



**CITY OF LITTLE ROCK, ARKANSAS**

**REQUEST FOR PROPOSAL**

**FOR**

# **HEALTH CARE BENEFITS**

**BID #15152**

**RFP Issue Date:**

**08/06/15**

**Responses Due By:**

**2:00 P.M. on September 4, 2015**

**Pre-Bid Meeting:**

**NO**

August 6, 2015

**REQUEST FOR PROPOSAL (RFP)  
HEALTH CARE  
BID # 15152**

To Whom It May Concern:

The City of Little Rock is seeking information/proposals from organizations interested in providing medical coverage to City employees and eligible dependents. Materials regarding this request are available at the City of Little Rock web page (City Departments-Finance-Online Bids) or you may contact me, as noted below. These materials include a description of the existing plan, census data, specification questionnaire for information, and claims utilization data and ongoing large claims. Please note that the claims data is password protected. Please contact me at the email address below for that password.

In order to be considered, all requested material must be submitted no later than 2:00 p.m., Friday September 4, 2015. Four copies of the proposal must be delivered in a sealed envelope clearly marked, "Response to Request for Proposal for City of Little Rock Medical Care Coverage." Materials are to be submitted to:

Abdoul Kabaou, Purchasing Manager  
City of Little Rock  
500 West Markham, Suite 300  
Little Rock, AR 72201

Deadline for questions or written requests for clarification is 12:00 noon, Wednesday, August 12, 2015. Responses to those requests will be compiled and posted to the noted website as soon as practical after that deadline. Questions and requests for clarification may be directed to:

Jim Bradshaw, Risk Manager  
City of Little Rock, Human Resources Department  
500 West Markham – Suite 130W  
jbradshaw@littlerock.org

If you need additional information, please contact me at (501) 371-4502.

Sincerely,

Jim Bradshaw, CRM, CIC, IPMA-CP, ARM-P  
Risk Manager

**CITY OF LITTLE ROCK  
2015 GROUP HEALTH BENEFITS PROGRAM  
REQUEST FOR PROPOSAL**

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# **SECTION 1**

## **GENERAL INFORMATION**

“The City of Little Rock (“the City”) is requesting information/proposals required to provide group health benefits for eligible employees and dependents of the City and affiliated agencies. Currently, employees are covered by Municipal Health Benefit Fund (Arkansas Municipal League), which has been effective since January 1, 2015.

Participating agencies, including the Arkansas Arts Center, Downtown Partnership, First Tee, Metroplan, Oakland Cemetery, Little Rock Port Authority, Pulaski County Solid Waste System, and Little Rock Workforce Investment Board provide coverage to employees and eligible dependents as part of the City contract. Such participating satellite agencies are approved by the City and the City may at its discretion add or delete an agency. It is understood that such changes that involve a significant change to the group covered may require additional underwriting considerations. All such covered agencies have a direct relationship with the City either budgetary or via the City’s membership in a regional authority.

## **PLAN OBJECTIVES**

The City and participating agencies wish to obtain any and all proposals for health benefits based upon the following objectives:

1. Affordability of premiums and ability to maintain competitive contribution/cost-sharing arrangements.
2. Protecting eligible employees against financial burden caused by catastrophic illness or injury.
3. Promote health improvement (wellness) and healthy lifestyle.

## **HEALTH CARE RFP PROCESS**

Acceptance of the Request for Proposal issued by the Purchasing Agent, as indicated by submission of information/proposal by responder will bind responder to the terms and conditions herein set forth, except as specifically qualified in any addendum issued in connection therewith. Any alleged oral agreement or arrangement made by a responder with any agency or the Buyer, or an employee of the City will be disregarded.

This solicitation does not commit the City to award a contract, to pay any costs incurred in the preparation of information or proposals, or to procure or contract for the articles or goods or services. The City reserves the right to accept or reject any or all proposals received as a result of this request, or to cancel in part or in its entirety and to waive technicalities if it is in the best interest of the City to do so. Award of this contract is subject to the appropriation of funds for this purpose by the City.

