

October 23, 2007

# **Request for Proposal - Medical**

City of St. Louis

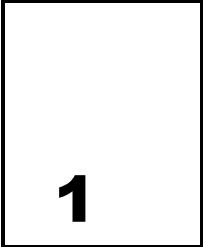
# MERCER



MARSH MERCER KROLL  
GUY CARPENTER OLIVER WYMAN

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## **Introduction and Proposal Requirements**

### **Introduction**

Mercer, on behalf of City of St. Louis (City), is soliciting bids for City's medical plans. This request for proposal seeks a vendor to provide a fully insured quote with an effective date of June 22, 2008 for active employees and July 1, 2008 for retirees and cobra participants. Currently, the prescription coverage is administered on a self-insured arrangement through the St. Louis Business Health Coalition.

### **Objectives**

The City wishes to identify a business partner that will help it meet its objectives in providing high-quality, cost-effective benefits to its employees and retirees. The ideal relationship will meet the following needs:

- Accurate and timely claims administration;
- Increase access to a quality-focused and cost-effective provider network;
- Superior customer service to plan participants and City of St. Louis personnel overseeing the program;
- Administrative performance consistent with industry standards and negotiated contractual provisions with performance guarantees;
- Proactive case and disease management;
- Proactive, responsive, and consultative account management;
- Enhanced value (cost containment balanced with quality); and,
- Reliable, meaningful data from which to make decisions regarding plan management.

### **Evaluation Criteria**

Key vendor selection criteria for the successful medical partner include:

- Compliance with plan design specifications and administrative arrangements described in the Request for Proposal (RFP);
- Broad network access including minimal disruptions for current network arrangements;
- Demonstrated ability to provide excellent customer service and proactive account management to the City, its employees and retirees;
- Partner on wellness initiatives including strategizing with the City and their wellness partner, BJC, and the development and delivery of wellness events and services;
- Competitive pricing and multiple year guarantees;
- Accurate and timely claim processing;
- A commitment to member satisfaction with emphasis on member communication issues;
- Ability to provide timely, meaningful claim utilization and financial experience reports; and
- Aggressiveness of performance guarantees.

### **Eligibility**

Eligible employees, retirees, and dependents are defined in the enclosed *Policies and Procedures (Section 3)*, which is effective June 22, 2008 for actives, July 1, 2008 for retirees and COBRA participants. Your plan is expected to comply with the issues addressed in this document. Following a review, an officer of your plan should sign the document. Please be aware that this document is not intended to replace the Master Group Contract; however, if items are addressed in both and there is a difference, the *Policies and Procedures* will take precedence. If your plan is unable to comply with any of the stipulations, such must be explained within the document and included with your proposal.

The City offers medical benefits for approximately 5,300 full-time employees and retirees (approximately 96% actives and 4% retirees). The City pays anywhere from 72% to 100% of the active employee only medical coverage depending on the plan option. Retiree and dependent coverage is voluntary with associated cost being paid by the participant. The City currently subsidizes dependent care in the amount of \$15 bi-weekly. The employee contributions are made pretax, as allowed under Section 125 of the Internal Revenue Code (IRC). The open enrollment period is anticipated to occur in April and May of 2008.

### **Current Medical Plan and Carrier**

The City currently offers fully-insured medical low and high option PPO plans for both actives and retirees and they are administered by UHC. Prior to the 2006 plan year, the City's coverage was underwritten by Group Health Plan (GHP). See Appendix D for a summary of the current plan designs.

## Proposed Medical Plan Designs

Proposals should be submitted with comparable benefit designs as those currently offered. This RFP also is soliciting proposals for other benefit plan designs with alternative cost reduction approaches as well as plans with various co-pays, deductibles, and coinsurance levels.

Please fill in the grid in section 5 with your proposed plan design quotes. Be sure to clearly note any deviations in services covered. **Include a copy of the benefit summary or contract, the plan exclusions and limitations, and alternate benefit provisions.**

**Please note:**

**We are requesting fully-insured rate quotes for PPO products with pharmacy carved out. We are also requesting your company's Medicare Advantage product for retirees (Post-65) and companion rates.**

- Fully-insured rates should be presented on the following tier ratio structure:

| Tiers                                   | Ratios     |             |
|-----------------------------------------|------------|-------------|
|                                         | Low Option | High Option |
| <b><u>Actives</u></b>                   |            |             |
| Employee                                | 1.00       | 1.00        |
| Employee + Spouse                       | 2.10       | 2.10        |
| Employee + Child(ren)                   | 1.80       | 1.80        |
| Employee + Family                       | 3.00       | 3.00        |
| <b><u>Retiree and Spouse (-65)</u></b>  |            |             |
| Retiree Only                            | 1.00       | 1.00        |
| Retiree and Spouse                      | 2.09       | 2.09        |
| Retiree and Child(ren)                  | 1.80       | 1.80        |
| Retiree, Spouse and Family              | 3.00       | 2.99        |
| <b><u>Retiree or Spouse (+65)</u></b>   |            |             |
| Retiree Only                            | 1.00       | 1.00        |
| Retiree and Spouse                      | 3.49       | 3.28        |
| Retiree and Child(ren)                  | 1.79       | 1.80        |
| Retiree, Spouse and Family              | 6.00       | 5.56        |
| <b><u>Retiree and Spouse (+65)*</u></b> |            |             |
| Retiree and Spouse                      | 2.09       | 2.10        |
| Retiree and Child(ren)                  | 3.00       | 3.00        |
| Retiree, Spouse and Family              | 3.00       | 3.00        |

\* Used Retiree Only under Retiree or Spouse (+65) as the factor for the Retiree and Spouse (+65) ratios.

- All quotes should be presented net of commission.
- Rates and benefits must be guaranteed for a minimum of 12 months covering the period June 22, 2008 through June 20, 2009.

- If a rate guarantee can be offered, please supply rates for the subsequent year or a rate cap for the subsequent year.
- Indicate any participation or underwriting requirements.
- List any benefit or eligibility limitations that will apply to new members who have any pre-existing medical conditions. What is the extent and duration of these limitations?

### **Timetable and Bid Process**

The release date for the RFP is October 23, 2007. Please reference the table below for key dates. Direct all questions to Jo Mensing at Mercer. The City should not be contacted. Submit electronic copies via BenefitPoint two electronic copies on CD, and two hard copies to:

|                                                                                                     |                                                                                                                 |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Attention: Jo Mensing<br>Phone: 314 588 2518<br>Fax: 314 588 2525<br>e-mail: jo.mensing@mercerc.com | Attention: Clariecia Stroud<br>Phone: 314 342 7043<br>Fax: 314 588 2525<br>e-mail: clariecia.stroud@mercerc.com |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

### **Additionally, send eight (8) hard copies to:**

City of St. Louis, Personnel Department, Employee Benefits Section 1114 Market Street, Suite 900, St. Louis, MO 63101

### **General Instructions and Bidding Requirements**

Responses to this RFP must not be conditional, incomplete, or contain any alterations from the format provided. Please state any assumptions clearly and directly. If a party intends to respond to this RFP, the party should submit written notice of such intent, using the Intent To Respond Form provided (Appendix A) via FAX or e-mail, to the contacts listed above.

Submitted proposals must include a cover letter signed by a person authorized to contractually obligate the proposer(s) to the scope, terms, specifications, and pricing contained in the proposal, and must include a signed statement that all proposals, including price, are firm for not less than one hundred and eighty (180) days from the proposal submission date.

Sealed proposals, as well as the required paper and electronic copies of the proposals via BenefitPoint, RFP Response Documents and required attachments, for providing the services described herein must be received no later than 5:00PM CST on 11/19/2007 and in accordance with the instructions delineated in this RFP. Proposals received after that date and time will be rejected and proposers notified. Each proposer(s) must prepare, seal, and submit ten (10) paper copies, two (2) electronic copies (in CD format) and one (1) electronic copy via BenefitPoint of the required cover letter, proposal, RFP Response

Documents, and required attachments by the due date and time in a sealed envelope(s) or mailing container(s) to the contacts listed above.

The exterior of the sealed envelope(s) or mailing container must be marked:

City of St. Louis  
Proposal Group Medical Benefit Coverage

### **Questions and Contacts**

Communications and questions concerning this RFP may only be directed to the individual indicated on the previous page. No other contact with any City official, staff, or employee is permitted before completion of the RFP process except by invitation to do so. Unauthorized contact regarding this RFP may result in disqualification or rejection of a proposal. All communications and questions that arise concerning this RFP should be in written form, citing the specific RFP paragraph or issues in question, and received via e-mail by the following to the contacts listed on previous page.

### **BenefitPoint**

Your proposal must be submitted through BenefitPoint, Mercer's procurement system, along with the other electronic and paper submissions further detailed in this request for proposal.

### **Conditions of this Request For Proposal (RFP)**

This RFP, including exhibits and attachments, is a request for proposals for *only* fully-insured group medical benefit coverage and services. Proposer(s) may submit proposals for fully-insured services with Rx carved out only. Proposals should clearly indicate the services which are being proposed and complete the RFP Response Documents in compliance with the RFP instructions. Extra or extraneous information will not be considered. Please be advised that by submitting a proposal to this RFP, each proposer(s) agrees never to claim or file a cause of action or otherwise assert that the City of St. Louis, Agents of Record, employees, officials, and/or legal representatives are responsible or liable in any manner or under any theory of liability for any risks, costs, or expenses incurred by the proposer(s) in connection with this RFP or any proposal submitted, and that this RFP in no way obligates City of St. Louis to award a contract to any proposer(s). If the RFP includes any estimation of volumes or requirements, the City of St. Louis reserves the right to modify any estimated requirements prior to signing an agreement with the selected proposer(s). No proposer(s) shall have a claim against the City of St. Louis, its Agents of Record, employees, officials, and/or legal representatives in the event that any estimated requirements are modified for whatever reason. All proposals and any other materials submitted in response to this RFP will become the property of the City of St. Louis and be retained by Mercer and the City of St. Louis.

**All proposals should be submitted net of commissions.**

**Additional General Conditions**

1. Mercer, and the City of St. Louis, will receive sealed proposals from qualified firms for fully-insured group medical benefit services with an effective date of June 22, 2008 for active employees and dependents and July 1, 2008 for retirees and dependents and COBRA participants.
2. The purpose of this Request For Proposals (RFP) is to establish vendor requirements for the City of St. Louis coverage and to solicit proposals from firms and companies for providing such coverage or services. The proposer(s) submitting proposals in response to this RFP are sometimes referred to hereinafter, as the “company” or “companies”.

The company must submit a complete proposal covering all requirements identified in this RFP package in order to be considered. Proposals submitted must be the original work product of the company. Proposer(s) may submit proposals for fully-insured services only.

Proposals should clearly indicate the services that are being proposed and complete the RFP Response Document in compliance with the RFP instructions.

3. Proposals may be withdrawn prior to the proposal submission date in writing by the company or its authorized representative, provided its identity is disclosed on the envelope containing the proposal and such person signs a receipt for the proposal.
4. The information presented in the RFP is not to be construed as a commitment of any kind on the part of the City of St. Louis. There is no expressed or implied obligation or responsibility for the City of St. Louis to reimburse any company for any expenses incurred in preparing a proposal in response to this RFP.
5. All proposals must be submitted in accordance with this RFP. Proposals submitted not in accordance with the RFP’s instructions may be rejected. Failure to comply with the specifications and requirements of this RFP will be cause for rejection of a proposal.
6. The City of St. Louis reserves the right to cancel this RFP, the right to accept any proposal, and to reject any or all proposals and to waive informalities and minor irregularities in proposals received. The City of St. Louis, in its sole discretion, will determine whether an irregularity is minor.
7. All proposals shall be deemed final, conclusive and irrevocable and no proposal shall be subject to correction or amendment for any error or miscalculation. No proposal shall be withdrawn after the scheduled deadline for submission of proposals.

