



## ***REQUEST FOR PROPOSALS***

**Town of Trophy Club, Texas**

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### ***Request For Proposal Data***

Proposal Title: Health and Welfare Benefit Plan Request For Proposal

Issue Date: May 13, 2016

RFP #: 2016-202

### ***Request For Proposal To Market***

Distributed by: IPS Advisors  
10000 N. Central Expressway  
Suite 1100  
Dallas, Texas 75231

### ***Proposal Due Date***

Date: June 3, 2016

Time: 3:00 P.M. CST

Number of Copies: 1 original and 1 copy

Location / Address: IPS Advisors  
10000 N. Central Expressway  
Suite 1100  
Dallas, Texas 75231

## INSTRUCTIONS TO PROPOSERS

All proposers must familiarize themselves with the following 'Instructions to Proposers':

### 1. PROPOSAL DELIVERY, TIME & DATE

- a) The Town of Trophy Club will receive **written and sealed proposals** for **Medical, Dental, Voluntary Vision, Life/AD&D, Vol. Life/AD&D, STD, LTD, HAS, HRA and Patient Advocacy** will be accepted until **3:00 P.M., CST, on June 3, 2016**, at the address listed below. Proposals received after that date and time will be returned unopened. Each proposal and supporting documentation must be in a **sealed envelope or container plainly labeled in the lower left-hand corner: "Health and Welfare Benefits Proposal – RFP #: 2016-202 - DO NOT OPEN"**. Proposers must also include their company name and address on the outside of the envelope or container. Proposals must be addressed to:  
**IPS Advisors**  
**Attn: Bonni Brown**  
**10000 N. Central Expressway, Suite 1100**  
**Dallas, Texas 75231**
- b) Proposers are responsible for making certain that proposals and proposed contracts are delivered to IPS Advisors. Mailing of a proposal does not ensure that the proposal will be delivered on time or delivered at all. If proposer does not hand deliver proposal, we suggest that he/she use some sort of delivery service that provides a receipt.
- c) Proposals will be accepted in person, by United States Mail, by United Parcel Service, or by private courier service. No proposals will be accepted by oral communication, telephone, electronic mail, telegraphic transmission, or telefacsimile transmission. Proposals may be withdrawn prior to the above scheduled time set for closing of the proposals. Any proposal received after the date and hour specified will be rejected and returned unopened to the proposer.
- d) The Town of Trophy Club reserves the right to postpone the date and time for opening proposals through an addendum.

### 2. CLARIFICATION OF REQUIREMENTS

- a) It is the intent and purpose of the Town of Trophy Club that this RFP permit competitive proposals. It shall be the proposer's responsibility to advise if any language, requirements, etc., or any combinations thereof, inadvertently restricts or limits the requirements stated in this RFP to a single source. Such notification must be submitted in writing and must be received by IPS Advisors no later than eight (8) business days prior to the proposal due date. A review of such notifications will be made.
- b) All requests for additional information or clarification concerning this Request for Proposal (RFP) must be submitted **in writing via email to [bbrown@ipsadvisors.com](mailto:bbrown@ipsadvisors.com) with IPS Advisors no later than eight (8) business days (May 19, 2016) prior to the proposal due date.**

### 3. **ADDENDA & MODIFICATIONS**

- a) Any proposer in doubt as to the true meaning of any part of the specifications or other documents may request an interpretation thereof. The interpretation will be made by written addendum. Such addendum will be sent to all proposers receiving the original RFP and will become part of the RFP package having the same binding effect as provisions of the original RFP. No verbal explanations or interpretations will be binding. In order to have a request for interpretation considered, the request must be submitted in writing and **must be received no later than eight (8) business days (May 19, 2016) prior to proposal due date.**
- b) All addenda and interpretations of this solicitation shall be in writing. The Town of Trophy Club shall not be legally bound by an addenda or interpretation that is not in writing. Only information supplied in writing or in this RFP should be used in preparing proposal responses. All contacts that a proposer may have had before or after receipt of this RFP with any individuals, employees, or representatives of the Town or IPS Advisors and any information that may have been read in any news media or seen or heard in any communication facility regarding this proposal should be disregarded in preparing responses.
- c) The Town does not assume responsibility for the receipt of any addendum sent to proposers.
- d) **A copy of all addenda issued must be signed and returned with your proposal.**

### 4. **EXAMINATION OF DOCUMENTS AND REQUIREMENTS**

- a) Each proposer shall carefully examine all RFP documents and thoroughly familiarize itself with all requirements prior to submitting a proposal to ensure that the services being offered meet the intent of these specifications.
- b) Before submitting a proposal, each proposer shall be responsible for making all investigations and examinations that are necessary to ascertain conditions and requirements affecting the requirements of this RFP. Failure to make such investigations and examinations shall not relieve the Proposer from obligation to comply, in every detail, with all provisions and requirements of the RFP.

### 5. **PROPOSAL COPIES**

- a) Proposers must submit **one original** and **one copy** of their proposal and proposed contract(s).
- b) All proposals, responses, inquiries, or correspondence relating to or in reference to this RFP, and all reports, charts, and other documentation submitted by proposers shall become the property of the Town of Trophy Club when received at the office of IPS Advisors.

6. **PROPOSAL PREPARATION COSTS**

- a) Issuance of this RFP does not commit the Town of Trophy Club, in any way, to pay any costs incurred in the preparation and submission of a proposal.
- b) The issuance of this RFP does not obligate the Town of Trophy Club to enter into contract for any services or equipment.
- c) All costs related to the preparation and submission of a proposal shall be paid by the proposer.

7. **TRADE SECRETS, CONFIDENTIAL INFORMATION AND THE TEXAS PUBLIC INFORMATION ACT**

- a) If you consider any portion of your proposal to be privileged or confidential by statute or judicial decision, including trade secrets and commercial or financial information, clearly identify those portions.
- b) Proposals will be opened in a manner that avoids disclosure of the contents to competing offerors and keeps the proposals secret during negotiations. All proposals are open for public inspection after the contract is awarded, but trade secrets and confidential information in the proposals are not open for inspection.
- c) The Town of Trophy Club will honor your notations of trade secrets and confidential information and decline to release such information initially, but please note that the final determination of whether a particular portion of your proposal is in fact a trade secret or commercial or financial information that may be withheld from public inspection will be made by the Texas Attorney General or a court of competent jurisdiction. In the event a public information request is received for a portion of your proposal that you have marked as being confidential information, you will be notified of such request and you will be required to justify your legal position in writing to the Texas Attorney General pursuant to Section 552.305 of the Government Code. In the event that it is determined by opinion or order of the Texas Attorney General or a court of competent jurisdiction that such information is in fact not privileged and confidential under Section 552.110 of the Government Code and Section 252.049 of the Local Government Code, then such information will be made available to the requester.
- d) Marking your entire proposal **CONFIDENTIAL/PROPRIETARY** **is not** in conformance with the Texas Open Records Act.