Inquiries related to the RFP or the proposal process should be directed in writing to the attention of Jim Bradshaw, email [JBradshaw@littlerock.org](mailto:JBradshaw@littlerock.org) with copy to Tom Kane, email [tkane@stephens.com](mailto:tkane@stephens.com). Requests for clarification must be submitted in writing no later than Wednesday, August 12, 2015, 12:00 p.m., allowing time for a reply to all Companies prior to opening date. Any clarification given to a Company will be furnished in writing to all Companies as an amendment and/or will be posted on the City web site, if such information modifies these specifications or is deemed to be necessary in responding to this RFP.

Telegraphic or fax materials sent directly to the City offices will NOT be considered.

Sealed, written proposals will be received until 2:00 p.m. on Friday September 4, 2015, in the City of Little Rock Purchasing Department. All materials should be submitted to:

Abdoul Kabaou, Purchasing Agent,  
City of Little Rock  
500 West Markham Suite 300  
Little Rock, AR 72201.

PROPOSALS SHALL BE IN AN ENVELOPE CLEARLY MARKED "BID #15152, RESPONSE TO REQUEST FOR PROPOSAL FOR HEALTH BENEFITS FOR CITY OF LITTLE ROCK" ON THE

**OUTSIDE** OR IT WILL NOT BE CONSIDERED. PLEASE PROVIDE FOUR (4) COPIES OF ALL MATERIALS. *All materials must be signed by an authorized officer of the Company and must be held firm for acceptance for a minimum period of 60 days after the opening date. All information/proposals become the property of the City of Little Rock and will not be returned to the offering company. Any data considered proprietary or confidential should be clearly marked as noted below.*

As noted elsewhere, this RFP requests both plan definitions and projected premium rates. The decision to recommend any specific plan will depend on the deemed best combination of benefits for participants, premium and other details provided in response to this request.

Below is a table that gives the specific dates and deadlines:

<b>RFP DEADLINE INFORMATION</b>	<b>DATES</b>
Request Released	<b>August 6, 2015</b>
Deadline for Written Questions or Clarification	<b>August 12, 2015 @ 12:00 PM</b>
PROPOSAL Due	<b>September 4, 2015 @ 2:00 PM</b>

## **ADDITIONAL INFORMATION**

The City currently provides Health Care via a group self-funding arrangement with the Arkansas Municipal League (MHBF). Regardless of the provider, all premium payments and administrative fees will normally be paid within 30 days of their due date. The effective date of all policies and service contracts executed in response to this request, and other agreements, will be January 1, 2016, with the contract to be situated in Little Rock, Arkansas.

The City currently uses a third party for Data Mining (Analytics). Confirmation is requested in Section 3, that your firm will allow the use of and transfer of all the City claims data to a third party and any costs associated with that transfer this data is to be fully noted.

The City of Little Rock currently pays 100% of the premium for individual coverage for full-time employees. The City will consider an Employee premium contribution for the employee only coverage in 2016. This possible change in premium contribution is further addressed in Section 3.

Below is a listing of the retiree cover guidelines as listed in the City's Policy and Procedure Manual:

### **Retiree Coverage Eligibility**

Effective March 1997, any employee with a minimum of five (5) years of service with the City of Little Rock, whose age and years of service combined total a minimum of 70, may continue health insurance coverage until becoming eligible for full Medicare coverage. Documented previous service within another Municipality may be counted in calculation of age and service if all other requirements are met.

