



**REQUEST FOR PROPOSAL
CITY OF LONGVIEW
EMPLOYEE BENEFITS
RFP #1920-30**

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, two (2) complete copies and one (1) complete electronic version/thumb drive of the following documents must be submitted to the City of Longview.

Proposal Response including Completed Submission Forms	References
Bidder Certification and Addenda Acknowledgment	Respondent’s Information Form
Bidder Information	Conflict of Interest Questionnaire
Certification Regarding Debarment	HB 89

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 P.O. Box 1952 Longview, TX 75606 (903) 237-1324

At this time City Hall is closed to the public.

Vendors that wish to hand deliver their proposal must call 903-237-1022 and provide 15 minute advance notification of the delivery. Someone will meet them at the door to receive the proposal. Must be between the hours of 8:00 a.m. and 5:00 p.m. Monday – Friday.

FACSIMILE OR EMAILED TRANSMITTALS WILL NOT BE ACCEPTED.

E. Proposals will be received on or before **3:00 p.m. Tuesday, May 12, 2020**. Proposals received after the Proposal due 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: HUB INTERNATIONAL, Attn: Charlotte Starks at charlotte.starks@hubinternational.com on or before 5:00 p.m. on April 22, 2020.

B. A Respondent may withdraw a Proposal by giving the Purchasing Office and HUB INTERNATIONAL 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 HUB INTERNATIONAL.

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 HUB INTERNATIONAL, no later than **5:00 P.M., April 22, 2020**. **Questions will not be accepted after this time.**

If you have any questions, please contact:

HUB INTERNATIONAL
Charlotte Starks
Senior Manager of Employee Benefits Marketing
Charlotte.starks@hubinternational.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.



REQUEST FOR PROPOSAL

Cut along the outer border and affix this label to your sealed envelope to identify it as a “Sealed RFP”. Be sure to include the name of the company submitting the proposal.

SEALED RFP ● DO NOT OPEN

CITY OF LONGVIEW EMPLOYEE BENEFITS RFP

BID No. 1920-30

BID OPENING: MAY 12, 2020 @ 3:00 P.M.

For Information Contact:

Jaye Latch
(903) 237-1324
purchasing@longviewtexas.gov

Company Name: _____

Contact Name: _____

Telephone Number: _____

At this time City Hall is closed to the public.

Vendors that wish to hand deliver their proposal must call 903-237-1022 and provide 15 minute advance notification of the delivery. Someone will meet them at the door to receive the proposal. Must be between the hours of 8:00 a.m. and 5:00 p.m. Monday – Friday.

Bids must be addressed to:

**Jaye Latch
Purchasing Manager
PO Box 1952
Longview, TX 75606**

or

**Jaye Latch
Purchasing Manager
300 W Cotton St
Longview, TX 75601**

IV. GENERAL INSTRUCTIONS

The City of Longview will receive Proposals for: CITY OF LONGVIEW EMPLOYEE BENEFITS RFP #1920-30. 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 and fifty (150) days after opening. The anticipated award(s) will be made in July/August for City of Longview Employee Benefits RFP #1920-30.

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, HUB INTERNATIONAL, should be notified by **5:00 p.m. April 22, 2020** 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 HUB INTERNATIONAL 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 HUB INTERNATIONAL.

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 HUB INTERNATIONAL 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 HUB INTERNATIONAL, . 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 July/August for City of Longview Employee Benefits RFP #1920-30.

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.

PROHIBITION ON CONTRACTS WITH COMPANIES BOYCOTTING ISRAEL - Chapter 2270 of the Texas Government Code prohibits the City from entering into a contract with a company unless the contract contains a written verification from the company that it: (1) does not boycott Israel; and (2) will not boycott Israel during the term of the contract. The term "boycott Israel" has the meaning assigned by Section 808.001 of the Texas Government Code. The required verification is included with and made a part of this ITB, and the same or substantially similar language must be made a part of the final contractual agreement between the City and the successful bidder.

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: 782 Active Employees
138 Pre-65 Retirees
0 COBRA

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

Coverages to Bid: Third Party Administration – Medical/Rx
Stop Loss – Med/Rx
Dental – ASO Only
Voluntary Vision – Fully Insured
Basic Life/AD&D
Vol. Life, Dep. Life
Long Term Disability
Organ Transplant Policy
COBRA

Commission: ***Voluntary Vision: Level 10%***
Basic Life/AD&D: Level 10%
Vol. Life, Dep. Life: Level 10%
Long Term Disability: Level 10%
ALL OTHER COVERAGE IS NET OF COMMISSION

Timetable: Release of Request For Proposal 4/10/2020
Deadline for Questions 4/22/2020 5:00 PM
Final Addenda 4/29/2020
Proposal Deadline 5/12/2020 3:00 PM
New Coverage Effective 10/1/2020

Direct All Questions To: **HUB INTERNATIONAL**
Charlotte Starks
Senior Manager of Employee Benefits Marketing
Charlotte.starks@hubinternational.com

Comments: The City of Longview is requesting competitive bids for the 10/1/2020 effective date. The current administrator is

UMR and the current Network is EPO Choice Plus. TPA's Please provide comparable networks options. The City maintains an Organ Transplant policy with Tokio Marine. Life and Disability rate guarantees are expiring and the City must RFP due to purchasing law for these coverages as well as the other coverages included in this RFP.