**8. HISTORICALLY UNDERUTILZATED BUSINESS (HUB)**

- a) The Town of Trophy Club hereby notifies all proposers that in regard to any contract entered into pursuant to this RFP; Disadvantaged Business Enterprises (DBE's) will be afforded equal opportunities to submit proposals and will not be discriminated against on the grounds of race, color, sex, disability, or national origin in consideration of an award.
- b) A DBE is defined as a small business concern which is at least 51% owned and controlled by one or more socially and economically disadvantaged individuals, or in the case of any publicly owned business, at least 51% of the stock of which is owned by one ore more socially and economically disadvantaged individuals. Socially and economically disadvantaged include Women, Black Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans, and Asian-Indian Americans.

**9. HB 914 DISCLOSURE OF CERTAIN RELATIONSHIPS**

- a) Effective January 1, 2006, Chapter 176 of the Texas Local Government Code requires that any vendor or person considering doing business with a local government entity disclose in the questionnaire form CIQ, the vendor or person's affiliation or business relationship that might cause a Conflict of Interest with a local government entity. By law, this questionnaire must be filed with the records administrator of the Town not later than the 7<sup>th</sup> business day after the date the person becomes aware of facts that require that statement to be filed. See Section 176.006, Local Government Code. A person commits an offense if the person violates Section 176.006, Local Government Code. An offense under this section is a Class C Misdemeanor.

**10. ALTERING/WITHDRAWAL OF BIDS**

- a) Bids cannot be altered or amended after submission deadline. Any alteration or erasure made before bid opening time must be initialed by the signer of the bid, guaranteeing authenticity.
- b) A bid price may not be withdrawn or canceled by the bidder for a period of ninety (90) days following the date designated for the receipt of bids without written approval of the Purchasing Agent for the Town and bidder so agrees upon submittal of bid.

**11. AUTHORIZATION TO BIND SUBMITTER OF PROPOSAL**

- a) Proposals are to be signed by an officer of the company authorized to bind the submitter to its provisions. Proposals are to contain a statement indicating the period during which the proposals will remain valid. A period of not less than ninety (90) days is required.

12. **EQUAL EMPLOYMENT OPPORTUNITY**

- a) Proposer agrees that it will not discriminate in hiring, promotion, treatment, or other terms and conditions of employment based on race, sex, national origin, age, disability, or in any way violate Title VII of 1964 Civil Rights Act and amendments, except as permitted by said laws.

13. **EVALUATION PROCESS**

- a) All proposals will be evaluated by IPS Advisors.
- b) Respondents to this RFP may be required to submit additional information, which IPS Advisors. may deem necessary to further evaluate the proposer's qualifications.
- c) IPS Advisors. will evaluate and numerically score each proposal in accordance with the evaluation criteria included in the Request for Proposal.
- d) IPS Advisors. will arrive at a short list of the top respondents and these short-listed respondents may be scheduled for a structured oral presentation and interview. Such presentations will be at no cost to the Town of Trophy Club or IPS Advisors. At the end of the oral presentation and interview, the evaluation of the short-listed respondents will be completed. The oral interview may be recorded and/or videotaped.

14. **CONTRACT AWARD**

- a) Any contract award as a result of this RFP will be made to the responsible offeror whose proposal is determined to be the most advantageous to the Town of Trophy Club considering the relative importance of price and the other evaluation factors included in the RFP.
- b) The Town of Trophy Club does not guarantee that any contract will be awarded as a result of this RFP.

**SIGNATURE PAGE**

The undersigned, in submitting this bid proposal and their endorsement of same, represents that he/she is authorized to obligate their firm, that he/she has read this entire bid proposal package, is aware of the covenants contained herein and will abide by and adhere to the expressed requirements.

Submittals will be considered as being responsive only if entire bid package including attachments is returned.

**Submitted by:**

\_\_\_\_\_  
(Official Firm Name)

By: \_\_\_\_\_  
(Original Signature)

\_\_\_\_\_  
(Typed or Printed Name)

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

**Remittance Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

## **Request for Proposal Contents Listing**

- RFP Overview
- Deviations from Specifications
- Contractual Provisions for Consideration
- Proposal Terms
- Vendor Selection Criteria
- Current Plan Summaries and Requested Plan Options
- Rate History
- Employee/Employer Contributions
- Submission Forms
- Conflict of Interest Questionnaire

## OVERVIEW

Client: Town of Trophy Club

Industry: Municipality

Group to be Covered: All Eligible Employees

Size: 66 - Active Employees  
1 COBRAs

Location: 100 Municipal Dr.  
Trophy Club, TX 76262

Coverages to Bid: **Medical, Dental, Vision, Basic Life/AD&D, Vol. Life/AD&D, STD, LTD, HSA and HRA**

**Contributions** **Medical: Town pays 100% of EE Medical, 35% on Deps**  
**Dental: Town pays 100% of EE premium, 35% Deps**  
**Vision: Town pays 100% of EE premium**

Effective Date 10/1/16

Eligibility: 1<sup>st</sup> of the month following employment

Geo Access Report: Criteria: Hospital – 1 in 15 mi.; Physician/Specialist – 1 in 10 mi.  
Dental Provider - 2 General Dentists in 10 miles; 2 Specialists in 10 miles

Commission: **QUOTE ALL COVERAGES NET OF COMMISSION**

Consultant: Andrew Weegar  
IPS Advisors  
10000 N. Central Expressway  
Suite 1100  
Dallas, TX 75231

## **DEVIATIONS FROM SPECIFICATIONS**

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

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Signature of Officer

## **Contractual Provisions for Consideration**

The firm who enters into a contract with the Town of Trophy Club to provide services to the employees will be required to abide by the contract provisions outlined here. Potential contractors should consider the following carefully, and it is assumed by submitting a proposal that these conditions will be acceptable and included in the final signed document.

### **I. Handling of Claims & Customer Service**

- A. The contractor must agree to deliver quality customer service to the Town and its employees and follow all applicable regulations and industry standards. Any problems related to servicing the contract, the employees, or the Town with regard to billing procedures must be rectified immediately.
- B. Invoices will be separated for:
  - a. Active Employees
  - b. COBRA Eligible Plan Participants

### **II. Continuity of Coverage**

All employees and dependents covered by the current plan are to receive immediate coverage under the new plan. It is expected that employees will be covered on a no loss/no gain basis. Fair credit will be allowed for all or any part of deductibles, coinsurance, etc. satisfied prior to the effective date. Employees transferring from part-time to full-time status will have immediate coverage assuming waiting period has been satisfied.

### **III. Claims Experience Monitoring**

The contractor shall provide monthly reports allowing the Town to monitor claims experience on a monthly basis.

### **IV. Contractor Provision Requirement**

The contractor shall provide any necessary tools, equipment, supplies, materials, employees, management, and other items or services necessary in order to provide full service to the contract.