### **Medicare Eligibility/Family Rate w/Young Children**

In the event of the death of a covered retiree or when a covered retiree reaches Medicare eligibility, all City contributions will cease; however, any covered dependent(s) will be allowed to continue the coverage until reaching Medicare eligibility or in the case of a child, the limiting age specified in the then existing insurance program. **A single dependent will pay the same premium rate as that established for a single retiree. For two or more dependents, the family rate (dependent unit cost) will apply.**

## **CURRENT AND SUGGESTED BENEFITS**

Within Section 4 you will find a summary of the current benefit design, Exhibit A that indicates eligibility requirements and retiree coverage and Exhibit B that lists the affiliates that are currently covered. The current plan has several programs that are designed to promote healthy living, please specify if your plan can or will provide each program and associated incentives or any other wellness programs. (See Section 4 for listing of wellness initiatives currently in place.) Each company is requested to consider the current benefit structure as a baseline Plan for consideration. **Any and all deviations and benefit differences from the current plan will be entertained.**

Additional alternate plan designs are invited including high deductible plans with Health Savings or Reimbursement Accounts. All benefit alternatives will be seriously considered to minimize the financial burden of expenses to the City and the participants. **Other alternates are invited as long as they are clearly described and include a Summary of Coverage as required for distribution to participants.**

## **BASIS OF CONTRACT AWARD**

The successful provider will be notified of contract award as soon as possible. Stephens Insurance will provide consulting services to the City, and will analyze all information in concert with the City.

It is expected that finalist presentations and negotiations on benefits differences, and/or funding options, networks, etc., may be pursued but are not necessarily required after review of initial proposal responses are analyzed. Contract award recommendations will be based upon cost, benefits offered, premium and access to providers of care.

The City and the noted Consultants will consider both benefit structure and premium rates to determine the successful bidder. Both components will be reviewed to determine the plan offering deemed most beneficial to the City and covered participants. For proposals for other than a fully insured option, pricing along with proposed plan options will both also be reviewed for complete consideration.

## **PRESCRIPTION DRUG BENEFITS**

The current prescription drug benefit is a three tier formulary. The City will consider other designs based upon the cost and benefits offered. Special services for drug utilization management, prior authorization, specialty drug 4<sup>th</sup> tiers, step therapy requirements and reduced/no co-pay (especially generic maintenance type medications), in addition to mail order drug benefit options, are also invited.

## **EXCLUSIONS AND LIMITATIONS**

Each company must provide as a part of their Proposal, Summaries of Coverage or Certificates, clearly indicating all contract exclusions, and benefit limitations.

## **MEDICAL CONTRIBUTIONS**

The City of Little Rock currently pays 100 % of the premium for individual coverage for full-time employees. The City may contemplate an Employee premium contribution for the employee only coverage in 2016.

Participants electing dependent coverage are required to pay a portion of the cost of dependent coverage. Details of the cost sharing are provided in Section 4.

## **CENSUS DATA**

Complete census summary data is in Section 5 of this RFP. Gender, date of birth, home zip code and coverage type (EE—employee only, family) are indicated for all participants.

## **PREMIUM RATES**

In Section 5 you will find a composite premium exhibit based upon current census participation and coverage elections.

The City currently operates a 2-tier rate structure and will continue to use this method unless it is determined to be in their best interest to change to a 3 or 4-tier rating system. If something other than the 2-tier rate system is suggested, provide details of rates and the assumed participation in each tier.

## **UTILIZATION DATA AND HISTORICAL CLAIMS EXPERIENCE**

In section 6, you will find a worksheet indicating the QualChoice premium rates for 2008 thru 2012; Qualchoice Paid Claims Report that indicates participation, and claims vs. premium and three years of Qualchoice claims over \$10,000 report.

## **SINGLE PROVIDER CONTRACTING**

The City intends for all healthcare benefits to be provided by one organization, unless it is deemed advantageous to do otherwise.

If more than one plan or provider is selected, each employee must be enrolled in the same plan as their covered dependents. No employee will be allowed to make a mid-year change from one plan to the next, except as legally required. Changes to alternate vendor options would be allowed only during an open enrollment.

All information shall assume that your quote does not have a competing plan option. It is the intention of the City to maintain a single provider contract. If the rate quotations provided are based upon a minimum participation assumption for any of the quoted benefit options, and continuation of a non-contributory employer posture for single coverage, indicate all conditions and qualified assumptions.