8. Proposals, prices, terms, and conditions shall remain firm for a period of one hundred eighty (180) days from the proposal submission date.
9. The company is responsible for its own verification of all information provided to it. The company must satisfy itself, upon examination of this RFP, as to the intent of the specifications.
10. No oral interpretation will be made to any company as to the meaning of the RFP. Any oral communication will be considered unofficial and non-binding on the City of St. Louis.
11. Requests for interpretation and questions must be made in accordance with the RFP's instructions. Any information given to a company concerning the RFP will be furnished to all companies in writing or as an addendum to the RFP. The company may rely only on written statements issued by Mercer, on behalf of the City of St. Louis in the form of written responses or addenda to the RFP.
12. Proposals may contain data that the company does not want used or disclosed for any purpose other than evaluation of the proposal. The use and disclosure of such data may be so restricted, except as may be required by law, provided the company marks the coversheet of the proposal with the following legend:

**Technical data contained in this proposal and furnished in connection with the Request For Proposals for the City of St. Louis shall not be used nor disclosed except for evaluation purposes, provided that, if a contract is awarded to this company as a result of or in connection with the submission of this proposal, the City of St. Louis shall have the right to use or disclose technical data to substantiate the award of a contract, or to use or include as a contract provision.**

**Note that, notwithstanding anything herein to the contrary, the City of St. Louis may disclose any information and documentation submitted as may be required by law. Therefore, the foregoing restriction does not limit the City of St. Louis' rights to use or disclose without the company's permission any technical data obtained independently from another source, or as may be required to be disclosed by law.**

13. The City of St. Louis may accept and award a contract as to one part, aspect or phase, or any combination thereof, of any proposal unless the company specifically qualifies its proposal by stating that the proposal must be accepted as a whole, and any contract awarded as to the entire proposal.
14. The City of St. Louis may, at its option, conduct interviews with companies after receipt of proposals.

15. The City of St. Louis reserves the right to negotiate final contract terms with any company.
16. The company shall not, subject to immediate disqualification of the proposal, offer or give any gratuities, favors or anything of monetary value to a member, administrator, officer, employee, or agent of the City of St. Louis including its Agents of Record, for the purpose of influencing favorable disposition toward a submitted proposal or for any reason while a proposal is pending or during the evaluation process.
17. No company shall engage in any activity or practice, by itself or with other companies, the result of which may be to restrict or eliminate competition or otherwise restrain trade. Violation of this instruction will result in immediate rejection of the company's proposal.
18. It is the intent of the City of St. Louis that the final agreement shall consist of the agreement, this RFP, plus any addenda, and the proposal accepted. In the event of a conflict between the proposal and the RFP, the City of St. Louis shall resolve any inconsistency.
19. In the event the agreement awarded by the City of St. Louis is terminated for any reason within 120 days of the due date for proposals, the City of St. Louis reserves the right to negotiate and accept any other submitted proposal.
20. Award of Contract will be made by the City of St. Louis, and the agreement will be entered into with the City of St. Louis. The City of St. Louis reserves the right to split a contract award, and to award multiple contracts.
21. The contract or contracts will be awarded to the lowest and best proposer(s) submitting a proposal which is responsive to this RFP.
22. The City of St. Louis does not discriminate on the basis of race, color, national origin, gender, age, sexual orientation, or disability in admissions or access to, or treatment or employment in, its programs and activities.
23. Proposals should be submitted with comparable benefit designs as those currently offered and duplicate the current coverage. Any difference in proposed coverage from the current coverage should be clearly stated. This RFP also is soliciting proposals for other benefit plan designs with alternative cost reduction approaches.
24. Medical coverage is to be effective immediately at the beginning of the pay period following 30 days of employment. No pre-existing condition limitations are to apply to those presently insured, newly eligible employees, or those applying during open enrollment held each year.

25. The City of St. Louis is not subject to the Employee Retirement Income Security Act of 1974 (ERISA).
26. Proposer(s) response to RFP documentation and questionnaire will be included as an exhibit in any final award of contract. Reliance by the City of St. Louis on information contained in responders RFP shall be used to support and/or resolve any disputes in contract interpretation.
27. Your organization must provide monthly, quarterly, and annual reports that display claims by provider, provider type, charge amount, approved amount, patient pay amount, amount paid to the provider and amount charged to the plan.
28. Proposer(s) shall be required to comply with all ordinances of the City of St. Louis including Ordinance No. 65597, the St. Louis Living Wage Ordinance. This Ordinance can be found on the City's website at <http://stlouis.missouri.org>. The Mayor of the City of St. Louis has issued Executive Order #28 regarding Minority and Women Business Enterprise. A copy may be obtained from the Office of the Register, Room 18 City Hall, St. Louis, MO. Proposals should discuss how you will comply with the provisions of said order.

### **Qualifications of Bidders**

1. The company must have experience in the administration of the proposed contracts for accounts of similar size and complexity.
2. The company must have the appropriate licensure or authority to do business in the State of Missouri as a health insurance company, health maintenance organization, or similar licensed entity. The company must be current in all taxes and payments prior to execution of an agreement. City license information can be found on the City's website at <http://stlouis.missouri.org>.
3. By submitting a Proposal, the company certifies that is not currently debarred from submitting proposals for contracts with any political subdivision or agency of the State of Missouri, and it is not an agent or a person or entity that is currently debarred from submitting proposals for contracts issued by a political subdivision or agent of the State of Missouri.
4. The company must, in advance of the selection date, have the manpower and equipment necessary to render the program fully operational for the effective date of coverage.
5. The company must be financially stable and solvent satisfactory to the City of St. Louis.

6. The company must permit the City of St. Louis representatives access to visit the claims operation or local service office prior to contract award, if so desired by the City of St. Louis.
7. The company's Claims Administrator must maintain a local and/or toll-free phone number available for use by plan participants for claim questions, utilization management issues, and provider network services.
8. The company must be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
9. Consideration will be given to those companies that provide a multi-year rate guarantee.
10. The company must be an equal opportunity employer.
11. The company should have web-based enrollment capability.
12. The company must be willing to write the case on a non-gain/no-loss basis and waive all actively at work requirements.
13. The company must be able to work with the City's bi-weekly pay periods.
14. The City currently self-bills on a bi-weekly basis for active employees and for retirees and COBRA participants. The company must accept this current method of billing and also the responsibility of billing reconciliation.
15. The City makes all payments in arrears. All current billing arrangements must be duplicated. Payments are on a bi-weekly basis (26 payments); 45 days in arrears for active employees. Premiums are collected the month of for retired participants. Payment is made on the same basis as active employees. The company must accept this current method of payment.
16. The company must have the capability to reconcile eligibility in billing bi-weekly.
17. The company must print and distribute open enrollment material as well as schedule open enrollment meetings and provide updated material when necessary at their expense.

| Task                                                                               | Completion Date                                      |
|------------------------------------------------------------------------------------|------------------------------------------------------|
| Request For Proposal Released:                                                     | 10/23/2007                                           |
| <b>Vendors return completed Confirmation of Intent to Respond forms to Mercer:</b> | 10/26/2007                                           |
| <b>Questions submitted by:</b>                                                     | 11/2/2007                                            |
| <b>Telephone conference call for all interested bidders:</b>                       | <TBD>                                                |
| <b>Proposal Due Date:</b>                                                          | 11/19/2007                                           |
| Results and finalist recommendation to client:                                     | 1/9/2008 – 1/29/2008                                 |
| On-site visit:                                                                     | <TBD>                                                |
| Final medical vendor selection:                                                    | 2/4/2008                                             |
| Open Enrollment:                                                                   | April 2008                                           |
| Effective Date:                                                                    | June 22, 2008 for actives; July 1, 2008 for retirees |

### Medical Plan Proposed Plans

Please see Appendix D.

### Confirmations

This section is a request for confirmation of your willingness and ability to meet specific City standards and conditions. If your answer is “*agree without deviations*,” you acknowledge your willingness to incorporate the standard, as worded in the confirmation, into the final contract between you and the City. If your answer is “*agree with deviations*,” provide a brief explanation of how your plan deviates from the standard. If acceptable to the City, the modified standard will be incorporated into the final agreement. If your answer is “*no*,” this standard will not be incorporated into the final agreement. Provide a brief explanation as to why you cannot or will not accommodate the standard.

Please confirm that:

**A = agree    D = agree with deviations    N = no**                      **A                      D                      N**

---

**Account Management**

1. Will your plan agree to issue your contract/group service agreement in accordance with all of the provisions of this Request for Proposal (RFP)? If not, please indicate all variances and the reasons for these variances. Please do not refer to your standard contract language as a response to this question.
2. You will agree to be available as needed during the implementation process, then be available for quarterly (or as needed), face-to-face meetings with the City's benefit staff to discuss outstanding issues.
3. Assist the City with enrollment meetings (approximately 25-30 meetings over 2 weeks in April and May 2008) to facilitate and answer questions for employees and retirees.
4. ID cards will not include employee's social security number. The ID card will show a random number generated by the company. ID cards will show City's PBM information and telephone number.
5. You will furnish accurate member identification cards before the effective date of coverage and accept the City's authorization as proof of coverage.
6. Accurate ID cards for new employees will be sent within 10 business days of receipt of enrollment from the City.
7. Provider directories are available or will be made available on-line and as hard copies. It is expected that, at a minimum, this information is updated on a quarterly basis.

**A = agree    D = agree with deviations    N = no**

**A****D****N**

- 
8. Paid claim reports will be provided within 10 business days following the end of the reporting period.
  9. You agree to send eligibility feeds to PBM on a weekly basis with format to be agreed upon with PBM.
  10. You will identify your subcontracted relationships and will be responsible for their performance and HIPAA compliance if applicable.
  11. The following information is included in the Appendix of your proposal:
    - Most recent annual report and audited financial statements
    - Sample new member communications
    - Sample contracts (fully insured)
    - Sample claims and utilization reports available at no charge
    - GeoAccess reports
    - Wellness resources and programs
  12. You will provide a dedicated representative to the City to assist with benefit issues, wellness initiatives, account activity, etc. This dedicated representative will spend a mutually agreeable amount of time at the City location.

### **Financial**

1. The proposed effective date is June 22, 2008.
2. Your fee quotes in this RFP and future quotes should assume that you will be responsible for all claims incurred on or after June 22, 2008.
3. The proposed fees do not include commissions.
4. The City will require that the selected Vendor will provide full reconciliation of the claim account(s) each month and report any discrepancies to the City for research.

**Financial**

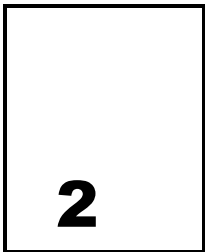
- 5. The City requests that all financial data related to the claim account(s) be provided in electronic format (database or spreadsheet) that will permit the City to easily manipulate the cells/fields.
- 6. You will waive the actively-at-work clause and cover current and future disableds as actives until they are eligible to retire, their employment is terminated, or the case terminates.
- 7. The current administrator will process run-out claims. Your fees for future run-out should be provided in this proposal.
- .8. You will provide renewal rates for the upcoming plan (e.g. 2009/2010 plan year) years in early January.

|                    |                |               |
|--------------------|----------------|---------------|
| _____<br>Signature | _____<br>Title | _____<br>Date |
|--------------------|----------------|---------------|

**Bid Process**

The remaining sections of this document comprise the GeoAccess request, Policies and Procedures, Questionnaire, and Performance Guarantees. Please answer each of the questions and repeat each number and question in your proposal. Your answers should be as concise as possible.

The information you provide in these sections will be kept confidential, shared only with the City and with Mercer staff engaged in evaluating the effectiveness of your services.



**GeoNetwork Analysis**

GeoNetworks® reports should be run using the City’s census and the following standards:

- The reports should be provided for:
  - PCPs (Internist, General Practitioner, Pediatrician, Family Practitioner)
  - All Specialists
  - Hospitals
- All reports should be divided by Urban, Suburban, and Rural locations.
- All providers used in the analysis should have open practices and hospitals should be defined as licensed hospitals with emergency rooms. Please do not include urgent care facilities.
- Access Standards:

| City Census Count                                                    |                        |                         |                         |
|----------------------------------------------------------------------|------------------------|-------------------------|-------------------------|
| Category                                                             | Urban                  | Suburban                | Rural                   |
| PCP (Internist, Gen Practitioner, Pediatrician, Family Practitioner) | 2 providers in 8 miles | 2 providers in 10 miles | 2 providers in 20 miles |
| All Specialists                                                      | 2 providers in 8 miles | 2 providers in 10 miles | 2 providers in 20 miles |
| Hospitals                                                            | 1 hospital in 10 miles | 1 hospital in 15 miles  | 1 hospital in 30 miles  |

Please provide the GeoNetworks® reports showing all employees with and without access. All reports should be run for every employee, not just those that are in your service area.

City of St. Louis census is provided as a separate attachment.