### **V. Indemnity Clause**

By submitting a proposal and/or accepting an agreement for services, the contractor will agree to hold harmless the Town of Trophy Club, its officers, agents, and employees, from and against any and all claims, losses, damages, causes of action, suits and liability of every kind, including all expenses of litigation, court costs, and attorney's fees, for injury to, or death of, any person, or for damage to any property arising out of, or in conjunction with, the work done by the contractor, regardless of whether such injuries, death or damages are caused in whole or in part by the negligence of the City.

## **VI. Expectations of the Contractor**

It is understood upon submission of a proposal that;

- A. The contractor shall not assign or subcontract any of its rights, duties, or obligations under the contract without prior written consent from the City. The contractor shall be entitled to assign, pledge or encumber its right to receive payments under this contract pursuant to security interests based upon the Uniform Commercial Code, so long as the Town shall never be obligated to negotiate with any such third party in respect to compliance with the terms and conditions of the agreed contract. Any such assignment, pledge or encumbrance shall be limited by any rights of offset by the Town for damages or claims arising under this Contract or any other obligation owed by the contractor to the City.
- B. At all times during the term of the contract, the company awarded the contract shall operate as an independent contractor to the City, and the contractor shall not, in any event, be deemed an employee or other representative of the City, nor shall he/she hold themselves up as such.

## **VII. Contractor Employee Arrangements**

All employees of the contractor shall at all times be considered an employee of the contractor, and the contractor will be solely liable for the payment of all wages and benefits made available to such employees in connection with their employment. In addition, it is expected and understood that the contractor will be responsible at all times for the supervision and performance of their employees. All employees of the contractor shall warrant that all employees are fully covered by workers compensation insurance and that each employee has been carefully screened as to character and fitness for the performance of his/her job.

## **VIII. Contractor Insurance Coverages**

During the duration of any agreed contract, the contractor shall maintain, at its sole cost and expense, Professional E & O Liability insurance with a minimum policy limit of \$1,000,000. The insurance policy must name the Town of Trophy Club as an additional insured. A certificate of insurance evidencing such coverage shall be furnished to the Town prior to the commencement of any work for the City.

## **PROPOSAL TERMS**

1. Proposals are to be based on the requested plan(s) of benefits.
2. Proposals are to be based upon the census provided in the RFP.
3. All participants enrolled in the Employee Benefits Plan as of October 1, 2016 are to receive immediate coverage under the new plan. All health services incurred on or after September 30, 2016 for currently enrolled participants are to be eligible expenses. The City's enrollment records are to be the basis for "take-over."
4. Credit is to be given for accumulated deductible, coinsurance, and lifetime maximums with a maximum waiting period on pre-existing conditions of 12 months total.
5. **This RFP is for a four-year contract period. A 1-year contract with 3 one-year renewal options.** If it is the respondent's intent to increase rates at the renewal date, the Town must be notified of the maximum increase for each renewal period and the basis for calculating the increase. **The Town must be notified of renewal rates 90 days prior to the effective date** of the rate change.

## **VENDOR SELECTION CRITERIA (INSURANCE COMPANY – ALL COVERAGES)**

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

### **I. Cost (30%)**

- a) Fixed Costs: includes insurance costs and administrative costs
- b) Ability to reduce claims expense

### **II. Financial Stability (15%)**

- a) Insurance Company, AM Best Rating

### **III. Communication (5%)**

- a) Educational material for employees
- b) Summary Plan Description capabilities
- b) Administrative kits for locations
- c) Bilingual capability

### **IV. Claims Processing (25%)**

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

### **V. Claims Management Reports (10%)**

- a) Frequency and format of claims reports are the utmost importance.
- b) Disease Management reporting

### **VI. Integrated Systems / Technology Initiative (10%)**

Integrated systems linked to database are integral to the provider selection. The following components make up the whole of an integrated system:

- a) Eligibility
- b) Utilization review / Disease Management Programs
- c) Claims function
- d) Claims payment / family histories (i.e. pre-existing condition)
- e) Internet based enrollment/eligibility

### **VII. References (5%)**

***CURRENT PLAN SUMMARIES***

***AND***

***REQUESTED PLAN OPTIONS***

## TOWN OF TROPHY CLUB CURRENT MEDICAL PLAN DESIGN

MEDICAL BENEFITS	TML
	High Plan
	Current
<b>Deductible</b>	
In-Network	\$500 Ind. / \$1000 Fam.
Non-Network	\$750 Ind. / \$1500 Fam.
<b>Out Of Pocket Max</b>	<b>Including Deductible</b>
In-Network	\$2,000 Ind. / \$4,000 Fam.
Non-Network	\$0 Ind. / \$0 Fam. *
<b>Coinsurance</b>	
In-Network	80%
Non-Network	50%
<b>Lifetime Max</b>	Unlimited
<b>Emergency Room</b>	
In-Network	Ded./ 20%
Non-Network	Ded./ 20%
<b>Maternity</b>	Included
<b>Physician Office Visit</b>	
In-Network	\$15 Copay
Non-Network	Ded./ 50%
<b>Specialist Office Visit</b>	
In-Network	\$15 Copay
Non-Network	Ded./ 50%
<b>Preventive Care</b>	
In-Network	Covered 100%
Non-Network	Ded./ 50%
<b>Urgent Care</b>	
In-Network	Ded./ 20%
Non-Network	Ded./ 50%
<b>Diagnostic Lab &amp; X-Ray</b>	(CT, PET, MRI, MRA)
In-Network	Ded./ 20%
Non-Network	Ded./ 50%
<b>In-Patient Hospital</b>	Per Admission
In-Network	Ded./ 20%
Non-Network	Ded./ 50%
<b>Out-Patient</b>	Per Admission
In-Network	Ded./ 20%
Non-Network	Ded./ 50%
<b>Mental Health / Substance Abuse</b>	(may be subject to visit limits)
In-Network	Covered as
Non-Network	Any other Illness
<b>Prescriptions</b>	
Network Retail Pharmacy	\$0/\$9/\$38/\$60
Mail Order	\$25/\$95/\$150
Specialty Drugs	\$100 - Mail Order Only
Note: This is a brief summary and not intended to be a contract.	*Never pays at 100% **ER Copay waived if admitted

