

# USI

**Request for Proposal to Provide  
Medical Benefits  
On Behalf Of  
The City of Rockville  
January 1, 2011**

**Carrier Name:**

**Date of Request:** Thursday August 3, 2011

**Due Date:** Wednesday August 17, 2011

**Important Note:**

Please review the requests and information contained in all 8 worksheets (tabs) and please provide the rates and benefits summaries, corresponding to the requested plans in the "Current - Quoted Medical Plan" worksheet.. Please note: The City of Rockville has two current carriers: CareFirst and Kaiser. The client is willing to look at consolidating the carriers but also wants to consider keeping the Kaiser plan as well.

*Thank you very much for your time and attention.*

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\* When entire spreadsheet is printed from above print command.

**MARKETING SPECIFICATIONS**Requested Effective Date January 1, 2012

Requested Due Date

August 17, 2011

Current Renewal Date January 1, 2012**Client Information**Client Name The City of Rockville

Contact Name/Title \_\_\_\_\_

Address 111 Maryland Ave

Contact Phone Number \_\_\_\_\_

City Rockville

State

MDZip Code 20851

Is this location the headquarters?

 YES  NO

Are there other physical locations?

 YES  NO

EIN Number \_\_\_\_\_

SIC Code \_\_\_\_\_

Check all of the following that apply

 Member of association Wholly owned subsidiary Union SCA

Client Overview

Local Municipality

**Agency Information**Agency Name USI Insurance Services LLCContact Name/Title Bill McIntyre, Managing ConsultantAddress 3190 Fairview Park DriveContact Phone Number (703) 205-8761City Falls ChurchState VAContact Email Address Bill.McIntyre@usi.bizZip Code 22042

Incumbent broker of record?

 YES  NOQuoted Commissions 2.00%**Client Demographics**Multiple Subgroups?  YES  NO

Eligible Classes \_\_\_\_\_

 Part-Time  Union Salaried  1099 Contractors Hourly  Retirees Directors  Domestic Partners**Eligibility Rules**Min FT Hours 20 hoursDep Child Limit Age 26Ineligible NoneRetirees Yes**Summary of Enrollment by Plan**

Plan	CareFirst HMO	CareFirst HMO Open Access	Kaiser HMO	Kaiser POS	Totals
Employee Only	96	20	32	5	153
Employee + Child	16	6	12	0	34
Employee + Spouse	54	13	14	2	83
Family	111	25	28	1	165
Medicare	3	1	0	0	4
<b>Total</b>	<b>280</b>	<b>65</b>	<b>86</b>	<b>8</b>	<b>439</b>

Total Number of Employees*	545	Number on COBRA	4
Employees in Waiting Period	0	Number of Retirees	22
Other Ineligible Employees	0	# Not Actively at work	??
Total Eligible Employees	545	Total Enrolled in All Medical Plans	439
Number of Spousal Opt Outs	0	(Unknown)	
Number of Other Opt Outs	132		
Number of Ees Enrolled	413		
Participation %	76%		



**Quoted Plans and Rating Methodology**

Quoted Plan	Rating Methodology of Quoted Plan(s)					Current Rating Methodology	Reason if switching Rating Methodology
	Fully Ins	Retro	Self-Funded	Other	S/L?		
Medical	X					Fully Insured	

**Rate History**

Please see rate history worksheet

**Other Risk Characteristics**

Medical

New Hire Waiting Period		The City of Rockville Contributes the Following %'s Uniformly Across all Coverage Tiers (Single, EE + 1 & Fam) as Follows			
Eligibility Class/Location	Waiting Period	Plan	FTE 40 hours	PTE 32 hours	PTE 20 hours
All employees	Date of Hire	Kaiser HMO	80%	60%	40%
		Kaiser POS	66%	50%	33%
		CF HMO	79%	59%	39%
		CF OA HMO	70%	53%	35%

Is the client going to change their medical contribution policy ?

YES  NO

**Large Claim Information**

Is the client aware of any current or future claim, that has or will potentially be greater than \$25,000?