*GeoAccess analysis should be performed as specified within this section.*

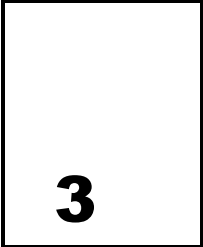
Please include the following reports:

- Accessibility Summary (Summarized by State, provide with and without access).
- Accessibility Detail (Summarized by State; show: totals, number of providers, and percent in filter).
- Accessibility Detail (Summarized by City; show: totals, subtotals, state, number of providers, and percent in filter).

All reports should be provided electronically in both a PDF file format and excel file format. Please also provide a provider network file that lists providers by specialty. Please complete the following tables:

|          | <i>Number of Providers (with open practices)</i> | <i>Number of Hospitals</i> |
|----------|--------------------------------------------------|----------------------------|
|          | <i>St. Louis, Missouri</i>                       | <i>St. Louis, Missouri</i> |
| Urban    |                                                  |                            |
| Suburban |                                                  |                            |
| Rural    |                                                  |                            |
| Total    |                                                  |                            |

Identify all locations where a City employee is located that a leased rather than owned network will be offered.

3

## Policies and Procedures

This section addresses important legal and contracting issues inherent in a managed care arrangement. We anticipate that vendor's responses to employer related managed care legal and contracting issues will be a differentiating factor in the bidding process. We also expect that the successful vendor will be in a position to agree to contractual provisions that correspond to the managed care arrangement outlined in this bidding process.

To perform all of the services involved in this managed care arrangement, we understand that affiliated corporate entities may be involved. We assume that your company has the appropriate documentation in place to coordinate the services provided by these entities in a manner that allows the City to execute only one.

Following are provisions we consider essential to include in the Agreement. Please indicate in the space provided your willingness to accept and include the proposed provision in the Agreement, your willingness to accept the provision with proposed revisions or your unwillingness to accept the provision.

Note: Throughout this section, and the sections that follow, the term "MCO" means your managed care organization as a participating bidder, and the term "Company" means the City.

## City of St. Louis

Plan Name: \_\_\_\_\_

This MCO Policies and Procedures document (“Criterion”) details the duties and responsibilities to be undertaken by \_\_\_\_\_ (“MCO”) Insert full legal name

Contract # \_\_\_\_\_ regarding health services offered to Insert contract number(s) employees and retirees of City of St. Louis Government (“the City”), and such employees’ and retirees’ eligible dependents, under City of St. Louis’s Medical Plan (“Plan”).

This Criterion constitutes an addendum to the group services agreement between the City and the MCO (“Contract”). Any inconsistencies between this Criterion and the Contract will be resolved in favor of this Criterion. This Criterion supersedes any and all prior letters of agreement or other agreements, by whatever name called, between the MCO and the City. Participants in the MCO shall include employees and retirees of the City and such employees’ and retirees’ eligible dependents (the “Participants”). The duties, responsibilities, and services of the MCO are as follows:

### 1.0 MCO Rate (i.e., Effective Dates; Premium Change Notification)

The MCO rate shall remain in effect for twelve (12) consecutive months from the effective date of MCO coverage or anniversary date thereof. The MCO rate may be adjusted upon giving not less than one-hundred and twenty (120) days prior written notice to the City, but any increases in rate shall become effective only on the anniversary of the effective date of the Contract or upon the City's prior written approval.

- ☐ Accept
- ☐ Reject
- ☐ Accept with the following revisions:

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### 1.1 Premium/Fee Due Date

All payments are made in arrears. All current billing arrangements must be duplicated. Payments are on a bi-weekly basis (26 payments); 45 days in arrears for active employees. Premiums are collected a month in advance for retired participants. Payment is made on the same basis as active employees. The company must accept this current method of payment.

- ☐ Accept
  - ☐ Reject
  - ☐ Accept with the following revisions:
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### 1.2 Self bill

The City currently self-bills on a bi-weekly basis for active employees and monthly for retirees and COBRA participants. The company must accept this current method of billing and also the responsibility of billing reconciliation.

- ☐ Accept
  - ☐ Reject
  - ☐ Accept with the following revisions:
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### 1.3 Adjustments to Premium Payment (Premium)

Retroactive adjustment may be made for any additions or terminations of enrollees or changes in coverage classification not reflected in the City's records at the time premium is calculated by the City. These retroactive adjustments may be made to future premium/fee payments provided the changes are reported and premium is adjusted within 90 days following the date of change in coverage classification.

- ☐ Accept

- ☐ Reject
  - ☐ Accept with the following revisions:
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## 2.0 Termination of Contract

The City may immediately terminate the Contract and this Criterion upon written notice to MCO upon any of the following: (i) the MCO becomes insolvent or files for bankruptcy, (ii) the MCO fails to adhere to any requirement of this Criterion or the Contract, or (iii) the City determines in good faith that the health and welfare of its Participants are in any manner disadvantaged by continuation of the coverage. The City will provide written notice to the MCO specifying the pertinent facts and circumstances for the termination. In the event of such immediate termination, the MCO shall assist the City with an orderly transition of the MCO's responsibilities, including processing of incurred claims and providing, or arranging for the provision of, continuous care for Participants who are hospitalized at the time of the termination.

Both the City and the MCO may terminate the Contract and this Criterion either with or without cause upon not less than ninety (90) days advance written notice to the non-terminating party and to each Participant.

Except for immediate terminations, any terminations will take effect at the end of the pay period following date of termination for active employees and the end of the month for retirees.

- ☐ Accept
  - ☐ Reject
  - ☐ Accept with the following revisions:
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## 3.0 Enrollment (i.e., Open Enrollment)

The City shall determine the circumstances under which eligible employees/retirees and their dependents may enroll in the MCO as Participants or dis-enroll. The City shall also determine the circumstances under which Participants may

make changes to their coverage. In addition, the City shall determine and the MCO agrees to provide an annual “open enrollment period” during which employees will be given the opportunity to enroll (or disenroll) in the MCO as Participants. During open enrollment, retirees will be allowed to switch plans but those retirees who have not maintained City coverage will not be allowed to enroll in the plan. The City in its sole discretion will determine the timing and duration of the open enrollment. MCO agrees to pay for the cost of open enrollment material including, at a minimum, printing and distribution.

- ☐ Accept
- ☐ Reject
- ☐ Accept with the following revisions:

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#### 4.0 Confirmation of Employee and Dependent Eligibility

An eligible employee is a permanent, full-time employee typically scheduled to work a minimum of 40 plus hours per week.

- ☐ Accept
- ☐ Reject
- ☐ Accept with the following revisions:

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#### 4.1 Dependent Eligibility

Eligible dependents include spouse and unmarried children dependent for principal support and maintenance up to the end of the calendar year in which the dependent turns age 19; or full time students up to the end of the pay period in which the dependent turns age 25; or the end of the pay period following graduation, whichever is sooner. Dependents also include domestic partners. A domestic partner is defined as an unrelated adult of the same or opposite sex of the employee with whom the employee is living in an intimate, long-term

relationship with an exclusive commitment similar to marriage, in which the partners are jointly responsible for one another's welfare and share financial responsibility.

MCO agrees to contact employee regarding dependent student status and notify City of status.

- ☐ Accept
  - ☐ Reject
  - ☐ Accept with the following revisions:
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#### 4.2 Retiree Coverage

Retiree coverage is available for those who, upon termination, qualify for a City retirement benefit. Retirees may participate in the retiree medical program on a fully contributory basis.

- ☐ Accept
  - ☐ Reject
  - ☐ Accept with the following revisions:
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#### 4.3 Eligibility File

MCO agrees to accept from the City, on a bi-weekly basis for active employees and a monthly basis for retirees and COBRA participants, an eligibility file, in Excel format, including name, SS#, individual and total premium. File shall be forwarded to MCO electronically bi-weekly. MCO will provide to the City a report outlining any discrepancies in such eligibility file within fifteen (15) business days after MCO's receipt of such file from the City but in no instance shall the file be sent until payment has been received by MCO for the period in

question. City will respond to MCO’s discrepancy report within ten (10) business days after the City’s receipt of such file from MCO. MCO will perform a reconciliation of such files on a bi-weekly basis.

- ☐ Accept
- ☐ Reject
- ☐ Accept with the following revisions:

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4.4 Eligibility File sent to PBM

MCO agrees to send, on a weekly basis an eligibility file, in Excel format, including name, SS#, individual and total premium for the City’s active employees, retirees and COBRA participants to the City’s PBM. A predetermined file format feed will be approved and tested by both the MCO and PBM.

- ☐ Accept
- ☐ Reject
- ☐ Accept with the following revisions:

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5.0 PBM Claims Data for Disease Management Program

MCO agrees to accept from the City’s PBM pharmacy claims data to drive MCO’s DM program:

- ☐ Accept
- ☐ Reject
- ☐ Accept with the following revisions:

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## 6.0 Confirmation of Effective Dates of Coverage

An Employee and eligible dependents become covered on the first of the pay period following 30 days of employment., if enrolled. Otherwise, the employee must wait until a subsequent open enrollment period to enroll.

- ☐ Accept
  - ☐ Reject
  - ☐ Accept with the following revisions:
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## 6.1 Effective Date of Coverage for Employee on Leave of Absence

An Employee on an approved family medical leave of absence during the annual enrollment period may select a new health plan just as if he/she were active. The new coverage will become effective June 22, 2008 following the annual enrollment.

- ☐ Accept
  - ☐ Reject
  - ☐ Accept with the following revisions:
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## 7.0 Qualified Change in Family Status (Changes in Coverage Status)

With the adoption of the Internal Revenue Code of 1986, Section 125, the City has chosen to follow the Code's definition of Qualified Changes in Status.

Therefore, all MCOs offered must also abide by this definition. The definition includes, but is not limited to, changes in status such as: marriage, divorce, or legal separation of the Employee, birth, adoption or placement for adoption of a child by Employee, death of the Employee's spouse/domestic partner or dependent, the termination or commencement of employment of the Employee, Employee's spouse/domestic partner or dependent, a reduction or increase in hours of employment by the Employee, Employee's spouse/ domestic partner or dependent, the taking of an unpaid leave of absence by the Employee, the Employee's spouse/domestic partner or dependent, dependent ceases to satisfy the requirements for unmarried dependents, a change in the place of residence or work of the Employee, Employee's spouse/domestic partner or dependent, a significant change in health coverage for the Employee or spouse attributable to the spouse's employment, and the loss of medical benefits coverage under a Health Maintenance Organization (MCO) of the Employee, spouse/domestic partner due to the bankruptcy or other suspension of service of the MCO. Election of coverage and enrollment may occur within 31 days of the qualifying event.

- ☐ Accept
  - ☐ Reject
  - ☐ Accept with the following revisions:
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#### 7.1 Enrollment Changes

Election of coverage and enrollment may occur within 31 days of the qualifying event.

- ☐ Accept
  - ☐ Reject
  - ☐ Accept with the following revisions:
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#### 8.0 Coverage Termination Date

The City may terminate coverage for covered Employees and/or their dependents at the following times: a) the effective date of cancellation or termination of the MCO; b) the last day of the pay period following Employee’s last day on the payroll; d) the last day of the pay period during which a dependent ceases to be an eligible dependent; e) the last day of the month in which a retiree requests coverage termination. The MCO agrees to arrange to provide covered medical services through midnight of the day the Participant’s eligibility is lost.

- ☐ Accept
- ☐ Reject
- ☐ Accept with the following revisions:

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9.0 MCO Termination of Employee Participation

In the event the MCO terminates coverage for a Participant for good cause, the MCO agrees to furnish the City with at least sixty (60) days advance written notice specifying why such a decision was reached, if to do so is not in violation of any applicable laws and regulations regarding the confidentiality of such information.

- ☐ Accept
- ☐ Reject
- ☐ Accept with the following revisions:

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10.0 COBRA

The MCO agrees to arrange to provide covered medical services as detailed in the Contract to all Participants, including any Participants entitled to continued coverage under the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended (“COBRA”).

Any covered COBRA eligible Employee, Retiree, or dependent may apply for continuation of MCO benefits under the Consolidated Omnibus Budget Reconciliation Act of 1985.

- ☐ Accept
- ☐ Reject
- ☐ Accept with the following revisions:

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11.0 Access to Employees

MCO’s access to eligible employees shall be determined by each location making available an MCO plan. The MCO shall bear the entire cost of producing its marketing materials and making them available either directly or by mail. The MCO shall also pay the entire cost of open enrollment materials produced by the City.