MEDICAL BENEFITS	TML
	Standard Plan
	Current
<b>Deductible</b>	
In-Network	\$1,000 Ind. / \$2,000 Fam.
Non-Network	\$1,250 Ind. / \$2,500 Fam.
<b>Out Of Pocket Max</b>	<b>Including Deductible</b>
In-Network	\$2,500 Ind. / \$5,000 Fam.
Non-Network	\$0 Ind. / \$0 Fam. *
<b>Coinsurance</b>	
In-Network	80%
Non-Network	50%
<b>Lifetime Max</b>	Unlimited
<b>Emergency Room</b>	
In-Network	Ded./ 20%
Non-Network	Ded./ 20%
<b>Maternity</b>	Included
<b>Physician Office Visit</b>	
In-Network	\$20 Copay
Non-Network	Ded./ 50%
<b>Specialist Office Visit</b>	
In-Network	\$20 Copay
Non-Network	Ded./ 50%
<b>Preventive Care</b>	
In-Network	Covered 100%
Non-Network	Ded./ 50%
<b>Urgent Care</b>	
In-Network	Ded./ 20%
Non-Network	Ded./ 50%
<b>Diagnostic Lab &amp; X-Ray</b>	(CT, PET, MRI, MRA)
In-Network	Ded./ 20%
Non-Network	Ded./ 50%
<b>In-Patient Hospital</b>	Per Admission
In-Network	Ded./ 20%
Non-Network	Ded./ 50%
<b>Out-Patient</b>	Per Admission
In-Network	Ded./ 20%
Non-Network	Ded./ 50%
<b>Mental Health / Substance Abuse</b>	(may be subject to visit limits)
In-Network	Covered as
Non-Network	Any other Illness
<b>Prescriptions</b>	
Network Retail Pharmacy	\$0/\$9/\$38/\$60
Mail Order	\$25/\$95/\$150
Specialty Drugs	\$100 - Mail Order Only
Note: This is a brief summary and not intended to be a contract.	*Never pays at 100% **ER Copay waived if Admitted

MEDICAL BENEFITS	TML
	HSA Plan
	Current
<b>Deductible</b>	
In-Network	\$2,000 Ind. / \$4,000 Fam.
Non-Network	\$2,250 Ind./ \$4,500 Fam.
<b>Out Of Pocket Max</b>	<b>Including Deductible</b>
In-Network	\$3,000 Ind. / \$6,000 Fam.
Non-Network	\$0 Ind./ \$0 Fam.*
<b>Coinsurance</b>	
In-Network	80%
Non-Network	50%
<b>Lifetime Max</b>	Unlimited
<b>Emergency Room</b>	
In-Network	Ded./ 20%
Non-Network	Ded./ 20%
<b>Maternity</b>	Included
<b>Physician Office Visit</b>	
In-Network	Ded./ 20%
Non-Network	Ded./ 50%
<b>Specialist Office Visit</b>	
In-Network	Ded./ 20%
Non-Network	Ded./ 50%
<b>Preventive Care</b>	
In-Network	Covered 100%
Non-Network	Ded./ 50%
<b>Urgent Care</b>	
In-Network	Ded./ 20%
Non-Network	Ded./ 50%
<b>Diagnostic Lab &amp; X-Ray</b>	(CT, PET, MRI, MRA)
In-Network	Ded./ 20%
Non-Network	Ded./ 50%
<b>In-Patient Hospital</b>	Per Admission
In-Network	Ded./ 20%
Non-Network	Ded./ 50%
<b>Out-Patient</b>	Per Admission
In-Network	Ded./ 20%
Non-Network	Ded./ 50%
<b>Mental Health / Substance Abuse</b>	(may be subject to visit limits)
In-Network	Covered as
Non-Network	Any other Illness
<b>Prescriptions</b>	<b>Ded. Must Be Met Before Copays</b>
Network Retail Pharmacy	\$0/\$9/\$38/\$60
Mail Order	\$25/\$95/\$150
Specialty Drugs	\$100 - Mail Order Only
Note: This is a brief summary and not intended to be a contract.	*Never pays at 100% **ER Copay waived if admitted

**TOWN OF TROPHY CLUB  
CURRENT DENTAL PLAN**

<b>DENTAL BENEFITS</b>		<b>TML</b>
		<b>Current</b>
<b>Type I – Preventive Services</b>		100%
<b>Waiting Period</b>		None
Oral Examinations		Type I (2 per cal. Year)
X-rays		Type I
- Bite Wings Frequency		(1 per cal. Year)
- Full Mouth Frequency		(1 per 60 month period)
Cleanings		Type I (2 per cal. Year)
Topical Fluoride Treatment		Type I (2 per cal. Year, to age 18)
Sealants		Type I (to age 13)
<b>Type II – Basic Services</b>		80%
<b>Waiting Period</b>		None
Fillings		Type II
- Amalgam		Anterior and Posterior
- Composite		Anterior and Posterior
Space Maintainers		Type I
Root Canal Treatment		Type II
Root Planning		Type II
Periodontic Maintenance		Type II
Periodontal Surgery		Type II
Extractions		Type II
General Anesthesia		Type II
Palliative Treatment (Relief of Pain)		Type II
<b>Type III – Major Services</b>		50%
<b>Waiting Period</b>		None
Crowns		Stainless Steel - Type II All Others - Type III
Inlays and Onlays		Type III
Removable / Fixed Bridge-Work		Type III
Partial or Complete Dentures		Type III
Denture Relines / Rebases		Type III
Implants		Type III
<b>Type IV - Orthodontia</b>		100% ( up to the Max)
<b>Waiting Period</b>		None
Orthodontia Lifetime Maximum		\$3,000
Orthodontia Eligibility		Child Only (to age 19)
<b>Calendar Year Deductible</b>		Applies to II, III
Individual		\$50 per Individual
<b>Dental Annual Maximum</b>		\$2,000
<b>Maximum Rollover</b>		Not Included
<b>Preventive Max Waiver</b>		Included
<b>Waiting Period Applies to:</b>		None
<b>UCR Out of Network Percentile</b>		*Members can go in or out of network at no penalty*

**TOWN OF TROPHY CLUB  
VISION PLAN DESIGN**

VISION BENEFITS	TML
Current	
<b>Annual Eye Exam</b>	
Network	\$65
<b>Frames / Lenses*</b>	
Single Vision - Network	\$50
Bifocal Lenses - Network	\$75
Trifocal Lenses - Network	\$85
Progressive Lenses - Network	\$115
Frames - Network	Up to \$60
Retail Frame Allowance	Up to \$60
<b>Contacts</b>	
Network	
<i>Medically Necessary</i>	\$150 Allowance
<i>Elective</i>	\$150 Allowance
Standard Contact Lense Fitting Fee	Included in Annual Eye Exam Amount
Contact Lense Allowance Unused Funds	Must use all at once
Lasik Benefit	Not Covered
Exam Frequency	12
Lens Frequency	12
Frames Frequency	12
Contacts + Glasses in Same Benefit Period	Glasses <b>OR</b> Contacts Only

