respondents deemed to be in the competitive range for award. If discussions are held, respondents identified in the competitive range will be given equal opportunity to discuss and submit revisions to their proposals. Revisions of proposals are accomplished by formally requesting Best and Final Offers (BAFOs) at the conclusion of discussions with a deadline set for receipt of BAFOs and including instructions as to exactly what should be submitted in response to the BAFO. After consideration of all BAFO responses, The City will select the top ranked respondent, and will enter into contract negotiations.

COSTS TO SUBMIT: The City of Longview will not be liable for any costs incurred by any respondent in preparation of a submittal in response to this request, in conduct of a presentation, or any other activities related to response to this RFP.

ADDENDA: Any interpretations, corrections or changes to this Request for Proposal and Specifications will be made by addenda. Sole issuing authority of addenda shall be vested in the City of Longview Purchasing Office and IPS Advisors, LLP. Addenda will be available to all who are known to have received a copy of this RFP. Addenda can be found on the City of Longview Website: <https://LongviewTexas.gov/Bids>. It is the responsibility of the proposer to obtain a copy off all addenda pertaining to this RFP. Addenda may also be obtained by calling the City of Longview purchasing office at 903-237-1324. Respondents shall acknowledge receipt of all addenda on the Certification/Addenda Acknowledgement form found in this document.

LATE PROPOSALS: Proposals received in the City after the submission deadline will be considered void and unacceptable. City of Longview is not responsible for lateness or non-delivery of mail, carrier, etc. The date/time stamp in the Purchasing Manager's office shall be the official time of receipt.

ALTERING PROPOSALS: Proposals cannot be altered or amended after submission deadline. Any alterations or erasures made before opening time must be initialed by the signer of the proposal, guaranteeing authenticity.

REJECTION OF PROPOSALS: The Health Plan Board of Trustees may choose to reject all proposals and not award any contract.

AWARD: The City has the right to award a contract upon the conditions, terms and specifications contained in a proposal submitted to the City for a period of up to one hundred fifty (150) days following the date specified for the opening of proposals. The anticipated award(s) will be made around May/June and July for Stop Loss.

MANDATORY TERMS AND CONDITIONS

Because the City is a governmental entity that must follow State and Federal laws and has an obligation to protect its taxpayers, the City requires that certain terms be included in the contract

that results from this solicitation. Your response to this solicitation is an offer to contract with the city based on the terms, conditions, and specifications contained in this solicitation. If any of the mandatory contract terms are unacceptable to you, please do not respond to this solicitation.

CONFLICTING PROVISIONS: The contract consists only of the city-prepared contract and any additional city or Respondent contract documents incorporated by reference as a part of the contract. If a conflict or inconsistency exists between the city-prepared contract and a document incorporated by reference, the city-prepared contract controls. If a conflict or inconsistency exists between an additional contract document incorporated by reference, the city's additional contract document takes precedence over the respondent's additional contract document.

PAYMENT PROVISIONS: The City's payments under the Contract, including the time of payment and the payment of interest on overdue amounts, are subject to Chapter 2251, Texas Government Code.

MULTIYEAR CONTRACTS: If City Council does not appropriate funds to make any payment for a fiscal year after the City's fiscal year in which the contract becomes effective and there are no proceeds available for payment from the sale of bonds or other debt instruments, then the Contract automatically terminates at the beginning of the first day of the successive fiscal year. (Section 5, Article XI, Texas Constitution)

LIABILITY AND INDEMNITY: Any provision of the Contract is void and unenforceable if it: (1) limits or releases either party from liability that would exist by law in the absence of the provision; (2) creates liability for either party that would not exist by law in the absence of the provision; or (3) waives or limits either party's rights, defenses, remedies, or immunities that would exist by law in the absence of the provision. (Section 5, Article XI, Texas Constitution)

CONFIDENTIALITY: Any provision in the Contract that attempts to prevent the City's disclosure of information subject to public disclosure under federal or Texas law or regulation, or court or administrative decision or ruling, is invalid. (Chapter 552, Texas Government Code)

TAX EXEMPTION: The City is not liable to Respondent for any federal, state, or local taxes for which the City is not liable by law, including state and local sales and use taxes (Section 151.309 and Title 3, Texas Tax Code) and federal excise tax (Subtitle D of the Internal Revenue Code). Accordingly, those taxes may not be added to any item. The city's Tax Exemption Certificate will be furnished by the city on request of the Respondent.

CONTRACTUAL LIMITATIONS PERIOD: Any provision of the Contract that establishes a limitations period that does not run against the City by law or that is shorter than two years is void. (Sections 16.061 and 16.070, Texas Civil Practice and Remedies Code)

GOVERNING LAW AND VENUE: Texas law governs this Contract and any lawsuit on this Contract must be filed in a court that has jurisdiction in Gregg County, Texas.

V. OTHER TERMS AND CONDITIONS

CONFLICT OF INTEREST: No public official shall have interest in this contract accept in accordance with Vernon's Texas Codes Annotated, Local Government Code Title 5, Subtitle C, Chapter 171.

ETHICS: The Respondent shall not offer or accept gifts or anything of value or enter into any business arrangement with any employee, official or agent of City of Longview. More than one proposal on any one contract from a Respondent or individual under different names shall be grounds for rejection of all proposals in which the Respondent or individual has an interest. One or all proposals will be rejected if there is any reason to believe that collusion exists between Respondents.

Respondents must make every effort to comply Chapter 176 of the Texas Local Government Code. Chapter 176 mandates the public disclosure of certain information concerning persons doing business or seeking to do business with the City of Longview, including affiliations and business and financial relationships such persons may have with City of Longview officers.

By doing business or seeking to do business with the City of Longview, including submitting a response to this Request for Proposals, you acknowledge that you have been notified of the requirements of Chapter 176 of the Texas Local Government Code and you are representing that you are in compliance with them.

Conflict of Interest questionnaire found on the last page of this document must be filled out and turned in with each proposal.

DISCLOSURE OF INTERESTED PERSONS FOR COUNCIL – APPROVED CONTRACTS:

Under Section 2252.908 of the Tex Gov't Code - The Commission has approved a Certificate of Interested Persons form, which must be filled out, signed, notarized and submitted to the City at the time of execution of the Contract/Agreement, along with the certification of filing generated from the Commission's website. The Certificate of Interested Persons form is available on the Commission's website at <https://www.ethics.state.tx.us/tec/1295-Info.htm> and the successful Bidder/Proposer must follow the Commission's filing process adopted pursuant to the statute. The successful contractor's notarized Certificate of Interested Persons and certification of filing will be attached to the Contract/Agreement.

DELIVERY: Any delivery and freight charges (FOB City of Longview designated location) are to be included in the proposal price.

PACKING SLIPS: or other suitable shipping documents shall accompany each shipment and shall show:

1. Respondent company name and address;
2. Name and address of the City of Longview department the shipment is being made to;
3. Descriptive information as to the items delivered, including quantity and part numbers.

INVOICES: submitted for payment shall be addressed to:

City of Longview
P.O. Box 1952
Longview, Texas 75606

Periodic payments will be made within 30 days of invoice date or satisfactory delivery of the product or service, whichever is later, provided that all other requirements as detailed in the contract have been fulfilled.

WARRANTY: Successful Respondent shall warrant that all items or services shall conform to the proposed specifications and all warranties as stated in the Uniform Commercial Code and be free from all defects in material, workmanship and title.

PATENTS/COPYRIGHTS: The successful Respondent agrees to protect City of Longview from claims involving infringements of patents and/or copyrights.

TERMINATION OF CONTRACT: The City of Longview reserves the right to terminate the contract immediately in the event the successful Respondent:

1. Fails to meet delivery schedules;
2. Defaults in the payment of any fees;
3. Otherwise fails to perform in accordance with this contract;
4. Becomes insolvent and/or files for protection under bankruptcy laws.

Such termination is in addition to and not in lieu of any other remedies that City of Longview may have in law or equity. Respondent, in submitting this proposal, agrees that City of Longview shall not be liable to prosecution for damages in the event that the City declares the Respondent in default.

TERMINATION FOR CONVENIENCE: The contract may be terminated, without penalty, by either party by providing 30 days' written notice to the other party.