*(Only check yes if supplying additional information not already found in large claims worksheet)*

YES  NO

**Carrier History**

	Carrier Name	From Date	To Date	Is Carrier a TPA?
Current	CareFirst	Unsure - has been w/ CF many years	Current	No
Previous				
Previous				
Previous				

\* Unsure of exact starting date of CIGNA coverage

**Agency Notes on Client**

Reason for Quote Request S.O.P. for City of Rockville Insurance Contracts

Other Notes/Comments:



# Current Medical Plan and Medical Plan to be Quoted

Carrier:

Quote Specifications: HMO and HMO Open Access plans most closely matching current CareFirst plans

**Special Note: Requesting that two sets of rates be provided: One set including the current Kaiser participants and one set excluding Kaiser participants**

**MEDICAL : CareFirst HMO**

SUMMARY OF BENEFITS	Benefits
Individual Deductible	None
Family Deductible	None
Individual Out-Of-Pocket Maximum	\$2,000
Family Out-Of-Pocket Maximum	Ind & Child(ren): \$3,000; Ind & Adult: \$3,800; Family: \$6,000
Lifetime Maximum	None
Inpatient Hospital Services	Facility / Physician: No charge
Outpatient Hospitalization	Facility: No Charge / Physician: \$30 PCP/\$40 Specialist per visit
Preventive Care	Mammogram: No Charge
Physical Examination	Adult: \$30 PCP/\$40 Specialist per visit
Primary Physician Office Visit	\$30
Specialist Physician Office Visit	\$40
Well Child Care	\$30 per visit
Diagnostic X-Ray Lab	Diagnostic Service: \$30 PCP/\$40 Specialist per visit; X-ray and Lab Test: No Charge
Prescription Drugs	\$0 Ded. Retail: \$10/\$20/\$35 Maintenance: \$20/\$40/\$70
Pregnancy & Maternity	Office Visit: \$30 PCP/\$40 Specialist per visit (not to exceed 10 times the copay per pregnancy); Delivery/Facility and Nursery Care: No Charge
Emergency Room	\$50 per visit (waived if admitted)
Urgent Care Center	\$40 per visit
Ambulance Services	No Charge (if medically necessary)
Mental Health In-Patient	Facility: No Charge / Physician: No Charge (1 visit/day during covered admission)
Mental Health Out-Patient	\$40 per visit
Substance Abuse In-Patient	Facility: No Charge / Physician: No Charge (1 visit/day during covered admission)
Substance Abuse Out-Patient	\$40 per visit
Outpatient Chiropractic	\$40 per visit (20 visits/benefit period)
Physical, Speech & Occupational Therapy	\$40 per visit (30 visits/condition/benefit period)
InVitro Fertilization	50% of Allowed Benefit (limited to 3 attempts/live birth up to \$100,000 lifetime maximum); Artificial Insemination: 50% of Allowed Benefit
Durable Medical Equipment	25% of Allowed Benefit (limited to plan payment of \$7,500/benefit period)
Home Health Care	Home Health Care / Hospice / Skilled Nursing: No Charge
Vision Benefit	Routine Exam (limited to 1visit/benefit period): \$10 per visit / Eyeglasses and Contact Lenses: Discounts from participating Vision Centers

