

DATE: March 9, 2020

TO: Prospective Proposers

FROM: Ray Hill, Purchasing Director  
386-719-2028

**SUBJECT: Instructions to Proposers  
Request for Proposals (RFP) 2020 - G, Group Medical Benefits for County Employees**

Columbia County Board of County Commissioners (CCBOCC) is interested in receiving Proposals, in response to the attached RFP, for Group Medical Benefits. Any questions regarding this RFP should be addressed to me, via e-mail ray\_hill@columbiacountyfla.com. No other staff member or elected official should be contacted in relation to this RFP. Any information that amends or supplements any portion of this RFP, which is received by any method other than an Addendum issued to the RFP should not be considered and is not binding on CCBOCC.

In order to assure that your Proposal is in full compliance with all requirements of the RFP, carefully read all portions of RFP document paying particular attention to the following areas:

**REQUIRED RESPONSE FORM**

Section 1.0, Required Response Form must be completed in full and executed by an authorized representative.

**PROPOSAL SUBMITTAL FORMAT**

Proposers are requested to organize their Proposals in accordance with Section 4.0. CCBOCC reserves the right to reject and not consider any Proposal not organized and not containing all the information outlined in Section 4.0.

**DUE DATE**

Proposals are due in the Purchasing Department on the date and time stated in Section 3.0. In order to have your Proposal considered, please make sure that it is received on or before the date and time due. Proposals received after 2:00 p.m. ET on date due will not be considered.

**STATEMENT OF "NO RESPONSE"**

If you are **not** submitting a Proposal in response to this RFP, please complete Attachment J, Statement of "No Response" and return via e-mail ray\_hill@columbiacountyfla.com. Your response to the Statement of "No Response" is very important to the Purchasing Department when creating future RFPs.

Thank you for your interest in CCBOCC. Again, if you have any questions, please contact me at the telephone number or e-mail address stated above.

# **REQUEST FOR PROPOSALS (RFP)**

## **RFP 2020 - G**

### **GROUP MEDICAL BENEFITS FOR EMPLOYEES OF COLUMBIA COUNTY AND RELATED CONSTITUTIONAL OFFICES**

RFP Release Date: March 9, 2020

Written Questions Due: On or Before March 27, 2020  
in the Purchasing Department

Proposals Due: On or Before 2:00 p.m. ET  
April 17, 2020 in the Purchasing Department

Proposed Award Notification: May 28, 2020

Open Enrolment: July 2020

**COLUMBIA COUNTY BOARD OF COUNTY COMMISSIONERS  
Purchasing Department  
135 NE Hernando Avenue, Suite 203, Lake City, FL 32055**

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**REQUEST FOR PROPOSALS (RFP) 2020 - G**  
**1.0 REQUIRED RESPONSE FORM**

**RELEASE DATE: March 9, 2020**

**TITLE: Group Medical Benefits**

This Proposal must be submitted to the **Purchasing Department of Columbia County Board of County Commissioners, 135 NE Hernando Avenue, Suite 203, Lake City, FL 32055, on or before 2:00 p.m. ET April 17, 2020** and plainly marked **RFP 2020 - G, Group Medical Benefits**. Proposals received after 2:00 p.m. ET on date due will not be considered.

One complete original Proposal (clearly marked as such), **one electronic version** on a CD or thumb drive, and 5 additional copies (which must be identical to the original Proposal, **including any supplemental information/marketing materials**) of the RFP Proposal, including this **REQUIRED RESPONSE FORM** (Page 1 of RFP 2020 - G), must be fully executed and returned on or before 2:00 p.m. ET on date due to the Purchasing Department in accordance with the submittal requirements. Proposal must contain all information required to be included in the Proposal as described herein. Completed Proposals must be submitted in a sealed envelope (package, box, etc.) with the RFP number and name clearly typed or written on the front.

**PROPOSER INFORMATION**

PROPOSER'S NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY, STATE AND ZIP CODE: \_\_\_\_\_  
PROPOSER TELEPHONE: \_\_\_\_\_ PROPOSER FAX: \_\_\_\_\_  
PROPOSER TOLL FREE: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_  
CONTACT PERSON'S ADDRESS: \_\_\_\_\_  
CONTACT TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ TOLL FREE: \_\_\_\_\_  
INTERNET E-MAIL ADDRESS: \_\_\_\_\_  
INTERNET URL: \_\_\_\_\_  
PROPOSER TAXPAYER IDENTIFICATION NUMBER: \_\_\_\_\_

**Proposal Certification**

I hereby certify that: I am submitting the following information as my firm's (Proposer) Proposal and am authorized by Proposer to do so; Proposer agrees to complete and unconditional acceptance of the contents of Pages 1 through 16 inclusive of this Request for Proposals, and all appendices and the contents of any Addenda released hereto; Proposer agrees to be bound to any and all specifications, terms and conditions contained in the Request for Proposals, and any released Addenda and understand that the following are requirements of this RFP and failure to comply will result in disqualification of Proposal submitted; Proposer has not divulged, discussed, or compared the Proposal with other Proposers and has not colluded with any other Proposer or party to any other Proposal; Proposer acknowledges that all information contained herein is part of the public domain as defined by the State of Florida Sunshine and Public Records Laws; all responses, data and information contained in this Proposal are true and accurate.

Signature of Proposer's Authorized Representative (blue ink preferred on original)	Date
Name of Proposer's Authorized Representative	Title of Proposer's Authorized Representative

**NOTE: Entries must be completed in ink or typewritten.** This original Required Response Form must be fully executed and submitted with this Proposal (see Section 4.1.4).

## **2.0 INTRODUCTION AND GENERAL INFORMATION**

2.1 The Columbia County Board of County Commissioners (hereinafter referred to as "CCBOCC") desires to receive Proposals for Group Medical Benefits as described herein. This program is on behalf of employees of CCBOCC and related Constitutional Offices of the County, with the exception of the Columbia County Sheriff's Office. All references herein to CCBOCC shall refer to CCBOCC and related Constitutional Offices.

CCBOCC has approximately 365 active, full-time employees. All active full-time employees and eligible dependents are eligible to participate, as well as retirees and dependents of retirees.

CCBOCC currently offers their employees four (4) plan options through Florida Blue, attached as Attachment B.

CCBOCC is soliciting Proposals for group medical benefits to include pharmacy benefits. Although currently fully insured, CCBOCC would like to evaluate other funding methods. In recent years, CCBOCC has been approached by various groups about the possibility of participating in a consortium, whereby other like public sector employers enter into an agreement to purchase health insurance as part of a pool. In addition to evaluating fully insured and self-insured proposals, this RFP will specifically allow for responses from consortiums designed for the public sector. We recognize that not all consortiums are alike and will consider the differences when evaluating proposals. Proposers, such as traditional insurance carriers who can offer both fully insured proposals and Administrative Services Only (ASO) proposals, are requested to quote both fully-insured and self-funded options. Additionally, if quoting ASO services, proposers are requested to provide a proposal for stop loss insurance at the limits described in the RFP. If you cannot provide all of the plan types or the funding models requested, you may propose one or more of the options. CCBOCC may, at its discretion, award additional points to Proposers who offer all of the plans and funding methods requested.

CCBOCC reserves the right to negotiate benefit levels and plan deviations each Plan Year, including but not limited to:

- Single/Family Deductibles
- Office Visit Copayments
- Hospital Copayment
- Prescription Drug Copayments
- Emergency Room Copayments
- Annual Out-of-Pocket Maximums
- Eligibility Requirements

In the 2019-2020 plan year, CCBOCC paid a flat dollar amount of \$762.76 per month to each employee to use towards the medical premiums. The amount for 2020-2021 plan year has not been determined. Employees pay all premiums that exceed the flat dollar amount. CCBOCC remits its portion over a 12-month period, any amounts above CCBOCC's portion is remitted via pre-tax employee payroll deductions.

Changes are subject to labor negotiations. Incentives and contribution strategies will be determined based on the plan(s) selected.

Proposers are asked to bid on plans matching the current plan designs, attached in Attachment B. Deviations from suggested plans must be clearly identified by proposer in Attachment B.

Gallagher Benefit Services, Inc. is CCBOCC's current broker of record for medical coverage and is compensated on a commission basis paid by the carrier. Gallagher performs numerous brokerage, consulting, and administrative services for CCBOCC. Among the services provided by Gallagher is consulting during the issuance of the RFP and the evaluation of responses. For both fully insured and self-insured proposals, Gallagher Benefit Services, Inc. will be providing brokerage and consulting services to CCBOCC in relation to this RFP. Respondents for these types of proposals should work directly with Gallagher to arrange compensation. For consortium proposals, Gallagher will provide only consulting services in the evaluation of the proposals (no ongoing brokerage or administrative services). If it is determined that a consortium proposal is in the best long term interest of CCBOCC and its employees, and a consortium proposal is

selected, CCBOCC recognizes that this will be a direct contract and that Gallagher will not act as broker of record in this arrangement. CCBOCC may choose to enter into a separate agreement with Gallagher or other like firms to provide administrative services currently being provided by Gallagher, and any service fees associated with this type of arrangement will be considered when evaluating the proposals.

- 2.2 **Questions And Interpretations:** Any questions concerning any portion of this RFP must be submitted, in writing, to **Ray Hill, Purchasing Director, Purchasing Department, 386-719-2028** via e-mail [ray\\_hill@columbiacountyfla.com](mailto:ray_hill@columbiacountyfla.com). Any questions which require a response which amends the RFP document in any manner will be answered via Addendum by the Purchasing Department to all Proposers. No information given in any other matter will be binding on CCBOCC. .

Any questions concerning any condition or requirement of this RFP must be received in the Purchasing Department, in writing, **on or before March 27, 2020**. Questions received after this date will not be answered. Submit all questions to the attention of the individual stated above.

If necessary, an Addendum will be issued. Any verbal or written information, which is obtained other than by information in this RFP document or by Addenda shall not be binding on CCBOCC.

- 2.3 **Contract Term:** The purpose of this RFP is to establish a contract, **beginning October 1, 2020 or date of award, whichever is later, and continuing through September 30, 2021 (Initial Contract Period)**. The term of the contract may, by mutual agreement between CCBOCC and the Awardee, be extended for additional one-year periods (Renewal Contract Periods), at the discretion of the Board. If needed, the Initial Contract Period or a Renewal Contract Period may be extended 180 days beyond the expiration date of such period.