NOTICE: Any notice provided by this RFP or required by law to be given to the successful Respondent by City of Longview shall be deemed to have been given and received on the next business day after such written notice has been deposited in the U. S. mail in Longview, Texas, by Registered or Certified Mail with sufficient postage affixed thereto, addressed to the successful Respondent at the address so provided; provided this shall not prevent the giving of actual notice in any other manner.

ASSIGNMENT: The successful Respondent shall not sell, assign, transfer or convey this contract, in whole or in part, without the prior written consent of City of Longview.

OVERVIEW

Client: City of Longview
 Industry: Municipality
 Group to be Covered: All Eligible Employees working 30 hours per week
 Pre-65

Size: 835 Active Employees
 165 Pre-65

Location: 140 E. Tyler, Suite 400
 Longview, TX 75601

Coverages to Bid: Medical/Rx Stop Loss
 TPA
 PBM
 Transplant Carve Out Policy
 Dental/ASO only
 Basic Life/AD&D
 Voluntary Life
 LTD

Commission: ***MEDICAL/Rx STOP LOSS, TPA, PBM, TRANSPLANT CARVE OUT POLICY, DENTAL/ASO TO BE QUOTED NET OF COMMISSION. BASIC LIFE/AD&D, VOLUNTARY LIFE, AND LTD TO BE QUOTED WITH 10% LEVEL COMMISSION.***

Timetable: Release of Request For Proposal 4/6/2017
 Deadline for Questions 4/25/2017 5:00 PM
 Final Addenda 4/27/2017
Proposal Deadline 5/10/2017 2:00 PM
 Notification of Finalist Week of 5/22-5/26
 Final Presentation to the City 5/30/2017
 New Coverage Effective 10/1/2017

Direct All Questions To: **IPS Advisors**
Amanda Bowen
Marketing Assistant
abowen@ipsadvisors.com

ASSUMPTIONS AND EXPECTATIONS

Assumptions are as follows:

1. The proposal is to be based on the proposed plan of benefits.
2. The quote is to be based upon the census provided in the RFP.
3. All participants enrolled in the Employee Benefits Plan as of September 30, 2017 are to receive immediate coverage under the new plan. All health services incurred on or after October 1, 2017, for currently enrolled participants are to be eligible expenses. The City's enrollment records are to be the basis for "take-over."
4. Credit is to be given for accumulated deductible and coinsurance.
5. All Respondent proposal offerings will comply with the Patient Protection and Affordability Care Act.
6. Coverage for employees (full time) becomes effective the 1st of the month following 60 days. . Medical terminates at the end of the month in which the employees separates from employment. Retirees are eligible for continued coverage up to Medicare eligibility, provided they were enrolled in benefits the day preceding the date of retirement.
7. The City of Longview expects the Medical TPA and Pharmacy Benefit Manager provide monthly claims and eligibility files for Longview and its partner vendors including Verscend Analytics System.
8. This RFP is for a five-year contract. A three-year contract with two one-year renewal options with caps, a two-year contract with three one-year renewal options with caps or a one-year contract with options for four one-year renewal options with caps will be considered. **If it is the respondent's intent to increase rates at the renewal date, the City must be notified of the maximum increase for each renewal period and the basis for calculating the increase.** The City must be notified of renewal rates at least 120 days prior to the effective date of the rate change.

COVERAGE / FUNDING MATRIX

COVERAGE	Current or requested	Current Carrier	Contributory	Non-Contributory	Funding	Retiree Coverage
Medical Stop Loss	Fringe Benefits Group	Fringe Benefits Group	N/A	Yes	Partial Self-Funded	Pre-65/ Unblended
Dental	Fringe Benefits Group	Fringe Benefits Group	Yes	N/A	ASO	Pre-65/ Unblended
Basic Life	UNUM	UNUM	N/A	Yes	Traditional	Pre-65/ Unblended
LTD	UNUM	UNUM	N/A	Yes	Traditional	Pre-65/ Unblended
TPA	Fringe Benefits Group	Fringe Benefits Group	N/A	Yes	Partial Self-Funded	Pre-65/ Unblended
Pharmacy Benefit Manager	WellDyneRx	WellDyneRx	N/A	Yes	Partial Self-Funded	Pre-65/ Unblended
Transplant Carve Out Policy	AIG	AIG	N/A	Yes	PEPM	Pre-65/ Unblended

VENDOR SELECTION CRITERIA OVERVIEW

Selection Criteria:

In addition to cost, the City of Longview is looking for carriers or vendors who can provide a high level of service and whose products hold with long-term cost containment goals.

Length:

5 Years

Option I: 3-Year rate guarantee with rate increase caps for the 2020-21 and 2021-22 plan years.

Option II: 2-Year rate guarantee with rate increase caps for the 2019-20, 2020-21, and 2021-22 plan years

Option III: 1-Year rate guarantee with rate increase caps for the 2018-19, 2019-20, 2020-21, and 2021-22 plan years

VENDOR SELECTION CRITERIA

(Stop Loss)

The objective of the evaluation for proposals will be to select the provider whose proposal is most responsive to the City's relating importance, price, and other factors considered:

1. Cost (50%)

- a) Fixed Costs: includes insurance costs and administrative costs
- b) Variable Costs: costs stated as a percentage of paid claims, cost management (i.e., shifting of more/less workload to City staff)
- c) Ability to reduce claims expense
- d) Cost of Stop Loss integration with current third party administrator

2. Financial Stability (30%)

- a) Financial Stability (AM Best or Equivalent Agency Rating)

3. Claims Processing (10%)

- a) Turnaround time excluding medical review of claims
- b) Pended claims procedures
- c) Statistical accuracy
- d) General service procedures
- e) Dedicated service team
- f) Willingness to contractually establish performance criteria

4. Past Performance (10%)

- a) Active and terminated reference
- b) Past relationship with client
- c) Recognitions / reputation of proposer

VENDOR SELECTION CRITERIA
Medical/Rx, TPA, PBM, Transplant Carve Out Policy, Dental/ASO, Basic Life/AD&D
Voluntary Life, LTD

The City will, in accordance with Section 252.043 of the Texas Local Government Code, award the contract to the Respondent who provides goods or services at the best value for the City. In determining the best value for the City, the City will consider:

1. Cost (30%)

- a) Fixed Costs: includes insurance costs and administrative costs
- b) Variable Costs: costs stated as a percentage of paid claims, cost management (i.e., shifting of more/less workload to City staff)
- c) Ability to reduce claims expense: network discounts and network access
- d) Ability to substantially match current plan design structures
- d) Financial Stability (AM Best Rating)

2. Cost Containment / Innovative Solutions (20%)

The respondents demonstrated and proposed ability to implement innovative cost containment solutions is a significant factor to provider selection. These can include but are not limited to:

- a) Ability to Administer High Performance Network Solutions
- b) Patient centered medical home
- c) Value based / evidence benefit solutions
- d) Health risk management solutions
- e) Direct contracting solutions
- f) Health clinic integration and solutions

3. Reporting (10%)

The respondents demonstrated and proposed abilities to improve health of the population and prevent health plan costs are critical to provider selection.