**TOWN OF TROPHY CLUB  
BASIC LIFE/AD&D BENEFIT SUMMARY**

<b>BASIC LIFE BENEFITS</b>	<b>TML</b>
	<b>Current</b>
Class Description	FT Employees
Definition of Earnings	BAE
Basic Life Schedule	2X BAE, Max \$100,000
Maximum Benefit	2X BAE, Max \$100,000
Guarantee Issue Amount	2X BAE
Age Reduction Schedule	60% to 70, 40% at 75, 30% at 80
Terminates at Retirement	No
Waiver of Premium	None
Accelerated Death Benefit	Included
Conversion	Included
Portability	Included
Spouse Life Amount	\$5,000
Child(ren) Life Amount	\$2,000
<b>BASIC AD&amp;D BENEFITS</b>	
Class Description	FT Employees
Definition of Earnings	BAE
Basic AD&D Schedule	2X BAE, Max \$100,000
Maximum Benefit	2X BAE, Max \$100,000
Applies to Spouse/Children	Yes
Age Reduction Schedule	60% to 70, 40% at 75, 30% at 80
Education	\$5,000 per year, up to \$20,000
Seatbelt	\$10,000
Air Bag	\$5,000
Common Carrier Benefit	Included
Bereavement Counseling	Included

## VOLUNTARY LIFE/AD&D BENEFIT SUMMARY

VOLUNTARY LIFE BENEFITS	TML
	Current
Class Description	FT Employees
Definition of Earnings	BAE
Employee Life Schedule	.5X BAE to Max of \$300,000
Employee Maximum Benefit	\$300,000
Employee Guarantee Issue Amount	Basic Life only
Age Reduction Schedule	60% at age 70, 40% at age 75, 30% at age 80
Waiver of Premium	None - late entrants must complete a PHS
Accelerated Death Benefit	75% up to \$500,000
Spouse Life Schedule	\$5,000.00
Spouse Maximum Benefit	\$5,000
Spouse Guarantee Issue Amount	None - late entrants must complete a PHS
Child(ren) Life Schedule	Included
Conversion	Included
Portability	Included
Suicide Clause	2 Years

## LONG TERM DISABILITY BENEFIT

LTD BENEFITS	Mutual of Omaha
	Current
Class Description	All Eligible Employees working 30+ Hrs per Week
Definition of Earnings	BAE
Monthly Percentage	60%
Monthly Maximum	\$6,000
Guarantee Issue	\$6,000
Minimum Benefit	\$100
Elimination Period	90 Days
Maximum Benefit Duration	SSNRA
Definition of Own Occ/Any Occ	2 Year Own Occ
Residual/Partial	Residual
Social Security Integration	Full Family
Earnings Test	99% Own Occ, 85% Any Occ.
Survivor Benefit	3 Months
Pre-existing Limitations	3/12
Mental/Nervous Limits	24 Month Limitation
Drug & Alcohol Limits	24 Month Limitation
Self-reported Limitations	No Limit
Mandatory Rehab	Included, 10%
Family Care Benefit	Not Included
Work Incentive	Included
LTC Benefit Provision	Not Included
EAP Program	Included, Telephonic Only
Taxable Benefit	Yes
FICA Match	Included
W2 Preparation	Included

## SHORT TERM DISABILITY BENEFIT

STD BENEFITS	Mutual of Omaha
	Current
Class Description	All Eligible Employees Working 30+ hr per Week
Definition of Earnings	BAE
Weekly Percentage	60%
Weekly Maximum	\$1,000
Minimum Weekly	\$25
Accident Benefits Begin Day	8th Day (benefit begins period)
Sickness Benefits Begin Day	15th Day (elimination period)
Benefit Duration Less Elim Period	11 Weeks
Pre-existing Condition	3/12
Maternity Coverage	Included as Any Other Illness
C-Section Benefit Duration	8 Weeks
Taxable Benefit	No
FICA Match	Not Included
W2 Preparation	Included as Any Other Illness

# ***RATE SUMMARY***

## **TOWN OF TROPHY CLUB RATE SUMMARY**

### **Medical**

<b>High Plan</b>	<b>2015-2016</b>	<b>High Plan</b>	<b>2014-2015</b>
Employee Only	\$478.06	Employee Only	\$464.14
Employee + Spouse	\$1,330.88	Employee + Spouse	\$1,292.12
Employee + Child	\$934.36	Employee + Child	\$907.14
Employee + Family	\$1,686.04	Employee + Family	\$1,636.94

  

<b>Standard Plan</b>	<b>2015-2016</b>	<b>Standard Plan</b>	<b>2014-2015</b>
Employee Only	\$456.70	Employee Only	\$397.11
Employee + Spouse	\$1,221.78	Employee + Spouse	\$1,062.39
Employee + Child	\$866.06	Employee + Child	\$753.07
Employee + Family	\$1,540.42	Employee + Family	\$1,339.47

  

<b>HSA Plan</b>	<b>2015-2016</b>	<b>HSA Plan</b>	<b>2014-2015</b>
Employee Only	\$338.92	Employee Only	\$329.04
Employee + Spouse	\$904.88	Employee + Spouse	\$878.52
Employee + Child	\$641.74	Employee + Child	\$623.04
Employee + Family	\$1,140.62	Employee + Family	\$1,107.38

### **Dental**

2015-2016		2014-2015	
Employee Only	\$34.52	Employee Only	\$32.26
Employee + Spouse	\$70.86	Employee + Spouse	\$66.22
Employee + Child	\$74.50	Employee + Child	\$69.62
Employee + Family	\$105.98	Employee + Family	\$99.04

### **Vision**

2015-2016		2014-2015	
Employee Only	\$6.76	Employee Only	\$6.76
Employee + Family	\$20.26	Employee + Family	\$20.26

**TOWN OF TROPHY CLUB  
RATE SUMMARY**

<b>Basic Life 2011-2016</b>	
Life Rate	\$ 0.27
AD&D Rate	\$ 0.035
Dependent Rate	\$ 1.16

<b>LTD</b>
2015-Current \$0.32

<b>Voluntary STD</b>
2015-Current \$0.29

**Voluntary Life Rates  
2011-2016**

Age of Employee	Based on Members Age
<b>Up to 24</b>	\$0.036
<b>25 – 29</b>	\$0.036
<b>30 – 34</b>	\$0.045
<b>35 – 39</b>	\$0.079
<b>40 – 44</b>	\$0.112
<b>45 – 49</b>	\$0.172
<b>50 – 54</b>	\$0.289
<b>55 – 59</b>	\$0.517
<b>60 – 64</b>	\$0.794
<b>65 – 69</b>	\$1.316
<b>70 - 74</b>	\$2.114
<b>75+</b>	\$2.114
<b>Dependent Life Rate:</b>	\$1.16
<b>Employee AD&amp;D Rate (per \$1,000)</b>	\$.035
<b>Spouse AD&amp;D Rate (per \$1,000)</b>	\$.035

## ***SUBMISSION FORMS***

***(MUST BE COMPLETED AND INCLUDED IN PROPOSAL)***

**TOWN OF TROPHY CLUB**

<b>MEDICAL BENEFITS</b>	<b>CARRIER NAME</b>
	<b>PROPOSED – HIGH PLAN</b>
<b>Deductible</b> In-Network Non-Network	
<b>Out Of Pocket Max</b> In-Network Non-Network	<b>Includes or Excludes Deductible?</b>
<b>Coinsurance</b> In-Network Non-Network	
<b>Lifetime Max</b>	
<b>Emergency Room</b> In-Network Non-Network	
<b>Maternity</b>	
<b>Physician Office Visit</b> In-Network Non-Network	
<b>Specialist Office Visit</b> In-Network Non-Network	
<b>Preventive Care</b> In-Network Non-Network	
<b>Urgent Care</b> In-Network Non-Network	
<b>Diagnostic Lab &amp; X-Ray</b> In-Network Non-Network	
<b>In-Patient Hospital</b> In-Network Non-Network	
<b>Out-Patient</b> In-Network Non-Network	
<b>Mental Health / Substance Abuse</b> In-Network Non-Network	
<b>Prescriptions</b> Network Retail Pharmacy Mail Order Specialty Drugs	
Note: This is a brief summary and not intended to be a contract.	