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, 2020 are to receive immediate coverage under the new plan. All health services incurred on or after October 1, 2020, for currently enrolled participants are to be eligible expenses. The City's enrollment records are to be the basis for "take-over."
4. All Respondent proposal offerings will comply with the Patient Protection and Affordability Care Act.
5. Coverage for employees (full time) becomes effective the 61st of employment. 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.
6. This RFP is for a five-year contract. **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.
7. It is expected that the TPA will integrate with our Pharmacy Provider WellDyne Rx. Pharmacy was bid out for the 10/1/19 renewal and is not part of the RFP process for 10/1/20.
8. It is expected that proposers to the RFP will submit performance guarantees in writing to ensure satisfactory delivery of proposed services and pricing throughout the contract term.
9. To assist the City in transition and funding of benefits initiatives, it is expected that the proposer will provide allowances to assist in offsetting implementation / transition, communication, wellness, audit, and technology expenses. Currently, the City receives a \$10,000 Wellness allowance from UMR.

COVERAGE / FUNDING MATRIX

COVERAGE	Current Carrier	Contributory	Non-Contributory	Funding	Retiree Coverage
TPA	UMR/UHC	N/A	Yes	PEPM	Pre-65
Medical Stop Loss	Stealth / QBE	N/A	Yes	Partial Self-Funded	Pre-65
Dental	UMR/UHC	Yes	N/A	ASO	Pre-65
Voluntary Vision	Versant/ Superior	Yes	N/A	Fully Insured	Pre-65
Basic Life/AD&D	The Standard	N/A	Yes	Traditional	Pre-65 (if on the health plan)
Vol. Life	The Standard	Yes	N/A	Traditional	No
LTD	The Standard	N/A	Yes	Traditional	No
Transplant Carve Out Policy	HCC	N/A	Yes	PEPM	Pre-65
COBRA	WageWorks		Yes	Traditional	No

VENDOR SELECTION CRITERIA OVERVIEW

Selection Criteria:

In addition to cost, the City of Longview is looking for a carrier or vendor 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 contract with a renewal options for years 4 and 5.

Option II: 2 - Year contract with a renewal options for years 3, 4, and 5.

Option III: 1 - Year contract with renewal options for years 2, 3, 4 and 5.

VENDOR SELECTION CRITERIA
(Medical/ Dental Administration, Optional Vision)

I. 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) Financial Stability (AM Best Rating)

II. 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) Provider cost and quality solutions
- b) Patient centered medical home
- c) Value based benefit solutions
- d) Health risk management solutions

III. Population Health Management Programs (20%)

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

- a) Utilization review programs
- b) Case management programs
- c) Disease management programs
- d) Wellness programs, tools and resources
- e) Dedicated wellness consultant and coordinator
- f) Return on investment analysis and reporting

IV. Communication (5%)

- a) Educational material for employees
- b) Summary Plan Description capabilities
- c) On-line resources and tools
- e) Administrative kits for locations
- f) Bilingual capability

V. 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

VI. Integrated Systems / Technology Initiative (10%)

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

- a) Eligibility
- b) Claims function
- c) UR / CM / DM integration
- d) Stop loss intrusion
- e) Electronic claims inquiry
- f) Internet based enrollment/eligibility capabilities
- g) Access, format and frequency of management reporting

VII. Past Performance (5%)

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

VENDOR SELECTION CRITERIA
(Stop Loss, Organ Transplant, Life, AD&D, Disability, COBRA)

- I. **Cost of Coverage/Services (40%)**
- II. **Reporting (20%)**
- III. **Technology Capabilities (20%)**
- IV. **References / Relevant Services/Explanations(10%)**
- V. **Enrollment/Communication Materials (10%)**

**CITY OF LONGVIEW
CURRENT BENEFITS**

CITY OF LONGVIEW
MEDICAL PLAN OF BENEFITS

BENEFITS - UMR		Standard Plan	HSA Plan
Deductible (Embedded)	Network	\$1,500 Individual / \$4,500 Family	\$2,700 Individual / \$5,400 Family
	Non-Network	n/a	n/a
Out-of-Pocket Maximum		Includes Deductible, Coinsurance, RX Copays	Includes Deductible, Coinsurance, RX Copays
	Network	\$4,700 Individual / \$14,100 Family	\$6,650 Individual / \$13,300 Family
	Non-Network	n/a	n/a
Co-insurance	Network	80%	80%
	Non-Network	n/a	n/a
Lifetime Maximum		Unlimited	Unlimited
		You Pay	You Pay
Office/Specialist Visit	Network	Deductible/20%	Deductible/20%
	Non-Network	n/a	n/a
City Health Clinic		No Fee	\$25.00 / Visit
Wellness Visit	Network	100% Covered	100% Covered
	Non-Network	n/a	n/a
In-Patient & Out-Patient Hospital	Network	Deductible/20%	Deductible/20%
	Non-Network	n/a	n/a
Urgent Care	Network	Deductible/20%	Deductible/20%
	Non-Network	n/a	n/a
Emergency Room	Network	True Emergency - \$200 Copay, Deductible / 20% Copay waived if admitted within 24 hours	True Emergency – Deductible / 20%
	Non-Network	Same as In-Network	Same as In-Network
Prescriptions Generic / Brand / Non- Formulary/Specialty		\$6.50/\$25/\$75/ 10% of negotiated charge, not to exceed \$185	Except for Preventive List at 0% Deductible, then \$6.50/\$25/\$75 10% of negotiated charge, not to exceed \$185
Mail Order	(90 Days)	Mandatory Mail or Retail 90 \$16.25/ \$62.50/ \$187.50/ Not Covered	Mandatory Mail or Retail 90 Except for Preventive List at 0% Deductible, then \$13 / \$50 / \$150 / Not Covered
Network Website www.umar.com		UHC – Choice Plus	UHC – Choice Plus

NOTE: This is a brief summary and not intended to be a contract.