- a) Frequency of claims reports
- b) Format of claims reports
- c) Access to claims reports

4. Communication (5%)

- d) Educational material for employees
- e) Summary Plan Description capabilities
- f) On-line resources and tools
- g) Administrative kits for locations
- h) Bilingual capability

5. Claims Processing (20%)

- a) Turnaround time excluding medical review of claims
- b) Pended claims procedures
- c) Statistical accuracy
- d) General service procedures
- e) Dedicated service team
- f) Willingness to contractually establish performance criteria

6. Integrated Systems / Technology Initiative (10%)

Capability to integrate systems between TPA, Stop Loss Carrier and PBM linked to database are integral to the provider selection. The following components make up the whole of an integrated system:

- a) Eligibility
- b) Utilization review
- c) Claims function
- d) Claims payment
- e) Electronic claims inquiry
- f) Employer and employee self service
- g) Electronic file feeds to City and Vendors (Claims / Eligibility)
 - o City health clinic (Claims and Eligibility)
 - o Verscend claims data warehouse (Claims and Eligibility)
 - o Enrollment software (Eligibility Only)

7. Past Performance (5%)

- c) Active and terminated references
- d) Past relationship with the City
- e) Recognitions / reputation of proposer

CITY OF LONGVIEW
CURRENT BENEFITS

CITY OF LONGVIEW
MEDICAL PLAN OF BENEFITS
THIS PLAN IS CURRENTLY GRANDFATHERED

MEDICAL BENEFITS	Standard Plan Fringe Benefits Group PPO Current
Deductible	Embedded Deductible
In-Network	\$1,300 Ind./ \$3,900 Fam.
Non-Network	\$2,600 Ind./ \$7,800 Fam.
Out Of Pocket Max	Does Not Include Ded. / Coins. / RX
In-Network	\$3,200 Ind./ \$9,600 Fam.
Non-Network	\$6,400 Ind./ \$19,200 Fam.
Coinsurance	
In-Network	80%
Non-Network	50%
Lifetime Max	Unlimited
Emergency Room Facility Services	
In-Network	\$100 Copay / Ded. / 20%
Non-Network	\$100 Copay / Ded. / 50%
Ambulance	
In-Network	Ded./ 20%
Non-Network	Ded./ 20%
Urgent Care	
In-Network	Ded./ 20%
Non-Network	Ded./ 50%
Physician Office Visit	
In-Network	Ded./ 20%
Non-Network	Ded./ 50%
Specialist Office Visit	
In-Network	Ded./ 20%
Non-Network	Ded./ 50%
Spinal Manipulation Therapy	Limited to 20 visits/year
In-Network	Ded./ 20%
Non-Network	Ded./ 50%
Preventive Care	
In-Network	100% covered up to \$400 then Ded. / 30%
Non-Network	80% Covered up to \$400 then Ded. / 50%
Basic Lab & Radiology	
In-Network	Ded./ 20%
Non-Network	Ded./ 50%
Major Lab & Radiology (MRI / CT / PET)	
In-Network	Ded./ 20%
Non-Network	Ded./ 50%
In-Patient Hospital	
In-Network	Ded./ 20%
Non-Network	Ded./ 50%
Out-patient Surgery	
In Network	Ded./ 20%
Non-Network	Ded./ 50%
Rehabilitative Therapy PT / OT / ST	Maximum 30 visits/year
In-Network	Ded./ 20%
Non-Network	Ded./ 50%
In-patient MH / SA	
In-Network	Ded./ 20%
Non-Network	Ded./ 50%
Out-patient MH / SA	
In-Network	Ded./ 20%
Non-Network	Ded./ 50%
Home Health Care	Maximum of \$215 per visit
In-Network	Covered 100%
Non-Network	Ded./ 50%
Prescriptions	
Network Retail Pharmacy	\$6.50 / \$25 /\$75.00
Network Mail Order	\$13 / \$50 / Not Covered
Specialty RX	10% of the nego. Charge, not to exceed \$165
Step Therapy / Mandatory Generic	DAW

CITY OF LONGVIEW
TPA PLAN OF BENEFITS

TPA REVIEW	Fringe Benefits Group
	Current
Medical Administration Fee (pepm)	\$14.75
Dental Administration Fee (pepm)	\$3.00
Rx Administration Fee (per claim)	\$0.75
TOTAL Administration Fees (pepm)	\$17.75
PPO Access (pepm)	\$8.00
Utilization Review (pepm)	\$2.55
TOTAL Managed Care Fees (pepm)	\$10.55
TOTAL Annual Fee (pepm)	\$28.30
Run Out Administration Fee	3 Months Admin Fees
Run In/Out Limitation	6 Months
Fudiciary Responsibility	City of Longview
Subrogation	30% of Savings
Out of Network Shared Savings	25% of Savings
Large Case Management	\$150.00/hour
COBRA / HIPAA	\$1.90/pepm
COBRA Initial Notice	Included
SPD/Plan Doc Printing	Included
SPD Amendment	Included
Performance Guarantees	None Outlined

CITY OF LONGVIEW
PHARMACY BENEFITS MANAGER

Carrier / TPA	Fringe Benefits Group
Pharmacy Benefit Manager	WellDyneRX
Start Up Costs	n/a
Administration Fee	\$0.00
Dispensing Fee	
Retail	\$1.25
Mail Order	\$0.00
Average Drug Costs	
Brand Retail	AWP - 18.00%
Brand Retail 90	n/a
Brand Mail	AWP - 26.00%
Generic Retail	AWP - 80.00%
Generic Retail 90	n/a
Generic Mail	AWP - 82.00%
Speciality	AWP - 17.00%
Claims Cost	
Electric	Included
Paper	\$2.50
Drug Utilization Review	Included
Prior Authorizations	
Non-Clinical	\$6.00/perscription
Clinical	\$37.00/perscription
Formulary Rebates (Minimum)	
Per Retail	\$43.45
Per Retail 90	\$144.80
Per Mail	\$445.15
Retail 90 Program	Yes
Pharmacy Discounts Guaranteed	Yes

TRANSPLANT CARVE OUT POLICY

TRANSPLANT BENEFITS	AIG
	Current
Lifetime Limitation	\$1,000,000 for each participant
Deductible (if applicable)	None
Reimbursement Amount <i>Participating Provider</i> <i>Non-Participating Provider</i>	100% Covered 80% Covered
Non-Participating Provider Benefit Maximum	<i>See Non-Par Maximum Exhibit</i>
Secondary Payer	Based on the lesser of covered charges or the negotiated amount between primary payor and provider
Notification Requirements	Notification must occur before the referral is made to the Transplant provider for consultation or treatment evaluation
Premium Grace Period	31 Days
Transplant Benefit Period	365th Day following the covered transplant procedure
Transplant approval Review	2 Business Days
Clinical Trails	Included
Hospitalization for Transplant Procedure	Included
Acute/Non-Acute Rehabilitation	Up to 15 days/visits with additional 36 outpatient cardiac and/or pulmonary rehabilitation services
Home Health Care	Up to 15 visits
Medical Equipment	The lesser of a total of 15 days rental or purchase price of equipment
Prescription Drugs	Immunosuppressants, Prophylactic antibiotics, Prophylactic Antivirals and Prophylactic Antifungals that are Medically Necessary after discharge up to 365 Days.
Pre-Existing Condition Limitation	Ineligible first 12 months of the original effective date
Multiple Transplants	<i>Included (See Plan Documents for limitations)</i>
Non-Performance of Transplant Procedure	If procedure is not performed as scheduled due to a Medical Condition or Death benefits are paid up to death or the date the Physician decides to not perform the transplant
Nurse Advisor	Included
Travel, Lodging, and Meal Benefit	Included
Ambulance Benefit	Included
Disability, Leave of Absence, or Layoff	Covered for continuance period under Medical Plan or the 12 month period immediately following the date of the disability, leave of absence, or layoff
Coordination of Benefits	Included
Retirees Covered	Included
COBRA Covered	Included
Exclusions	<i>See Plan Documents</i>

TRANSPLANT CARVE OUT POLICY (CONTINUED)

TRANSPLANT BENEFITS		AIG
		Current
COVERED TRANSPLANT PROCEDURE	MAXIMUM BENEFIT FOR A NON-PAR TRANSPLANT PROVIDER	
Services Included in Maximum(s)	All Covered Transplant Services Provided By A Non-Participating Transplant Provider	
Heart	\$437,000	
Lung (Single)	\$261,000	
Lung (Double)	\$363,000	
Kidney	\$156,000	
Pancreas	\$163,000	
Liver	\$196,000	
Intestine	\$626,000	
Heart/Lung	\$495,000	
Kidney/Pancreas	\$200,000	
Kidney/Liver	\$419,000	
Liver/Intestine	\$700,000	
Pancreas/Intestine	\$668,000	
Liver/Pancreas/Intestine	\$716,000	
Autologous Bone Marrow/Peripheral Stem Cell including high does Chemo	\$175,000	
Allogenic Bone Marrow/Peripheral Stem Cell including high dose Chemo (related)	\$297,000	
Allogenic Bone Marrow/Peripheral Stem Cell including high dose Chemo (unrelated)	\$380,000	