## **SECTION 2**

## PROPOSAL STANDARDS AND DEADLINES

The City of Little Rock ("the City") issues this Request for Proposal ("RFP") for the purpose of entering into a single contract for Health Insurance for the City of Little Rock Employees.

1. Employees, Dependents and Retirees participating prior to the initial effective date of January 1, 2016 must be guaranteed immediate protection without evidence of insurability or additional limitations, if applicable.
2. The required services are to commence on January 1, 2016, and continue in force until December 31, 2016. The contract may be renewed annually as allowed by purchasing guidelines. Regardless of renewal projections, experience or other factors the total contract period cannot exceed seven (7) years without another formal bid process. Rates and fees must be guaranteed for a minimum period of twelve (12) months. *However, the City is interested in and will consider a multiyear rate guarantee.*
3. All contract execution and benefit booklets, including Summaries of Coverage, and certificates must be delivered to the City or mailed to the employees no later than February 1, 2016. Identification cards and enrollment materials must be completed and delivered to participant home addresses no later than 15 days prior to the coverage effective date. Open enrollments will be held during October and November 2015. City Human Resources staff will schedule and coordinate enrollment sessions at various City facilities; the selected vendor will be expected to provide assistance for those sessions in order to fully explain benefits offered and limitations to coverage.
4. Any contract awarded in response to the RFP (the "Contract") may be terminated by either party at the renewal date by giving the other not less than ninety (90) days written notice of intent to terminate as of the date specified. **Please Note: Projected Renewal rates for each future year must be provided to the City by August 10 preceding the expected renewal date.**

5. The company selected to provide the Medical Benefits (the "Company") shall perform according to the terms and conditions as stated herein, and according to the highest standards and commercial practices. The Company selected will agree to conduct employee meetings to explain benefits to all employees as needed.
6. The Contract will not be assignable without prior written consent of both parties. An attempted assignment without such consent shall be void and of no effect.
7. The contents and requirements of this RFP will be incorporated into the final Contract documents. Due to the anticipated complexities of this contract, the City reserves the right to negotiate final terms and conditions with the Companies submitting information/proposals.
8. The City reserves the right to reject any and all proposals, or any portion thereof, and to waive technicalities, and re-advertise if deemed necessary. Award will be made to the Company whose plan conforms to the RFP and, in the sole judgment of the City, will be most advantageous to the City and its participants.
9. The City will not reimburse Company's cost incurred in the preparation and submission of information/proposals. All proposals shall become the property of the City upon submission. The City reserves the right to negotiate rates, terms and conditions from the selected qualified companies, subsequent to the submission of information/proposals in accordance with the established contractual guidelines of the City of Little Rock, Arkansas.
10. Amendments to this document may be made by letter, email, or fax and/or posted on the City web site. Companies considering responding to this request accept responsibility for reviewing that web site for any changes after the deadline for clarification.
11. Companies are cautioned that the City is not obligated to ask for, or accept, after opening date, data which is essential for a complete and thorough evaluation of the proposal. The City may award a contract based on initial submissions without any

further discussion of such information. Accordingly, each submission shall be submitted on the most favorable and complete price and technical terms possible.