- ☐ Accept
- ☐ Reject
- ☐ Accept with the following revisions:

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12.0 Plan Administration – Claims Process

You agree to review claims and make determinations throughout the appeal process based on your understanding of how the benefits are to be administered.

- ☐ Accept
- ☐ Reject
- ☐ Accept with the following revisions:

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12.1 Plan Administration – SPD Development

You will assist in developing and reviewing the City-produced SPDs prior to distribution.

- ☐ Accept
- ☐ Reject
- ☐ Accept with the following revisions:

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13.0 Independent Contractors

The MCO, its subcontractors, agents, and employees, including health care providers affiliated with the MCO, shall at all times be acting as independent contractors of the City and not as its agents. The determination of the extent and nature of the health care services to be provided to Participants shall be exclusively that of the MCO and its affiliated health care providers.

Each physician employed by or affiliated with the MCO shall maintain the usual and customary physician-patient relationship with Participants.

- ☐ Accept

- ☐ Reject
- ☐ Accept with the following revisions:

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#### 14.0 Responsibilities and Covenants

The MCO agrees to comply with the following Responsibilities and Covenants:

(a) Compliance

The MCO agrees to administer the Plan in compliance with all applicable state and federal laws. The MCO will track and provide to the City and/or its delegates any information required by the City and/or its delegates to comply with prior coverage certification and other requirements imposed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and any other applicable law or regulation.

The City intends to comply with the applicable provisions of the Health Insurance Portability and Accountability Act (HIPAA), and any other applicable federal or state law and will waive or modify any of the eligibility rules stipulated in this document that conflict with the applicable provisions of such laws.

(b) Medical Management

- i) The MCO will adequately credential, recredential, and monitor its affiliated health care providers in accordance with the current National Committee for Quality Assurance (NCQA) criteria relating to provider selection and quality management;
- ii) The MCO's utilization management reviewers will be clinically matched to the case under review;
- iii) The MCO's communications to Plan Participants and their health care providers will include a clear statement confirming that the decision regarding what treatment is appropriate (i.e., level, duration of care, etc.) is always left to the discretion of the Participant and his or her attending physician, and confirming that pre-certification and other forms of

utilization management relate solely to whether and the extent to which a procedure or service will be paid for by the Plan;

- iv) If the MCO's standardized communications are provided to Participants and/or the MCO's network providers, they will describe any Plan benefit reductions or other penalties that apply if the Participant (or his or her attending physician) does not comply with utilization management requirements imposed under the Plan and this Contract;
- v) The MCO's medical necessity and/or claim denial letters will contain adequate detail to satisfy current Employee Retirement Income Security Act of 1974 (ERISA) and state law standards;
- vi) The MCO will apply clinical criteria that are objective, clinically valid, compatible with established principles of health care, and flexible enough to allow deviations from the criteria when justified on a case-by-case basis;
- vii) The MCO will require providers to use reasonable timeframes to review appeals that relate to a determination that a procedure is not medically necessary;
- viii) The MCO will require adequate training of medical management personnel and impose appropriate standards for employee qualifications;
- ix) The MCO will make available a network of health care providers consisting of physicians and facilities sufficient to assure access to quality health care for all Participants; and
- x) The MCO will use the same care and skill as a similarly situated provider of like service would exercise following commonly accepted health care and managed care practices in the administration of services to be provided under the Contract.

- ☐ Accept
  - ☐ Reject
  - ☐ Accept with the following revisions:
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-

**15.0 Use of the City Name**

The MCO shall not use the City's name or the name of any of its affiliates in any solicitation or promotional material without prior written consent from the City.

- ☐ Accept
- ☐ Reject
- ☐ Accept with the following revisions:

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**16.0 Right to Audit (i.e., Quality Assurance Provision)**

The City reserves the right to audit, either directly or through its authorized agent(s), the MCO's compliance with the terms of the Contract and this Criterion. The City further reserves the right, either directly or through its authorized agent(s), to conduct a chart audit or other appropriate review to assess the quality of any services performed by the MCO or its affiliated health care providers upon reasonable advance notice to the MCO. Upon providing appropriate assurances as to confidentiality and proper use of medical information, the MCO agrees to provide the City or its authorized agent(s) with the medical records maintained by the MCO as well as any data needed to perform audits or other reviews.

\* The audits shall be pre-scheduled with the MCO and shall not interfere with the delivery of care nor compromise confidentiality in any manner.

- ☐ Accept
- ☐ Reject
- ☐ Accept with the following revisions:

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17.0 Insurance/Liability

The MCO agrees to adopt and demonstrate adoption of all of the following arrangements to protect the City or any of its affiliates and/or Participants from incurring liability for payment of any fees, which are the legal obligation of the MCO:

- (a) Insolvency insurance at an amount which is sufficient, based on relevant industry standards, to cover obligations to providers for services provided to Participants.
- (b) A contractual arrangement with medical providers affiliated with the MCO prohibiting such providers from holding any Participant liable for payment of any fees, which are the legal obligation of the organization.
- (c) Other protection from liability for its Participants as provided by applicable state or federal laws.

- ☐ Accept
- ☐ Reject
- ☐ Accept with the following revisions:

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18.0 Annual Reports

Paid claims reports will be provided within 30 business days of the end of the reporting period. Utilization and management reports as agreed to by City of St. Louis on a quarterly basis.

- ☐ Accept
- ☐ Reject
- ☐ Accept with the following revisions:

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## 19.0 Confidentiality

The MCO agrees to maintain the confidentiality of all medical, financial, and other patient specific data pertaining to Participants. The MCO agrees that, except as otherwise provided herein, such data will not be released to individuals or entities other than the Participant to which the data relate or such Participant's authorized representative except as required by law or as may be required by order of a court having jurisdiction over the Participant.

- ☐ Accept
  - ☐ Reject
  - ☐ Accept with the following revisions:
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## 20.0 Fiduciary

During the term of the Contract, the MCO shall be a fiduciary regarding benefit determinations, review of denied claims, certifications of medical necessity (including prospective, concurrent, and retrospective review), and for carrying out specific managed care medical management and network services including:

- establishing network provider eligibility standards and quality improvement procedures and protocols,
- selecting, appointing, and terminating network providers,
- monitoring whether health care providers affiliated with MCO continue to meet the eligibility standards and quality improvement procedures and protocols of the MCO, and
- establishing and monitoring utilization review procedures and protocols.

The MCO shall be responsible for administering claims for benefits under the Plan on a fully insured basis. In discharging its responsibilities, the MCO shall act in accordance with the documents and instruments governing the Plan, and any applicable federal or state law. The MCO shall also be a fiduciary for the purpose of providing a Participant whose claim for benefits has been denied a full and fair review of the decision denying the claim. The MCO's decision on appeal of the disputed claim shall be the final review for the Plan.

In exercising its fiduciary responsibility, the MCO shall have sole and complete discretionary authority to determine eligibility for benefits, to construe the terms of the Plan, to make factual determinations, and to determine the validity of charges submitted for reimbursement under the Plan. The MCO shall be deemed to have properly exercised such authority unless it has abused its discretion hereunder by acting arbitrarily and capriciously.

Notwithstanding the foregoing, the City or its Agents shall be the administrator of the Plan, and shall have sole and complete discretionary authority to determine questions relating to the eligibility of employees and dependents for membership in the Plan, including determination of who is a Participant. Nothing in the Contract shall limit the ability of the City to amend or terminate the Plan.

- ☐ Accept
  - ☐ Reject
  - ☐ Accept with the following revisions:
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## 21.0 Indemnification

The administrator(s)/carrier(s) will not charge against the City's experience those claim payments not authorized under the benefits plan (except when authorized by the City in writing) if such payments were the result of error, negligence, reckless or willful acts or omissions by the administrator, its agents, officers, or employees.

The administrator(s)/carrier(s) will reimburse on an immediate basis any overpayments that were the result of error, negligence, reckless or willful acts or omissions by the administrator, its agents, officers, or employees.

The administrator(s)/carrier(s) will indemnify, hold harmless and save the City, its agents, officers, and employees from liability of any kind or nature (including costs, expenses, or attorney's fees) for damages suffered by any entity or person as a result of error, negligence, reckless or willful acts or omissions of the administrator, its agents, officers, or employees.

The above three paragraphs shall hold for the term of the contract with the administrator(s)/carrier(s) even if not expressly provided for in the contract.

- ☐ Accept
- ☐ Reject
- ☐ Accept with the following revisions:

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22.0 Notice

Notices to the City, including issues surrounding the Policies and Procedures should be sent to:

City of St. Louis  
Personnel Department  
Employee Benefits Section  
Suite 900  
1114 Market Street  
Saint Louis, MO 63101

This Criterion is effective June 22, 2008 and shall remain in full force and effect until amended or terminated in writing and signed by the City.

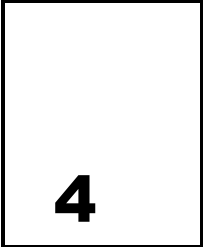
Please indicate acceptance of the above and return the signed original copy.

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The above is hereby accepted on this \_\_\_\_\_ day of \_\_\_\_\_, 2007.

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Title)

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## Questionnaire

### Organizational Information

1. Indicate the name of the organization, its legal structure, principal owners, and key management personnel.
2. Indicate the licensure or authority under which your organization does business in the State of Missouri. Proposer(s) must have the appropriate licensure or authority to do business in the State of Missouri as a health insurance company, health maintenance organization, or similar licensed entity.
3. Indicate whether your organization is or has been subject to any disciplinary or regulatory actions, oversight, or supervision by the State of Missouri or any other state relative to the services proposed. Please list the action and outcome.
4. Specify your organization's office (or offices) from which the City of St. Louis account will be serviced, the name and positions of the account team assigned to the City of St. Louis, and the account executive. Indicate the contact name, title, address, telephone, FAX, and e-mail address for the organization's main contact for questions concerning your proposal.
5. Provide an overview of your organization's scope of services and describe how long it has been in business generally as well as in the St. Louis area. Please describe your organization's experience in providing the services being proposed. Describe your organization's experience in providing similar services to other public employers and to those of the same industry and demographics as the City of St. Louis.

7. Please provide copies of your organization's financial statements for the last three (3) fiscal years. Provide audited financial statements if available.

### **Network Management**

1. To assure a smooth transition, the City would like to see the layout for your standard eligibility file.
2. If a provider is eliminated from your network, how and when will the City be notified? How and when will members be notified?
3. Do your directories (on-line and hardcopy) indicate if a physician's office is closed to new patients?
4. Are provider directories available on-line? If not, can they be provided electronically for inclusion on the City's website?
5. Briefly describe the selection and credentialing process for provider participation in your network. Does your credentialing process meet NCQA standards?
6. Are claims adjusted when contracts are updated with retroactive effective dates?
7. Describe any significant network changes in the past year. Are you planning any significant network expansions or reductions? Explain in detail, including projected time frame for changes.

### **Account Management/Implementation**

1. Who will be the primary account manager for the City's account? The City would like to meet the primary account manager prior to implementation and would like to be assured the account manager is advised of all implementation issues. Please include the following information in your reply:
  - a. Account manager name
  - b. Office location
  - c. Phone number
  - d. E-mail address
  - e. Fax number
  - f. List of account manager's current clients

- g. Percentage of time dedicated to the City during implementation
  - h. Percentage of time dedicated to the City on an ongoing basis
  - i. List of ongoing responsibilities of account manager, as it pertains to the City
  - j. List amount of time employed with your organization
2. Please provide an organizational chart of key positions of the City team. Include a description of responsibilities for each City team member along with a brief biographical description for the account manager, implementation coordinator, and any other significant team member.
  3. What is your deadline for receiving eligibility in order to issue and deliver accurate identification cards in time for June 22, 2008?
  4. Does your organization have any limitations of which we should be aware in implementing the plan for June 22, 2008?
  5. Provide a sample implementation plan including key dates for June 22, 2008, effective date assuming a vendor notification between January 4, 2008 – January 18, 2008. Who from your organization will manage the implementation process? How many cases are they implementing for June 22, 2008?
  6. Title II of HIPAA established requirements for the electronic submission of health information for individuals, health data security, and privacy rules for individual health information. Please indicate your organization's compliance procedures.