CITY OF LONGVIEW
DENTAL PLAN OF BENEFITS

DENTAL BENEFITS		Fringe Benefits Group
		Current
Type I – Preventive Services		80%
Waiting Period		6 Months
Oral Examinations		Type I (2 per calendar year)
X-rays		Type I
- Bite Wings Frequency		2 per calendar year
- Full Mouth Frequency		1 every three calendar years
Cleanings		Type I (2 per calendar year)
Topical Fluoride Treatment		Type I (to age 19) 1 per calendar year
Sealants		Type I posterior teeth (to age 19)
Type II – Basic Services		80%
Waiting Period		6 Months
Fillings		Type II
- Amalgam		Type II
- Composite		Type II
Space Maintainers		Type II
Root Canal Treatment		Type II
Root Planning		Type II
Periodontic Maintenance		Type II
Periodontal Surgery		Type II
Extractions		Type II
General Anesthesia		Type II
Palliative Treatment (Relief of Pain)		Type II
Type III – Major Services		50%
Waiting Period		None
Crowns		Type III
Inlays and Onlays		Type III
Removable / Fixed Bridge-Work		Type III
Partial or Complete Dentures		Type III
Denture Relines / Rebases		Type III
Implants		Type III
Type IV - Orthodontia		50%
Waiting Period		12 Months
Orthodontia Lifetime Maximum		\$2,000
Orthodontia Eligibility		Child (up to Age 19)
Calendar Year Deductible		Applies to Type I, II, III
Individual		\$0
Family		\$0
Dental Annual Maximum		\$1,500
Maximum Rollover		Not Included
Preventive Max Waiver		Pediatric Dental Only
Waiting Period Applies to:		Late Enrants

CITY OF LONGVIEW
BASIC LIFE AND AD&D BENEFITS

BASIC LIFE BENEFITS	UNUM
	Current
Class Description	Class 1: City Manager; Class 2: All Full-Time Employees; Class 3: Pre-65 Retirees
Definition of Earnings	Base Yearly Earnings
Basic Life Schedule	Class 1: 2X Annual Earnings; Class 2: 1X Annual Earnings, Class 3: 1X Annual Earnings Just Prior to Retirement
Maximum Benefit	Class 1: \$500,000; Class 2: \$150,000, Class 3: \$75,000
Guarantee Issue Amount	Class 1: \$500,000; Class 2: \$150,000, Class 3: \$75,000
Age Reduction Schedule	to 65% at age 70; to 50% at age 75; Retirees Terminate at Age 65
Waiver of Premium	Included; 9 Months
Accelerated Death Benefit	Included
Conversion	Included
Portability	Included for Actives, not for Retirees
BASIC AD&D BENEFITS	
Class Description	Class 1: City Manager; Class 2: All Full-Time Employees; Class 3: Pre-65 Retirees
Definition of Earnings	Base Yearly Earnings
Basic AD&D Schedule	Class 1: 2X Annual Earnings; Class 2: 1X Annual Earnings, Class 3: 1X Annual Earnings Just Prior to Retirement
Maximum Benefit	Class 1: \$500,000; Class 2: \$150,000, Class 3: \$75,000
Age Reduction Schedule	to 65% at age 70; to 50% at age 75; Retirees Terminate at Age 65
Education	6% to \$6,000; 4 Per Lifetime
Seatbelt	10% to \$25,000
Air Bag	5% to \$5,000

Retirees:

If a full-time employee had at least five (5) years of full-time service to the City as of 9.1.06 and retires with at least twenty (20) years of service to the City, the City will pay 100% of the premium for the retired employee's basic life insurance and accidental death and dismemberment (AD&D) coverage until the retired employee reaches the age of 65, if employee elects to participate in the health plan.

CITY OF LONGVIEW
VOLUNTARY LIFE

VOLUNTARY LIFE BENEFITS	UNUM
	Current
Class Description	Class 1: All Full-Time Employees
Definition of Earnings	Base Yearly Earnings
Employee Life Schedule	Option A: .5 X Annual Earnings; Option B: 1X Annual Earnings; Option C: 1.5X Annual Earnings; Option D: 2X Annual Earnings
Employee Maximum Benefit	\$200,000
Employee Guarantee Issue Amount	\$150,000
Age Reduction Schedule	to 65% at age 70; to 50% at age 75;
Waiver of Premium	Included; 9 Months
Accelerated Death Benefit	Included
Spouse Life Schedule	50% of Employee Amount
Spouse Maximum Benefit	Maximum of \$100,000, not to exceed 50% of employee amount
Spouse Guarantee Issue Amount	\$30,000
Child(ren) Life Schedule	Birth to 14 days: \$1,000; 14 days to 6 Months: \$1,000; 6 Months to age 26: \$5,000
Conversion	Included
Portability	Included
Suicide Clause	2 Years

CITY OF LONGVIEW
LTD BENEFITS

LTD BENEFITS	UNUM
	Current
Class Description	All Full-Time Employees
Definition of Earnings	Annual Salary or hourly wage
Monthly Percentage	60%
Monthly Maximum	\$10,000
Guarantee Issue	\$10,000
Minimum Benefit	10% or \$100
Elimination Period	90 Day Elimination Period
Maximum Benefit Duration	SSNRA (ADEA)
Definition of Own Occ/Any Occ	2 Year Own Occ
Earnings Test	Loss of Earning and Loss of Duties 20% Loss - Own Occ
Survivor Benefit	3 Month Lump Sum
Pre-existing Limitations	3/12
Mental/Nervous Limits	2 Year Per Lifetime
Drug & Alcohol Limits	2 Year Per Lifetime
Family Care Benefit	Included; \$350 per family member, not to exceed \$1,000/month
FICA Match	Included
W2 Preparation	Included

CITY OF LONGVIEW
RATE HISTORY

CITY OF LONGVIEW
RATE HISTORY

STOP LOSS RATES:

STOP LOSS	Swiss Re 10/1/2016- 9/30/2017	IHC 10/1/2015- 9/30/2016	IHC 10/1/2014- 9/30/2015
Specific Deductible	\$125,000	\$125,000	\$125,000
Specific Contract Type	24/12	24/12	24/12
Specific Maximum	Unlimited	Unlimited	Unlimited
Specific Coverage	Med/Rx	Med/Rx	Med/Rx
*Specific Rates:	\$48.60 EE \$94.53 EE/SP \$83.93 EE/CH \$140.83 EE/FAM	\$52.14 EE \$101.56 EE/SP \$90.16 EE/CH \$151.40 EE/FAM	\$53.16 EE \$104.71 EE/SP \$92.80 EE/CH \$156.66 EE/FAM
Aggregate Corridor	125%	125%	125%
Aggregate Contract	24/12	24/12	24/12
Aggregate Coverages	Med/Rx	Med/Rx	Med/Rx
Aggregate Maximum	\$1,000,000	\$1,000,000	\$1,000,000
Agg Accommodation	Not Covered	Not Covered	Not Covered
Aggregate Premium	\$1.62	\$1.88	\$1.88
Aggregate Factors:	\$532.19 EE \$1,060.12 EE/SP \$938.25 EE/CH \$1,592.30 FAM	\$477.90 EE \$951.98EE/SP \$842.54 EE/CH \$1,429.88 FAM	\$430.86 EE \$858.28 EE/SP \$759.61 EE/CH \$1,289.14 FAM
Terminal Liability	Not Covered	Not Covered	Not Covered

***Spec rates for Stop Loss premiums include 5% commission for the current TPA. This will not be included moving forward.**

CITY OF LONGVIEW
RATE HISTORY (CONTINUED)

CURRENT TPA RATES

TPA REVIEW	Fringe Benefits Group
Medical Administration Fee (pepm)	\$14.75
Dental Administration Fee (pepm)	\$3.00
Rx Administration Fee (per claim)	\$0.75
TOTAL Administration Fees (pepm)	\$17.75
PPO Access (pepm)	\$8.00
Utilization Review (pepm)	\$2.55
TOTAL Managed Care Fees (pepm)	\$10.55
TOTAL Annual Fee (pepm)	\$28.30