- 2.4 **Submittal of Proposal:** Submit Proposals in accordance with Section 4.0. Proposals should be organized and shall include necessary information as to be in full compliance with this Section. In order to facilitate the Proposal evaluation process, special attention should be paid to organizing Proposals in a manner consistent with Section 4.0. CCBOCC reserves the right to reject and not consider any Proposal that is not submitted in accordance with Section 4.0 or that does not include any necessary information.

- 2.5 **Evaluation and Award:** Evaluation and award will be made in accordance with Section 5.0.

### 3.0 CALENDAR

March 9, 2020	Release of RFP 2020 - G
March 27, 2020	Written questions due in the Purchasing Department
April 17, 2020	Proposals due on or before 2:00 p.m. ET in Purchasing Department. Proposal opening will be at: 135 NE Hernando Ave. Suite 203 Lake City, FL 32055
April 17 – May 27, 2020	Evaluation Period (May include presentations)
May 28, 2020	Proposed Award Notification
July 2020	Open Enrolment



#### **4.0 INFORMATION TO BE INCLUDED IN THE SUBMITTED PROPOSAL (Continued)**

4.2 **Minimum Eligibility** In order to be considered for award and to be further evaluated, Proposer must meet or exceed the following criteria. The Proposer is responsible for providing the following information in their responses. The Proposer should also include a statement of acknowledgement for each item below.

4.2.1 All Proposers must be licensed in the State of Florida. Provide a copy of your current license and/or certificate that allows Proposer to provide the services proposed.

4.2.2 If Proposer is an insurance carrier/reinsurance carrier, Proposer must be licensed to provide coverage in the State of Florida. Preference will be given to proposers with an AM Best rating of (A -) or higher and financial size category of VIII or larger. The AM Best requirement may be met directly by the Proposer or, in the alternative, by the parent or affiliated company who maintains the ratings specified in this RFP. If qualifying through its parent or affiliated company, the Proposer must include within its Proposal, a written commitment by such parent or affiliated company using the form attached to this RFP as Attachment J guaranteeing the Proposer's fulfillment and performance of the terms and conditions of the resultant Agreement between CCBOCC and Proposer. Financial ratings will not be a disqualifying factor, but will be strongly considered in the evaluation process.

4.2.3 If Proposer is not rated by AM Best, Proposer **must** submit three (3) years of **independent audited** financial statements.

4.2.4 If Proposer is a consortium, Proposer **must also** submit its most recent required filing to the Office of Insurance Regulation (OIR) under Florida Statute 112.08 regarding financial solvency of the consortium. If the consortium does not file as a group, then the filings of the individual members of the consortium must be provided in the response.

#### 4.3 **Experience and Qualifications of the Proposer:**

4.3.1 State under what other or former name(s) the Proposer is currently operating under or has operated under.

4.3.2 State whether Proposer's firm(s) is local (Columbia County), regional or national.

4.3.3 Give the location of the office from which service is to be performed and the number of partners, managers, supervisors, senior managers and other professional staff employed at that office and the name of each individual in charge.

4.3.4 Provide a statement of any litigation or regulatory action that has been filed against your firm(s) in the last three years. If an action has been filed, state and describe the litigation or regulatory action filed, and identify the court or agency before which the action was instituted, the applicable case or file number, and the status or disposition for such reported action. If no litigation or regulatory action has been filed against your firm(s), provide a statement to that effect. For joint venture or team Proposers, submit the requested information for each member of the joint venture or team.

4.4 **Addenda:** Proposer has determined that their firm has received all Addenda released prior to their firm's Proposal submittal. It is the Proposer responsibility to make sure they have received all Addenda.

**4.0 INFORMATION TO BE INCLUDED IN THE SUBMITTED PROPOSAL (Continued)**

4.5 **Questionnaire:** Proposer shall complete the Questionnaire(s) contained in Attachments A1 and A2 of this RFP as applicable. Failure to respond may result in a reduction of points in the evaluation process or your Proposal being determined as non-responsive.

4.6 **Scope of Services Provided:** Clearly describe how the Proposer can accomplish each of the following Scope of Services provided below.

4.6.1 Complete the following table on how your company can accomplish each of the following:

	<b>Yes, Can Comply</b>	<b>Yes, Can Comply But With Deviations</b>	<b>No, Cannot Comply</b>	<b>Not Applicable (N/A)</b>
Provide customer service lines with a 24/7 toll-free line for employees. If working with a broker or consultant, provide a local contact for customer service at both the employer and employee level.				
Provide full COBRA and HIPAA administration services.				
If selected as an Awardee, you will need to participate in open enrollment, health fairs, and share in the cost of the materials for open enrollment. The cost of the materials will be at the expense of the Awardee(s). For the 2020-2021 open enrollment period, approximately 10 meetings are planned. CCBOCC will require meeting individually with each employee.				
Provide a dedicated Account Manager who will have the overall responsibility for managing the client relationship.				
Provide qualified personnel to attend (in person) and participate in meetings.				
Provide dedicated personnel for overall Account Management and Customer Service to CCBOCC staff. Response times to CCBOCC staff of one business day or less.				
Demonstrate a commitment to customer service by measuring performance against established standards acceptable to CCBOCC.				
CCBOCC presently provides a PPO in-network benefit level for employees/dependents and retirees/dependents who obtain care outside the network due to the unavailability of their participating network. This applies to services rendered inside or outside the United States. Providers/Awardee(s) are expected to negotiate service prices for services received out-of-network and/or out-of-area.				

	Yes, Can Comply	Yes, Can Comply But With Deviations	No, Cannot Comply	Not Applicable (N/A)
Your fully-insured rate quotation shall include a minimum rate guarantee period of 12 months. Additional rate guarantees are encouraged.				
Your self-funded fee quotation shall include a minimum fee guarantee period of 36 months for all administrative costs. Additional fee guarantees are encouraged.				
Your Proposal should assume an Effective Date of October 1, 2020.				
If selected as an Awardee, you will be required to provide access to an electronic provider directory file.				
I.D. cards will be mailed directly to the employee's home, with the postage costs to be paid by the Awardee(s). Member handbooks and certificate of coverage are to be mailed, in a timely manner, directly to the employee's home, with postage costs to be paid by the Awardee(s).				
You are required to maintain compliance with Federal guidelines for ADEA, Medicare, HIPAA, COBRA and PPACA, as well as all Florida-mandated benefits.				
Variations in actual enrollment shall have no effect on your rate quotation. Your Proposal shall be valid regardless of the final enrollment mix, number of plan designs or outcome. No underwriting for the currently enrolled members including no minimum participation or minimum enrollment requirements will be accepted.				
The Contract situs will be the State of Florida.				
Actively-at-work provisions shall be waived for all participants.				
Provide CCBOCC with a minimum of 60 days notice for any voluntary or non-voluntary hospital terminations, provider terminations and/or ancillary terminations.				
All full-time active employees, employee dependents, retirees and retiree dependents are eligible to join the group medical plan. Per Florida Statute 112.0801, CCBOCC offers medical benefits to retirees and their dependents.				
Awardee(s) must have systems that support timely resolution of member complaints.				
Provide a quarterly data dump of all claims data and eligibility data to CCBOCC designated Consultant, Actuary or other vendor appointed by CCBOCC.				

	Yes, Can Comply	Yes, Can Comply But With Deviations	No, Cannot Comply	Not Applicable (N/A)
CCBOCC or their representatives will be given access to review claim payments for timely payment and correctness including a data feed of all claims as requested for self-funded plans.				
Work cooperatively with CCBOCC, as requested, in providing complete accurate claims and eligibility data: <ol style="list-style-type: none"> <li>1. For an annual audit by a Third Party auditing firm hired by CCBOCC; and</li> <li>2. With carve-out Awardee(s); and</li> <li>3. For regulatory filings (such as the State of Florida 112.08 and GASB 45); and</li> <li>4. For Medicare Part D attestation by CCBOCC's Actuary; and</li> <li>5. For the Retiree Drug Subsidy submission to CMS on a monthly basis; and</li> <li>6. For any governmental request for data or audit (e.g., Medicare, Medicaid).</li> </ol>				
The Awardee(s) shall agree to provide approval for a 60-day supply of prescription medication to those members leaving the service area for an extended time period, which shall be defined as a period exceeding 30 days. This approval shall be given in a manner sufficient to ensure the employee's ability to obtain said 60-day supply of medication before he or she leaves the service area.				
Awardee(s) will continue to provide services beyond the Agreement termination date, to include but not limited to: Claims adjudication for services incurred prior to the termination date, Transition of Care, Audits, Grievances, Medicare Part D, Reporting, Customer Service, Reconciliations and Other Services necessary to facilitate transition.				
The Awardee(s) shall agree to supply CCBOCC with standardized reports, upon request, for both industry data and based on CCBOCC specific membership. These reports will include, but will not be limited to member-specific information, member enrollment information and/or utilization reports on a monthly basis.				
Agree to a profit-sharing arrangement if CCBOCC were to elect a fully-insured plan/program. If so, please describe the terms of this arrangement.				

4.7 **Cost of Services:** Proposer shall complete Attachment C, Financial Response Forms, for each plan/program offered.

## 5.0 EVALUATION OF PROPOSALS

5.1 Designated CCBOCC personnel (Evaluation Team), shall evaluate all Proposals received, which meet or exceed Section 4.2 Minimum Eligibility Requirements, according to the following criteria:

<u>CATEGORY</u>	<u>MAXIMUM POINTS</u>
A. Experience and Qualifications	35
B. Scope of Services	30
C. Cost of Services	35
<b>TOTAL</b>	<b>100</b>

Failure to respond, provide detailed information or to provide requested Proposal elements may result in the reduction of points in the evaluation process.

- 5.2 Based upon the results of Section 5.1, the Evaluation Team will submit its recommendation to the Board for award.
- 5.3 The Evaluation Team reserves the right to ask questions of a clarifying nature once Proposals have been opened, require presentations from any or all Proposers, interview any or all Proposers that respond to the RFP, or make their recommendations based solely on the information contained in the Proposals submitted. Presentations, if required, will be part of the evaluation process.
- 5.4 In the event that an Agreement between the Evaluation Team and the selected Proposer(s) is deemed necessary, at the sole discretion of the Evaluation Team, the Evaluation Team will begin negotiations with the selected Proposer(s). The Evaluation Team reserves the right to negotiate any term, condition, specification or price with the selected Proposer(s). In the event that mutually agreeable negotiations cannot be reached, the Evaluation Team may negotiate with the next ranked Proposer, and so forth. No recalculation of points in any section shall be made. An impasse may be declared by the Evaluation Team at any time.
- 5.5 **Award:** CCBOCC intends to make an award(s) to the Proposer(s) that has complied with the terms, conditions and requirements of the overall RFP. The award(s) will be based on the scores ascribed to Proposals as outlined in Evaluation Process and will be made for the goods and services required by CCBOCC as stated in the RFP. The award(s) shall not be a guarantee of business or a guarantee of specified quantities of products or volume of service.