The Rule defines “protected individually identifiable health information” as information that:

- a. Relates to an individual's past, present, or future physical or mental health condition, and medical care or payment for such care or condition.
- b. Is created by or received by a health care provider, health plan, or employer.
- c. Identifies (or could be used to identify) an individual, including the person's name or other demographic information.

Covered entities can use or disclose an individual's protected health information without authorization only for purposes of treatment, payment, health care operations (i.e., claims administration, quality assurance, utilization review, credentialing, and similar activities), and specified public policy-related purposes (i.e., health oversight activities, judicial and administrative proceedings, and law enforcement). In all other circumstances, a covered entity may disclose protected information only if authorization is obtained from the individual to whom the information relates.

7. Please advise to whether the plan prepares and distributes the notices of credible coverage on behalf of the City on a fully insured arrangement. If yes, is there a fee?
8. What is the address of your health plan's Internet web site?
9. How is information contained in the Policies and Procedures passed on to the persons that work on the account on a daily basis (i.e., Eligibility and Enrollment, Member Services, etc.)?
10. Will you prepare Summary Plan Descriptions (SPDs) for all enrolled plan participants that will satisfy all of the current ERISA SPD requirements? Please provide a sample SPD that will be customized for the City.
11. Please advise as to whether SPD information provided by your plan is available in an electronic format (i.e., Word or PDF).
12. Will you provide full reconciliation of claim account(s) bi-weekly and report any discrepancies to the City to research?
13. Will you attend quarterly meetings between with City of St. Louis Healthcare Committee to review quarterly data, identify areas of concern and discuss methods to rectify those concerns?
14. Will you attend annual meeting at which time MCO's medical director will provide annual review?
15. Will MCO provide basic claims and utilization reporting via monthly email and monitor it regularly throughout the year?

### **Clinical/Utilization Management (CM/UM)**

1. Is the funding methodology, selected by the City, transparent to the clinical and service staff members?
2. Describe any policy/procedure differences in the following medical management functions between fully insured populations:
  - a. Utilization Management
  - b. Case Management
  - c. Disease Management
  - d. Quality Management

3. Describe three (3) aspects of your utilization management program that best captures your ability to manage costs while still preserving quality of care. What evidence can you provide to substantiate the impact of these initiatives?
4. What review criteria/guidelines are used for inpatient and outpatient medical/surgical pre-notification, concurrent review, and case management to ensure medical necessity and appropriateness of treatment and site?
5. Have you implemented clinical guidelines/protocols for preventive and disease-specific services and treatments in the areas specified below?

|                               |                              |                             |
|-------------------------------|------------------------------|-----------------------------|
| Pediatric preventive services | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Adult preventive services     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Asthma/respiratory disease    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Heart disease                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diabetes                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| HIV/AIDS                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Joint/muscle problems         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Depression                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chemical dependency           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other (please specify) _____  |                              |                             |

6. Do you own your own UM/UR organization or do you contract with another vendor to provide these services? Please name the vendor and describe the relationship. Are services provided centralized or decentralized?
7. Please list the names of all organizations that have accredited your UM/UR program along with initial and re-accreditation dates.
8. What is the ratio of FTE physicians to covered members serviced by the UM/UR organization? \_\_:\_\_
9. What is the ratio of FTE RNs to covered members serviced by the UM/UR organization? \_\_:\_\_
10. What is the average turnover per year for your UM/UR department:  
Nurses \_\_\_\_% Physicians \_\_\_\_%
11. What is the maximum length of stay (LOS) that can be approved by a nurse reviewer?
12. What specific diagnoses are flagged in your system as requiring CM services?

13. Does the CM staff perform on-site (hospital, physician office, or home) visits? If so, what triggers an on-site review and how frequently do they occur?
14. Has this product implemented *disease-specific* outreach programs that notify *individual* members (as opposed to all members) of their need for preventive procedures or management of selective conditions? If so, please identify these programs.
15. Do your networks offer a Center of Excellence program that provides care for organ transplants or other specific conditions? If so, identify the facilities and procedures. Is the program mandatory? What is the cost?
16. Please list ways that you will assist the City with continuing its wellness program and activities (please focus your response on wellness and preventive activities and not disease management).
17. PBM claim data must be transmitted to the chosen vendor to conduct the disease management program. Please indicate your willingness to do so and how that file transfer process would work.

### **General/Claims Administration**

1. Provide the following information for at least three current and terminated client references. References must be of similar industry and size to the City. Exclude cases lost due to mergers and acquisitions.
  - a. Company Name
  - b. Contact Name
  - c. Phone Number
  - d. Number of Employees Enrolled
  - e. Coverage/Service Provided
  - f. Number of Years as a Customer
  - g. Specify if customer was on a fully insured arrangement
2. Provide your current agency ratings:

| Agency  | Rating | Date of Rating |
|---------|--------|----------------|
| Best's  |        |                |
| S&P     |        |                |
| Moody's |        |                |
| Other   |        |                |

3. What percentage of employer groups terminated in your plan in 2005? 2006?
4. What claim office is proposed to service City?
5. Do you use part-time employees or telecommuters? What percent of processors for the proposed City claims processing unit are part-time or telecommuters?
6. What is the staffing ratio of processors to covered lives?
7. How will the City's claims be handled (e.g., by a dedicated unit or service representative)? A preference will be given to dedicated units.
8. What percentage of denied claims processed in 2005 were appealed? What percentages of appealed claims were approved?
9. What form(s) of documentation is/are required from the City to allow for payment exceptions to covered services under the Summary Plan Description?
10. Does the current medical claim system interface on-line with the UM function and member services?
11. For an employee admitted to a participating hospital where some hospital-based physicians are not participating in your network (e.g., anesthesiologists or pathologists), can their charges be paid at the participating level? Is this a manual function?
12. Is emergency care received from an out-of-network provider covered at the in-network level? How is an emergency defined?
13. For dependents living out of the service area or attending school out of the service area, can non-emergency claims be paid as in-network regardless of whether the provider is participating?
14. Please describe the verification process regarding full-time student status.

15. What is the name of your current medical claim system(s)? How long has the current claim system(s) been operational? When was the last update? Do you own or lease the system(s)?
16. What updates are expected to your claim system(s) within the next two (2) years? Do you anticipate a claims platform change (new system) within the next two (2) years?
17. Will the claims/customer service platform be different for fully insured versus ?
18. Please provide claim adjudication statistics for the proposed claim office for the City:

|                            | Standard | Actual 2006 |
|----------------------------|----------|-------------|
| Coding accuracy            |          |             |
| Payment dollar accuracy    |          |             |
| Payment incidence accuracy |          |             |
| Turnaround time            |          |             |

19. What is the annual rate of turnover of claim processors (most recently) for the claim office you are proposing for the City?
20. What database do you currently use to determine reasonable and customary (R&C) limits? How often is it updated? Is there a threshold below which cutbacks would not be made (if so, indicate threshold)? How do you communicate R&C changes?
21. Please provide the type and percentage of claims received electronically.

- ☐ Hospital \_\_\_\_\_ %
- ☐ Physician \_\_\_\_\_ %
- ☐ Other (*please specify*): \_\_\_\_\_ %

22. Please provide the type and percentage of claims automatically adjudicated.

- ☐ Hospital \_\_\_\_\_ %
- ☐ Physician \_\_\_\_\_ %
- ☐ Other (*please specify*): \_\_\_\_\_ %

23. Can the City benefit plans be programmed into your claims paying system? If any benefit will require manual adjustment by the claim processor, provide a list of those benefits.
24. What percentage of your claims is audited per processor by the quality review program? Are claims sampled per client? If so, what percentage?
25. Please describe your reporting system via the Internet and standard and ad hoc reporting capabilities. Typically, how long does it take to produce these reports? Is there an additional charge? Please provide hourly report programming charges, if any.
26. Do you have a reporting system that is available to clients for use for on-site ad hoc reporting? Can claims data be submitted to Mercer on the City's behalf? Is there an additional fee? If yes, please provide associated cost.
27. Are you able to report benchmarks on industry, book-of-business, or location specific?
28. Describe and provide samples of claim experience reporting. Specify how many days after the close of each reporting period that reports will be available.
  - a. Standard Monthly Reports.
  - b. Standard Quarterly Reports.
  - c. Standard Annual Reports.
  - d. Are reports available in specific detail and de-identifiable form?
29. Would the City of St. Louis have desktop access to claims data?
30. Will you provide reports by each sub group designated by the City of St. Louis (e.g., division, bargaining unit, location, etc.) and other coverage categories (e.g., active employees, non-Medicare eligible retirees, Medicare eligible retirees, survivors, etc.)?
31. Do your reports display COB and subrogation savings to the City of St. Louis that are detailed by individual claim?
32. Indicate the turnaround time for ad hoc data requests or reports and if there are any additional charges for such requests.
33. Your organization must provide monthly, quarterly, and annual reports that display claims by provider, provider type, charge amount, approved amount, patient pay

amount, amount paid to the provider, and amount charged to the plan. Confirm your organization's agreement to provide these required reports.

34. Coordination of Benefits (COB)

- a. Describe your COB administration procedures, including identification and monitoring of other coverage and claims system documentation requirements.
- b. Specify how many times, and at what time intervals, do you follow-up if a response to your inquiry is not received? When is a claim closed, how is the claim counted regarding turnaround?
- c. Is COB follow-up in writing or by telephone? Briefly describe your procedures.
- d. After initial verification of other coverage, how frequently is other coverage re-verified for individuals that indicated no other coverage was available?
- e. Do all claim processors at your office have responsibility for COB claims, or is there a special COB unit or designated processor?
- f. Explain your process for coordinating with other health plans. Include an explanation of your coordination with Medicare, when Medicare is both primary and secondary.

35. Describe how you would integrate pharmacy and medical information for reporting purposes.

**Quality Control/Audit**

1. Describe your HIPAA procedures and policies. Provide a copy of all HIPAA documentation.
2. Provide a copy of any required Business Associates Agreements.
3. Describe your quality control program for:
  - a. Customer service.
  - b. Claims processing.
  - c. Auditing.

4. Do you use a system to track annual and lifetime maximums for all procedures with maximums (e.g., chiropractic, other)? If not, please list the procedures your system is not able to track.
5. Describe your internal audit procedures and how a claim is identified for review.
  - a. What is the average percentage of error identified by audit?
  - b. Do you use independent claim auditors? If yes, state how used and supply the results of the audit for the past two years.
  - c. If you use internal audits, detail the parameters.
  - d. Are the claims audited over a dollar amount? If so, what are the dollar amounts?
  - e. If they are random audits, what are the parameters?
  - f. How long does it take to get a claim out of auditing?
6. What audit trails does the system provide? (Provide sample reporting.)
7. Do you agree to the stipulation that the City of St. Louis or their designated representative can audit claims systems, records, and procedures?
8. In the last 24 months, has your organization been audited by an outside party? If so, by whom? Please attach copies of those audits.
9. Would you be willing to establish an internal audit program specific to the City of St. Louis? Have you done this for other clients? If so, for whom and provide full details.
10. Describe your claim cost control programs and how they are handled.
  - a. How do you detect overcharges?
  - b. How do you detect unnecessary or excessive hospital confinements?
  - c. How do you detect unnecessary medical treatment, repeaters, etc.?
  - d. Detail your internal claims auditing procedures for these procedures.
11. Describe how your claims system helps control claim abuse, what cost control features are built in, and how claim cost savings are quantified and reported on a regular basis. Please provide sample reporting.

12. Describe your override procedures.

- a. Who has the ability to override the system?
- b. Are overrides reported?
- c. To whom and how often?
- d. Provide sample reports.

13. What methods are used to verify expense and provider authenticity?

14. What percentage of claims is audited on a pre-disbursement basis?

- a. What has been the outcome?
- b. Provide the last 24 months of these audits.

15. What percentage of claims is audited on a post-disbursement basis?

- a. What has been the outcome?
- b. Provide the last 24 months of these audits.

16. Performance Goal Table: Provide performance goals and actual results for the most recent complete year for your organization in the following table.

|                                   | Performance Goal | Actual Audited Results<br>for Year 2004 |
|-----------------------------------|------------------|-----------------------------------------|
| a.Claims Payment Accuracy (1)     |                  |                                         |
| b. Claims Processing Accuracy (2) |                  |                                         |
| c.Financial Accuracy (3)          |                  |                                         |
| d. Average Claims Turnaround      |                  |                                         |

Provide your definition for any performance measures that differ from those described in the footnotes to this Performance Goal Table.