CURRENT TRANSPLANT CARVE OUT POLICY RATES

Single Employee (Monthly)	\$8.16
Employee + Family (Monthly)	\$18.77

CURRENT DENTAL RATES

Dental Plan	Dental Rate
Employee Only	\$22.52
+ Spouse	\$42.83
+ Child(ren)	\$60.54
+ Family	\$76..65

CURRENT DENTAL RETIREE RATES

Dental Plan	Dental Rate
Employee Only	\$29.27
+ Spouse	\$55.68
+ Child(ren)	\$78.71
+ Family	\$99.65

CURRENT BASIC LIFE RATES 2015-2017

EE Rate (per \$1,000) - Life	\$0.09
EE Rate (per \$1,000) - AD&D	\$0.02

CURRENT BASIC LIFE RETIREE RATES 2015-2017

EE Rate (per \$1,000) - Life	\$0.721
EE Rate (per \$1,000) –AD&D	\$.02

CURRENT VOLUNTARY LIFE RATES 2015-2017

Age of Employee/Spouse	
Up to 24	\$0.050
25 –29	\$0.050
30 – 34	\$0.060
35 – 39	\$0.075
40 – 44	\$0.140
45 – 49	\$0.189
50 – 54	\$0.380
55 – 59	\$0.630
60 – 64	\$0.840
65 – 69	\$1.320
70 – 74	\$2.320
75 +	\$3.880
Child(ren) Rates (per \$1,000)	Life - \$0.12

CURRENT LTD RATES 2015-2017

Rate (per \$100)	\$0.33
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2016 - 2017 EMPLOYEE CONTRIBUTIONS

MEDICAL CONTRIBUTIONS

Standard Plan	ER Contribution (\$)	Employee Contribution (\$)
Employee Only	\$570.28	\$0.00
+ Spouse	\$250.00	\$284.11
+ Child(ren)	\$250.00	\$163.27
+ Family	\$500.00	\$561.85

MEDICAL CONTRIBUTIONS (RETIREEES)

Standard Plan	ER Contribution (\$)	Employee Contribution (\$)
Employee Only	\$855.42	\$0.00
+ Spouse	\$371.34	\$429.83
+ Child(ren)	\$277.63	\$342.28
+ Family	\$1,025.80	\$566.98

DENTAL CONTRIBUTIONS

Dental Plan	ER Contribution (\$)	Employee Contribution (\$)
Employee Only	\$28.51	\$0.00
+ Spouse	\$5.40	\$20.30
+ Child(ren)	\$10.10	\$38.03
+ Family	\$14.37	\$54.15

DENTAL CONTRIBUTIONS (RETIREEES)

Dental Plan	ER Contribution (\$)	Employee Contribution (\$)
Employee Only	\$0.00	\$28.51
+ Spouse	\$0.00	\$54.21
+ Child(ren)	\$0.00	\$76.63
+ Family	\$0.00	\$97.02

SUBMISSION FORMS

**PLEASE COMPLETE SUBMISSION FORMS IN FULL
AND PROVIDE A COPY OF THE QUOTE**

SUBMISSION FORM
STOP LOSS
CURRENT GRANDFATHERED PLAN

	CARRIER	CARRIER	CARRIER
Specific Deductible	\$125,00	\$150,000	\$175,000
Specific Contract Type	24/12	24/12	24/12
Specific Coverages	Medical / Rx	Medical / Rx	Medical / Rx
Plan Lifetime Max			
Specific Lifetime Max Reimbursement			
Specific Annual Max Reimbursement			
Specific Rates: Employee Employee + Family	\$	\$	\$
Aggregate Corridor	125%	125%	125%
Aggregate Contract	24/12	24/12	24/12
Aggregate Coverages	Medical / Rx	Medical / Rx	Medical / Rx
Aggregate Maximum			
Aggregate Accommodation	\$	\$	\$
Aggregate Premium	\$	\$	\$
Aggregate Factors: Employee Employee + Family	\$ \$	\$ \$	\$ \$
Minimum Attachment Point	\$	\$	\$
Terminal Liability	\$	\$	\$
Pre-65 Retiree Coverage			
AM Best Rating			

The costs above are based upon the Current Grandfathered plan of benefits outlined in the RFP.

Signature

SUBMISSION FORM
STOP LOSS
PROPOSED NON-GRANDFATHERED PLAN

	CARRIER	CARRIER	CARRIER
Specific Deductible	\$125,00	\$150,000	\$175,000
Specific Contract Type	24/12	24/12	24/12
Specific Coverages	Medical / Rx	Medical / Rx	Medical / Rx
Plan Lifetime Max			
Specific Lifetime Max Reimbursement			
Specific Annual Max Reimbursement			
Specific Rates: Employee Employee + Family	\$	\$	\$
Aggregate Corridor	125%	125%	125%
Aggregate Contract	24/12	24/12	24/12
Aggregate Coverages	Medical / Rx	Medical / Rx	Medical / Rx
Aggregate Maximum			
Aggregate Accommodation	\$	\$	\$
Aggregate Premium	\$	\$	\$
Aggregate Factors: Employee + Family	\$ \$	\$ \$	\$ \$
Minimum Attachment Point	\$	\$	\$
Terminal Liability	\$	\$	\$
Pre-65 Retiree Coverage			
AM Best Rating			

The costs above are based upon the Proposed Non-Grandfathered plan of benefits outlined in the RFP.

Signature

SUBMISSION FORM
MEDICAL PLAN
CURRENT GRANDFATHERED PLAN

MEDICAL BENEFITS	
Deductible	
In-Network	
Non-Network	
Out Of Pocket Max	
In-Network	
Non-Network	
Coinsurance	
In-Network	
Non-Network	
Lifetime Max	
Emergency Room Facility Services	
In-Network	
Non-Network	
Ambulance	
In-Network	
Non-Network	
Urgent Care	
In-Network	
Non-Network	
Physician Office Visit	
In-Network	
Non-Network	
Specialist Office Visit	
In-Network	
Non-Network	
Spinal Manipulation Therapy	
In-Network	
Non-Network	
Preventive Care	
In-Network	
Non-Network	
Basic Lab & Radiology	
In-Network	
Non-Network	
Major Lab & Radiology (MRI / CT / PET)	
In-Network	
Non-Network	
In-Patient Hospital	
In-Network	
Non-Network	

Out-patient Surgery	
In Network	
Non-Network	
Rehabilitative Therapy PT / OT / ST	
In-Network	
Non-Network	
In-patient MH / SA	
In-Network	
Non-Network	
Out-patient MH / SA	
In-Network	
Non-Network	
Home Health Care	
In-Network	
Non-Network	
Prescriptions	
Network Retail Pharmacy	
Network Mail Order	
Specialty RX	
Step Therapy / Mandatory Generic	

Signature

SUBMISSION FORM
MEDICAL PLAN
PROPOSED NON- GRANDFATHERED PLAN

MEDICAL BENEFITS	
Deductible	
In-Network	
Non-Network	
Out Of Pocket Max	
In-Network	
Non-Network	
Coinsurance	
In-Network	
Non-Network	
Lifetime Max	
Emergency Room Facility Services	
In-Network	
Non-Network	
Ambulance	
In-Network	
Non-Network	
Urgent Care	
In-Network	
Non-Network	
Physician Office Visit	
In-Network	
Non-Network	
Specialist Office Visit	
In-Network	
Non-Network	
Spinal Manipulation Therapy	
In-Network	
Non-Network	
Preventive Care	
In-Network	
Non-Network	
Basic Lab & Radiology	
In-Network	
Non-Network	
Major Lab & Radiology (MRI / CT / PET)	

In-Network	
Non-Network	
In-Patient Hospital	
In-Network	
Non-Network	
Out-patient Surgery	
In Network	
Non-Network	
Rehabilitative Therapy PT / OT / ST	
In-Network	
Non-Network	
In-patient MH / SA	
In-Network	
Non-Network	
Out-patient MH / SA	
In-Network	
Non-Network	
Home Health Care	
In-Network	
Non-Network	
Prescriptions	
Network Retail Pharmacy	
Network Mail Order	
Specialty RX	
Step Therapy / Mandatory Generic	

Signature

SUBMISSION FORM
ADMINISTRATION FEES

VENDOR NAME	PROPOSED PEPM Cost
Medical Administration	
Network Access Fee	
Alternative Network Access Fees	
Dental Administration Fee	
Dental Network Access Fee	
Capitation Fees (Outline all proposed capitation services and costs)	
Utilization Review	
Large Case Management	
Disease Management	
Plan Document	
Summary of Benefits and Coverage	
Booklets/SPDs	
ID Cards	
Non Network Negotiations – Price as PEPM Charge	
Subrogation– Price as PEPM Charge	
Member Call Center	
Fiduciary Responsibility	
Monthly Eligibility File delivered to enrollment software (IPS Benefit Connector)	
Claims and Eligibility Data Feeds for City, Marathon Health Clinic and Verscend Claims Data Warehouse	
Other Fees (Outline)	
Total PEPM Admin. Fees	
Rate Guarantees	

We request PEPM Fees for any proposed costs.