CCBOCC intends to make an award(s) to the highest-ranked, responsive Proposer(s) who has complied with the terms, conditions and requirements of this RFP. The highest-ranked Proposer(s) will be considered the Awardee(s).

## **6.0 SPECIAL CONDITIONS**

6.1 The complete original Proposal properly completed and signed must be submitted in a sealed envelope and received **on or before 2:00 p.m. ET, April 17, 2020.**

PURCHASING DEPARTMENT  
Columbia County Board of County Commissioners  
135 NE Hernando Ave., Lake City, FL 32055  
**Attention: RFP 2020 - G - Group Medical Benefits**

6.2 Proposer shall submit one complete, original Proposal with a wet signature (blue ink preferred). Proposer should also submit **one electronic version** on CD or thumb drive and 5 additional copies of Proposal. The Proposal containing the original manual signature (blue ink preferred) should be clearly identified as the original Proposal. All Proposals shall be submitted in sealed packaging with RFP number and the Proposers' firm name clearly marked on the exterior of package. All additional copies should be **identical** to the original Proposal submitted, including any supplemental information/marketing materials.

6.3 **JOINT VENTURES:** In the event multiple Proposers submit a joint Proposal in response to the RFP, a single Proposer shall be identified as the Prime Proposer. If offering a joint Proposal, Prime Proposer must include the name and address of all parties of the joint Proposal. Prime Proposer shall provide all bonding and insurance requirements, execute any Contract, complete the **REQUIRED RESPONSE FORM** shown herein, and have overall and complete accountability to resolve any dispute arising within this contract. Only a single contract with one Proposer shall be acceptable. Prime Proposer responsibilities shall include, but not be limited to, performing of overall contract administration, preside over other Proposers participating or present at CCBOCC meetings, oversee preparation of reports and presentations, and file any notice of protest and final protest as described herein. Prime Proposer shall remain responsible for performing services associated with response to this RFP.

### 6.4 **INSURANCE REQUIREMENTS:**

Proof of the following insurance will be furnished by any Awardee to the Board by Certificate of Insurance within 15 days of notification by CCBOCC. Such certificate must contain a provision for notification to the Board 30 days in advance of any material change in coverage or cancellation. **CCBOCC shall be named as an additional insured under the General Liability policy.** The insurance information must be submitted on an insurance carrier's Certificate of Insurance.

6.4.1 General Liability Insurance with limits of not less than \$1,000,000 per occurrence combined single limit for bodily injury and property damage.

6.4.2 Professional Liability insurance with limits of not less than \$1,000,000 per occurrence.

6.4.3 Auto Liability Insurance covering all owned, non-owned and hired vehicles used in connection with this RFP, with bodily injury limits of liability of not less than \$1,000,000 per person; and \$1,000,000 per occurrence and property damage limits of not less than \$1,000,000.

6.4.4 Worker's Compensation in accordance with Florida Statutory limits and Employer's Liability Insurance.

## **7.0 GENERAL CONDITIONS**

- 7.1 **IRREVOCABILITY OF PROPOSAL:** A Proposal may not be withdrawn before the expiration of 90 days from the date of Proposal opening.
- 7.2 **PROPOSALS ARE NOT CONFIDENTIAL:** Any Proposal or information contained therein received by CCBOCC in response to a Request for Proposals or an Invitation To Bid will be made available for public inspection and copying pursuant to Section 119.07(1)(b)(1)(a) and (b), Florida Statutes. Any contract awarded by CCBOCC under a Request for Proposals or an Invitation To Bid is a public document and may include the entire contents of the Proposal. No action on the part of any Proposer would create an obligation on the part of CCBOCC to limit public access to information contained in a Proposal submitted to CCBOCC, including, without any limitation, marking any portion of a Proposal as being confidential, proprietary or considered to be a trade secret must be excluded from its Proposal in order to avoid its availability for public inspection.
- 7.3 **INFORMATION NOT IN RFP:** No verbal or written information which is obtained other than by information in this document or Addenda to this Request for Proposal shall be binding on CCBOCC.
- 7.4 **PROPOSAL PUBLIC RECORD:** Proposer acknowledges that all information contained within their Proposal is part of the public domain as defined by the State of Florida Sunshine and Public Record Laws.
- 7.5 **APPLICABLE LAW:** This RFP and any Agreement resulting from it shall be interpreted and construed according to the laws of the State of Florida.
- 7.6 **GOVERNING LAW:** This RFP, and any award(s) resulting from this RFP, shall be governed by and construed under the laws of the State of Florida and must have venue established in the 3rd Circuit Court of Columbia County, Florida.
- 7.7 **LEGAL REQUIREMENTS:** Federal, state, county and local laws, ordinances, rules and regulations that in any manner affect the goods or services covered herein apply. Lack of knowledge by the Proposer will in no way be a cause for relief from responsibility.
- 7.8 **ADVERTISING:** In submitting an RFP, Proposer agrees not to use the results therefrom as a part of any commercial advertising without prior written approval of CCBOCC.
- 7.9 **EXPENDITURE:** No guarantee is given or implied as to the total dollar value or work as a result of this RFP. CCBOCC is not obligated to place any order for services performed as a result of this award. Order placement will be based upon the needs and in the best interest of CCBOCC.
- 7.10 **CONFLICT OF INTEREST:** The award of this RFP is subject to the provisions of Chapter 112, Florida Statutes, as currently enacted or as amended from time to time. All Proposers must disclose with their Proposal the name of any officer, director or agent who is also an employee of CCBOCC, or whose relationship with an employee of CCBOCC may create a conflict of interest.
- 7.11 **DISPUTES:** In the event of a conflict between the documents, the order of priority of the documents shall be as follows:
- Any Agreement resulting from the award of this RFP (if applicable); then
  - Addenda released for this RFP, with the latest Addendum taking precedence; then
  - the RFP; then
  - Awardee's Proposal.
- In case of any other doubt or difference of opinion, the decision of CCBOCC shall be final and binding on both Parties.
- 7.12 **PUBLIC ENTITY CRIMES:** Section 287.133(2)(a), Florida Statutes, as currently enacted or as amended from time to time, states that a person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a Proposal on a contract to provide any goods or services to a public entity, may

not submit a Proposal on a contract with a public entity for the construction or repair of a public building or public work, may not submit a proposal on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017 for CATEGORY TWO [currently \$25,000] for a period of 36 months from the date of being placed on the convicted vendor list.

- 7.13 **PROTESTING OF RFP CONDITIONS/SPECIFICATIONS:** Any person desiring to protest the conditions/specifications in this RFP, or any Addenda subsequently released thereto, shall file a notice of intent to protest, in writing, within 72 consecutive hours after electronic release of the competitive solicitation or Addendum and shall file a formal written protest within ten calendar days after the date the notice of protest was filed. Saturdays, Sundays, legal holidays or days during which CCBOCC is closed, shall be excluded in the computation of the 72 consecutive hours. If the tenth calendar day falls on a Saturday, Sunday, legal holiday or days during which CCBOCC is closed, the formal written protest must be received on or before 5:00 p.m. EST of the next calendar day that is not a Saturday, Sunday, legal holiday or days during which CCBOCC is closed. Section 120.57(3)(b), Florida Statutes, as currently enacted or as amended from time to time, states that **“The formal written protest shall state with particularity the facts and law upon which the protest is based”**.
- 7.14 **POSTING OF RFP RECOMMENDATIONS/TABULATIONS:** Posting of Recommendations and Tabulation will take place on or around May 29, 2020. Open Enrolment will take place during the month of July 2020, exact dates to be determined. Any person desiring to protest the intended decision shall file a notice of protest, in writing, within 72 consecutive hours after the posting of the RFP tabulation and shall file a formal written protest within ten calendar days after the date the notice of protest was filed. Saturdays, Sundays, legal holidays and days during which CCBOCC is closed shall be excluded in the computation of the 72 consecutive hours. If the tenth calendar day falls on a Saturday, Sunday, legal holiday or days during which CCBOCC is closed, the formal written protest must be received on or before 5:00 p.m. of the next calendar day that is not a Saturday or Sunday, legal holiday or days during which CCBOCC is closed. No submissions made after the Proposal opening amending or supplementing the Proposal shall be considered. Section 120.57(3)(b), Florida Statutes, as currently enacted or as amended from time to time, states that **“The formal written protest shall state with particularity the facts and law upon which the protest is based”**. Any person who files an action protesting an intended decision shall post with CCBOCC, **at the time of filing the formal written protest**, a bond, payable to CCBOCC in an amount equal to one percent (1%) of the Board's estimate of the total volume of the contract. CCBOCC shall provide the estimated contract amount to the vendor within 72 hours, excluding Saturdays, Sundays and other days during which CCBOCC is closed, of receipt of notice of intent to protest. The estimated contract amount shall be established on the award recommendation as the "contract award amount". The estimated contract amount is not subject to protest pursuant to Section 120.57(3), Florida Statutes. The bond shall be conditioned upon the payment of all costs which may be adjudged against the protestant in an Administrative Hearing in which the action is brought and in any subsequent appellate court proceeding. In lieu of a bond, the CCBOCC may accept a cashier's check, official bank check or money order in the amount of the bond. If, after completion of the Administrative Hearing process and any appellate court proceedings, CCBOCC prevails, and then CCBOCC shall recover all costs and charges which shall be included in the Final Order or judgment, including charges made by the Division of Administrative Hearings, but excluding attorney's fees. Upon payment of such costs and charges by the protestant, the bond shall be returned. If the protestant prevails, then the protestant shall recover from CCBOCC all costs and charges which shall be included in the Final Order or judgment, excluding attorney's fees.
- 7.15 **ASSIGNMENT:** Neither any award of this RFP nor any interest in any award of this RFP may be assigned, transferred or encumbered by any party without the prior written consent of CCBOCC. There shall be no partial assignments of this RFP including, without limitation, the partial assignment of any right to receive payments from CCBOCC.