**MEDICAL : CareFirst HMO Open Access**

SUMMARY OF BENEFITS	Benefits
Individual Deductible	None
Family Deductible	None
Individual Out-Of-Pocket Maximum	\$2,000
Family Out-Of-Pocket Maximum	Ind & Child(ren): \$3,000; Ind & Adult: \$3,800; Family: \$6,000
Lifetime Maximum	No Limit
Inpatient Hospital Services	Facility / Physician: No charge
Outpatient Hospitalization	Facility: No Charge / Physician: \$15 PCP/\$25 Specialist per visit
Preventive Care	Mammogram: No Charge
Physical Examination	Adult: \$15 PCP/\$25 Specialist per visit
Primary Physician Office Visit	15
Specialist Physician Office Visit	25
Well Child Care	No charge
Diagnostic X-Ray Lab	Diagnostic Service: \$15 PCP/\$25 Specialist per visit; X-ray and Lab Test: No Charge
Prescription Drugs	\$0 Ded. Retail: \$10/\$20/\$35 Maintenance: \$20/\$40/\$70
Pregnancy & Maternity	Office Visit: \$15 PCP/\$25 Specialist per visit (not to exceed 10 times the copay per pregnancy); Delivery/Facility and Nursery Care: No Charge
Emergency Room	\$50 per visit (waived if admitted)
Urgent Care Center	\$25 per visit
Ambulance Services	No Charge (if medically necessary)
Mental Health In-Patient	Facility: No Charge / Physician: No Charge (1 visit/day during covered admission)
Mental Health Out-Patient	No charge
Substance Abuse In-Patient	Facility: No Charge / Physician: No Charge (1 visit/day during covered admission)
Substance Abuse Out-Patient	No Charge
Outpatient Chiropractic	\$25 per visit (20 visits/benefit period)
Physical, Speech & Occupational Therapy	\$25 per visit (30 visits/condition/benefit period)
InVitro Fertilization	50% of Allowed Benefit (limited to 3 attempts/live birth up to \$100,000 lifetime maximum); Artificial Insemination: 50% of Allowed Benefit
Durable Medical Equipment	25% of Allowed Benefit (limited to plan payment of \$7,500/benefit period)
Home Health Care	Home Health Care / Hospice / Skilled Nursing: No Charge
Vision Benefit	Routine Exam (limited to 1visit/benefit period): \$10 per visit / Eyeglasses and Contact Lenses: Discounts from participating Vision Centers



MEDICAL : Kaiser HMO	
SUMMARY OF BENEFITS	Benefits
Individual Deductible	None
Family Deductible	None
Individual Out-Of-Pocket Maximum	\$3,500
Family Out-Of-Pocket Maximum	\$9,400
Lifetime Maximum	N/A
Inpatient Hospital Services	No Charge
Outpatient Hospitalization	\$50 per procedure
Primary Physician Office Visit	\$20 copay
Specialist Physician Office Visit	\$30 copay
Diagnostic X-Ray Lab	No Charge
Prescription Drugs	KP: \$10 / \$20 / \$35; CM: \$20 / \$40 / \$55; MO: \$10 / \$20 / \$35
Pregnancy & Maternity	No Charge
Emergency Room	\$50 per visit (waived if admitted)
Urgent Care Center	\$20 per visit/ \$30 per visit (Specialty)
Mental Health In-Patient	No Charge
Mental Health Out-Patient	\$20 per visit for Ind Therapy/ \$10 per visit for Group Therapy
Substance Abuse In-Patient	No Charge
Substance Abuse Out-Patient	\$20 per visit for Ind Therapy/ \$10 per visit for Group Therapy
Physical Therapy	\$30 copay
Outpatient Chiropractic	\$30 copay
Durable Medical Equipment	50% of allowable charge
Home Health Care	No Charge
Vision Rider	\$20 per visit/ \$30 (Specialist)

MEDICAL : Kaiser POS		
SUMMARY OF BENEFITS	In-Network Benefits	Out-of-Network Benefits
Individual Deductible	None	\$300
Family Deductible	None	\$600
Individual Out-Of-Pocket Maximum	\$3,500	\$3,000
Family Out-Of-Pocket Maximum	\$9,400	\$6,000
Lifetime Maximum	N/A	N/A
Inpatient Hospital Services	No Charge	20% of UCR
Outpatient Hospitalization	\$50 per procedure	20% of UCR
Primary Physician Office Visit	\$20 per visit	20% of UCR
Specialist Physician Office Visit	\$30 per visit	20% of UCR
Diagnostic X-Ray Lab	No Charge	20% of UCR
Prescription Drugs	KP: \$10 / \$20 / \$35; CM: \$20 / \$40 / \$55; MO: \$10 / \$20 / \$35	KP: \$10 / \$20 / \$35; CM: \$20 / \$40 / \$55; MO: \$10 / \$20 / \$35
Pregnancy & Maternity	No Charge	20% of UCR
Emergency Room	\$50 per visit (waived if admitted)	\$50 per visit (waived if admitted)
Urgent Care Center	\$20 per visit/ \$30 (Specialty)	20% of UCR
Mental Health In-Patient	No Charge	20% of UCR
Mental Health Out-Patient	Ind Therapy: \$20 per visit; Group Therapy: \$10 per visit	20% of UCR
Substance Abuse In-Patient	No Charge	20% of UCR
Substance Abuse Out-Patient	Ind Therapy: \$20 per visit; Group Therapy: \$10 per visit	20% of UCR
Physical Therapy	\$30 copay	20% of UCR
Outpatient Chiropractic	\$30 copay	20% of UCR
Durable Medical Equipment	50% of allowable charge	60% of UCR
Home Health Care	No Charge	20% of UCR
Vision Rider	\$20 per visit/ \$30 (Specialty)	20% of UCR