CITY OF LONGVIEW

DENTAL PLAN OF BENEFITS

BENEFITS	UMR – Group # 76413032
Type I – Preventive Services Oral examinations (2 Per Year) X-rays Cleanings (2 Per Year)	6 Months (Late entrants only) No Deductible /80%
Type II – Basic Services Fillings Extractions Root Canal	6 Months (Late entrants only) No Deductible /80%
Type III – Major Services Crowns Removable / fixed bridge-work Partial or complete dentures	6 Months (Late entrants only) No Deductible /50%
Type IV - Orthodontia Adult & Child / Child Only	12 Months (Late entrants only) 50%
Annual Deductible	
Individual	\$0
Family	\$0
Annual Maximums	
Dental Annual Maximum	\$1,500
Orthodontia Lifetime Maximum	\$2,000
Network Website www.umar.com	UHC – Choice Plus

NOTE: This is a brief summary and not intended to be a contract.

VISION PLAN OF BENEFITS

BENEFITS - Superior Vision		Plan 1: Platinum	Plan 2: Gold
Eye Exam	Network Non-Network	\$10 Copay Up to \$35 Reimbursement	\$10 Copay Up to \$35 Reimbursement
Frames/ Lens			
Single Vision	Network Non-Network	Covered In Full Up to \$25 Reimbursement	Covered In Full Up to \$25 Reimbursement
Bifocal Lenses	Network Non-Network	Covered In Full Up to \$40 Reimbursement	Covered In Full Up to \$40 Reimbursement
Trifocal Lenses	Network Non-Network	Covered In Full Up to \$45 Reimbursement	Covered In Full Up to \$45 Reimbursement
Frames	Network Non-Network	\$125 Retail Frame Allowance Up to \$70 Reimbursement	\$150 Retail Frame Allowance Up to \$70 Reimbursement
Contacts *In Lieu of Glasses			
Network	Medically Necessary Elective	Covered in Full \$150 Retail Allowance	Covered in Full \$175 Retail Allowance
Non-Network	Medically Necessary Elective	Up to \$150 Allowance Up to \$80 Reimbursement	Up to \$150 Allowance Up to \$80 Reimbursement
Exam Frequency		12 Months	12 Months
Lens Frequency		12 Months	12 Months
Frames Frequency		12 Months	24 Months
Network Website	www.superiorvision.com		

BASIC LIFE/AD&D PLAN OF BENEFITS

BASIC LIFE BENEFITS		The Standard
		CURRENT
Class Description		Class 1: City Manager Class 2: All other FT employees Class 3: Pre-65 Retirees
Definition of Earnings		Basic Annual Earnings
Basic Life Schedule		Class 1: 2X annual earnings Class 2: 1X annual earnings Class 3: 1X pre-retirement annual earnings
Maximum Benefit		Class 1: \$500,000 Class 2: \$150,000 Class 3: \$75,000
Guarantee Issue Amount		All Guarantee Issue
Age Reduction Schedule		To age 65% at age 70, to 50% at age 75; Retirees terminate at age 65
Waiver of Premium		Disabled prior to age 60, 6 month waiting period, terminates at age 65
Accelerated Death Benefit		75% up to \$500,000
Conversion		Included
Portability		Class 1 & 2: Included Class 3: Not Included
BASIC AD&D BENEFITS		
Class Description		Class 1: City Manager Class 2: All other FT employees Class 3:
Definition of Earnings		Basic Annual Earnings
Basic AD&D Schedule		Class 1: 2X annual earnings Class 2: 1X annual earnings Class 3: 1X pre-retirement annual earnings
Maximum Benefit		Class 1: \$500,000 Class 2: \$150,000 Class 3: \$75,000
Age Reduction Schedule		To age 65% at age 70, to 50% at age 75; Retirees terminate at age 65
Education		6% up to \$6,000
Seatbelt		10% up to \$25,000
Air Bag		5% up to \$5,000
Bereavement Counseling		Class 1 & 2: Included Class 3: Not Included
Additional Rider(s)		Line of Duty Benefit Lesser of 1) \$50,000 or 2) 100% of the amount of AD&D insurance benefit otherwise payable for the loss

CITY OF LONGVIEW

VOLUNTARY LIFE PLAN OF BENEFITS

VOLUNTARY LIFE BENEFITS	The Standard
	Current
Class Description	All active FT employees
Definition of Earnings	Basic Yearly Earnings
Employee Life Schedule	Option A: .5x 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	Disabled prior to age 60, 6 month waiting period, terminates at age 70.
Accelerated Death Benefit	75% up to \$500,000
Spouse Life Schedule	50% of employee amount up to \$100,000
Spouse Maximum Benefit	\$100,000
Spouse Guarantee Issue Amount	\$30,000
Child(ren) Life Schedule	Flat \$5,000
Conversion	Included
Portability	Included
Suicide Clause	2 Years