The costs above are based upon duplication or expansion of the current plan of benefits as specified.

Signature

SUBMISSION FORM
MEDICAL AND DENTAL SUBMISSION FORM

	Your Proposal
Location of Claims Processing Facility and Customer Service Facility	Location(s)?
Toll Free # / Hours	Please Describe
Please Describe ID Card Distribution	Please describe distribution method and any cost associated.
Online Capabilities and Services	Please Describe
Reports	Please outline available reports and cost.
Monthly Data Feeds	Do you charge for interfacing claims and eligibility data to third party analytics and Health Clinic systems?.
Interface with Third Party Enrollment Systems	Do you charge for interfacing to third party enrollment systems?
Telemedicine	Please provide your telemedicine options and cost.
Claims Audits	Please describe your audit capabilities.
Allow Outside Claim Audits	Yes / No and describe any limitations and or fees if you allow audits.
Out of Network Negotiations	Please describe your out of network claims negotiation programs. Will you be willing to enter into a PEPM pricing arrangement for out of network negotiations?
Capitated Contracts	Please outline any services that are contracted on a capitated basis. Please provide a capitation schedule.
Network Alternatives	Please outline your available network alternatives. Please submit projected savings and disruption reports from proposed network alternatives.
ACO Compensation	If providing an ACO network alternative, please describe how providers are compensated in your ACO arrangement. (Capitation, Fee for Service, other?)
ACO Provider Access	Please provide your enrolled members (all employers) to provider ratio for your proposed ACO plans. Please provide this analysis for PCP and Specialists. What is the average length (in days) of time for members to obtain a PCP and Specialist Visit? What steps will you take to make sure members have convenient and timely access to care?

<p>ACO – Out of Area Members</p>	<p>How do you handle out of area members who participate in your ACO plans? Example: College Student residing out of area?</p>
<p>Customer Specific Network / Direct Contract Administration</p>	<p>Outline your capabilities to administer customer specific networks and / or direct contracts. For example, the City has a direct contract with Christus Good Shepherd and Texas Spine & Joint.</p>
<p>Claims and Eligibility Feeds</p>	<p>The City currently has claims and eligibility file feed set up with Cigna. Will you be able to provide a claims and/or eligibility file to the City and our current vendors including:</p> <ul style="list-style-type: none"> • Employee Health Clinic • Versend Claims Analytics
<p>Wellness Program Coordinator</p>	<p>Do you provide access to a wellness program coordinator? Is there a charge for this service?</p>
<p>Please outline any allowances you are proposing for the City of Longview.</p>	

Signature

SUBMISSION FORM
PHARMACY BENEFIT MANAGER

Pharmacy Benefit Manager	PROPOSED PBM NAME
Network	
Start Up Costs	
Administration Fee	Outline all Guarantees
PEPM Cost	
Dispensing Fee	Outline all Guarantees
Retail	
Mail Order	
Specialty	
Average Drug Costs (AWP Discounts)	Outline all Guarantees
Retail	
Generic	
Brand	
Mail Order	
Generic	
Retail	
Specialty	
Please outline Guarantees	
Claims Cost	Outline all Guarantees
Electronic	
Paper	
Proposed Formulary Rebates Guarantees	Outline All Guarantees
Brand Retail per Claim	
Brand Mail Order per Claim	
Other Costs	Outline All Guarantees
Drug Utilization Review	
ID Cards	
Card Distribution	
Integration Fees	
Other Fees (Please List)	
Projected Plan Costs	Use Repricing File
Projected Administration Fees	
Projected Dispensing Fees	
Projected Discounted Ingredient Cost	
Projected Annual Rebates Offsett	
Total Net Cost: (Total Cost Less Rebates)	
Outline any Guarantees	
Network	
Network Disruption	
% Provider Match	
% Claims Dollar Match	
Geo Access	
% of Members with 2 Providers in 10 Miles	

SUBMISSION FORM
PHARMACY BENEFIT MANAGER (CONTINUED)

Pharmacy Benefit Manager	PROPOSED PBM NAME
Other Programs	Please outline available programs and if there is any additional cost if the City Elected.
90 Day Retail Option	
NarrowNetwork Alternative	If Available, Complete Disruption and network repricing Analysis for alternative network.
Exclusive Mail Program	
Mandatory Specialty Pharmacy	
High Performance Formulary	
Reference Based Pricing	
Other Programs (outline for consideration)	

Signature

SUBMISSION FORM
CURRENT DENTAL PLAN

DENTAL BENEFITS	Carrier name
Type I – Preventive Services	80%
Waiting Period	
Oral Examinations	
X-rays	
- Bite Wings Frequency	
- Full Mouth Frequency	
Cleanings	
Topical Fluoride Treatment	
Sealants	
Type II – Basic Services	80%
Waiting Period	
Space Maintainers	
Fillings	
- Amalgam	
- Composite	
Emergency Palliative Treatment	
Consultations	
Type III – Major Services	50%
Waiting Period	
Crowns/Inlays and Onlays	
Removable / Fixed Bridge-Work	
Partial or Complete Dentures	
Denture Relines / Rebases	
Root Canal Treatment	
Root Planning	
Periodontic Maintenance	
Periodontal Surgery	
Extractions	
General Anesthesia	
Implants	
Type IV - Orthodontia	50%
Waiting Period	
Orthodontia Lifetime Maximum	
Orthodontia Eligibility	
Calendar Year Deductible	
Individual	
Family	
Dental Annual Maximum	
Waiting Periods Apply to	
Children covered to Age	
UCR Percentile	
Preventive Waiver/Annual Max Rollover	

Signature

ACTIVE EMPLOYEES

Basic Monthly Premium & Administration

	<u>Rate</u>	<u>#Lives</u>
Employee Only	\$ _____	_____
Employee + Spouse	\$ _____	_____
Employee + Child(ren)	\$ _____	_____
Employee & Family	\$ _____	_____
Total Monthly Costs	\$ _____	
Rate Guarantee	_____	
AM Best Rating	_____	
Premium Taxes Excluded	_____	

The costs above are based upon duplication of the current plan of benefits as specified.

Signature

SUBMISSION FORM
PROPOSED DENTAL PLAN

DENTAL BENEFITS	Carrier name
Type I – Preventive Services	100%
Waiting Period	
Oral Examinations	
X-rays	
- Bite Wings Frequency	
- Full Mouth Frequency	
Cleanings	
Topical Fluoride Treatment	
Sealants	
Type II – Basic Services	80%
Waiting Period	
Space Maintainers	
Fillings	
- Amalgam	
- Composite	
Emergency Palliative Treatment	
Consultations	
Type III – Major Services	50%
Waiting Period	
Crowns/Inlays and Onlays	
Removable / Fixed Bridge-Work	
Partial or Complete Dentures	
Denture Relines / Rebases	
Root Canal Treatment	
Root Planning	
Periodontic Maintenance	
Periodontal Surgery	
Extractions	
General Anesthesia	
Implants	
Type IV - Orthodontia	50%
Waiting Period	
Orthodontia Lifetime Maximum	
Orthodontia Eligibility	
Calendar Year Deductible	
Individual	
Family	
Dental Annual Maximum	
Waiting Periods Apply to	
Children covered to Age	
UCR Percentile	
Preventive Waiver/Annual Max Rollover	

Signature

ACTIVE EMPLOYEES

Basic Monthly Premium & Administration

	<u>Rate</u>	<u>#Lives</u>
Employee Only	\$ _____	_____
Employee + Spouse	\$ _____	_____
Employee + Child(ren)	\$ _____	_____
Employee & Family	\$ _____	_____
Total Monthly Costs	\$ _____	
Rate Guarantee	_____	
AM Best Rating	_____	
Premium Taxes Excluded	_____	

The costs above are based upon duplication of the proposed plan of benefits as specified.