- 7.16 **LOBBYIST ACTIVITIES:** In accordance with Board Policy, as currently enacted or as amended from time to time, persons acting as lobbyists must state, at the beginning of their presentation, letter, telephone call, e-mail or facsimile transmission to Board Members, Constitutional Officers, Members of Senior Management and/or members of CCBOCC's Evaluation Team, the group, association, organization or business interest she/he is representing.
- 7.16.1 A lobbyist is defined as a person who for immediate or subsequent compensation, (e.g., monetary profit/personal gain) represents a public or private group, association, organization or business interest and engages in efforts to influence Board Members, Constitutional Officers, members of Senior Management and/or members of CCBOCC's Evaluation Team on matters within their official jurisdiction.
- 7.16.2 A lobbyist is not considered to be a person representing allied groups nor a public official acting in her/his official capacity.
- 7.16.3 The lobbyist must disclose any direct business association with any current elected or appointed official or employee of CCBOCC or any immediate family member of such elected or appointed official or employee of CCBOCC.
- 7.17 **CONE OF SILENCE:** Any Proposer or lobbyist for a Proposer is prohibited from having any communications concerning this solicitation for a competitive procurement with any Board Member, Constitutional Officer, members of Senior Management, or any Evaluation Team Member after the Purchasing Department releases the solicitation to the general public. This "Cone of Silence" shall go into effect and shall remain in effect from the time of release of the solicitation until the contract is awarded by the Board. All communications regarding this solicitation shall be directed to the designated Purchasing Agent unless so notified by the Purchasing Department. **Any vendor or lobbyist who violates this provision shall cause their Proposal to be considered non responsive and therefore be ineligible for award.**
- 7.18 **GRATUITIES:** Proposers shall not offer any gratuities, favors, or anything of monetary value to any official, employee, or agent of CCBOCC; including any Board Member, Constitutional Officer, member of Senior Management, or any Evaluation Team Members, for the purpose of influencing consideration of this Proposal.
- 7.19 **PREPARATION COST OF PROPOSAL:** Proposer is solely responsible for any and all costs associated with responding to this RFP. CCBOCC will not reimburse any Proposer for any costs associated with the preparation and submittal of any Proposal, or for any travel and per diem costs that are incurred by any Proposer.
- 7.20 **ACCEPTANCE AND REJECTION OF PROPOSALS:**
- 7.20.1 **Acceptance:** All Proposals properly completed and submitted will be considered by CCBOCC. However, CCBOCC reserves the right to request additional information, reject any or all Proposals that do not meet all mandatory requirements, or any or all Proposals may be rejected when there are sound, documented business reasons that serve the best interest of CCBOCC.
- 7.20.2 CCBOCC also reserves the right to waive irregularities in any Proposal received if such action is in the best interest of CCBOCC. However, such a waiver shall in no way modify the RFP requirements or excuse the Proposer from full compliance with the RFP specifications and other contract requirements if the Proposer is awarded the contract.
- 7.20.3 **Rejection:** A Proposal may be rejected if it does not conform to the rules or the requirements contained in this RFP. Examples for rejection include, but are not limited to, the following:
- 7.20.3.1 The Proposal is time-stamped at the Purchasing Department after the deadline specified in the RFP.
- 7.20.3.2 Failure to execute and return the enclosed original **REQUIRED RESPONSE FORM** as defined in Subsection 4.1.4 (see 1.0 Required Response Form).
- 7.20.3.3 Failure to respond to all subsections within the RFP.

- 7.20.3.4 Proof of collusion among Proposers, in which case all suspected Proposals involved in the alleged collusive action shall be rejected, and any participants to such collusion shall be barred from future procurement opportunities until reinstated.
  - 7.20.3.5 The Proposal shows non-compliance with applicable laws or contains any unauthorized additions or deletions, is a conditional Proposal, is an incomplete Proposal, or contains irregularities of any kind which make the Proposal incomplete, indefinite, or ambiguous as to its meaning.
  - 7.20.3.6 The Proposer adds provisions reserving the right to accept or reject an award or to enter into a contract pursuant to an award or adds provisions contrary to those in the RFP.
- 7.21 **WITHDRAWAL OF RFP:** In the best interest of CCBOCC, CCBOCC reserves the right to withdraw this RFP at any time prior to the time and date specified for the Proposal opening.
- 7.22 **SEVERABILITY:** In case of any one or more of the provisions contained in this RFP shall be for any reason be held to be invalid, illegal, unlawful, unenforceable or void in any respect, the invalidity, illegality, unenforceability or unlawful or void nature of that provision shall not affect any other provision and this RFP shall be considered as if such invalid, unlawful, unenforceable or void provision had never been included herein.
- 7.23 It is the sole responsibility of the **PROPOSER** to assure it has received the entire Proposal and any and all Addendum.
- 7.24 It is the sole responsibility of the **PROPOSER** to assure that its Proposal is time stamped in the **PURCHASING DEPARTMENT on or before 2:00 p.m. ET** on the date due.
- 7.25 No verbal or written information which is obtained other than by information in this document or by Addendum to this RFP shall be binding on CCBOCC.
- 7.26 No submissions made after the Proposal opening, amending or supplementing the Proposal shall be considered.
- 7.27 The Evaluation Team and/or CCBOCC reserves the right to waive irregularities or technicalities in Proposals received.
- 7.28 **ORIGINAL DOCUMENT FORMAT:** Only the terms and conditions of this solicitation as they were released by CCBOCC, or amended via Addendum, are valid. Any modification to any term or condition by a Proposer is not binding unless it is expressly agreed to, in writing, by CCBOCC.
- 7.29 **RE-RATING ENDORSEMENT:** Notwithstanding any provision in the Agreement between CCBOCC and Awardee(s) to the contrary:
- 7.29.1 Any increase of rates or other provisions shall be preceded by delivery to CCBOCC of notice of any increase in rates or other provisions. Any such increase in rates or other provisions shall be effective no earlier than October 1<sup>st</sup> following the current plan or applicable rate period year.
  - 7.29.2 Awardee(s) must provide CCBOCC valid written notice, stating the amount of change proposed, at least 90 calendar days prior to the effective date of the increase during the first year of the Agreement, and at least 120 calendar days prior to the effective date of the increase subsequent to the first year of the Agreement. Notice that a change in rates or consideration is proposed, without stating clearly the exact amount and the effect of the proposed change on the overall consideration of the Agreement shall not constitute a valid notice. A written notice of any change in rates or other change in consideration shall be delivered by certified mail to: Purchasing Department, 135 NE Hernando Ave., Lake City, FL 32055.
  - 7.29.3 Notice by Awardee(s) of intent to effect any change in consideration shall thereby entitle the Board to cancel the Agreement without penalty.

- 7.30 **TERMINATION:** This RFP may be canceled with or without cause by CCBOCC during the term hereof upon thirty (30) days written notice to the other Parties of its desire to terminate this RFP.
- 7.31 **PERFORMANCE STANDARD:** CCBOCC will negotiate performance standards and performance guarantees with the Awardee(s). These proposed standards and guarantees are contained in Attachment H. CCBOCC reserves the right to negotiate any and all performance standards at its discretion, but does not wish to entertain performance standards which do not meet those outlined in Attachment H.

# **ATTACHMENT A**

## **Questionnaires**

### **A1 - Medical Questionnaire**

All Proposers are requested to respond to the Medical Questionnaire

### **A2 - Self-Funded/Excess Insurance Questionnaire**

To be completed by Proposers bidding on a Self-Funded Option and Excess Insurance

### **A3 – Consortium Questionnaire**

To be completed by Proposers bidding as part of a Consortium

**Submit responses in Hard Copy and Electronic Version in a useable Microsoft Word format.**

# **ATTACHMENT A1**

## **Medical Questionnaire**

**Submit responses in Hard Copy and Electronic Version in a useable Microsoft Word format.**

## Medical Questionnaire for Group Health Insurance (All Proposers)

- Provide a brief (one page or less) history of your organization including ownership structure and any other organization with which you are affiliated.
- Provide the enrollment data (including all plans) requested below for your organization:

a. National Enrollment

	1/1/2017	1/1/2018	1/1/2019
Commercial Enrollment			
Other Enrollment			
<b>Total Enrollment</b>			

b. Florida Enrollment

	1/1/2017	1/1/2018	1/1/2019
Commercial Enrollment			
Other Enrollment			
<b>Total Enrollment</b>			

c. North Central Florida (Columbia, Alachua and Suwannee County) Enrollment

	1/1/2017	1/1/2018	1/1/2019
Commercial Enrollment			
Other Enrollment			
<b>Total Enrollment</b>			

- d. What percent of your Florida enrollment in 2018 and 2019 is from public sector clients? What percentage is Fully-Insured vs. Self-Funded?

Florida Enrollment	Total Enrollment	2018 % of Public Sector	2019 % of Public Sector	Fully Insured	Self-Funded
Commercial Enrollment					
Medicare Enrollment					
Other Enrollment					
<b>Total Enrollment</b>					

3. Provide references for three (3) similar size clients, by enrollment, for North Central Florida (Columbia, Alachua, and Suwannee counties) using the following format:

Employer Name	
Number of Employees	
Date Services Commenced	
Date Services Ended (if applicable)	
Contact Person and Title	
Address	
Phone Number	
Email Address	

- Detail any mergers/acquisitions involving your organization which have occurred in the last 12-month period, and any which are planned for the next 12 to 24 months.
- Can your plan track and report on customer service activity?

## Medical Questionnaire for Group Health Insurance (All Proposers)

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6. Ad hoc reports shall be available upon request. Will there be an additional charge for these reports? If yes, what is the cost?
7. Is your organization currently in compliance with Florida Office of Insurance Regulation profitability and reserve requirements? Yes \_\_\_ No \_\_\_ If no, have you been required to submit a Corrective Action Plan? If yes, attach a copy of the CAP.

### Plan Administration

8. Describe, in detail, your out-of-area coverage for traveling members, both within and outside the United States. Describe your capabilities for negotiating fees with out-of-area providers.
9. Does your plan cover members that utilize services offered through a walk-in facility such as those located in a retail environment? Yes \_\_\_ No \_\_\_ If yes, are there any limitations? If an employee is in an HMO plans and is outside of the service area and chooses to use a walk-in facility or urgent care instead of the emergency room, would this be covered as an in-network benefit? Yes \_\_\_ No \_\_\_ Are there any limitations?
10. Confirm your organization can administer all current benefits? Yes \_\_\_ No \_\_\_ Provide any deviations to covered services and limitations/exclusions in Attachment B. Failure to disclose deviations that contribute to additional claims cost may result in the Awardee(s) being financially liable for the additional claims cost.
11. Provide a complete listing of EAP services included in your Proposal for both internal and external services.