LONG TERM DISABILITY PLAN OF BENEFITS

LTD BENEFITS	The Standard
	Current
Class Description	All active full-time employees
Definition of Earnings	Basic annual earnings
Monthly Percentage	60%
Monthly Maximum	\$10,000
Guarantee Issue	\$10,000
Minimum Benefit	\$100
Elimination Period	90 days
Maximum Benefit Duration	SSNRA
Definition of Own Occ/Any Occ	24 month Occ.
Earnings Test	80% / 80%
Survivor Benefit	Included
Pre-existing Limitations	3/12
Mental/Nervous Limits	24 months per lifetime
Drug & Alcohol Limits	24 months per lifetime
Family Care Benefit	\$250 per family member, not to exceed \$500 per month
FICA Match	Included
W2 Preparation	Included

COBRA PLAN OF BENEFITS

BENEFITS	WageWorks
	Current
Set up Fee	n/a
Online Eligibility Maintenance	X
Online Reports	X
Online Customer Support	X
24 Hour Voice Response/Internet	X
HIPAA Notices	
Initial HIPAA Rights (model Provided)	X
Certificate of Coverage at Loss	X
Certificate of Coverage at COBRA Termination	X
COBRA Notices:	
Initial/General Notification	X
Notice from Qualified Beneficiary of Events to Employer	X
Qualifying Event Election Notification	X
Notice of Unavailability	X
Notice from Qualified Beneficiary of Extension to Employer	X
Extension/Second Qualifying Event Notification	X
Conversion Notification	X
Premium Billing Notice	X
Notice of Early Termination	X
Expiration Notice	X
Notice of Termination to Carrier	X
Bullk Mailing / Printing Fees	X
Billing Premiums	X
Collecting Premiums	X
Reports	X
Documentation Management	X
Customer Service	Toll Free, Interactive Voice Response, Online
Research/Notification of Regulation Changes	X

ORGAN TRANSPLANT PLAN OF BENEFITS

TRANSPLANT BENEFITS	HCC Life Insurance Company - 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	365 Day maximum, could be less under certain circumstances
Transplant approval Review	2 Business Days following receipt of all information necessary to complete review
Clinical Trials	Included
Hospitalization for Transplant Procedure	Included
Acute/Non-Acute Rehabilitation	Up to 15 days/visits with additional 36 outpatient cardiac and/or pulmonary rehabilitation sessions
Home Health Care	Up to 15 visits after discharge only
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 post transplant
Pre-Existing Condition Limitation	12-month pre-existing waiting period only applies to participants covered on the effective date of the original policy or to participants added from the acquisition of a new group, affiliate, division, and/or subsidiary unless waived by underwriting. Does not apply to new hires.
Multiple Transplants	<i>(See Policy 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	Up to \$300 per day per Covered Transplant Procedure for patient and companion
Ambulance Benefit	Included, Up to \$25,000 per Transplant Benefit Period
Disability, Leave of Absence, or Layoff	The length of coverage is limited to the lesser of that provided under the Medical Plan and 12 months 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 Policy</i>

Please see the policy for full details

TRANSPLANT CARVE OUT POLICY (CONTINUED)

TRANSPLANT BENEFITS	HCC Life Insurance Company
	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	\$488,000
Lung (Single)	\$349,000
Lung (Double)	\$442,000
Kidney	\$170,000
Pancreas	\$162,000
Liver	\$332,000
Intestine	\$517,000
Heart/Lung	\$745,000
Kidney/Pancreas	\$253,000
Kidney/Liver	\$637,000
Liver/Intestine	\$738,000
Pancreas/Intestine	\$738,000
Liver/Pancreas/Intestine	\$738,000
Autologous Bone Marrow/Peripheral Stem Cell including High Dose Chemo	\$200,000
Allogenic Bone Marrow/Peripheral Stem Cell including High Dose Chemo (related)	\$334,000
Allogenic Bone Marrow/Peripheral Stem Cell including high dose Chemo (unrelated)	\$394,000

Please see the policy for full details

**CITY OF LONGVIEW
RATE HISTORY**

CITY OF LONGVIEW
RATE HISTORY

TPA/ASO MEDICAL DENTAL FEES:

TPA/ASO Fees	UMR
	Current
Medical Administration Fee (pepm)	\$29.22
Dental Administration Fee (pepm)	\$1.95
TOTAL Administration Fees (pepm)	
Teladoc (pepm)	\$1.25
PPO Access (pepm)	Included
Utilization Review (pepm)	Included
TOTAL Managed Care Fees (pepm)	Included
Stop Loss Integration (pepm)	\$1.00
COBRA Administration (WageWorks)	\$0.60

STOP LOSS FEES:

STOP LOSS	Stealth/QBE 10/1/2019- 9/30/2020	Swiss Re 10/1/2018 – 9/30/2019	Swiss Re 10/1/2017- 9/30/2018	Swiss Re 10/1/2016- 9/30/2017
Specific	\$150,000	\$150,000	\$125,000	\$125,000
Specific Contract Type	24/12	24/12	24/12	24/12
Specific	Unlimited	Unlimited	Unlimited	Unlimited
Specific	Med/Rx	Med/Rx	Med/Rx	Med/Rx
*Specific Rates:	\$63.97 EE \$127.42 EE/SP \$112.77 EE/CH \$191.38 EE/FAM	\$57.58 EE \$114.70 EE/SP \$101.51 EE/CH \$172.27 EE/FAM	\$45.02 EE \$89.68 EE/SP \$79.37 EE/CH \$134.70 EE/FAM	\$48.60 EE \$94.53 EE/SP \$83.93 EE/CH \$140.83 EE/FAM
Aggregate Corridor	125%	125%	125%	125%
Aggregate Contract	24/12	24/12	24/12	24/12
Aggregate Coverages	Med/RX	Med/RX	Med/Rx	Med/Rx
Aggregate Maximum	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Agg Accommodation	Not Covered	Not Covered	Not Covered	Not Covered
Aggregate Premium	\$3.39	\$3.50	\$1.50	\$1.62
Aggregate Factors:	\$660.59 EE \$1,315.90 EE/SP \$1,164.63 EE/CH \$1,976.49 EE/FAM	\$652.23 EE \$1,299.23 EE/SP \$1,149.87 EE/CH \$1,951.46 EE/FAM	\$471.77 EE \$939.76 EE/SP \$831.73 EE/CH \$1,411.53 FAM	\$532.19 EE \$1,060.12 EE/SP \$938.25 EE/CH \$1,592.30 FAM
Terminal	Not Covered	Not Covered	Not Covered	Not Covered

MEDICAL/RX CONTRIBUTIONS**DENTAL CONTRIBUTIONS**

Dental Costs	Monthly / Per Pay Period
Employee Only	-
Employee & Spouse	\$20.30 / \$9.37
Employee & Children	\$38.03 / \$17.55
Employee & Family	\$54.15 / \$24.99

LIFE/AD&D RATES:**10/1/2017 to 9/30/2020****Active: .063/.02 The Standard****Retiree: .0721/.02 The Standard****10/1/15 to 9/30/2017****Active: .09/.02 UNUM****Retiree: .0721/.02 UNUM****VOLUNTARY LIFE RATES:**

FINANCIALS (per \$1,000)	
Age of Employee	Spouse rates based on Employee age
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 +	\$3.388
Child(ren) Rates (per \$1,000)	Flat \$0.120

LONG TERM DISABILITY RATES:

10/1/2017 to 9/30/2020

\$0.27 The Standard

10/1/2015 to 9/30/2017 UNUM

\$0.33

ORGAN TRANSPLANT RATES:

10/1/2019 to 9/30/2020 HCC

EE: \$8.78

Family: \$21.78

10/1/2018 to 9/30/2019 HCC

EE: \$7.32

EF: \$18.15

10/1/2017 to 9/30/2018 AIG

EE: \$7.64

Family : \$17.56

COBRA RATES:

\$0.60

SUBMISSION FORMS

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

SUBMISSION FORM
ADMINISTRATION FEES

Please outline all proposed administrative fees for the City of Longview that will be charged directly or indirectly through the City’s claims account. The City is requesting PEPM fees in lieu of hourly or % of savings arrangements.

VENDOR NAME	PROPOSED PEPM Costs
Medical Administration	
Dental Administration	
Network Access Fee(s)	
Alternative Network Access Fees	
Capitation Fees (Outline all proposed capitation services and costs)	
Utilization Review	
Large Case Management	
Disease Management	
Plan Document	
Summary of Benefits and Coverage	
External Vendor Reporting	
Booklets/SPDs	
ID Cards	
Non Network Negotiations – Price as PEPM Charge	
Subrogation– Price as PEPM Charge	
Member Advocacy	
Fiduciary Responsibility	
Banking	
Claims and Eligibility Data Feeds for Third Party Vendors	
Stop Loss Interfacing	
COBRA	
Total PEPM Admin. Fees	
Other Fees (As Applicable)	
Rate Guarantees	

PEPM Fees are required for all categories as outlined.

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

SUBMISSION FORM
MEDICAL AND DENTAL NETWORK SUBMISSION FORM - CONTINUED

	Carrier Name
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.
Allow Outside Claim Audits	Yes / No and describe and describe any limitations 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.
High Performance Network Compensation	If providing a high performance network alternative, please describe how providers are compensated. (Capitation, Fee for Service, other?)

<p>High Performance Network Provider Access</p>	<p>Please provide your enrolled member (all employers) to provider ratio for your proposed narrow network 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>
<p>High Performance Network – Out of Area Members</p>	<p>How do you handle out of area members? 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 with local providers.</p>

SUBMISSION FORM
MEDICAL, PHARMACY, DENTAL, VISION NETWORK

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 (EPO / PPO / ACO).

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	
Gross Charges (Total In and Out of Network) (a)	\$
Repriced Discount (Total in and Out of Network) (b)	\$
Net Allowed Amount (a-b)	\$
% Discount	%
*Please Submit Detailed Repricing Analysis and Assumptions (In and Out of Network)	

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

DENTAL NETWORK DISRUPTION	
Provider Record Match	% coverage
Claims Dollar Match	% coverage

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

VISION NETWORK DISRUPTION	
Provider Record Match	% coverage
Claims Dollar Match	% coverage

SUBMISSION FORM
STOP LOSS

	CARRIER	CARRIER	CARRIER
Specific Deductible	\$150,000	\$175,000	\$200,000
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 plan of benefits outlined in the RFP.