Signature

SUBMISSION FORM
BASIC LIFE

BASIC LIFE BENEFITS	
Class Description	
Definition of Earnings	
Basic Life Schedule	
Maximum Benefit	
Guarantee Issue Amount	
Age Reduction Schedule	
Waiver of Premium	
Accelerated Death Benefit	
Conversion	
Portability	
BASIC AD&D BENEFITS	
Class Description	
Definition of Earnings	
Basic AD&D Schedule	
Maximum Benefit	
Age Reduction Schedule	
Education	
Seatbelt	
Air Bag	
FINANCIALS	
Volume	
EE Rate (per \$1,000) - Life	
EE Rate (per \$1,000) - AD&D	
Monthly Premium	
Annual Premium	
Number of Employees	
Employer Contribution	
Participation Requirement	
Actively at Work	
Effective Date	
AM Best Rating	

The costs above are based upon duplication of the current plan of benefits as specified.

Signature

SUBMISSION FORM
BASIC LIFE RATE SHEET

ACTIVE EMPLOYEES – CURRENT PLAN

	<u>Rate</u>	<u>Volume</u>
Life	\$ _____	\$ _____
AD&D	\$ _____	\$ _____
Total Monthly Costs	\$ _____	
Rate Guarantee	_____	
A.M. Best Rating		

ACTIVE PRE-65 EMPLOYEES – CURRENT PLAN

	<u>Rate</u>	<u>Volume</u>
Life	\$ _____	\$ _____
AD&D	\$ _____	\$ _____
Total Monthly Costs	\$ _____	
Rate Guarantee	_____	
A.M. Best Rating		

The costs above are based upon duplication of the current plan of benefits as specified.

Signature

SUBMISSION FORM
VOLUNTARY LIFE

VOLUNTARY LIFE BENEFITS	
Class Description	
Definition of Earnings	
Employee Life Schedule	
Employee Maximum Benefit	
Employee Guarantee Issue Amount	
Age Reduction Schedule	
Waiver of Premium	
Accelerated Death Benefit	
Spouse Life Schedule	
Spouse Maximum Benefit	
Spouse Guarantee Issue Amount	
Child(ren) Life Schedule	
Conversion	
Portability	
Suicide Clause	
FINANCIALS (per \$1,000)	
Age of Employee/Spouse	
Up to 24	
25 – 29	
30 – 34	
35 – 39	
40 – 44	
45 – 49	
50 – 54	
55 – 59	
60 – 64	
65 – 69	
70 – 74	
75 +	
Child(ren) Rates (per \$1,000)	
Participation Required	
Employer Contribution	
Actively At Work	
Effective Date	
Rate Guarantee	
True Open Enrollment	
Grandfather Current Amounts	
Annual Coverage Increase	
AM Best Rating	

The costs above are based upon duplication of the current plan of benefits as specified.

Signature

SUBMISSION FORM
LONG TERM DISABILITY

LTD BENEFITS	
Class Description	
Definition of Earnings	
Monthly Percentage	
Monthly Maximum	
Guarantee Issue	
Minimum Benefit	
Elimination Period	
Maximum Benefit Duration	
Definition of Own Occ/Any Occ	
Earnings Test	
Survivor Benefit	
Pre-existing Limitations	
Mental/Nervous Limits	
Drug & Alcohol Limits	
Family Care Benefit	
FICA Match	
W2 Preparation	
FINANCIALS	
Covered Payroll	
Rate (per \$100)	
Monthly Premium	
Annual Premium	
Number of Employees	
Employer Contribution	
Participation Requirement	
Actively at Work	
Effective Date	
Rate Guarantee	
AM Best Rating	

The costs above are based upon duplication of the current plan of benefits as specified.

Signature

SUBMISSION FORM
LONG TERM DISABILITY RATE SHEET

CARRIER NAME
EMPLOYER PAID
Rates per \$100
<p>Composite Rate</p> <p>\$ per \$100</p> <p>Monthly Covered Payroll</p>
Volume - \$
Monthly Premium - \$
Rate Guarantee

Rate Guarantee
Participation Requirement
A.M. Best Rating

The costs above are based upon duplication of the current plan of benefits as specified.

Signature

SUBMISSION FORM
MEDICAL, DENTAL AND VISION NETWORK SUBMISSION FORM

IPS Advisors has submitted census and claims files for GeoAccess, Disruption and Re-pricing. The tables below outline the data requested from each proposer. With regard to the Medical GeoAccess please provide separate access analysis for each network alternative available for City of Longview (example - PPO / ACO / EPO). In regard to Pharmacy please also provide separate access analysis for each network alternative available for City of Longview (example - PPO / Narrow Network).

MEDICAL NETWORK - GEO ACCESS	(Network Name)
GeoAccess (2 PCPs within 10 miles)	% coverage
GeoAccess (2 Specialists within 10 miles)	% coverage
GeoAccess (1 Hospital within 10 miles)	% coverage

MEDICAL NETWORK - DISRUPTION	
Provider Record Match	% coverage
Claims Dollar Match	% coverage

MEDICAL NETWORK - DISCOUNT	
Repriced Discount	%
*Please Submit Detailed Repricing Analysis and Assumptions	

PHARMACY NETWORK - GEO	(Network Name)
GeoAccess (2 GPs within 10 miles)	% coverage
GeoAccess (2 Specialists within 10 miles)	% coverage

PHARMACY NETWORK - DISRUPTION	
Provider Record Match	% coverage
Claims Dollar Match	% coverage

PHARMACY NETWORK - DISCOUNT	
Repriced Discount	% coverage
*Please Submit Detailed Repricing Analysis and Assumptions	

DENTAL NETWORK - GEO	(PPO Network Name)
GeoAccess (2 GPs within 10 miles)	% coverage
GeoAccess (2 Specialists within 10 miles)	% coverage

Signature

SUBMISSION FORM
PERFORMANCE COMMITMENTS AND PENALTIES
(ALL COVERAGE LINES)

Category	Performance Commitment	CARRIER PROPOSAL
	Claim Time-to-Process (TTP)	
Medical / Pharmacy / Dental / Vision /		
	Claim Quality	
	Call Center	
	Account Management	
	Network Discount	
	Claim Target	
	Clinical Management	
	Implementation	
	Other Guarantees	

Signature

DEVIATIONS FROM SPECIFICATIONS

1. Describe, in detail, any deviations from the specifications.

- Does your organization agree to the Specifications for Proposers as outlined in the RFP?

Yes_____ No _____

- Would you be willing to agree to a performance-based contract using these criteria? If so, please outline your proposed performance guarantees.

Yes_____ No _____

- Will your organization administer and/or underwrite the benefits as outlined in the "Proposed Benefit Plans" section?

Yes_____ No _____

Signature of Officer

REQUIRED FORMS

The following forms must be filled out and turned in with bid in order for submitting vendor to be considered responsive. Failure to include the following forms, signed and dated, may result the bid being rejected.