### Plan Network

12. Provide an electronic copy (on a CD or thumb drive in a usable Excel format) of your most up-to-date provider directory.
13. Are there any hospitals in the North Central Florida (Columbia, Alachua, and Suwannee Counties) area with which you are not contracted? Yes \_\_\_ No \_\_\_ If yes, list all hospitals.
14. Will your network allow participating dependents to select a PCP and access local providers if the dependent resides in another location and you have a network available in that location? Yes \_\_\_ No \_\_\_
15. Are all hospital-based physicians (e.g., emergency, pathology, anesthesia and radiology) affiliated with network hospitals contracted? Yes \_\_\_ No \_\_\_ If no, list any hospital physician group(s) not contracted. Please include the hospital affiliation.
16. Does the network you are proposing allow for direct access to network specialists or is it a “gatekeeper” network?
17. If the network proposed is not a “gatekeeper”, can your administrative system record a designated PCP for each member to be used for reporting, tracking purposes and quality initiatives?
18. What provisions are made for transition of care if a provider is terminated by your plan? If the provider terminates the contract? Will ongoing services be treated as in-network? Describe the member notification process.
19. If covered services are not available within the contracted network, how will members obtain necessary services?

## Medical Questionnaire for Group Health Insurance (All Proposers)

### Network Pricing

20. Using paid claims information on your **Group** book of business, please provide the following information for Columbia, Suwannee, and Alachua County, Florida for each network you are proposing. Please limit this to the selected counties. This should **not** include your Medicare book of business. Please use claims incurred 1/1/19 through 12/31/19 and paid through 1/31/20.

- Exclude pending, denied, duplicate, Medicare-primary, and other secondary claims.
- Exclude prescription drug (retail and mail-order), dental, and vision hardware claims.
- Exclude individual denied services within a valid claim. For example, if one service provided during an office visit is not covered, exclude that service.

<b>PPO Network</b>			
<b>Category</b>	<b>a) Total \$ Billed</b>	<b>b) Total \$ Allowed*</b>	<b>Discount**</b>
Hospital Inpatient			
Hospital Outpatient			
Emergency Room			
Physicians – MDs and DOs			
<b>HMO Network</b>			
<b>Category</b>	<b>a) Total \$ Billed</b>	<b>b) Total \$ Allowed*</b>	<b>Discount**</b>
Hospital Inpatient			
Hospital Outpatient			
Emergency Room			
Physicians – MDs and DOs			

21. Provide hospital cost data for Columbia, Alachua, and Suwannee Counties.

	<b>2017</b>		<b>2018</b>		<b>2019</b>	
	<b>HMO</b>	<b>PPO</b>	<b>HMO</b>	<b>PPO</b>	<b>HMO</b>	<b>PPO</b>
Average cost per admission						
Average cost per day						
Average discount level						
Average length of stay						
Days per 1000						
Admissions per 1000						

### Provider Relations

22. Does your organization provide information directly to the plan participant to make provider selections that are cost effective for the plan? If so, please explain.
23. Does your organization work with the plan participants who deliver the most efficient and effective care? If so, please explain.
24. Does your organization offer incentives to network providers to encourage a minimally invasive procedures technique over open surgery? If so, please explain.

## **Medical Questionnaire for Group Health Insurance (All Proposers)**

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25. Describe how your organization will communicate with providers regarding CCBOCC's schedule of benefits, changes to the schedule of benefits and general administrative policies and procedures specific to CCBOCC's Medical Plan?
26. Describe how your organization will ensure that providers in your network refer to network facilities and other network providers?

### **Eligibility and Claims Administration**

27. Will CCBOCC have a dedicated team for eligibility, claims and customer service?
28. Do you plan on major changes or upgrades to your administrative system or the platform you are proposing for CCBOCC in the next 24 months? If yes, please explain.
29. Will you provide CCBOCC with an eligibility contact person for eligibility file issues and questions?
30. What eligibility responsibilities does your organization expect CCBOCC to perform?
31. Describe your explanation of benefits (EOB) process for HMO/EPO, Consumer Driven and PPO and if these are available hard copy and/or online. Is there any flexibility? What is included on the EOB statements?
32. Will your organization provide one-on-one enrollment during open enrollment and at the point of new hire?
33. Will you process run-out claims after plan termination? If yes, for how long and at what cost?
34. Are you willing to accept delegation of fiduciary responsibility with respect to claim adjudication under your ASO contract?

### **Medical Management**

35. Describe the employee's responsibility for compliance with Utilization Management programs, in-network, out-of-network, and out-of-area.
36. Are your utilization review service/requirements different in any way for in-network, out-of-network, or out-of-area participants?
37. Are network providers at risk for not following your Medical Management Program? Please explain.
38. Describe your pre-certification process for inpatient admissions.
39. Describe how inpatient utilization is managed. Specially address after hours, emergency, in and out-of-network.
40. Is inpatient census reviewed on a daily basis? If no, how often?
41. How do you communicate with patients and family members regarding length of stay and discharge planning?
42. How are members identified for enrollment in Case Management? Check all that apply.

## Medical Questionnaire for Group Health Insurance (All Proposers)

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### Disease Management/Wellness

43. Do members in Case Management have a consistent Nurse Manager presiding over each case?
44. How are members discharged from Case Management?
45. Describe how providers are made aware of Case Management.
46. How can you assist CCBOCC with targeted comprehensive initiatives to improve the health of CCBOCC population? Can you report on the effectiveness of implemented initiatives, including clinical feedback to providers and follow-up activities when indicated?
47. Please describe any and all risk sharing you are willing to offer wherein you are placing a portion of your administrative expense at risk based on achieving measurable improvements in the health and claims expenses of CCBOCC population.
48. Describe all onsite Disease Management/Lifestyle Management/Wellness programs available to CCBOCC. Are they incentive based? Provide samples/evidence (i.e., brochures, posters, etc.).
49. Describe your capabilities to manage rewards and incentives. Provide examples of incentives and budget.
50. Describe your strategy to drive participation and maintain participant engagement.

### Customer Service

54. Does your plan have a 24-hour toll free number for member services and provider services? Yes \_\_\_ No \_\_\_ If no, what are the days and hours of operation?
55. Describe the services and features members have access to on your website?
56. How many cards will be distributed per family?
57. Is there a charge for replacement cards? Yes \_\_\_ No \_\_\_ If yes, what is the charge?
58. What is your normal turnaround time for production and mailing of ID cards?
59. Describe your 24-hour nurse line. Do you report on usage? Yes \_\_\_ No \_\_\_
60. Describe your implementation process if you are the Awardee(s), including significant deliverables, project manager and timelines for an implementation date of October 1, 2020.

# **ATTACHMENT A2**

## **Self-Funded/Excess Insurance Questionnaire**

**Submit responses in Hard Copy and Electronic Version in a useable Microsoft Word format.**

**For your convenience, Attachment A is also available as a separate downloadable document in a useable Microsoft Word format.**

## Self-Funded/Excess Insurance Questionnaire (Only Proposers Bidding on a Self-Funded/TPA/ASO Option)

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1. Describe your standard banking arrangement for self-funded clients. Include:
  - a. How and when is the account funded?
  - b. Options you have available for reimbursement frequency and method.
  - c. The minimum funding balance requirement and its development, and any initial deposit requirements.
2. A description (including any report samples) of the services you can provide CCBOCC to fund, monitor and reconcile the self-funding account.
3. Describe how you develop your administrative pricing for self-funded accounts.
  - d. What do administrative costs (including network charges) represent?
  - e. As a percent of claims?
  - f. As a capitated dollar amount per employee?
4. Do you subrogate claims? Yes \_\_\_ No \_\_\_ If yes, please explain. Is there a charge for this? Yes \_\_\_ No \_\_\_
5. Has your claims department been audited by a third party for accuracy/security? Yes \_\_\_ No \_\_\_ If yes, how recently and type of audit?
6. Describe your security and audit procedures for client funds.
7. What percentage of the risk does your company assume? If less than 100%, identify additional reinsurer(s) and the respective percentage of assumed liability.
8. How many excess loss clients do you currently have?
9. How much annualized premium do these clients represent?
10. Describe your disclosure process for pre-sale and at renewal (if different). (Cannot accept contingent Proposals.)
11. Provide a copy of your disclosure statements.
12. Is your organization's excess loss contract guaranteed renewable? Yes \_\_\_ No \_\_\_ If no, describe your determination and notification methods.
13. Coverage is based on a no-loss/no-gain full transfer of coverage basis. Agree \_\_\_ Disagree \_\_\_ If you disagree, please explain.
14. Is your organization able to work with any claims administrator (carriers, etc.)? Yes \_\_\_ No \_\_\_ If no, explain.
15. Does your second year contract automatically renew as a paid contract? Yes \_\_\_ No \_\_\_

## Self-Funded/Excess Insurance Questionnaire (Only Proposers Bidding on a Self-Funded/TPA/ASO Option)

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16. Is your organization willing to contact the claims administrator (carriers, etc.) or case management firms directly to obtain additional information related to large claimants? Yes \_\_\_ No \_\_\_
17. Are you able to propose a terminal liability option for a group that may, at some point in the future, choose to convert to a fully-insured arrangement? Yes \_\_\_ No \_\_\_
18. What is the cost to include this option? Cost \_\_\_ /ee/mo or additional % \_\_\_
19. Is this option available at initial policy issue and also at renewal? Yes \_\_\_ No \_\_\_

### Specific

20. Do you limit the percentage of covered lives that are COBRA and/or retirees? Yes \_\_\_ No \_\_\_ If yes, provide details.
21. How long are your specific loss rates guaranteed? Are you willing to guarantee these rates for a period longer than 12 months? Yes \_\_\_ No \_\_\_ If yes, how would this impact rates?
22. Do you laser individuals at policy inception? Yes \_\_\_ No \_\_\_ Do you laser individuals at renewal? Yes \_\_\_ No \_\_\_ If yes, indicate whether this applies only to those lasered under the initial contract terms, or if potentially large claimants are reviewed annually.
23. If you do not laser, will you laser upon request and offer a lower premium? Yes \_\_\_ No \_\_\_
24. If you do laser, will you offer a premium increase instead of the laser? Yes \_\_\_ No \_\_\_
25. Can your organization offer the specific deductible on a standard, and/or aggregating pricing?  
Yes \_\_\_ No \_\_\_
26. Confirm your specific coverage(s) can include the following benefits:
- |                                   |                |
|-----------------------------------|----------------|
| Medical                           | Yes ___ No ___ |
| Behavioral Health/Substance Abuse | Yes ___ No ___ |
| Pharmacy Benefit Management       | Yes ___ No ___ |
27. What is your organization's average turnaround time for specific claims submitted for reimbursement?
28. With respect to specific claims submitted for reimbursement, describe any limitations (e.g., minimum dollar amounts).
29. Do you offer advance funding or quick pay options for specific claims? Yes \_\_\_ No \_\_\_ If yes, provide details including any additional cost, if any.
30. What percentage discount/credit is applied to your "first year" (i.e., 12/12) specific pricing?
31. Describe the specific incurred/paid contract periods (i.e., 12/12, 12/15, etc.) that you offer.