Signature

SUBMISSION FORM
VOLUNTARY VISION

VISION BENEFITS	Vendor Name
	Proposed –PLATINUM/HI PLAN
Annual Eye Exam	
Network	(Copay amount)
Non-Network	(Reimbursement Amount)
Retinal Imaging	(Copay amount / Not Covered)
Frames / Lenses*	
Single Vision - Network/Non-Network	(Copay Amount / Reimbursement Amount)
Bifocal Lenses - Network/Non-Network	(Copay Amount / Reimbursement Amount)
Trifocal Lenses - Network/Non-Network	(Copay Amount / Reimbursement Amount)
Progressive Lenses - Network/Non-Network	(Copay Amount / Reimbursement Amount) {Use Standard Progressive pricing if there are levels of progressive coverage}
Frames - Network/Non-Network	(Copay Amount / Reimbursement Amount) {What is the member paying to buy frames?}
Retail Frame Allowance	(Dollar Amount / Wholesale Value) {what value of frame is the member able to buy?}
Contacts	Contact Lenses in lieu of Glasses OR Contact Lenses In Addition to Glasses
Network	
<i>Medically Necessary</i>	(Covered in Full, Copay Waived, Copay required??)
<i>Elective</i>	(Allowance amount)
Non-Network	
<i>Medically Necessary</i>	(Allowance amount)
<i>Elective</i>	(Allowance amount)
Standard Contact Lens Fitting Fee	(Covered in Materials Copay, Covered with Separate Copay, Included in CL Allowance, etc.?)
Specialty Contact Lens Fitting Fee	(Covered in Materials Copay, Covered with Separate Copay, Included in CL Allowance, etc.?)
Contact Lens Allowance Unused Funds	(Does member forfeit unused CL allowance funds OR can they continue using until exhausted)
Lasik Benefit	(Details - \$ of coverage, network, etc OR Discount Only with which providers)
Exam Frequency	12 Months / 24 Months
Lens Frequency	12 Months / 24 Months
Frames Frequency	12 Months / 24 Months
Contacts + Glasses in Same Benefit Period	(Cash amount? Discount? Add'l materials covered?)

SUBMISSION FORM
VOLUNTARY VISION

VISION BENEFITS	Vendor Name
	Proposed –GOLD/LOW PLAN
Annual Eye Exam	
Network	(Copay amount)
Non-Network	(Reimbursement Amount)
Retinal Imaging	(Copay amount / Not Covered)
Frames / Lenses*	
Single Vision - Network/Non-Network	(Copay Amount / Reimbursement Amount)
Bifocal Lenses - Network/Non-Network	(Copay Amount / Reimbursement Amount)
Trifocal Lenses - Network/Non-Network	(Copay Amount / Reimbursement Amount)
Progressive Lenses - Network/Non-Network	(Copay Amount / Reimbursement Amount) {Use Standard Progressive pricing if there are levels of progressive coverage}
Frames - Network/Non-Network	(Copay Amount / Reimbursement Amount) {What is the member paying to buy frames?}
Retail Frame Allowance	(Dollar Amount / Wholesale Value) {what value of frame is the member able to buy?}
Contacts	Contact Lenses in lieu of Glasses OR Contact Lenses In Addition to Glasses
Network	
<i>Medically Necessary</i>	(Covered in Full, Copay Waived, Copay required??)
<i>Elective</i>	(Allowance amount)
Non-Network	
<i>Medically Necessary</i>	(Allowance amount)
<i>Elective</i>	(Allowance amount)
Standard Contact Lens Fitting Fee	(Covered in Materials Copay, Covered with Separate Copay, Included in CL Allowance, etc.?)
Specialty Contact Lens Fitting Fee	(Covered in Materials Copay, Covered with Separate Copay, Included in CL Allowance, etc.?)
Contact Lens Allowance Unused Funds	(Does member forfeit unused CL allowance funds OR can they continue using until exhausted)
Lasik Benefit	(Details - \$ of coverage, network, etc OR Discount Only with which providers)
Exam Frequency	12 Months / 24 Months
Lens Frequency	12 Months / 24 Months
Frames Frequency	12 Months / 24 Months
Contacts + Glasses in Same Benefit Period	(Cash amount? Discount? Add'l materials covered?)

SUBMISSION FORM
VOLUNTARY VISION RATES

FINANCIALS	P	G	Platinum Plan	Gold Plan
Employee Only	#	#		
Employee & Spouse	#	#		
Employee & Child(ren)	#	#		
Employee & Family	#	#		
Monthly Premium				
Annual Premium				
Est. Health Insurance Industry Fee				
Participation Requirements				
Employer Contribution Requirements				
Health Insurance Industry Fee			(Included in rates or Line Item? Est. % or \$ amount)	(Included in rates or Line Item? Est. % or \$ amount)
Effective Date				
Rate Guarantee				
% Private Practice Providers			(% of private practice providers in network)	(% of private practice providers in network)
% Retail Providers			(% of retail providers in network - may want to list names of in network big box stores)	(% of retail providers in network - may want to list names of in network big box stores)
In Network Retail Providers			(names - ie, Target, Walmart, Cost Co, Pearle Vision, etc)	(names - ie, Target, Walmart, Cost Co, Pearle Vision, etc)
Dependent Age Limit				
Geo Access Results			(If applicable)	(If applicable)
Network Website				
Network Name				

* Standard Lenses and Selected Frames

NOTE if rates contingent on package sale with any other lines

The Vision benefits and costs above are based upon the Current plan(s) of benefits outlined in the RFP.