1. Proposal Response
2. Bidder Certification and Addenda Acknowledgment
3. Bidder Information
4. Certification Regarding Debarment
5. Conflict of Interest Questionnaire (CIQ Form)

SCHEDULE of KEY EVENTS		
NO.	ACTIVITY	DATE – TIME
1	RFP Advertised in local paper	Wednesday, April 6, 2017 & Wednesday, April 13, 2017
2	RFP Released to Market	Thursday, April 6, 2017
3	RFP Posted to https://LongviewTexas.gov/Bids	Thursday, April 6, 2017
4	Questions Deadline	Tuesday, April 25, 2017 @ 5:00 p.m.
5	Questions Answered and Addendum posted	Thursday, April 27, 2017 @ 5:00 p.m.
6	Proposals Due	Wednesday, May 10, 2017 @ 2:00 p.m.
7	Notification of Finalist	The Week of 5/22-5/26
8	Final Presentation to the City	Tuesday, May 30, 2017

RFP CHECKLIST

CHECK OFF EACH OF THE FOLLOWING AS THE NECESSARY ACTION IS COMPLETED:

1. THE PROPOSAL HAS BEEN SIGNED AND DATED.
2. ANY PRICE EXTENSIONS AND TOTALS HAVE BEEN CHECKED.
3. ADDENDUM (IF ANY) HAS BEEN ACKNOWLEDGED AND INCLUDED.
4. CIQ FORM AND CERTIFICATION REGARDING DEBARMENT COMPLETED
5. THE CORRECT NUMBER OF PROPOSAL COPIES ENCLOSED

CITY OF LONGVIEW**ONE (1) COMPLETE ORIGINAL****FOUR (4) COMPLETE COPIES****ONE (1) COMPLETE ELECTRONIC COPY**

6. COPY OF MOST RECENT ANNUAL REPORT/COMPANY FINANCIALS

7. THE MAILING ENVELOPE HAS BEEN ADDRESSED TO:

**HAND DELIVERED OR
MAILED VIA FEDEX / UPS**

City of Longview
 Jaye Latch – Purchasing Manager
 300 W. Cotton Street
 Longview, TX 75601
 (903) 237-1324

IF MAILING VIA USPS:

City of Longview
Jaye Latch – Purchasing Manager
300 W. Cotton Street
Longview, TX 75601
(903) 237 - 1324

[] 8. THE MAILING ENVELOPE HAS BEEN SEALED AND MARKED WITH THE:
RESPONDENT’S NAME, ADDRESS, RFP NUMBER, TITLE, AND DUE DATE

BIDDER CERTIFICATION AND ADDENDA ACKNOWLEDGEMENT

By signature affixed, the bidder certifies that neither the bidder nor the firm, corporation, partnership, or institution represented by the bidder, or anyone acting for such firm, corporation, or institution has violated the anti-trust laws of this State, codified in Section 15.01, et seq., Texas Business and Commerce Code, or the Federal antitrust laws, nor communicated directly or indirectly the bid made to any competitor or any other person engaged in such fine of business.

Bidder has examined the specifications and has fully informed themselves as to all terms and conditions. Any discrepancies or omissions from the specifications or other documents have been clarified with City representatives and noted on the bid submitted.

Bidder guarantees product offered will meet or exceed specifications identified in this RFP.

Bidder must initial next to each addendum (if more than 1 is required) received in order to verify receipt:

Addendum #1 _____ Addendum #2 _____ Addendum #3 _____

Bidder Must Fill in and Sign:

NAME OF FIRM/COMPANY: _____

AGENTS NAME: _____

AGENTS TITLE: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE & FAX NUMBERS: _____

E-MAIL ADDRESS: _____

AUTHORIZED SIGNATURE: _____

DATE: _____

RESPONDENT'S INFORMATION FORM

FULL LEGAL RESPONDENT/COMPANY NAME: _____

BUSINESS STREET ADDRESS: _____

BUSINESS MAILING ADDRESS: _____

BUSINESS TELEPHONE NUMBER: _____

BUSINESS FAX NUMBER: _____

COUNTY: _____ MINORITY OWNED: _____ #OF EMPLOYEES: _____

CORPORATION: _____ PARTNERSHIP: _____ PROPRIETORSHIP: _____ L.L.C.: _____ L.L.P.: _____

YEAR EST: _____ NO. OF YEARS IN BUSINESS: _____ FEDERAL ID NO.: _____

NATURE OF BUSINESS: _____

PRINCIPALS:

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

BANK REFERENCE: _____

NAME OF BANK OFFICER: _____

ADDRESS / CITY / STATE / ZIP: _____

PHONE NO.: _____

VENDOR REFERENCES

Please list three - five (3-5) current and three former references, **other than the City of Longview**, who can verify the quality of service your company provides. The City prefers references from customers/governmental entities of a similar size and with a scope of work consistent with this RFP.

CURRENT - REFERENCE ONE

GOVERNMENT/COMPANY NAME: _____

LOCATION: _____

CONTACT PERSON AND TITLE: _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

SCOPE OF WORK: _____

CONTRACT PERIOD: _____

CURRENT - REFERENCE TWO

GOVERNMENT/COMPANY NAME: _____

LOCATION: _____

CONTACT PERSON AND TITLE: _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

SCOPE OF WORK: _____

CONTRACT PERIOD: _____

CURRENT - REFERENCE THREE

GOVERNMENT/COMPANY NAME: _____

LOCATION: _____

CONTACT PERSON AND TITLE: _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

SCOPE OF WORK: _____

CONTRACT PERIOD: _____

CURRENT - REFERENCE FOUR

GOVERNMENT/COMPANY NAME: _____

LOCATION: _____

CONTACT PERSON AND TITLE: _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

SCOPE OF WORK: _____

CONTRACT PERIOD: _____

CURRENT - REFERENCE FIVE

GOVERNMENT/COMPANY NAME: _____

LOCATION: _____

CONTACT PERSON AND TITLE: _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

SCOPE OF WORK: _____

CONTRACT PERIOD: _____

VENDOR REFERENCES CONTINUED

FORMER - REFERENCE ONE

GOVERNMENT/COMPANY NAME: _____

LOCATION: _____

CONTACT PERSON AND TITLE: _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

SCOPE OF WORK: _____

CONTRACT PERIOD: _____

FORMER - REFERENCE TWO

GOVERNMENT/COMPANY NAME: _____

LOCATION: _____

CONTACT PERSON AND TITLE: _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

SCOPE OF WORK: _____

CONTRACT PERIOD: _____

FORMER - REFERENCE THREE

GOVERNMENT/COMPANY NAME: _____

LOCATION: _____

CONTACT PERSON AND TITLE: _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

SCOPE OF WORK: _____

CONTRACT PERIOD: _____

CONTRACTOR INFORMATION

Name: _____

Address: _____

Principal Contact: _____

Tax ID Number: _____

Project Number: _____

Project Name: _____

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion

Indicate in the appropriate box which statement applies to the covered potential contractor:

- The potential contractor certifies, by submission of this certification, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract by any federal department or agency or by the State of Texas.
- The potential contractor is unable to certify to one or more of the terms in this certification. In this instance, the potential contractor must attach an explanation for each of the above terms to which he is unable to make certification. Attach the explanation(s) to this certification

The undersigned certifies that the potential contractor will not knowingly enter into any subcontract with a person who is excluded, debarred, suspended, declared ineligible or voluntarily excluded from participation in this covered transaction, unless authorized by the city of Longview, Texas. The undersigned further certifies that the potential contractor will include this section regarding exclusion, debarment, suspension, ineligibility and voluntary exclusion without modification in any subcontracts or solicitations for subcontracts.

The undersigned swears that he/she is authorized to legally bind the prospective contractor to the above-described certification and is fully aware that this certification is made under penalty of perjury under the laws of the State of Texas.

Signature/Authorized Certifying Official

Typed Name and Title

Prospective Contractor/Organization

Date Signed

State Contractor License No. (if any)

CONFLICT OF INTEREST QUESTIONNAIRE For vendor doing business with local governmental entity		FORM CIQ
<p>This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.</p> <p>This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).</p> <p>By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.</p> <p>A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.</p>	OFFICE USE ONLY	
<p>1 Name of vendor who has a business relationship with local governmental entity.</p>	Date Received 	
<p>2 <input type="checkbox"/> Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)</p>		
<p>3 Name of local government officer about whom the information is being disclosed.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Name of Officer</p>		
<p>4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.</p> <p style="margin-left: 40px;">A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?</p> <p style="margin-left: 80px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p style="margin-left: 40px;">B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?</p> <p style="margin-left: 80px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>		
<p>5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.</p>		
<p>6 <input type="checkbox"/> Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).</p>		
<p>7</p> <p style="text-align: center;"> _____ Signature of vendor doing business with the governmental entity </p> <p style="text-align: right; margin-right: 100px;"> _____ Date </p>		