## Self-Funded/Excess Insurance Questionnaire (Only Proposers Bidding on a Self-Funded/TPA/ASO Option)

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32. Is there a run-in limit on specific stop loss? Yes \_\_\_ No \_\_\_ If yes, what is the percentage or formula?

### Aggregate

33. What percentage discount/credit is applied to your "first year" (i.e., 12/12) aggregate pricing?

34. How long is your aggregate premium guaranteed?

35. Are you willing to guarantee these rates for a period longer than twelve months? Yes \_\_\_ No \_\_\_ If yes, how would this impact rates?

36. Describe the aggregate incurred/paid contract periods (i.e., 12/12, 12/15, etc.) that you offer.

37. Confirm that your aggregate coverage can include the following benefits:

Medical Yes \_\_\_ No \_\_\_

Pharmacy Benefit Management Yes \_\_\_ No \_\_\_

Behavioral Health/Substance Abuse Yes \_\_\_ No \_\_\_

38. At what percentage of expected claims can the aggregate corridor be set?

\_\_\_ 110%

\_\_\_ 115%

\_\_\_ 120%

\_\_\_ 125%

Other \_\_\_\_\_

39. Can you quote more than one option? Yes \_\_\_ No \_\_\_

40. Does your aggregate contract impose an annual maximum claim liability? Yes \_\_\_ No \_\_\_ If yes, identify the amount.  
\$ \_\_\_\_\_

41. Are there other options available? Yes \_\_\_ No \_\_\_ If yes, describe.

42. Describe the specific incurred/paid period (i.e., 12/12, 12/15, etc.) that you offer.

43. What percentage, if any, of annual paid claims applies to initial run-in limitations on your aggregate contract. \_\_\_%  
\_\_\_N/A

44. Will your organization waive run-in limitations? Yes \_\_\_ No \_\_\_ If yes, at what cost/percentage?  
\$ \_\_\_ / \_\_\_%

### Claim Reimbursement

45. Do you designate a large case management firm with whom the claims administrator (or pre-cert vendor) must coordinate potentially catastrophic cases? Yes \_\_\_ No \_\_\_

46. Are there any conditions or circumstances (e.g., diagnosis, procedure, medical services, etc.) that require pre-approval by your case managers? Yes \_\_\_ No \_\_\_ If yes, please list.

## Self-Funded/Excess Insurance Questionnaire (Only Proposers Bidding on a Self-Funded/TPA/ASO Option)

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47. Is there a Transplant Centers of Excellence provision in your contract? Yes \_\_\_ No \_\_\_ If yes, is this voluntary or a mandatory program? Voluntary \_\_\_\_\_ Mandatory \_\_\_\_\_
48. If voluntary, do you offer any discounts for including it in the plan? Yes \_\_\_ No \_\_\_ Explain the consequences of non-compliance.
49. Will you allow “non-covered” alternative care if approved by your case manager? Yes \_\_\_ No \_\_\_
50. When do you require notification of a specific claim?
51. What is your company’s timing requirements with respect to notification and claim filing?
52. Does your proposal include immediate claims reimbursement, or would the customer be required to file the claim?
53. Does your contract recognize all eligible employees, dependents, domestic partners, FMLA, retirees and COBRA beneficiaries as defined by the employer’s Plan Document/SPD? Yes \_\_\_ No \_\_\_
54. Is there ever a situation in which you would deny a claim that was a covered benefit in an employer’s Plan Document/SPD you had previously approved?
55. Identify any restrictions and limitations pertaining to an off-anniversary termination.
56. Detail the process involved in obtaining coverage for out-of-contract services.
57. Will your contract waive “actively at work” provisions, based upon HIPAA guidelines? Yes \_\_\_ No \_\_\_
58. What are your proof of claim and timely filing requirements for claim reimbursement requests?
59. Who has final claim decision-making authority with respect to specific and aggregate claims?
60. Who defines what the reasonable and customary amounts are? Client \_\_\_ Carrier \_\_\_ Other \_\_\_
61. Explain your organization’s underwriting guidelines for incorporating plan changes.
62. Are there any charges and/or fees that standardly do not apply to specific or aggregate coverage? Yes \_\_\_ No \_\_\_
63. What is the maximum aggregate refund?
64. Are there any lasered claimants? Please include dollar amounts if applicable.
65. Are there retirees included in your quote?
66. What is the minimum attachment point? Please identify if not applicable.
67. Are your rates firm? If not, when will they be?
68. Please detail any additional contingencies of your quote.

# **ATTACHMENT A3**

## **Consortium Questionnaire**

**Submit responses in Hard Copy and Electronic Version in a useable Microsoft Word format.**

**For your convenience, Attachment A is also available as a separate downloadable document in a useable Microsoft Word format.**

## Consortium Questionnaire (Only Consortium Proposers)

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1. Has Proposer, as of the date of the RFP Release, been operating consecutively for at least 5 full calendar years?
2. Describe the structure of the Consortium. How are decisions regarding the Consortium made?
3. Does each Participating Employer have a voting right on the Consortium's governing body?
4. Does the Consortium maintain a surplus/reserve that is sufficient to meet the requirements under Florida Statute 112.08?
5. Is the surplus/reserve held by, and used for, the exclusive use of Participating Employers in the Consortium's medical program?
6. Identify the individuals who work exclusively (i.e., 100% of their job) for the Consortium either as a W-2 employee or a dedicated representative of a service provider contracted by the Consortium.
7. Please describe the Consortium's renewal process and how funding rates are determined for each Participating Employer.
8. Are premium rates fixed for the entire 12-month plan year? If no, on what basis can the premium rates fluctuate?
9. Describe who is responsible for any liability resulting from any costs attributable to the Participating Employer that exceed the funding by that Participating Employer for the plan year.
10. Describe if the Consortium offers any benefits to Participating Employers in good claims years and/or protections to Participating Employers in bad claims years.
11. Please provide the renewal increases for the Consortium as a whole for the past 5 years. Please provide the projected renewal increases disclosed on the 112.08 filing for the next 2 years. In addition to the aggregate/average renewal increase, please provide the lowest and highest renewal increases released to Participating Employers in each of the past 5 years.
12. Explain how the Consortium spreads risk among its Participating Employers.
13. Provide specific examples of what the Consortium has done to manage overall costs for the Consortium. Please include examples for both medical and pharmacy claims and fixed costs.
14. Please provide references from at least 3 of your Participating Employers that have 300 or more full-time employees.
15. Provide a listing of all Fixed Expenses included in the funding rates charged to each Participating Employer, including: Administration Fees (Medical ASO, Rx, Telemedicine, etc.); Consortium Fee; Broker Fees; Stop Loss commissions (specific and/or aggregate); margin/corridor; benefits administration/technology fee; COBRA administration; EAP services; etc.
16. Describe any custom benefits you offer in your medical and pharmacy program that benefit Members.
17. Does the Consortium provide a full Employee Assistance Program for both members and Participating Employers? If yes, please describe. If yes, please disclose the cost of the EAP and if it's included in the funding rates.
18. Describe the educational opportunities made available by the Consortium to CCBOCC staff.

## Consortium Questionnaire (Only Consortium Proposers)

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19. Describe any value-added services that are available to CCBOCC not otherwise included in the funding rates that are available through the Consortium or its contracted service providers.
20. Describe the benefits to CCBOCC of being a Participating Employer in your Consortium compared to sponsoring a stand-alone fully insured or self-funded medical program.
21. If the Consortium contracts with service providers to offer some of the services required under this RFP, please disclose whether those service providers are Florida-based. If not, from where will those services be provided?
22. Does the Consortium maintain a Florida-based account in which it will receive, hold and transmit funding dollars from Participating Employers? If no, please indicate where such dollars will be received, held and transmitted.
23. Please provide the network of providers supporting your proposed plan.
24. Describe the terminal liability that Columba County BOCC would be responsible for in the event it joins the Consortium and then terminates in a future year.
25. Describe any stop loss/reinsurance arrangements used in the Consortium. Specifically:
  - a. Is it at the Consortium level or the Participating Employer level?
  - b. Is it for both specific and aggregate?
  - c. To whom are reimbursements from the stop loss carrier made?