<b>MEDICAL BENEFITS</b>	<b>CARRIER NAME</b>
	<b>PROPOSED - STANDARD</b>
<b>Deductible</b> In-Network Non-Network	
<b>Out Of Pocket Max</b> In-Network Non-Network	<b>Includes or Excludes Deductible?</b>
<b>Coinsurance</b> In-Network Non-Network	
<b>Lifetime Max</b>	
<b>Emergency Room</b> In-Network Non-Network	
<b>Maternity</b>	
<b>Physician Office Visit</b> In-Network Non-Network	
<b>Specialist Office Visit</b> In-Network Non-Network	
<b>Preventive Care</b> In-Network Non-Network	
<b>Urgent Care</b> In-Network Non-Network	
<b>Diagnostic Lab &amp; X-Ray</b> In-Network Non-Network	
<b>In-Patient Hospital</b> In-Network Non-Network	
<b>Out-Patient</b> In-Network Non-Network	
<b>Mental Health / Substance Abuse</b> In-Network Non-Network	
<b>Prescriptions</b> Network Retail Pharmacy Mail Order Specialty Drugs	
Note: This is a brief summary and not intended to be a contract.	

<b>MEDICAL BENEFITS</b>	<b>CARRIER NAME</b>
	<b>PROPOSED - HSA</b>
<b>Deductible</b> In-Network Non-Network	
<b>Out Of Pocket Max</b> In-Network Non-Network	<b>Includes or Excludes Deductible?</b>
<b>Coinsurance</b> In-Network Non-Network	
<b>Lifetime Max</b>	
<b>Emergency Room</b> In-Network Non-Network	
<b>Maternity</b>	
<b>Physician Office Visit</b> In-Network Non-Network	
<b>Specialist Office Visit</b> In-Network Non-Network	
<b>Preventive Care</b> In-Network Non-Network	
<b>Urgent Care</b> In-Network Non-Network	
<b>Diagnostic Lab &amp; X-Ray</b> In-Network Non-Network	
<b>In-Patient Hospital</b> In-Network Non-Network	
<b>Out-Patient</b> In-Network Non-Network	
<b>Mental Health / Substance Abuse</b> In-Network Non-Network	
<b>Prescriptions</b> Network Retail Pharmacy Mail Order Specialty Drugs	
Note: This is a brief summary and not intended to be a contract.	

# TOWN OF TROPHY CLUB

## FULLY INSURED MEDICAL RATE SHEET

CARRIER NAME \_\_\_\_\_

### ACTIVE EMPLOYEES – High Plan

Basic Monthly Premium & Administration

	<u>Rate</u>	<u>#Lives</u>
<b><u>Medical RX Plan</u></b>		
Employee Only	\$ _____	_____
Employee + Spouse	\$ _____	_____
Employee + Child(ren)	\$ _____	_____
Employee + Family	\$ _____	_____
<b>Total Monthly Costs</b>	\$ _____	

### ACTIVE EMPLOYEES – Standard Plan

Basic Monthly Premium & Administration

	<u>Rate</u>	<u>#Lives</u>
<b><u>Medical RX Plan</u></b>		
Employee Only	\$ _____	_____
Employee + Spouse	\$ _____	_____
Employee + Child(ren)	\$ _____	_____
Employee + Family	\$ _____	_____
<b>Total Monthly Costs</b>	\$ _____	

### ACTIVE EMPLOYEES – HSA Plan

Basic Monthly Premium & Administration

	<u>Rate</u>	<u>#Lives</u>
<b><u>Medical RX Plan</u></b>		
Employee Only	\$ _____	_____
Employee + Spouse	\$ _____	_____
Employee + Child(ren)	\$ _____	_____
Employee + Family	\$ _____	_____
<b>Total Monthly Costs</b>	\$ _____	

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

\_\_\_\_\_  
Signature

## SUBMISSION FORM FULLY INSURED DENTAL

DENTAL BENEFITS	CARRIER NAME
Please indicate frequencies and age limitations for Preventive	
<b>Type I – Preventive Services</b>	
<b>Waiting Period</b>	
Oral Examinations	
Bitewing X-Rays	
Full mouth X-Rays	
Cleanings	
Topical Fluoride Treatment	
Sealants	
Space Maintainers	
<b>Type II – Basic Services</b>	
<b>Waiting Period</b>	
Fillings	
Root Canal Treatment	
Root Planing	
Periodontal Surgery	
Periodontics	
Extractions - Non-Surgical & Surgical	
General Anesthesia	
Repairs - Bridges, Crowns, Inlays, Dentures	
<b>Type III – Major Services</b>	
<b>Waiting Period</b>	
Crowns	
Inlays and Onlays	
Removable / Fixed Bridge-Work	
Implants	
Partial or Complete Dentures	
Denture Relines / Rebases	
<b>Type IV - Orthodontia</b>	
<b>Waiting Period</b>	
Orthodontia Lifetime Maximum	
Orthodontia Eligibility (Adult/Child)	
<b>Calendar Year Deductible</b>	
Individual	
Family	
<b>Dental Annual Maximum</b>	
<b>Max Rollover*</b>	
<b>UCR Out of Network Percentile</b>	
<b>Rate Guarantee</b>	
<b>Employer Contribution Required</b>	
<b>Participation Required</b>	

**ACTIVE EMPLOYEES –DENTAL**

Basic Monthly Premium & Administration

	<u>Rate</u>	<u>#Lives</u>
<b><u>Dental Plan</u></b>		
Employee Only	\$ _____	_____
Employee + Spouse	\$ _____	_____
Employee + Child(ren)	\$ _____	_____
Employee + Family	\$ _____	_____
<b>Total Monthly Costs</b>	\$ _____	