12. After the award of the Contract, all information/proposals will be open for public inspection. Financial data, trade secrets, test data, and similar proprietary information will, to the extent permitted by law, remain confidential provided such material is clearly so marked by the Company prior to submission of the RFP; however, premiums and administrative fee information may not be confidential. If your materials contain and such information, please submit a redacted copy for use in the event of a request for review under the AR Freedom of Information Act.
13. The Company hereby agrees to assume all risks and responsibilities inherent in performing the contracted services and does hereby agree to defend, hold harmless, indemnify, release and forever discharge the City and any of its officers, agents, employees, volunteers and servants from and against any and all claims, demands, and actions, causes of action, losses of liabilities, or expenditures of any kind, including court cost and expenses, accruing or resulting from any suits or damages of any character resulting from injuries, damages, or death sustained by any person or persons, or property, by virtue of the performance of this agreement either directly or indirectly.
14. The Company agrees that the City or any of its duly authorized representatives shall at any time during the term of this Contract have access to, and the right to audit and examine, any pertinent records of the Company related to this Contract. The Company shall keep such records for a period of not less than five (5) years from the date the records are made, unless the City authorizes their earlier disposition. The Company agrees to refund to the City any underpayments or overcharges disclosed by any such audit, or to take other corrective action as may be required.
15. The Company will obtain and maintain at its expense, and in its name, all necessary licenses and permits required to perform the services described herein.
16. With your proposal, please submit your Company's most recent financial ratings to include AM Best and/or comparable third party ratings and confirm that you meet all

the established standards to conduct business in the State of Arkansas as required by the Arkansas Insurance Department guidelines and certifications.

17. The name, mailing address, email and telephone number of the Company's authorized agent with authority to bind the firm with respect to questions concerning the Company's proposal must be clearly stated in the information provided. The proposal and/or the letter which transmits the information/proposal to the City must be signed by an authorized officer of the Company. The name of one person with overall account responsibility must be provided.

Companies are cautioned to exercise care in the preparation and submission of their information/proposals. The following items are particularly highlighted for response:

- **Sealed** competitive materials are due at the City of Little Rock Purchasing Department no later than 2:00 p.m. local time on the day specified for receipt.
- Clearly identify base plan submitted and any voluntary alternates or options.
- Clearly mark any proprietary material (may not include net cost information).
- Identify official representative(s), sign and date materials.
- Provide four (4) copies of all information/proposals.
- ***Clearly identify Proposal Name/number and opening time/date on exterior of sealed envelope.***

**City staff does not intend to consider for award of Contract any Plan or Program which is not submitted as noted in this RFP.**

## **TERMS AND STANDARD CONDITIONS**

### **PLEASE READ CAREFULLY**

1. *In the event a contract is entered into pursuant to the "Request for Proposal", the Respondent shall not discriminate against any qualified employee or applicant for employment because of race, sex, color, disability, creed, national origin or ancestry and comply with City, State and Federal Non-Discrimination standards. The Respondent must include in any and all subcontracts, a provision similar to above.*
2. Any ambiguity in any proposal as the result of omission, error, lack of clarity or noncompliance by the Respondent with specification, instructions and all conditions of the Request for Proposal shall be construed in the light most favorable to the City.
3. All terms and conditions stated herein shall constitute a complete and integrated document and the covenants contained herein shall not be altered or modified by parol evidence unless such modifying term, conditions or covenants are in writing and are signed by the Respondent and the agent of the City of Little Rock.
4. City of Little Rock reserves the right to reject any and all proposals, to accept in whole or in part, to waive any informalities or technicalities in information received, to accept proposals or materials or equipment with variations from specifications in those cases where efficiency of operation will not be impaired and unless otherwise specified by the Respondent, to accept any item in the submission. If unit prices and extensions thereof do not coincide, the City of Little Rock may accept the submission for the lesser amount whether reflected by the extension or by the correct multiple of the unit price.

## **SECTION 3**

## PROPOSAL QUESTIONNAIRE

Review and respond to every question in this section plus provide materials noted in Exhibit 1 which follows these questions. Complete responses to each question will be necessary to fully review your information/proposal. All questionnaire responses should be answered as clearly and concisely as possible, beginning with a restatement of each question followed by the response. Also complete Exhibit 1 and include a summary of benefits for each alternative plan submitted.