**Footnotes:**

- (1). Number of audited correct payments divided by the total number of audited payments (percentage).
- (2). Number of claims processed with 100% accuracy divided by the total number of claims processed (percentage).
- (3). Dollars paid correctly divided by the total dollars paid (percentage).

17. How do you insure consistency in handling similar claims and uniformity in applying plan provisions?
18. What percentage of claims per processor is reviewed on a daily basis to assure accuracy of payment? Who reviews these claims? Please provide reports.
19. Does your system include edits for possible duplicate claims? Indicate which fields/data elements must match for the system to recognize a duplicate claim?

### Member Services

1. Where will member services be handled? Is it local or centralized? Is member services combined with claims unit or handled separately?
2. How will the City inquiries be handled (e.g., by a dedicated unit or service representative)? A preference will be given to dedicated units.
3. Will member services performance (e.g., call abandonment rates, average wait time, etc.) be reported on a City-specific basis? If so, at what frequency? If not, indicate if statistics are provided on a unit or office-wide basis.
4. What are the proposed hours that the member services center will be staffed by live member services representatives?
5. What is the target ratio of member services representatives to covered lives? What is the actual ratio? What is the average length of service for member service representatives? What was your turnover last year?
6. Do member services representatives have on-line access to:
 

|                               |                          |     |                          |    |
|-------------------------------|--------------------------|-----|--------------------------|----|
| a) Utilization Review         | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| b) Case Management            | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| c) Claim Adjudication         | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| d) Provider Services          | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| e) Plan Detail Record         | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| f) Claims History for Patient | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
7. Describe your grievance and appeal procedures.
8. For the office that will handle the City's account, provide a report detailing office results (and your performance goals) as follows:

|                                   | Standard | Actual 2006 |
|-----------------------------------|----------|-------------|
| Telephone average speed of answer |          |             |
| % of calls abandoned              |          |             |
| Average wait time                 |          |             |
| Average call time                 |          |             |

9. Describe your quality monitoring program. Are supervisors able to review representatives' phone calls? What percent of calls are reviewed?
10. Please indicate the percentage of incoming customer service calls that are documented on-line for tracking purposes?
11. Are customer service calls monitored for quality assurance purposes? If yes, please indicate how the calls are monitored. (Check all that apply)
- ☐ Yes, through two-way silent monitoring (*able to hear both sides of the conversation without the customer service representative knowing the call is being monitored*)
- ☐ Yes, through one-way monitoring (*only able to hear customer service representative*)
- ☐ Yes, through side-by-side monitoring of the representative at their workstation
- ☐ Yes, through taped calls
- ☐ Calls are monitored through a combination of the methods identified above
- If calls are monitored, please provide the percentage of calls monitored in the most recent quarter \_\_\_\_%
12. Aside from provider directories, what additional information is available to members and employers via your Internet web page? Please provide your internet address.
13. Can members view claim information online?
14. Can member services accept orders for or issue new ID cards? If yes, what is the turnaround time?
15. What provider information is available to a member service representative (e.g., affiliations, language, hours, etc.)?
16. Are customer service representatives authorized to make claim payments and/or adjustments? If yes, describe the process. If no, describe how customer service

representatives interact with your claims system and claim examiners to ensure prompt, accurate handling of claims adjustments.

17. a) Do you conduct regular member satisfaction surveys? Are surveys conducted automatically or at the request of the employer? If automatic, when was the last one conducted?
- b) In which three areas did you receive the highest scores?
- c) In which three areas did you receive the lowest scores? What actions were taken to improve the areas that were lowest rated?
- d) What is the overall satisfaction rate?

### **Eligibility Management**

1. Please describe your organization's capabilities to maintain and manage eligibility files. Describe your organization's capabilities to transmit and receive eligibility information in paper and electronic formats to and from the City and other health plan vendors. Indicate if there are any additional charges for transmitting or receiving eligibility to other health plan vendors.
2. Eligibility files must be transmitted to the City's prescription benefit management vendor on a weekly basis. Indicate your willingness to do so.

### **Financials - Network Management**

1. List all locations where you lease, rather than own, the network. Indicate the name of the leased network you utilize.
2. For what services (e.g., EAP, MH/SA) do you contract with other organizations?
3. How often are hospital contracts renegotiated?
4. How often are physician contracts renegotiated?
5. What percentage of both physician and hospital contracts will be re-contracted within the next 2 years?
6. For your PPO network, please respond to all questions in this section for the St. Louis area.

7. Do the credentialing processes for your physician and hospital networks meet current NCQA guidelines?

☐ Yes ☐ No

## References

1. Please provide client references delineating the following information for each reference, preferably organizations in the public employer sector or in the same industry and groups of similar demographics as the City of St. Louis. For each client reference, please include the following information:
  - a. Company
  - b. Contact Name
  - c. Mailing Address
  - d. E-mail Address
  - e. Contact Name's Telephone Number
  - f. Effective Date
  - g. Termination Date
2. Provide two references that are new to your organization within the last year.
3. Provide two references that have been with your organization at least two years.
4. Provide two references for customers that have terminated within the past year and the reason for the termination.

## Actuarial/Rate Development Information

### Rate Development Worksheets:

- For validation purposes, please include a copy of **your underwriting worksheet**.

NOTE: Any underwriting requirements should be clearly stated in your cover letter or enclosed as an attachment.

**Contact Information**

Please complete the chart below:

Plan Name: \_\_\_\_\_ Location: \_\_\_\_\_

**Day-to-Day Account Activity**

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City, St, Zip: \_\_\_\_\_  
 Direct No.: \_\_\_\_\_  
 Toll-free No.: \_\_\_\_\_  
 Fax No.: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Secondary  
 Contact  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Direct No.: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**Underwriting**

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City, St, Zip: \_\_\_\_\_  
 Direct No.: \_\_\_\_\_  
 Toll-free No.: \_\_\_\_\_  
 Fax No.: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Secondary  
 Contact  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Direct No.: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**Billing**

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City, St, Zip: \_\_\_\_\_  
 Direct No.: \_\_\_\_\_  
 Toll-free No.: \_\_\_\_\_  
 Fax No.: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**Billing (Premium) Address  
(if different than above):**

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, St, Zip: \_\_\_\_\_

**Eligibility and Enrollment**

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City, St, Zip: \_\_\_\_\_  
 Direct No.: \_\_\_\_\_  
 Toll-free No.: \_\_\_\_\_  
 Fax No.: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**Enrollment Address  
(if different than above):**

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, St, Zip: \_\_\_\_\_

|                               |       |
|-------------------------------|-------|
| <b>Member Services</b>        |       |
| <b>Name:</b>                  | _____ |
| <b>Title:</b>                 | _____ |
| <b>Address 1:</b>             | _____ |
| <b>Address 2:</b>             | _____ |
| <b>City, St, Zip:</b>         | _____ |
| <b>Direct No.:</b>            | _____ |
| <b>Toll-free No.:</b>         | _____ |
| <b>Fax No.:</b>               | _____ |
| <b>E-mail:</b>                | _____ |
| <b>Department Supervisor:</b> |       |

|                               |       |
|-------------------------------|-------|
| <b>Claims</b>                 |       |
| <b>Name:</b>                  | _____ |
| <b>Title:</b>                 | _____ |
| <b>Address 1:</b>             | _____ |
| <b>Address 2:</b>             | _____ |
| <b>City, St, Zip:</b>         | _____ |
| <b>Direct No.:</b>            | _____ |
| <b>Toll-free No.:</b>         | _____ |
| <b>Fax No.:</b>               | _____ |
| <b>E-mail:</b>                | _____ |
| <b>Department Supervisor:</b> |       |

5

## Quotes

Please complete the grid below of proposed quotes. You must also submit these rates and the alternate rate and benefits via BenefitPoint.

### Current Plan: Fully-Insured Rates – PPO – Proposed Plans – Actives

| <b><u>Low Option Plan Medical Coverage</u></b>  | <b>EE<br/>(1.00)</b> | <b>EE+Spouse<br/>(2.10)</b> | <b>EE+Child(ren)<br/>(1.80)</b> | <b>Family<br/>(3.00)</b> |
|-------------------------------------------------|----------------------|-----------------------------|---------------------------------|--------------------------|
| Without Rx Coverage:                            |                      |                             |                                 |                          |
| Expected Enrollment:                            |                      |                             |                                 |                          |
| <b><u>High Option Plan Medical Coverage</u></b> | <b>EE<br/>(1.00)</b> | <b>EE+Spouse<br/>(2.10)</b> | <b>EE+Child(ren)<br/>(1.80)</b> | <b>Family<br/>(3.00)</b> |
| Without Rx Coverage:                            |                      |                             |                                 |                          |
| Expected Enrollment:                            |                      |                             |                                 |                          |

### Current Plan: Fully-Insured Rates – PPO – Proposed Plans – Retiree and Spouse (-65)

| <b><u>Low Option Plan Medical Coverage</u></b>  | <b>Ret<br/>(1.00)</b> | <b>Ret+Spouse<br/>(2.09)</b> | <b>Ret+Child(ren)<br/>(1.80)</b> | <b>Ret,<br/>Spouse,<br/>Family<br/>(3.00)</b> |
|-------------------------------------------------|-----------------------|------------------------------|----------------------------------|-----------------------------------------------|
| Without Rx Coverage:                            |                       |                              |                                  |                                               |
| Expected Enrollment:                            |                       |                              |                                  |                                               |
| <b><u>High Option Plan Medical Coverage</u></b> | <b>Ret<br/>(1.00)</b> | <b>Ret+Spouse<br/>(2.09)</b> | <b>Ret+Child(ren)<br/>(1.80)</b> | <b>Ret,<br/>Spouse,<br/>Family<br/>(2.99)</b> |
| Without Rx Coverage:                            |                       |                              |                                  |                                               |
| Expected Enrollment:                            |                       |                              |                                  |                                               |

**Current Plan: Fully-Insured Rates – PPO – Proposed Plans – Retiree or Spouse (+65)**

| <b><u>Low Option Plan Medical Coverage</u></b>  | <b>Ret<br/>(1.00)</b> | <b>Ret+Spouse<br/>(3.49)</b> | <b>Ret+Child(ren)<br/>(1.79)</b> | <b>Ret,<br/>Spouse,<br/>Family<br/>(6.00)</b> |
|-------------------------------------------------|-----------------------|------------------------------|----------------------------------|-----------------------------------------------|
| Without Rx Coverage:                            |                       |                              |                                  |                                               |
| Expected Enrollment:                            |                       |                              |                                  |                                               |
| <b><u>High Option Plan Medical Coverage</u></b> | <b>Ret<br/>(1.00)</b> | <b>Ret+Spouse<br/>(3.28)</b> | <b>Ret+Child(ren)<br/>(1.80)</b> | <b>Ret,<br/>Spouse,<br/>Family<br/>(5.56)</b> |
| Without Rx Coverage:                            |                       |                              |                                  |                                               |
| Expected Enrollment:                            |                       |                              |                                  |                                               |

**Current Plan: Fully-Insured Rates – PPO – Proposed Plans –Retiree and Spouse (+65)**

| <b><u>Low Option Plan Medical Coverage</u></b>  | <b>Ret+Spouse (2.09)</b> | <b>Ret+Child(ren)<br/>(3.00)</b> | <b>Ret, Spouse,<br/>Family<br/>(3.00)</b> |
|-------------------------------------------------|--------------------------|----------------------------------|-------------------------------------------|
| Without Rx Coverage:                            |                          |                                  |                                           |
| Expected Enrollment:                            |                          |                                  |                                           |
| <b><u>High Option Plan Medical Coverage</u></b> | <b>Ret+Spouse (2.10)</b> | <b>Ret+Child(ren)<br/>(3.00)</b> | <b>Ret, Spouse,<br/>Family<br/>(3.00)</b> |
| Without Rx Coverage:                            |                          |                                  |                                           |
| Expected Enrollment:                            |                          |                                  |                                           |