Signature

SUBMISSION FORM
BASIC LIFE/AD&D

BASIC LIFE BENEFITS	Carrier Name
	Proposed (Match Current or better)
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	
Bereavement Counseling	
Additional Rider(s)	LINE OF DUTY Included? Details

SUBMISSION FORM
BASIC LIFE/AD&D RATES

FINANCIALS	CARRIER NAME
	PROPOSED
Employee Volume	\$
EE Rate (per \$1,000) - Life	\$
EE Rate (per \$1,000) - AD&D	\$
Monthly Premium	\$
Annual Premium	\$
PRE-65 Retiree Volume	\$
PRE-65 RETIREE Rate (per \$1,000) - Life	\$
PRE-65 RETIREE Rate (per \$1,000) - AD&D	\$
Monthly Premium	\$
Annual Premium	\$
TOTAL ANNUAL	\$
Number of Employees	
Employer Contribution	
Participation Requirement	
Actively at Work	
Effective Date	
Rate Guarantee	
AM Best Rating	

The Basic Life/AD&D benefits and costs above are based upon the Current plan(s) of benefits outlined in the plan documents.

Signature

SUBMISSION FORM
VOLUNTARY LIFE/DEPENDENT LIFE

VOLUNTARY LIFE BENEFITS	CARRIER NAME
	PROPOSED (Match Current of better)
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	

SUBMISSION FORM
VOLUNTARY LIFE/DEPENDENT LIFE RATES

FINANCIALS (per \$1,000)	CARRIER NAME
	PROPOSED
Age of Employee	EE / SP
Up to 24	
25 – 29	
30 – 34	
35 – 39	
40 – 44	
45 – 49	
50 – 54	
55 – 59	
60 – 64	
65 – 69	
70 – 74	
75 +	
Spouse Rate based on	EE age or SP age?
Child(ren) Rate (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 Voluntary Life benefits and costs above are based upon the Current plan(s) of benefits outlined in the plan documents.

Signature

SUBMISSION FORM
LONG TERM DISABILITY

LTD BENEFITS	CARRIER NAME
	PROPOSED (Match Current or better)
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	

SUBMISSION FORM
LONG TERM DISABILITY RATES

FINANCIALS	CARRIER NAME
	PROPOSED
Volume	\$
EE Rate (per \$100) - Life	\$
Monthly Premium	\$
Annual Premium	\$
Number of Employees	
Employer Contribution	
Participation Requirements	
Actively AT Work	
Effective Date	
Rate Guarantee	
AM Best Rating	

The Long Term Disability benefits and costs above are based upon the Current plan(s) of benefits outlined in the plan documents.

Signature

SUBMISSION FORM
ORGAN TRANSPLANT POLICY

TRANSPLANT BENEFITS	CARRIER NAME
	PROPOSED
Lifetime Limitation	
Deductible (if applicable)	
Reimbursement Amount <i>Participating Provider</i> <i>Non-Participating Provider</i>	
Non-Participating Provider Benefit Maximum	
Secondary Payer	
Notification Requirements	
Premium Grace Period	
Transplant Benefit Period	
Transplant approval Review	
Clinical Trails	
Hospitalization for Transplant Procedure	
Acute/Non-Acute Rehabilitation	
Home Health Care	
Medical Equipment	
Prescription Drugs	
Pre-Existing Condition Limitation	
Multiple Transplants	
Non-Performance of Transplant Procedure	
Nurse Advisor	
Travel, Lodging, and Meal Benefit	
Ambulance Benefit	
Disability, Leave of Absence, or Layoff	
Coordination of Benefits	
Retirees Covered	
COBRA Covered	
Exclusions	

SUBMISSION FORM
ORGAN TRANSPLANT POLICY

TRANSPLANT BENEFITS	CARRIER NAME
	PROPOSED
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	
Lung (Single)	
Lung (Double)	
Kidney	
Pancreas	
Liver	
Intestine	
Heart/Lung	
Kidney/Pancreas	
Kidney/Liver	
Liver/Intestine	
Pancreas/Intestine	
Liver/Pancreas/Intestine	
Autologous Bone Marrow/Peripheral Stem Cell including High Dose Chemo	
Allogenic Bone Marrow/Peripheral Stem Cell including High Dose Chemo (related)	
Allogenic Bone Marrow/Peripheral Stem Cell including high dose Chemo (unrelated)	

SUBMISSION FORM
ORGAN TRANSPLANT POLICY RATES

FINANCIALS		CARRIER NAME
		PROPOSED
Employee Only		\$
Employee + Family		\$
Monthly Premium		\$
Annual Premium		\$
Effective Date		
Underwriting Requirements		
Rate Guarantee		

The Organ Transplant benefits and costs above are based upon the plan of benefits outlined in the submission form(s) – Pages 48 and 49 of this RFP and the policy.