### General Administrative

1. Billing:
  - A. If the billing process suggested uses any basis other than 'head count' basis, please describe in detail the requirements of your system.
  - B. Also describe initial eligibility file creation requirements.
  - C. What are your requirements as far as specific deadlines for remitting premiums and submitting retroactive additions and deletions?
  - D. Will a separate list of additions and deletions be generated that the City may use to reconcile the billing on a monthly basis?
2. Describe your web-based enrollment capabilities (if any) and the requirements for your system. Note any 'web-based platforms' which interact with your system.
3. Can the program be offered on a net basis with no agent commissions? If not, clearly indicate the commissions or fees paid to any third party broker or consultant.
4. What impact (if any) will a change in contribution posture by the City as employer have upon the quoted rates or expected claim costs provided for each response? Be specific as to threshold levels that would require an alteration or a review in quoted rates should the City decide to implement a cost sharing for single coverage, rather than the current non-contributory arrangement?
5. Confirm that you can match current eligibility requirements and can also provide retiree coverage. (See eligibility definitions and retiree definitions in Section 4-Exhibit A.)

## **Claims Reporting & Renewal Methodology**

6. At what frequency does your company provide utilization reporting? Provide a full set of sample reports that would be available on a monthly, quarterly, and annual basis.
7. Describe in detail the methodology for future renewal calculations, including the actual calculation for fully insured benefit options, including trend assumptions, expense-retention assumptions, pooling/reinsurance levels, large claims load, IBNR reserve adjustments, and any other relevant factors or information. Provide a sample renewal for an account of similar size. Please describe in detail the basis within the renewal analysis for estimating Incurred but Not Reported Reserve liabilities?
8. What level of pooling will be utilized during the first contract renewal? Subsequent contract renewals?
9. Will you guarantee maximum expense levels used in the renewal for the term of the contract? If so, please note any guarantees/cost limitation.
10. Will your organization offer trend, expense or claim cost caps for the second or third years of this plan? Describe in detail any offered maximums.
11. The City currently uses a third party for Data Mining (analytics). Confirm your firm will allow the use of and transfer of all the City claims data to a third party and state any cost or other requirement that would be associated to transfer this data.
12. Describe how your systems assist the City in completing reporting requirements under the Patient Protection and Affordable Care Act.

## **Managed Care and Disease Management**

13. How does your company screen medical and pharmacy claims for potential large case or disease management opportunities?

14. Identify Disease Management programs which are included within your managed care programs. What specific Disease Management Programs are you suggesting to implement? Define each program and provide specific cost per member. Describe participation and outreach methods for each program.
15. How are participants in your plans referred to Disease Management programs? Is referral mandatory, voluntary, or subject to severity of the condition? Describe how your program drives engagement into these programs.
16. How do you evaluate the return on investment for such programs?
17. Does your company offer health risk assessments? Describe process and cost.
18. Does your company offer biometric assessments? Describe process and cost.
19. What incentives do you recommend to maximize participation?
20. Can you duplicate the existing or past wellness plans and incentives? Examples of such programs and incentives include: Deductible Credit Program (reduction of deductible for completion of wellness assessments/activities), Smoking Cessation Program (reduce/eliminate out-of-pocket costs for activities/medications), Diabetes Program (no or low cost test meter and supplies) and Healthy Heart Program. Please list any other disease management focused programs offered.

### **Communications and Disclosure**

21. Provide a sample summary plan description, booklet and/or certificates for a similar program (for informational purposes only), and a sample explanation of benefits statement. Also provide samples of master contracts, employer contracts and agreements. You must include copies of any exclusion and limitations pages from the master contract document as a separate exhibit.
22. Provide sample employee communication materials to include:
  - Enrollment kits and Summaries of Benefits

- Disease Management Program descriptions, wellness incentives, and cost containment newsletters
- Sample web based information, if available
- Identification cards

**Special Plan Options**

23. Does your plan offer concentric/narrow network design? If so, describe operation of that design. Please note this option as an ‘Alternate Plan’ in the Premium Quotation section below. Provide details in the Provider Network section below...
24. How does your plan interact with ‘on-site/near-site’ clinics should the City determine to participate in such an arrangement? Is there any premium incentive for the City to operate such an arrangement?