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

\_\_\_\_\_  
Signature

## DENTAL PLAN UCR PRICING

<b>Zip 76262</b>	<b>ADA Code</b>	<b>Description</b>	<b>Carrier / Percentile</b>
120	D0120	periodic oral evaluation	\$
140	D0140	limited oral evaluation - problem focused	\$
150	D0150	comprehensive oral evaluation - new or established patient	\$
210	D0210	intraoral - complete series (including bitewings)	\$
220	D0220	intraoral - periapical first film	\$
230	D0230	intraoral - periapical each additional film	\$
272	D0272	bitewings - two films	\$
274	D0274	bitewings - four films	\$
330	D0330	panoramic film	\$
1110	D1110	prophylaxis - adult	\$
1120	D1120	prophylaxis - child	\$
1203	D1203	topical application of fluoride (prophylaxis not included) - child	\$
1351	D1351	sealant - per tooth	\$
2140	D2140	amalgam - one surface, primary or permanent	\$
2150	D2150	amalgam - two surfaces, primary or permanent	\$
2160	D2160	amalgam - three surfaces, primary or permanent	\$
2330	D2330	resin-based composite - one surface, anterior	\$
2331	D2331	resin-based composite - two surfaces, anterior	\$
2391	D2391	resin-based composite - one surface, posterior	\$
2792	D2792	crown - full cast noble metal	\$
4341	D4341	periodontal scaling and root planing - four or more teeth per quadrant	\$
4910	D4910	periodontal maintenance	\$
7140	D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$

**TOWN OF TROPHY CLUB**  
**FULLY INSURED VOLUNTARY VISION**

*(PLEASE COMPLETE)*

<b>Benefit</b>	<b>CARRIER NAME</b>
<b>Eye Exam</b>	
Network	
Non-Network	
<b>Materials Copay – Network/Non-Network</b>	
<b>Frames / Lenses</b>	
Single Vision - Network/Non-Network	
Bifocal Lenses - Network/Non-Network	
Trifocal Lenses - Network/Non-Network	
Progressives – Network/Non-Network	
Frames - Network/Non-Network	
<b>Contacts</b>	
Network	
<i>Medically Necessary</i>	
<i>Elective</i>	
Non-Network	
<i>Medically Necessary</i>	
<i>Elective</i>	
Lasik Benefit	
Exam Frequency	
Lens Frequency	
Frames Frequency	
Glasses + Contacts in same Benefit Period?	
Effective Date	
Participation Requirements	
Employer Contribution Requirements	
Provider % - Private Practice/Retail	
Rate Guarantee	
Network Website	

**ACTIVE EMPLOYEES –VOLUNTARY VISION**

Basic Monthly Premium & Administration

	<u>Rate</u>	<u>#Lives</u>
<b><u>Vision Plan</u></b>		
Employee Only	\$ _____	_____
Employee + Family	\$ _____	_____
<b>Total Monthly Costs</b>	\$ _____	

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

\_\_\_\_\_  
Signature

## OPTIONAL VISION - **ALTERNATIVE**

VISION BENEFITS	Vendor Name
<b>Annual Eye Exam</b>	
Network	\$10 Copay
Non-Network	Up to \$35
<b>Frames / Lenses*</b>	
Single Vision - Network/Non-Network	\$20 Copay / Up to \$25
Bifocal Lenses - Network/Non-Network	\$20 Copay / Up to \$40
Trifocal Lenses - Network/Non-Network	\$20 Copay / Up to \$60
Frames - Network/Non-Network	\$0 Copay / Up to \$48
Retail Frame Allowance	Up to \$120
<b>Contacts</b>	
Elective - Network/Non-Network	
Medically Necessary - Network/Non-Network	
Contact Lense Fitting Fee	
Lasik Benefit	
Exam Frequency	12
Lens Frequency	12
Frames Frequency	24
Contacts + Glasses in Same Benefit Period	Contacts in lieu of Glasses
Participation Requirements	
Employer Contribution Requirements	
Effective Date	
Rate Guarantee	
% Private Practice Providers	
% Retail Providers	
Dependent Age Limit	
Geo Access Results	
Network Website	
Network Name	

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

\_\_\_\_\_  
Signature

**ACTIVE EMPLOYEES –VOLUNTARY VISION**

Basic Monthly Premium & Administration

<b><u>Vision Plan</u></b>	<b><u>Rate</u></b>	<b><u>#Lives</u></b>
Employee Only	\$ _____	_____
Employee + Family	\$ _____	_____

**Total Monthly Costs**

\$ \_\_\_\_\_

The costs above are based upon the alternative plan of benefits.

\_\_\_\_\_  
**Signature**

**SUBMISSION FORM  
BASIC LIFE/AD&D BENEFIT SUMMARY**

<b>BASIC LIFE BENEFITS</b>	<b>CARRIER NAME</b>
	<b>PROPOSED</b>
Class Description	
Definition of Earnings	
Basic Life Schedule	
Maximum Benefit	
Guarantee Issue Amount	
Age Reduction Schedule	
Terminates at Retirement	
Waiver of Premium	
Accelerated Death Benefit	
Conversion	
Portability	
Spouse Life Amount	
Child(ren) Life Amount	
<b>BASIC AD&amp;D BENEFITS</b>	
Class Description	
Definition of Earnings	
Basic AD&D Schedule	
Maximum Benefit	
Applies to Spouse/Children	
Age Reduction Schedule	
Education	
Seatbelt	
Air Bag	
Bereavement Counseling	
Rate Gaurentee	

**TOWN OF TROPHY CLUB  
BASIC LIFE / AD&D RATE SHEET**

CARRIER NAME \_\_\_\_\_

ACTIVE EMPLOYEES – CURRENT PLAN

	<u>Rate</u>	<u>Volume</u>
Life	\$ _____	\$ _____
AD&D	\$ _____	\$ _____
<b>Total Monthly Costs</b>	\$ _____	
<b>Rate Guarantee</b>	_____	

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

\_\_\_\_\_  
**Signature**

**SUBMISSION FORM  
VOLUNTARY LIFE/AD&D BENEFIT SUMMARY**

<b>VOLUNTARY LIFE BENEFITS</b>	<b>CARRIER NAME</b>
	<b>PROPOSED</b>
Class Description	
Definition of Earnings	
Employee Life Schedule	
Employee Maximum Benefit	
Employee Guarantee Issue Amount	
Age Reduction Schedule	
Waiver of Premium	
Accelerated Death Benefit	
Spouse Life Schedule	
Spouse Maximum Benefit	
Spouse Guarantee Issue Amount	
Child(ren) Life Schedule	
Conversion	
Portability	
Suicide Clause	

**TOWN OF TROPHY CLUB  
VOLUNTARY LIFE / AD&D RATE SHEET**

FINANCIALS (per \$1,000)	CARRIER NAME	
Age of Employee	EE Rate	SP Rate Based On Who's Age?
Up to 24		
25 – 29		
30 – 34		
35 – 39		
40 – 44		
45 – 49		
50 – 54		
55 – 59		
60 – 64		
65 – 69		
70 – 74		
75 – 79		
80 – 84		
85 – 89		
90 – 94		
95 – 99		
<b>Child(ren) Life Rate (per \$1,000)</b>		
<b>Voluntary AD&amp;D Rate (per \$1,000)</b>		
Employer Contribution	0%	
Minimum Participation		
Effective Date		
Rate Guarantee		
Dependent Age Limit		
AM Best Rating		