Signature

SUBMISSION FORM
COBRA

BENEFITS	CARRIER NAME
	PROPOSED
Set up Fee	
Online Eligibility Maintenance	
Online Reports	
Online Customer Support	
24 Hour Voice Response/Internet	
HIPAA Notices	
Initial HIPAA Rights (model Provided)	
Certificate of Coverage at Loss	
Certificate of Coverage at COBRA	
Termination	
COBRA Notices:	
Initial/General Notification	
Notice from Qualified Beneficiary of Events to Employer	
Qualifying Event Election Notification	
Notice of Unavailability	
Notice from Qualified Beneficiary of Extension to Employer	
Extension/Second Qualifying Event Notification	
Conversion Notification	
Premium Billing Notice	
Notice of Early Termination	
Expiration Notice	
Notice of Termination to Carrier	
Bulk Mailing / Printing Fees	
Billing Premiums	
Collecting Premiums	
Reports	
Documentation Management	
Customer Service	
Research/Notification of Regulation Changes	
\$ Change from Current	
% Change from Current	

SUBMISSION FORM
COBRA RATES

FINANCIALS	
Monthly Fee (PEPM) (<i>applies to all EE's OR only those enrolled in COBRA eligible coverages?</i>)	
Number of Employees	
Monthly Cost	
<i>Minimum Monthly Cost (If applicable)</i>	
Annual Cost (First Year)	
Rate Guarantee	

PERFORMANCE GUARANTEES/COMMITMENTS/ PENALTIES
(ALL COVERAGE LINES)

Category	Performance Commitment	CARRIER PROPOSAL
	Claim Time-to-Process (TTP)	
	Claim Quality	
	Call Center	
	Account Management	
	Network Discount	
	Claim Target	
	Clinical Management	
	Implementation	
	Other Guarantees	
	Allowances	
Transition Wellness Wellness Coach Communication Audit Other		

 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.

Proposal Response including Completed Submission Forms	References
Bidder Certification and Addenda Acknowledgment	Respondent's Information Form
Bidder Information	Conflict of Interest Questionnaire
Certification Regarding Debarment	HB 89

SCHEDULE of KEY EVENTS		
NO.	ACTIVITY	DATE – TIME
1	RFP Advertised in local paper	April 10, 2020 & April 17, 2020
2	RFP Released to Market	April 10, 2020
3	RFP Posted to https://LongviewTexas.gov/Bids	April 10, 2020
4	Questions Deadline	April 22, 2020 5:00 pm
5	Questions Answered and Addendum posted	April 29, 2020 @ 5:00 p.m.
6	Proposals Due	May 12, 2020 @ 3:00 p.m.

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

TWO (2) COMPLETE COPIES

ONE (1) COMPLETE ELECTRONIC/THUMB DRIVE COPY WITH ALL DOCUMENTS

- 6. COPY OF MOST RECENT ANNUAL REPORT/COMPANY FINANCIALS
- 7. THE MAILING ENVELOPE HAS BEEN ADDRESSED TO:
- 8. THE MAILING ENVELOPE HAS BEEN SEALED AND MARKED WITH THE:
RESPONDENT'S NAME, ADDRESS, RFP NUMBER, TITLE, AND DUE DATE

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 P.O. Box 1952 Longview, TX 75606 (903) 237-1324

At this time City Hall is closed to the public.

Vendors that wish to hand deliver their proposal must call 903-237-1022 and provide 15 minute advance notification of the delivery. Someone will meet them at the door to receive the proposal. Must be between the hours of 8:00 a.m. and 5:00 p.m. Monday – Friday.

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: _____

BIDDER 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 (3) 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: _____

Certification Regarding Debarment

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

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

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).

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.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with local governmental entity.

2 **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.)

3 Name of local government officer about whom the information is being disclosed.

 Name of Officer

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.

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?

Yes No

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?

Yes No

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.

6 **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).**

7

 Signature of vendor doing business with the governmental entity

 Date

STATE OF TEXAS - HOUSE BILL 89 VERIFICATION

1. I, _____, the undersigned representative of
(Person name)

(Company or Business name)

2. hereafter referred to as company, being an adult over the age of eighteen (18) years of age, do hereby certify the above-named company, under the provisions of Subtitle F, Title 10, Government Code Chapter 2270:

- 1. Does not boycott Israel currently; and
- 2. Will not boycott Israel during the term of the contract for goods or services with the above-named Company, business or individual with City of Longview.

Pursuant to Section 2270.001, Texas Government Code:

- 3. *“Boycott Israel” means refusing to deal with, terminating business activities with, or otherwise taking any action that is intended to penalize, inflict economic harm on, or limit commercial relations specifically with Israel, or with a person or entity doing business in Israel or in an Israeli-controlled territory, but does not include an action made for ordinary business purposes; and*
- 4. *“Company” means a for-profit sole proprietorship, organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership, or any limited liability company, including a wholly owned subsidiary, majority-owned subsidiary, parent company or affiliate of those entities or business associations that exist to make a profit.*

DATE

POSITION / TITLE

SIGNATURE OF COMPANY REPRESENTATIVE

ATTACHMENTS

SPDs (Medical, Dental, Vision)
Policies/Certificates (Life/DI)
Claims Experience (Medical/Dental/Vision/Life/AD&D/LTD)
EAP Utilization Report
Top Provider Report (Medical/Dental/Vision)
Repricing File (Medical/Dental)
Census