# **ATTACHMENT B**

## **Plan Designs**

**Submit responses in Hard Copy and Electronic Version in a useable Microsoft Excel format.**

<b>Financial Features - Amount Member Pays</b>	<b>BlueChoice 0317</b>	<b>BlueOptions 03359</b>	<b>BlueOptions HSA Compatible Individual/Family 05192 / 05193</b>	<b>BlueCare 60</b>
<b>Calendar Year Deductible (CYD)</b> Per Person/Family Aggregate				
In-Network	\$1,000 / \$2,000	\$1,500 / \$4,500	\$2,500 / \$5,000	\$500 / \$1,000
Out-of-Network	Combined w/ In-Network	\$3,000 / \$9,000	\$5,000 / \$10,000	Not Covered
<b>Coinsurance</b>				
In-Network	20%	20%	20%	10%
Out-of-Network	40%	40%	40%	N/A
<b>Out-of-Pocket Maximum</b> Per Person/Family Aggregate				
In-Network	\$2,000 / \$6,000	\$3,000 / \$6,000	\$5,800 / \$11,600*	\$3,500 / \$7,000
Out-of-Network	Combined w/ In-Network	\$5,000 / \$10,000	\$11,600 / \$23,200*	Not Covered
<b>Office Services</b>				
<b>Office visits</b>				
In-Network Family Physician/PCP (FP)	\$20	\$25	CYD + 20%	\$25
In-Network Specialist (SP)	CYD + 20%	CYD + 20%	CYD + 20%	\$45
Out-of-Network Provider	CYD + 40%	CYD + 40%	CYD + 40%	Not Covered
<b>Advanced Imaging Services (AIS)</b> (MRI, MRA, PET, CT, Nuclear Medicine)				
In-Network	CYD + 20%	CYD + 20%	CYD + 20%	IDTF - \$80 Physician Office - \$125
Out-of-Network Provider	CYD + 40%	CYD + 40%	CYD + 40%	Not Covered
<b>Preventive Care</b>				
<b>Routine Adult Physical and Well Woman Exam</b>				
In-Network Family Physician	\$0	\$0	\$0	\$0
In-Network Specialist	\$0	\$0	\$0	\$0
Out-of-Network	40%	40%	40%	Not Covered
<b>Well Child (No PBP Max)</b>				
In-Network Family Physician	\$0	\$0	\$0	\$0
In-Network Specialist	\$0	\$0	\$0	\$0
Out-of-Network	40%	40%	40%	Not Covered
<b>Hospital/Surgical</b>				
<b>Inpatient Hospital Facility</b>				
In-Network	\$150 PAD + CYD + 20%	Option 1 - CYD + 20% Option 2 - CYD + 25%	Option 1 - CYD + 20% Option 2 - CYD + 25%	\$325/Day; \$1,625 Max
Out-of-Network	\$300 PAD + CYD + 40%	CYD + 40%	\$500 PAD + CYD + 40%	Not Covered
<b>Outpatient Hospital Facility Services</b>				
In-Network	CYD + 20%	Option 1 - CYD + 20% Option 2 - CYD + 25%	Option 1 - CYD + 20% Option 2 - CYD + 25%	\$275
Out-of-Network	CYD + 40%	CYD + 40%	CYD + 40%	Not Covered
<b>Ambulatory Surgical Center (ASC)</b>				
In-Network Facility	CYD + 20%	CYD + 20%	CYD + 20%	\$200
Out-of-Network Facility	CYD + 40%	CYD + 40%	CYD + 40%	Not Covered
<b>Emergency Medical Care</b>				
<b>Urgent Care Centers</b>				
In-Network	\$20	CYD + 20%	CYD + 20%	\$45
Out-of-Network	CYD + 40%	CYD + 40%	CYD + 40%	Not Covered
<b>Emergency Room Facility Services (per visit)</b>				
In-Network	\$50 + CYD + 20%	\$200	CYD + 20%	\$100
Out-of-Network	\$50 + CYD + 20%	CYD + 40%	CYD + 20%	\$100
<b>Ambulance Services</b> (Ground, air and water travel, combined per day maximum)				

In-Network and Out-of-Network	In-Network CYD + 20%	In-Network CYD + 20%	In-Network CYD + 20%	In-Network CYD + 10%
<b>Outpatient Diagnostic Services</b>				
<b>Independent Diagnostic Testing Facilities (IDTF) (per visit) (X-rays and Advanced Imaging ) Includes Provider Services</b>				
In-Network (Advanced Imaging Services)	CYD + 20%	CYD + 20%	CYD + 20%	\$80
In-Network (Other Diagnostic Services)	CYD + 20%	CYD + 20%	CYD + 20%	\$45
Out-of-Network	CYD + 40%	CYD + 40%	CYD + 40%	Not Covered
<b>Independent Clinical Lab</b>				
In-Network	20%	\$0	CYD	\$0
Out-of-Network	CYD + Coins	CYD + Coins	CYD + 40% Coins	Not Covered
<b>Prescription R/x</b>				
<b>Retail</b>				
<b>Generic/Brand/Non-Preferred</b>	CYD then 40% (Must be submitted vis Mediscript)	\$15 / \$30 / \$50	CYD then \$10 / \$30 / \$50	\$10 / \$50 / \$80
<b>Mail Order</b>				
<b>Generic/Brand/Non-Preferred</b>	\$20 / \$50 (all brand)	\$40 / \$75 / \$125	CYD then \$15 / \$50 / \$80	\$25 / \$125 / \$200

### 2019 Florida Blue Premium

	BlueChoice 317	BlueOptions 03359	BlueOptions 05192/93	BlueCare 60
Employee	\$1,023.50	\$968.02	\$610.36	\$903.14
Family	\$1,853.26	\$1,752.06	\$1,105.22	\$1,635.32

### 2018 Florida Blue Premium

	BlueChoice 317	BlueOptions 03359	BlueOptions 03160/61	BlueOptions 05192/93	BlueCare 60
Employee	\$943.32	\$892.18	\$735.42	\$562.54	\$832.38
Family	\$1,708.06	\$1,614.80	\$1,331.70	\$1,018.64	\$1,507.20

### 2017 Florida Blue Premium

	BlueChoice 317	BlueOptions 03359	BlueOptions 03160/61	BlueOptions 05192/93	BlueCare 60
Employee	\$890.76	\$842.46	\$694.44	\$531.19	\$786.01
Family	\$1,612.90	\$1,524.83	\$1,257.51	\$961.88	\$1,423.22

# ATTACHMENT C

## Financial Response Forms

**Fully-Insured Models**

- Plan A
- Plan C
- Plan F/G
- Plan H

**Self-Funded Models**

- Plan A
- Plan C
- Plan F/G
- Plan H

**Submit responses in Hard Copy and Electronic Version in a useable Microsoft Word format.**

## FINANCIAL RESPONSE FORMS

Provide monthly premium rates as outlined below.

	FULLY INSURED RATES		CONSORTIUM RATES	
	Single	Family	Single	Family
Plan A				
Plan C				
Plan F/G				
Plan H				

### FULLY INSURED & CONSORTIUM

1. Are you willing to provide rate guarantees/rate caps for years two and three? Yes \_\_\_ No \_\_\_ If yes, describe the rate guarantees/rate caps you are proposing.
2. Please describe any alternative funding arrangements such as Profit Sharing or Minimum Premium you are offering. If there is additional cost associated with these arrangements, please specify what those costs are.

### SELF-FUNDED MODELS

1. Are you willing to provide rate guarantees/rate caps for years four and five? Yes \_\_\_ No \_\_\_ If yes, describe the rate guarantees/ rate caps you are proposing.
2. Describe what products and services are included in your disease management fees.
3. Identify any other fees or costs that are not stated above, that would be included in your pricing. Include the amount of fee(s), cost(s), purpose for fee(s)/cost(s) and how the fee(s)/cost(s) is billed to CCBOCC. Also include any capitated claim expenses.

## FINANCIAL RESPONSE FORMS – SELF-FUNDED MODELS

CCBOCC is requesting a minimum of a 36-month rate guarantee for the ASO fees, as outlined below, for each self-funded option. Fees quoted below should be quoted in per employee per month (PEPM). Rate guarantee beyond the first 36 months including, but not limited to, renewal formulas or caps on renewals, are encouraged and will be considered in the evaluation process. For stop loss proposals, please state rates on a PEPM basis and include a copy of your proposal and underwriting assumptions and caveats.

	2020	2021	2022
<b>Assumed Enrollees</b>			
<b>Expected Paid Claims (PEPM)</b>			
<b>Expected change in Claim Reserves (PEPM)</b>			
<b>ASO Fees (PEPM)</b>			
<b>Access Fees (PEPM)</b>			
<b>Utilization Review / Medical Management Fees (PEPM)</b>			
<b>PBM Interface Fees (PEPM)</b>			
<b>Disease Management / Wellness Fees (PEPM)</b>			
• Disease Management			
• Lifestyle Management			
<b>Behavioral Health / Substance Abuse Fees (PEPM)</b>			
<b>Cobra Administrative Fees (PEPM)</b>			
<b>HIPAA Administrative Fees (PEPM)</b>			
<b>Claim Fiduciary Fees (PEPM)</b>			
<b>Credentialing</b>			
<b>Quality Assurance</b>			
<b>Claims Administration</b>			
<b>Customer Service</b>			
<b>Grievance/Appeals Administration</b>			
<b>Coordination of Benefits</b>			
<b>Subrogation Services</b>			
<b>Standard Reporting</b>			
<b>Ad hoc Reporting</b>			
<b>Interface with other Carve-out Vendors</b>			
<b>Conversion Plan</b>			
<b>Run-Out Fees</b>			
<b>Other Fees (PEPM)</b>			
<b>Total Administrative Fees</b>			
<b>Stop Loss – Specific Only (12/12 and 12/15)</b>			
\$125,000 specific stop loss. PEPM rate			
<b>Stop Loss – Aggregate (12/12 and 12/15)</b>			
Please state PEPM rate and attachment point			
<b>TOTAL</b>			