**Claims services: Insured and ASO Options**

25. Please provide the following detail:
- Are your provider contracts specific that patients may not be ‘balance billed’ for charges above the contracted rate?
  - Average Claim processing time (provider encounter through final adjudication)?
  - Processing accuracy (portion of claims requiring re-adjudication)?
  - What is the average answer rate (number of rings) and abandonment rate for calls to you claims center?
  - What is the average ‘on-hold’ time for calls to your claims center?
  - How do these averages compare to internal service targets for those items?

**Provider Network**

26. Describe your plan’s network of providers. If you offer multiple Network Options, please define each and provide details for each:

Primary Care – definition and number \_\_\_\_\_

Specialists \_\_\_\_\_

Ancillary Services \_\_\_\_\_

27. Describe briefly the credentialing process for participating providers.
28. What is a typical annual turnover rate for Participating Providers?  
Voluntary \_\_\_\_\_ Non-Voluntary \_\_\_\_\_
29. For your entire book of business, what is the average number of participants per provider in each of the categories noted in #25 above?
30. Based on the included census data, note the number of network providers within each zip code noted as categorized in # 25 above.
31. The City currently utilizes a Third-Party Data Analytics organization. Please confirm that you will provide required data to that designated organization for use in determining future Wellness programs or meeting other data needs of the City. Also note any requirements for transfer of such data.
32. Please include materials showing your organization's most recent 'Best' rating and/or materials from other rating organizations.

**ASO Option**

33. If you are suggesting an ASO Option, note claims processing and other servicing criteria as noted above. Based on data provided, provide your estimate of:

Claims costs (PMPM) \_\_\_\_\_  
Stop-Loss/Pooling Point \_\_\_\_\_  
Estimated Stop-Loss Premium \_\_\_\_\_  
ASO Charges (PMPM) \_\_\_\_\_

34. Will you provide medical and pharmacy claims data to a third-party data analytics vendor? Please define any costs or other requirements for such transfer (as detailed in item 30 above).

35. Will your organization cooperate if the City opts to 'carve-out' the Pharmacy Benefit Manager? Please define any costs of other requirements for such an activity.

I. EXHIBIT #1

II. 2012 MONTHLY PREMIUM QUOTATION(S)

Plan Designs		Current Plan	Alternate 1*	Alternate 2*	Alternate 3*
1. POS/PPO	Assumed Count				
Individual-Medical & Prescription					
Family-Medical & Prescription					

\*Any alternate plans must be fully outlined to show benefit differences. The City will consider addition of an HDHP (with and without an HSA option)

In addition to the current Two Tier Premium structure, please provide three (3) and four (4) tier options. Please define each tier and the projected premium rate for each:

Tier 1 (Employee only/Single) \_\_\_\_\_  
 Tier 2 \_\_\_\_\_  
 Tier 3 \_\_\_\_\_  
 Tier 4 \_\_\_\_\_

Tier 1 (Employee only/Single) \_\_\_\_\_  
 Tier 2 \_\_\_\_\_  
 Tier 3 \_\_\_\_\_

**Assumptions**

Number of Singles \_\_\_\_\_  
 Number of Families \_\_\_\_\_

For ASO options, note all fees/costs:

Per Covered Employee per Month: \$ \_\_\_\_\_

If any other basis, please define and state: \$ \_\_\_\_\_

Define services provided for that noted fee:

**Carrier/Provider Signature:**

---

**RESPONSE FORMAT:**

Please provide your all requested materials in as precise a response as possible. The required format is:

Restate each question/item followed by a complete response. Such as:

1.
  - A
  - B
  - C
  - D

2.

3.

4.

Etc.

In the event a question is not applicable to your response, please make that notation.