## January 1, 2012 CareFirst Renewal Rates



**City of Rockville**

**4S26**

**Renewal Rate Sheet**

**for Rates Effective: January 1, 2012**

<b>BLUE CHOICE HMO OPTION 12</b>		<b>Contracts</b>	<b>Current</b>	<b>Renewal</b>	<b>Percent</b>
<u>In Network: BlueChoice</u>		<u>Jun-11</u>	<u>Rates</u>	<u>Rates</u>	<u>Increase</u>
\$30 / \$40 Physician Copay	Individual	105	\$429.96	\$439.51	
\$0 Inpatient Copay	Individual + Child	17	\$859.90	\$879.01	
\$50 Emergency Room	Individual + Adult	55	\$859.90	\$879.01	
	Family	108	\$1,289.86	\$1,318.52	
	Compl. to Medicare	0	\$519.05	\$530.58	
<b>Drug Benefit Description:</b>					
Retail Acute Card - \$10/\$20/\$35, \$0 Ded.					
Maintenance & Mail Order - \$20/\$40/\$70, \$0 Ded.					
	<b>Total:</b>	<b>285</b>	<b>\$246,363.48</b>	<b>\$251,837.43</b>	<b>2.22%</b>

  

<b>BLUECHOICE HMO OPEN ACCESS OPTION 6</b>		<b>Contracts</b>	<b>Current</b>	<b>Renewal</b>	<b>Percent</b>
<u>In Network: BlueChoice</u>		<u>Jun-11</u>	<u>Rates</u>	<u>Rates</u>	<u>Increase</u>
\$15 / \$25 Physician Copay	Individual	25	\$484.01	\$494.76	
\$0 Inpatient Copay	Individual + Child	7	\$968.00	\$989.51	
\$50 Emergency Room	Individual + Adult	12	\$968.00	\$989.51	
	Family	23	\$1,451.99	\$1,484.25	
	Compl. to Medicare	0	\$584.31	\$597.29	
<b>Drug Benefit Description:</b>					
Retail Acute Card - \$10/\$20/\$35, \$0 Ded.					
Maintenance & Mail Order - \$20/\$40/\$70, \$0 Ded.					
	<b>Total:</b>	<b>67</b>	<b>\$63,888.02</b>	<b>\$65,307.44</b>	<b>2.22%</b>

  

<b>Total Premium:</b>	<b>352</b>	<b>\$310,251.50</b>	<b>\$317,144.87</b>	<b>2.22%</b>
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*\* Rates Include Dental*

- [X] If accepted, these rates will be in effect from January 1, 2012 until December 31, 2012.
- [X] Special Guidelines: 75% of eligible employees must enroll in the Non-Rider Dental Program.
- [X] CareFirst must be the sole health plan offered by the group to its employees.
- [X] The group must enroll and maintain enrollment of 75% of all employees eligible for coverage.
- [X] The group must contribute an amount equal to at least 50% of the cost of the self-only coverage for enrolled employees.
- [X] Renewal rates above are subject to change if all CareFirst products are not renewed.
- [X] The deductibles and maximums will apply on a Calendar Year basis.
- [X] These rates include a 2.00% level broker commission.

In order for CareFirst to update and process your renewal in a timely fashion, the signed rate sheets must be returned no later than December 1, 2011.

Broker Name: Holly L Miller  
 Broker ID #: XXX-XX-9870  
 Commission: 2.00%

\_\_\_\_\_  
 Employer Identification Number

\_\_\_\_\_  
 Authorized Signature