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

\_\_\_\_\_  
Signature

## LONG TERM DISABILITY

LTD	CARRIER NAME
	PROPOSED
Class Description	
Definition of Earnings	
Monthly Percentage	
Monthly Maximum	
Guarantee Issue	
Minimum Benefit	
Elimination Period	
Maximum Benefit Duration	
Definition of Own Occ/Any Occ	
Residual/Partial	
Social Security Integration	
Earnings Test	
Survivor Benefit	
Pre-existing Limitations	
Mental/Nervous Limits	
Drug & Alcohol Limits	
Self-reported Limitations	
Mandatory Rehab	
Family Care Benefit	
Work Incentive	
LTC Benefit Provision	
EAP Program	
Taxable Benefit	
FICA Match	
W2 Preparation	
Number of Employees	
Employer Contribution	
Actively at Work	
Rate Guarantee	
AM Best Rating	
<b>FINANCIALS</b>	
<b>Covered Payroll</b>	
<b>Rate (per \$100)</b>	
<b>Monthly Premium</b>	
<b>Annual Premium</b>	

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

\_\_\_\_\_  
Signature

## LONG TERM DISABILITY - **ALTERNATIVE**

LTD	CARRIER NAME
	PROPOSED
Class Description	
Definition of Earnings	
Monthly Percentage	
Monthly Maximum	<b>\$7,500</b>
Guarantee Issue	
Minimum Benefit	
Elimination Period	
Maximum Benefit Duration	
Definition of Own Occ/Any Occ	
Residual/Partial	
Social Security Integration	
Earnings Test	
Survivor Benefit	
Pre-existing Limitations	
Mental/Nervous Limits	
Drug & Alcohol Limits	
Self-reported Limitations	
Mandatory Rehab	
Family Care Benefit	
Work Incentive	
LTC Benefit Provision	
EAP Program	
Taxable Benefit	
FICA Match	
W2 Preparation	
Number of Employees	
Employer Contribution	
Actively at Work	
Rate Guarantee	
AM Best Rating	
<b>FINANCIALS</b>	
<b>Covered Payroll</b>	
<b>Rate (per \$100)</b>	
<b>Monthly Premium</b>	
<b>Annual Premium</b>	

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

\_\_\_\_\_  
Signature

## SHORT TERM DISABILITY BENEFIT

STD BENEFITS	CARRIER NAME
	<b>Proposed</b>
<b>Class Description</b>	
<b>Definition of Earnings</b>	
<b>Weekly Percentage</b>	
<b>Weekly Maximum</b>	
<b>Minimum Weekly</b>	
<b>Accident Benefits Begin Day</b>	
<b>Sickness Benefits Begin Day</b>	
<b>Benefit Duration Less Elim Period</b>	
<b>Pre-existing Condition</b>	
<b>Maternity Coverage</b>	
<b>C-Section Benefit Duration</b>	
<b>Taxable Benefit</b>	
<b>FICA Match</b>	
<b>W2 Preparation</b>	



**SUBMISSION FORM**  
**HSA ADMINISTRATION**

<b>Fees</b>	<b>CARRIER NAME</b>
<b>Initial Debit Card</b>	
<b>Monthly Service Fee</b>	
<b>Paper Statement</b>	
<b>ATM Withdrawal</b>	
<b>Account Research/Statement Recon</b>	
<b>Overdraft Fee</b>	
<b>Stop Payment Fee</b>	
<b>Account Set Up</b>	
<b>Interest Rate</b>	
<b>Annual Percentage Yield</b>	
<b>HSA checks / Deposit Tickets</b>	
<b>Replacement of lost debit Card</b>	
<b>Copy of check, statement or tax documents</b>	
<b>Excess contribution distribution</b>	

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

\_\_\_\_\_  
Signature

## HRA ADMINISTRATION SUBMISSION FORM

HRA CARRIER	
MONTHLY ADMIN FEE	
MINIMUM CLAIM AMOUNT	
PER CHECK FEE	
MINIMUM ACCOUNT BALANCE	
EMPLOYER ANNUAL CONTRIBUTION	
CLAIM SUBMISSION VIA	
REPORTS (EMPLOYER/EMPLOYEE)	
CLAIM PROCESSING FREQUENCY	
DEBIT CARD	
ACCOUNT SET UP	
MONTHLY MINIMUM/FEE	
RUN OUT FEES	
HRA	

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

\_\_\_\_\_  
Signature

\_\_\_\_\_

**Patient Advocacy Service  
Submission Form**

<b>Service</b>	<b>Company Name</b>
<b>Fee (PEPM)</b>	\$
<b>Additional Fees (Set Up/Renewal)</b>	\$
<b>Minimum Monthly in addition to PEPM</b>	\$
<b>Provider Selection Assistance/In Network</b>	
<b>Prescription Comparison</b>	
<b>Benefit Guidance</b>	
<b>Medical Bill Review</b>	
<b>Willing to negotiate with provider to resolve bill?</b>	Yes/No
<b>Appointment Scheduling</b>	
<b>Medical Records Request</b>	
<b>Coordination of Services</b>	
<b>Access to Utilization Reports?</b>	Yes/No
<b>Medical, Dental and Vision plans</b>	
<b>How are Plan Designs / Enrollment Information Submitted?</b>	
<b>Call Center Hours</b>	
<b>Call Center Location</b>	
<b>Local Account Management</b>	
<b>Enrollment Meetings</b>	
<b>Methods of Communication Available</b>	
<b>Can be sold for just those enrolled on CDHP/HSA</b>	
<b>Work with Fully Insured and Self Funded</b>	
<b>On-Line Resources</b>	
<b>Website Address</b>	
<b>Financials</b>	
<b>PEPM Fee</b>	
<b>Number of Lives</b>	
<b>Monthly Total</b>	\$0.00
<b>Annual Total</b>	\$0.00

# CONFLICT OF INTEREST QUESTIONNAIRE

## FORM CIQ

For vendor or other person doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.

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

### OFFICE USE ONLY

Date Received

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

**2**  Check this box if you are filing an update to a previously filed questionnaire.

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

**3** Name of local government officer with whom filer has employment or business relationship.

\_\_\_\_\_  
Name of Officer

This section (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

Yes  No

B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

Yes  No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

Yes  No

D. Describe each employment or business relationship with the local government officer named in this section.

**4**

\_\_\_\_\_  
Signature of person doing business with the governmental entity

\_\_\_\_\_  
Date

Adopted 06/29/2007

***ATTACHMENTS***

***Employee Census***

***Plan Documents***

***Medical Claims Experience***