TERMS AND STANDARD CONDITIONS  
CITY OF LITTLE ROCK, ARKANSAS  
PLEASE READ CAREFULLY

1. When submitting an "Invitation to Bid," the bidder warrants that the commodities covered by the bid shall be free from defects in material and workmanship under normal use and service. In addition bidder must deliver new commodities of the latest design and model, unless otherwise specified in the "Invitation to Bid."
2. Prices quoted are to be net prices, and when an error is made in extending total prices, the City may accept the bid for the lesser amount whether reflected by extension or by the correct multiple of the unit price.
3. Discounts offered will be taken when the City qualifies for such. The beginning date for computing discounts will be the date of invoice or the date of delivery and acceptance, whichever is later.
4. When bidding other than the brand and/or model specified in the "Invitation to Bid," the brand and/or model number must be stated by the item in the "Invitation to Bid," and descriptive literature be submitted with the bid.
5. The City reserves the right to reject any and all bids.
6. The Purchasing office reserves the right to award items, all or none, or by line items (s).
7. Quality, time and probability of performance may be factors in making an award.
8. Bid quotes submitted will remain firm for 30 calendar days from bid opening date; however, the prices may remain firm for a longer period of time if mutually agreeable between bidder and the City Purchasing Division.
9. Bidder must submit a completed, signed copy of the front page of the "Invitation to Bid," and must submit any other information required in the "Invitation to Bid".
- 10. As a condition for doing business with the City of Little Rock, the contractor shall not discriminate on the basis of race, color, creed, religion, sex, national origin, age, disability, marital status, sexual orientation, gender identity, or genetic information and shall require such compliance in agreements with subcontractors and sub-subcontractors.**
11. Sales or Use Tax is not to be included in the bid price, but is to be added by the vendor to the invoice billing to the City. Although Use Tax is not to be included in the bid, vendors are to register and pay tax direct to the Arkansas State Revenue Department.
12. Prices quoted shall be "Free on Board" (F.O.B.) to destination at designated City facility in Little Rock. Charges may not be added after the bid is opened.
13. In the event of two or more identical low bids, the contract may be awarded arbitrarily or for any reason to any of such bidders or split in any proportion between them at the discretion of the Purchasing Division.
14. Specifications furnished with this Invitation are intended to establish a desired quality or performance

level, or other minimum dimensions and capacities, which will provide the best product available at the lowest possible price, other than designated brands and/or models approved as equal to designed products shall receive equal consideration.

15. Samples of items when required must be furnished free, and, if not called for within 30 days from date of bid opening, will become property of the City.
16. Bids received after stated time for opening will not be considered.
17. Guarantees and warranties should be submitted with the bid, as they may be a consideration in making an award.
18. CONSTRUCTION
  - A. When noted, the Contractor is to supply the City with evidence of having and maintaining proper and complete insurance, specifically Workman's Compensation Insurance in accordance with the laws of the State of Arkansas, Public Liability and Property Damage. All premiums and cost shall be paid by the Contractor; in no way will the City be responsible in case of accident.
  - B. When noted, a certified check or bid bond in the amount of 5% of total bid shall accompany bid.
  - C. A Performance Bond equaling the total amount of any bid exceeding \$20,000 must be provided for any contract for the repair, alteration or erection of any public building, public structure or public improvement (pursuant to Act 351 or 1953 as amended by Act 539 of 1979).
19. Liquidated Damages shall be assessed beginning on the first day following the maximum delivery or completion time entered on the bid form and/or provided for by the plans and specifications.
20. Any ambiguity in any bid as the result of omission, error, lack of clarity or non-compliance by the bidder with specifications, instructions and all conditions of bidding shall be construed in the light most favorable to the City.
21. The bid number should be stated on the face of the sealed bid envelope. If it is not, the envelope will have to be opened to identify.
22. Attention is called to the fact that not less than the minimum prevailing salaries and wages as set forth in the contract documents must be paid on the project if applicable.
23. The City of Little Rock encourages participation of small, minority, and woman own business enterprises in the procurement of goods, services, professional services, and construction, either as a general contractor or sub-contractor. It is further requested that whenever possible, majority contractors who require sub-contractors, seek qualified small, minority, and woman businesses to partner with them.