**Current Plan: Fully-Insured Rates –Medicare Advantage and Companion Rates – Proposed Plans**

| <b><u>Low Option Plan Medical Coverage</u></b>  | <b>Retiree</b> | <b>Ret &amp;<br/>Spouse<br/>(Companion<br/>Rate)</b> | <b>Ret, Spouse, &amp;<br/>Family (Companion<br/>Rate)</b> |
|-------------------------------------------------|----------------|------------------------------------------------------|-----------------------------------------------------------|
| Without Rx Coverage:                            |                |                                                      |                                                           |
| Expected Enrollment:                            |                |                                                      |                                                           |
| <b><u>High Option Plan Medical Coverage</u></b> | <b>Retiree</b> | <b>Ret,<br/>Spouse</b>                               | <b>Ret, Spouse, &amp;<br/>Family</b>                      |
| Without Rx Coverage:                            |                |                                                      |                                                           |
| Expected Enrollment:                            |                |                                                      |                                                           |

**Quotes – Alternate Plans****Alternate Plan 1****Alt 1 - \$15 PCP, \$35 SPC - Actives**

| <b><u>High Option Plan Medical Coverage</u></b> | <b>EE (1.00)</b> | <b>EE+Spouse (2.10)</b> | <b>EE+Child(ren) (1.80)</b> | <b>EE+Family (3.00)</b> |
|-------------------------------------------------|------------------|-------------------------|-----------------------------|-------------------------|
| Without Rx Coverage:                            |                  |                         |                             |                         |
| Expected Enrollment:                            |                  |                         |                             |                         |

**Alt 1 - \$15 PCP, \$35 SPC - Retiree and Spouse (-65)**

| <b><u>High Option Plan Medical Coverage</u></b> | <b>Ret (1.00)</b> | <b>Ret+Spouse (2.09)</b> | <b>Ret+Child(ren) (1.80)</b> | <b>Ret, Spouse, Family (2.99)</b> |
|-------------------------------------------------|-------------------|--------------------------|------------------------------|-----------------------------------|
| Without Rx Coverage:                            |                   |                          |                              |                                   |
| Expected Enrollment:                            |                   |                          |                              |                                   |

**Alt 1 - \$15 PCP, \$35 SPC - Retiree or Spouse (+65)**

| <b><u>High Option Plan Medical Coverage</u></b> | <b>Ret (1.00)</b> | <b>Ret+Spouse (3.28)</b> | <b>Ret+Child(ren) (1.80)</b> | <b>Ret, Spouse, Family (5.56)</b> |
|-------------------------------------------------|-------------------|--------------------------|------------------------------|-----------------------------------|
| Without Rx Coverage:                            |                   |                          |                              |                                   |
| Expected Enrollment:                            |                   |                          |                              |                                   |

**Alt 1 - \$15 PCP, \$35 SPC - Retiree and Spouse (+65)**

| <b><u>High Option Plan Medical Coverage</u></b> | <b>Ret+Spouse (2.10)</b> | <b>Ret+Child(ren) (3.00)</b> | <b>Ret, Spouse, Family (3.00)</b> |
|-------------------------------------------------|--------------------------|------------------------------|-----------------------------------|
| Without Rx Coverage:                            |                          |                              |                                   |
| Expected Enrollment:                            |                          |                              |                                   |

**Alt 1 - \$15 PCP, \$35 SPC - Medicare Advantage and Companion Rates**

| <b><u>High Option Plan Medical Coverage</u></b> | <b>Retiree</b> | <b>Ret &amp; Spouse (Companion Rate)</b> | <b>Ret, Spouse, &amp; Family (Companion Rate)</b> |
|-------------------------------------------------|----------------|------------------------------------------|---------------------------------------------------|
| Without Rx Coverage:                            |                |                                          |                                                   |
| Expected Enrollment:                            |                |                                          |                                                   |

**Alternate Plan 2****Alt 2 - \$300 individual / \$500 family deductible - Actives**

| <b><u>High Option Plan Medical Coverage</u></b> | <b>EE (1.00)</b> | <b>EE+Spouse<br/>(2.10)</b> | <b>EE+Child(ren)<br/>(1.80)</b> | <b>EE+Family<br/>(3.00)</b> |
|-------------------------------------------------|------------------|-----------------------------|---------------------------------|-----------------------------|
| Without Rx Coverage:                            |                  |                             |                                 |                             |
| Expected Enrollment:                            |                  |                             |                                 |                             |

**Alt 2 - \$300 individual / \$500 family deductible – Retiree and Spouse (-65)**

| <b><u>High Option Plan Medical Coverage</u></b> | <b>Ret (1.00)</b> | <b>Ret+Spouse<br/>(2.09)</b> | <b>Ret+Child(ren)<br/>(1.80)</b> | <b>Ret,<br/>Spouse,<br/>Family<br/>(2.99)</b> |
|-------------------------------------------------|-------------------|------------------------------|----------------------------------|-----------------------------------------------|
| Without Rx Coverage:                            |                   |                              |                                  |                                               |
| Expected Enrollment:                            |                   |                              |                                  |                                               |

**Alt 2 - \$300 individual / \$500 family deductible– Retiree or Spouse (+65)**

| <b><u>High Option Plan Medical Coverage</u></b> | <b>Ret (1.00)</b> | <b>Ret+Spouse<br/>(3.28)</b> | <b>Ret+Child(ren)<br/>(1.80)</b> | <b>Ret,<br/>Spouse,<br/>Family<br/>(5.56)</b> |
|-------------------------------------------------|-------------------|------------------------------|----------------------------------|-----------------------------------------------|
| Without Rx Coverage:                            |                   |                              |                                  |                                               |
| Expected Enrollment:                            |                   |                              |                                  |                                               |

**Alt 2 - \$300 individual / \$500 family deductible– Retiree and Spouse (+65)**

| <b><u>High Option Plan Medical Coverage</u></b> | <b>Ret+Spouse<br/>(2.10)</b> | <b>Ret+Child(ren)<br/>(3.00)</b> | <b>Ret, Spouse,<br/>Family<br/>(3.00)</b> |
|-------------------------------------------------|------------------------------|----------------------------------|-------------------------------------------|
| Without Rx Coverage:                            |                              |                                  |                                           |
| Expected Enrollment:                            |                              |                                  |                                           |

**Alt 2 - \$300 individual / \$500 family deductible– Medicare Advantage and Companion Rates**

| <b><u>High Option Plan Medical Coverage</u></b> | <b>Retiree</b> | <b>Ret &amp; Spouse<br/>(Companion<br/>Rate)</b> | <b>Ret, Spouse,<br/>&amp; Family<br/>(Companion<br/>Rate)</b> |
|-------------------------------------------------|----------------|--------------------------------------------------|---------------------------------------------------------------|
| Without Rx Coverage:                            |                |                                                  |                                                               |
| Expected Enrollment:                            |                |                                                  |                                                               |

**Alternate Plan 3****Alt 3 - \$15 PCP, \$35 SPC; \$300 individual / \$500 family deductible - Actives**

| <b><u>High Option Plan Medical Coverage</u></b> | <b>EE<br/>(1.00)</b> | <b>EE+Child(ren)<br/>(2.10)</b> | <b>EE+Spouse<br/>(1.80)</b> | <b>EE+Family<br/>(3.00)</b> |
|-------------------------------------------------|----------------------|---------------------------------|-----------------------------|-----------------------------|
| Without Rx Coverage:                            |                      |                                 |                             |                             |
| Expected Enrollment:                            |                      |                                 |                             |                             |

**Alt 3 - \$15 PCP, \$35 SPC; \$300 individual / \$500 family deductible – Retiree and Spouse (-65)**

| <b><u>High Option Plan Medical Coverage</u></b> | <b>Ret (1.00)</b> | <b>Ret+Spouse<br/>(2.09)</b> | <b>Ret+Child(ren)<br/>(1.80)</b> | <b>Ret,<br/>Spouse,<br/>Family<br/>(2.99)</b> |
|-------------------------------------------------|-------------------|------------------------------|----------------------------------|-----------------------------------------------|
| Without Rx Coverage:                            |                   |                              |                                  |                                               |
| Expected Enrollment:                            |                   |                              |                                  |                                               |

**Alt 3 - \$15 PCP, \$35 SPC; \$300 individual / \$500 family deductible – Retiree or Spouse (+65)**

| <b><u>High Option Plan Medical Coverage</u></b> | <b>Ret (1.00)</b> | <b>Ret+Spouse<br/>(3.28)</b> | <b>Ret+Child(ren)<br/>(1.80)</b> | <b>Ret,<br/>Spouse,<br/>Family<br/>(5.56)</b> |
|-------------------------------------------------|-------------------|------------------------------|----------------------------------|-----------------------------------------------|
| Without Rx Coverage:                            |                   |                              |                                  |                                               |
| Expected Enrollment:                            |                   |                              |                                  |                                               |

**Alt 3 - \$15 PCP, \$35 SPC; \$300 individual / \$500 family deductible– Retiree and Spouse (+65)**

| <b><u>High Option Plan Medical Coverage</u></b> | <b>Ret+Spouse<br/>(2.10)</b> | <b>Ret+Child(ren)<br/>(3.00)</b> | <b>Ret, Spouse,<br/>Family (3.00)</b> |
|-------------------------------------------------|------------------------------|----------------------------------|---------------------------------------|
| Without Rx Coverage:                            |                              |                                  |                                       |
| Expected Enrollment:                            |                              |                                  |                                       |

**Alt 3 - \$15 PCP, \$35 SPC; \$300 individual / \$500 family deductible– Medicare Advantage and Companion Rates**

| <b><u>High Option Plan Medical Coverage</u></b> | <b>Retiree</b> | <b>Ret &amp; Spouse<br/>(Companion<br/>Rate)</b> | <b>Ret, Spouse,<br/>&amp; Family<br/>(Companion<br/>Rate)</b> |
|-------------------------------------------------|----------------|--------------------------------------------------|---------------------------------------------------------------|
| Without Rx Coverage:                            |                |                                                  |                                                               |
| Expected Enrollment:                            |                |                                                  |                                                               |

**Alternate Plan 4****Alt 4 - \$20 PCP, \$40 SPC - Actives**

| <b><u>Low Option Plan Medical Coverage</u></b> | <b>EE (1.00)</b> | <b>EE+Child(ren)<br/>(2.10)</b> | <b>EE+Spouse<br/>(1.80)</b> | <b>EE+Family<br/>(3.00)</b> |
|------------------------------------------------|------------------|---------------------------------|-----------------------------|-----------------------------|
| Without Rx Coverage:                           |                  |                                 |                             |                             |
| Expected Enrollment:                           |                  |                                 |                             |                             |

**Alt 4 - \$20 PCP, \$40 SPC - Retiree and Spouse (-65)**

| <b><u>Low Option Plan Medical Coverage</u></b> | <b>Ret (1.00)</b> | <b>Ret+Spouse<br/>(2.09)</b> | <b>Ret+Child(ren)<br/>(1.80)</b> | <b>Ret,<br/>Spouse,<br/>Family<br/>(3.00)</b> |
|------------------------------------------------|-------------------|------------------------------|----------------------------------|-----------------------------------------------|
| Without Rx Coverage:                           |                   |                              |                                  |                                               |
| Expected Enrollment:                           |                   |                              |                                  |                                               |

**Alt 4 - \$20 PCP, \$40 SPC - Retiree or Spouse (+65)**

| <b><u>Low Option Plan Medical Coverage</u></b> | <b>Ret (1.00)</b> | <b>Ret+Spouse<br/>(3.49)</b> | <b>Ret+Child(ren)<br/>(1.79)</b> | <b>Ret,<br/>Spouse,<br/>Family<br/>(6.00)</b> |
|------------------------------------------------|-------------------|------------------------------|----------------------------------|-----------------------------------------------|
| Without Rx Coverage:                           |                   |                              |                                  |                                               |
| Expected Enrollment:                           |                   |                              |                                  |                                               |

**Alt 4 - \$20 PCP, \$40 SPC - Retiree and Spouse (+65)**

| <b><u>Low Option Plan Medical Coverage</u></b> | <b>Ret+Spouse<br/>(2.09)</b> | <b>Ret+Child(ren)<br/>(3.00)</b> | <b>Ret, Spouse,<br/>Family (3.00)</b> |
|------------------------------------------------|------------------------------|----------------------------------|---------------------------------------|
| Without Rx Coverage:                           |                              |                                  |                                       |
| Expected Enrollment:                           |                              |                                  |                                       |

**Alt 4 - \$20 PCP, \$40 SPC - Medicare Advantage and Companion Rate**

| <b><u>Low Option Plan Medical Coverage</u></b> | <b>Retiree</b> | <b>Ret &amp; Spouse<br/>(Companion<br/>Rate)</b> | <b>Ret, Spouse,<br/>&amp; Family<br/>(Companion<br/>Rate)</b> |
|------------------------------------------------|----------------|--------------------------------------------------|---------------------------------------------------------------|
| Without Rx Coverage:                           |                |                                                  |                                                               |
| Expected Enrollment:                           |                |                                                  |                                                               |

**Alternate Plan 5****Alt 5 – coinsurance 75% in-network , 60% out-of-network - Actives**

| <b><u>Low Option Plan Medical Coverage</u></b> | <b>EE (1.00)</b> | <b>EE+Child(ren)<br/>(2.10)</b> | <b>EE+Spouse<br/>(1.80)</b> | <b>EE+Family<br/>(3.00)</b> |
|------------------------------------------------|------------------|---------------------------------|-----------------------------|-----------------------------|
| Without Rx Coverage:                           |                  |                                 |                             |                             |
| Expected Enrollment:                           |                  |                                 |                             |                             |

**Alt 5 – coinsurance 75% in-network , 60% out-of-network – Retiree and Spouse (-65)**

| <b><u>Low Option Plan Medical Coverage</u></b> | <b>Ret (1.00)</b> | <b>Ret+Spouse<br/>(2.09)</b> | <b>Ret+Child(ren)<br/>(1.80)</b> | <b>Ret,<br/>Spouse,<br/>Family<br/>(3.00)</b> |
|------------------------------------------------|-------------------|------------------------------|----------------------------------|-----------------------------------------------|
| Without Rx Coverage:                           |                   |                              |                                  |                                               |
| Expected Enrollment:                           |                   |                              |                                  |                                               |

**Alt 5 – coinsurance 75% in-network , 60% out-of-network – Retiree or Spouse (+65)**

| <b><u>Low Option Plan Medical Coverage</u></b> | <b>Ret (1.00)</b> | <b>Ret+Spouse<br/>(3.49)</b> | <b>Ret+Child(ren)<br/>(1.79)</b> | <b>Ret,<br/>Spouse,<br/>Family<br/>(6.00)</b> |
|------------------------------------------------|-------------------|------------------------------|----------------------------------|-----------------------------------------------|
| Without Rx Coverage:                           |                   |                              |                                  |                                               |
| Expected Enrollment:                           |                   |                              |                                  |                                               |

**Alt 5 – coinsurance 75% in-network , 60% out-of-network – Retiree and Spouse (+65)**

| <b><u>Low Option Plan Medical Coverage</u></b> | <b>Ret+Spouse<br/>(2.09)</b> | <b>Ret+Child(ren)<br/>(3.00)</b> | <b>Ret, Spouse,<br/>Family (3.00)</b> |
|------------------------------------------------|------------------------------|----------------------------------|---------------------------------------|
| Without Rx Coverage:                           |                              |                                  |                                       |
| Expected Enrollment:                           |                              |                                  |                                       |

**Alt 5 – coinsurance 75% in-network , 60% out-of-network – Medicare Advantage and Companion Rates**

| <b><u>Low Option Plan Medical Coverage</u></b> | <b>Retiree</b> | <b>Ret &amp; Spouse<br/>(Companion<br/>Rate)</b> | <b>Ret, Spouse,<br/>&amp; Family<br/>(Companion<br/>Rate)</b> |
|------------------------------------------------|----------------|--------------------------------------------------|---------------------------------------------------------------|
| Without Rx Coverage:                           |                |                                                  |                                                               |
| Expected Enrollment:                           |                |                                                  |                                                               |

**Alternate Plan 6****Alt 6 – \$20 PCP, \$40 SPC, coinsurance 75% in-network , 60% out-of-network - Actives**

| <b><u>Low Option Plan Medical Coverage</u></b> | <b>EE (1.00)</b> | <b>EE+Child(ren)<br/>(2.10)</b> | <b>EE+Spouse<br/>(1.80)</b> | <b>EE+Family<br/>(3.00)</b> |
|------------------------------------------------|------------------|---------------------------------|-----------------------------|-----------------------------|
| Without Rx Coverage:                           |                  |                                 |                             |                             |
| Expected Enrollment:                           |                  |                                 |                             |                             |

**Alt 6 – \$20 PCP, \$40 SPC, coinsurance 75% in-network , 60% out-of-network – Retiree and Spouse (-65)**

| <b><u>Low Option Plan Medical Coverage</u></b> | <b>Ret (1.00)</b> | <b>Ret+Spouse<br/>(2.09)</b> | <b>Ret+Child(ren)<br/>(1.80)</b> | <b>Ret,<br/>Spouse,<br/>Family<br/>(3.00)</b> |
|------------------------------------------------|-------------------|------------------------------|----------------------------------|-----------------------------------------------|
| Without Rx Coverage:                           |                   |                              |                                  |                                               |
| Expected Enrollment:                           |                   |                              |                                  |                                               |

**Alt 6 –\$20 PCP, \$40 SPC, coinsurance 75% in-network , 60% out-of-network – Retiree or Spouse (+65)**

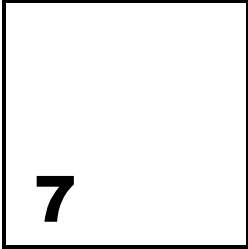
| <b><u>Low Option Plan Medical Coverage</u></b> | <b>Ret (1.00)</b> | <b>Ret+Spouse<br/>(3.49)</b> | <b>Ret+Child(ren)<br/>(1.79)</b> | <b>Ret,<br/>Spouse,<br/>Family<br/>(6.00)</b> |
|------------------------------------------------|-------------------|------------------------------|----------------------------------|-----------------------------------------------|
| Without Rx Coverage:                           |                   |                              |                                  |                                               |
| Expected Enrollment:                           |                   |                              |                                  |                                               |

**Alt 6 – \$20 PCP, \$40 SPC, coinsurance 75% in-network , 60% out-of-network – Retiree and Spouse (+65)**

| <b><u>Low Option Plan Medical Coverage</u></b> | <b>Ret+Spouse<br/>(2.09)</b> | <b>Ret+Child(ren)<br/>(3.00)</b> | <b>Ret, Spouse,<br/>Family (3.00)</b> |
|------------------------------------------------|------------------------------|----------------------------------|---------------------------------------|
| Without Rx Coverage:                           |                              |                                  |                                       |
| Expected Enrollment:                           |                              |                                  |                                       |

**Alt 6 – \$20 PCP, \$40 SPC, coinsurance 75% in-network , 60% out-of-network – Medicare Advantage and Companion Rates**

| <b><u>Low Option Plan Medical Coverage</u></b> | <b>Retiree</b> | <b>Ret &amp; Spouse<br/>(Companion<br/>Rate)</b> | <b>Ret, Spouse,<br/>&amp; Family<br/>(Companion<br/>Rate)</b> |
|------------------------------------------------|----------------|--------------------------------------------------|---------------------------------------------------------------|
| Without Rx Coverage:                           |                |                                                  |                                                               |
| Expected Enrollment:                           |                |                                                  |                                                               |

**7**

## **Performance Guarantees**

As stated in the introduction, the City seeks a health plan partner that can provide exceptional administrative services and is committed to member satisfaction. The City expects the winning vendor to put fees at risk if certain performance standards are not met. Below are the City's required performance guarantees for fully insured plans. Please add additional guarantees you are willing to abide by. Indicate the amount of fees you are willing to put at risk by category, and indicate any deviations from the targets or criteria parameters.

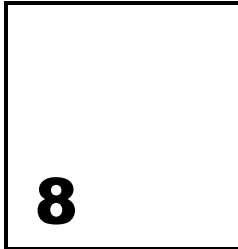
**Fully Insured Arrangement:**

This format is designed to objectively measure performance to agreed-upon standards. A total of \$150,000 of premium is at risk to the Service Provider. Recommended amounts at risk within each category are provided.

| Category                                | Performance Standard                                                                                                                                                                                   | Method of Measurement                                  | Amount at Risk                                    | Results | Penalty |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------|---------|---------|
| A. Online Eligibility/Administration    |                                                                                                                                                                                                        |                                                        | \$15,000 to be applied across i and ii            |         |         |
| i. ID Cards                             | A. Turnaround Time: 98% of all cards sent within 10 work days of receipt of enrollment tape or EDI.                                                                                                    | Semi-Annual service provider turnaround time report    | \$1,000 per month with a \$50,000 annual maximum  |         |         |
|                                         | B. Quality: 08% of ID cards sent have correct information imprinted.                                                                                                                                   | Exception Reporting provided by City of St. Louis      | \$1,000 per month with a \$50,000 annual maximum  |         |         |
| ii. Eligibility Audit                   | A. 99.5% matches City of St. Louis file                                                                                                                                                                | Periodic full file audit – No more than quarterly      | \$1,000 per month with a \$50,000 annual maximum  |         |         |
|                                         | B. Send, on a weekly basis an eligibility file, in Excel format, including name, SS#, individual and total premium for the City's active employees, retirees and COBRA participants to the City's PBM. | Periodic full file audit – No more than quarterly      | \$1,000 per month with a \$50,000 annual maximum  |         |         |
| B. Customer Service/Member Satisfaction |                                                                                                                                                                                                        |                                                        | \$15,000 to be applied across i, ii & iii         |         |         |
| i. Satisfaction Survey                  | Average score of 80% for 2006                                                                                                                                                                          | Annual City of St. Louis sponsored satisfaction survey | \$5,000                                           |         |         |
| ii. Telephone Calls                     | Average speed of answer is 90% of all calls answered within 30 seconds for 2006                                                                                                                        | Quarterly service provider call tracking report        | \$5,000                                           |         |         |
| iii. Telephone Calls                    | Abandonment rate <5%                                                                                                                                                                                   | Quarterly service provider call tracking report        | \$5,000                                           |         |         |
| Claims Administration                   |                                                                                                                                                                                                        |                                                        | \$15,000 to be applied across i, ii, & iii        |         |         |
| i. Claims Processing                    | 95% paid within 10 work days                                                                                                                                                                           | \$2,000 per quarter with a \$5,000 annual maximum      | \$2,000 per quarter with a \$5,000 annual maximum |         |         |
| ii. Claim Financial Accuracy            | 99% paid correctly                                                                                                                                                                                     | \$2,000 per quarter with a \$5,000 annual maximum      | \$2,000 per quarter with a \$5,000 annual maximum |         |         |

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## **Appendix**

- A. Intent to Bid
- B. Claims/Enrollment Exhibits - (provided under separate cover)
- C. Census Information – (provided in excel electronically)
- D. Current Benefit Summaries

**Appendix A****Group Medical Benefit Coverage for City of St. Louis  
INTENT TO RESPOND FORM****Request for Proposals for Group Medical Benefit Coverage for City of St. Louis**

Please complete (type or print), sign, and submit this form, via FAX or e-mail, indicating your intent to respond to the above titled Request for Proposals (RFP). Please return a legible copy of this form. The deadline for receipt of this form is October 26, 2007. Submission of the Intent to Respond Form does not obligate an organization to submit a proposal.

**To:****Jo Mensing**

Phone: 314 588 2518

Fax: 314 588 2525

E-mail: [jo.mensing@mercercorp.com](mailto:jo.mensing@mercercorp.com)**Clariecia Stroud**

Phone: 314 342 7043

Fax: 314 588 2525

E-mail: [clariecia.stroud@mercercorp.com](mailto:clariecia.stroud@mercercorp.com)**Date:** \_\_\_\_\_**From:** \_\_\_\_\_**Title:** \_\_\_\_\_**Company:** \_\_\_\_\_**Telephone Number:** \_\_\_\_\_**Fax number:** \_\_\_\_\_**E-mail address:** \_\_\_\_\_

Please indicate whether or not you intend to respond to this RFP by checking yes or no. We intend to respond to this RFP either in its entirety or in part (where applicable) by the specified due date: Yes \_\_\_\_\_ No \_\_\_\_\_

By signing the below, I certify, that I have authorization from the company named above, to respond to this request for proposal.

**Signature:** \_\_\_\_\_**Printed Name:** \_\_\_\_\_**Title:** \_\_\_\_\_

## **Appendix B**

Claims/Enrollment Exhibits

## **Appendix C**

Census information – provided in excel electronically via BenefitPoint.

## **Appendix D**

Current benefit summaries – Please see attachment summaries via BenefitPoint.

# MERCER



MARSH MERCER KROLL  
GUY CARPENTER OLIVER WYMAN

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314 588 2500

**Consulting. Outsourcing. Investments.**