# **ATTACHMENT D**

**Census Data  
(Includes Active Employees, Retirees, and  
COBRA)**

Date of Hire	Date of Birth	Gender	ZIP	Benefit Plan Name	Coverage Level - Employee	Division	Status
04/04/2018	05/02/1966	F	32024	BlueOptions HSA Plan 05192/05193	Employee Only	BOCC	Active
01/07/2016	03/15/1997	M	32025	BlueOptions HSA Plan 05192/05193	Employee Only	Clerk	Active
07/11/2016	02/13/1965	M	32024	BlueOptions HSA Plan 05192/05193	Family	BOCC	Active
08/23/2017	01/06/1993	M	32025	BlueOptions HSA Plan 05192/05193	Employee Only	BOCC	Active
12/29/2015	11/28/1968	F	32024	BlueCare Plan 60	Employee Only	Sup of Elections	Active
10/16/2009	05/18/1974	M	32025	BlueOptions HSA Plan 05192/05193	Employee Only	BOCC	Active
11/15/2017	11/08/1988	F	32024	Waived		BOCC	Active
04/03/1991	02/02/1958	F	32024	BlueOptions HSA Plan 05192/05193	Family	Tax Collector	Active
08/02/2006	08/03/1975	M	33534	Waived		BOCC	Active
04/15/2016	01/18/1962	F	32024	BlueOptions HSA Plan 05192/05193	Employee Only	BOCC	Active
02/20/1986	05/29/1952	M	32025	BlueOptions HSA Plan 05192/05193	Family	BOCC	Active
02/07/2018	03/15/1994	M	32024	Waived		Sup of Elections	Active
07/22/2015	11/28/1978	M	32055	BlueOptions HSA Plan 05192/05193	Employee Only	BOCC	Active
08/07/2019	03/06/1980	F	32038	BlueChoice Plan 0317	Employee Only	BOCC	Active
07/07/2014	05/18/1981	F	32055	BlueOptions HSA Plan 05192/05193	Employee Only	Clerk	Active
09/12/2008	04/16/1967	M	32025	BlueOptions HSA Plan 05192/05193	Employee Only	BOCC	Active
12/12/2007	04/01/1982	M	32025	Waived		BOCC	Active
06/12/2006	03/07/1968	M	32038	BlueCare Plan 60	Family	BOCC	Active
09/15/2010	03/18/1981	F	32025	BlueOptions HSA Plan 05192/05193	Family	BOCC	Active
06/04/2018	04/21/1994	M	32025	Waived		Tax Collector	Active
02/01/2007	11/30/1953	F	32056	Waived		Property Appraiser	Active
11/01/2019	11/18/1979	M	32038	BlueOptions HSA Plan 05192/05193	Employee Only	Property Appraiser	Active
10/28/2015	01/25/1972	M	32063	BlueOptions Plan 03359	Family	BOCC	Active
03/09/2015	01/18/1959	M	32025	BlueOptions Plan 03359	Employee Only	BOCC	Active
11/11/2019	03/14/1999	F	32643	Waived		Tax Collector	Active
03/16/2009	10/03/1984	F	32025	BlueOptions HSA Plan 05192/05193	Employee Only	BOCC	Active
12/12/2014	10/11/1961	F	32055	BlueCare Plan 60	Employee Only	BOCC	Active
06/01/1986	07/26/1954	M	32056	BlueChoice Plan 0317	Employee Only	Tax Collector	Active
01/03/2017	09/17/1987	M	32096	BlueCare Plan 60	Employee Only	BOCC	Active
03/20/2013	10/16/1959	M	32096	Waived		BOCC	Active
06/02/2010	09/10/1953	F	32055	BlueOptions HSA Plan 05192/05193	Employee Only	BOCC	Active
07/21/2010	06/09/1952	M	32024	BlueOptions HSA Plan 05192/05193	Family	BOCC	Active
01/18/2000	02/23/1968	F	32655	Waived		Clerk	Active
05/29/2019	03/24/1999	F	32071	BlueOptions HSA Plan 05192/05193	Employee Only	BOCC	Active
02/20/2017	03/17/1974	M	32040	BlueCare Plan 60	Family	BOCC	Active
02/01/1993	09/10/1956	F	32025	Waived		Tax Collector	Active
06/05/2017	03/12/1964	F	32056	BlueCare Plan 60	Employee Only	Clerk	Active
10/07/2019	02/24/1988	F	32060	BlueOptions HSA Plan 05192/05193	Employee Only	Clerk	Active
03/13/2013	11/14/1955	M	32024	BlueCare Plan 60	Employee Only	BOCC	Active
04/01/2010	05/20/1964	F	32025	BlueOptions HSA Plan 05192/05193	Family	Sup of Elections	Active
08/14/1990	03/01/1959	M	32055	BlueOptions HSA Plan 05192/05193	Employee Only	BOCC	Active
11/27/2014	06/11/1985	M	32024	BlueOptions HSA Plan 05192/05193	Employee Only	Clerk	Active
05/23/2018	07/26/1991	F	32056	BlueCare Plan 60	Employee Only	BOCC	Active
09/07/2007	01/29/1986	M	32024	BlueOptions HSA Plan 05192/05193	Family	BOCC	Active
12/20/2018	04/27/1977	M	32087	BlueOptions HSA Plan 05192/05193	Employee Only	BOCC	Active
06/18/2001	04/20/1961	M	32025	BlueOptions HSA Plan 05192/05193	Employee Only	Housing Authority	Active
04/03/2017	03/19/1997	F	32052	BlueOptions HSA Plan 05192/05193	Employee Only	Tax Collector	Active
12/24/2014	08/30/1994	M	32024	Waived		BOCC	Active
10/01/2008	01/14/1956	M	32025	BlueOptions HSA Plan 05192/05193	Family		Retiree
05/31/2000	12/30/1974	M	32055	BlueOptions HSA Plan 05192/05193	Employee Only	BOCC	Active
03/07/2016	03/21/1994	M	32038	BlueOptions HSA Plan 05192/05193	Employee Only	BOCC	Active
11/27/2013	02/24/1994	M	32680	BlueOptions HSA Plan 05192/05193	Employee Only	BOCC	Active
12/03/2018	04/30/1993	M	32615	Waived		BOCC	Active
11/05/2003	05/07/1966	F	32055	BlueCare Plan 60	Family	BOCC	Active
04/06/1998	10/03/1972	M	32096	BlueOptions HSA Plan 05192/05193	Employee Only	BOCC	Active
11/25/1988	05/02/1952	M	32056	BlueChoice Plan 0317	Family	Clerk	Active
07/13/2006	12/01/1976	M	32025	BlueOptions HSA Plan 05192/05193	Family	BOCC	Active

07/14/2006	12/29/1971	M	32025	BlueOptions Plan 03359	Family		BOCC	Active
12/01/2009	06/11/1969		32024	Waived			BOCC	Active
10/09/2019	03/30/1959	M	320241448	Waived			BOCC	Active
10/28/2019	03/21/1993	F	32024	Waived			Clerk	Active
12/19/1990	12/06/1955	F	32024	BlueOptions Plan 03359	Employee Only		Clerk	Active
08/23/1999	04/04/1965	F	32038	BlueOptions HSA Plan 05192/05193	Employee Only	Housing Authority		Active
11/28/2016	09/25/1989	F	32025	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
02/01/2006	03/08/1958	M	32055	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
01/20/2006	12/15/1957	F	32025	BlueCare Plan 60	Employee Only		BOCC	Active
05/17/1999	12/25/1962	F	32056	BlueCare Plan 60	Employee Only		Clerk	Active
10/01/2000	11/19/1966	F	32025	BlueOptions HSA Plan 05192/05193	Employee Only	Property Appraiser		Active
03/01/2009	05/13/1958	M	32055	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
12/11/2013	04/04/1987	M	32220	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
01/23/2019	11/27/1990	F	32063	Waived			BOCC	Active
10/07/2019	05/13/1989	F	32024	BlueOptions HSA Plan 05192/05193	Employee Only	Tax Collector		Active
04/04/2007	07/22/1957	M	32024	BlueOptions Plan 03359	Employee Only		BOCC	Active
06/03/2009	09/30/1981	M	32024	BlueOptions Plan 03359	Employee Only		BOCC	Active
06/12/2019	06/29/1972	M	32024	BlueOptions Plan 03359	Family		BOCC	Active
07/19/2006	02/28/1982	M	32055	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
03/06/2019	01/23/1997	M	32038	Waived			BOCC	Active
06/12/2006	08/04/1967	M	32024	BlueCare Plan 60	Family		BOCC	Active
02/11/2015	02/09/1971	F	32025	Waived			BOCC	Active
01/03/2017	04/13/1979	M	32025	BlueOptions HSA Plan 05192/05193	Employee Only	Property Appraiser		Active
12/20/1996	03/09/1978	M	32056	BlueOptions HSA Plan 05192/05193	Family		Clerk	Active
06/16/2010	11/22/1964	M	32055	BlueChoice Plan 0317	Family		BOCC	Active
11/10/2015	04/14/1981	M	32024	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
12/19/2007	01/11/1988	M	32024	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
07/13/2017	09/28/1973	F	32061	BlueCare Plan 60	Employee Only		Clerk	Active
12/20/2018	09/07/1983	F	32055	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
06/08/1998	06/28/1977	M	32055	BlueOptions HSA Plan 05192/05193	Employee Only	Property Appraiser		Active
11/07/2005	02/03/1958	F	32071	BlueOptions HSA Plan 05192/05193	Employee Only			Retiree
07/25/2018	01/18/1995	M	32024	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
04/24/2013	10/12/1987	M	32024	BlueCare Plan 60	Employee Only		BOCC	Active
06/27/2018	10/11/1977	F	32024	BlueOptions HSA Plan 05192/05193	Family		BOCC	Active
07/13/2006	02/24/1969	M	32024	BlueOptions HSA Plan 05192/05193	Family		BOCC	Active
10/25/2017	01/30/1957	F	32060	BlueOptions Plan 03359	Employee Only		BOCC	Active
06/29/1989	10/20/1967	F	32024	BlueOptions HSA Plan 05192/05193	Family		BOCC	Active
04/29/2016	07/16/1969	F	32024	BlueOptions HSA Plan 05192/05193	Family		BOCC	Active
05/03/2006	04/03/1969	F	32024	BlueCare Plan 60	Employee Only		BOCC	Active
12/09/2015	11/19/1962	M	32071	BlueOptions HSA Plan 05192/05193	Family		BOCC	Active
07/26/2016	03/27/1986	F	32024	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
11/16/2010	09/16/1958	M	32060	BlueOptions HSA Plan 05192/05193	Employee Only			Retiree
12/20/2018	07/07/1986	M	32024	Waived			BOCC	Active
09/28/1994	11/08/1958	M	32024	BlueOptions Plan 03359	Employee Only		BOCC	Active
11/03/2016	11/03/1994	M	32025	Waived			BOCC	Active
07/11/2012	09/03/1965	M	32055	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
01/25/1993	05/05/1940	F	32025	BlueChoice Plan 0317	Employee Only		Clerk	Active
10/30/2017	02/14/1963	F	32060	Waived			Tax Collector	Active
08/01/1994	11/22/1970	F	32024	BlueOptions Plan 03359	Employee Only		Tax Collector	Active
06/23/2010	12/30/1975	F	32025	BlueCare Plan 60	Employee Only		BOCC	Active
07/07/1993	10/12/1973	F	32024	BlueOptions Plan 03359	Family	Tax Collector		Active
11/28/2018	05/19/1985	F	32025	BlueOptions HSA Plan 05192/05193	Family		BOCC	Active
11/09/2015	11/30/1990	F	32055	BlueCare Plan 60	Employee Only		BOCC	Active
02/13/2013	03/28/1964	M	32055	BlueOptions HSA Plan 05192/05193	Family		BOCC	Active
04/30/2014	09/30/1994	M	32025	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
10/01/1997	10/11/1967	M	32056	BlueOptions HSA Plan 05192/05193	Family	Property Appraiser		Active
01/01/2015	12/05/1955		32055	Waived			BOCC	Active
07/31/2019	01/17/1995	M	32618	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active

03/06/2019	03/23/1991	M	32680	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
08/28/2019	12/29/1998	M	32055	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
07/14/1997	08/20/1972	F	32025	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
07/31/2019	08/22/1952	M	32055	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
04/22/2019	07/13/1999	F	32008	BlueOptions HSA Plan 05192/05193	Employee Only		Tax Collector	Active
11/20/2018	02/03/1964	M		BlueOptions HSA Plan 05192/05193	Family		BOCC	Active
01/06/2015	01/06/1976	M	32055	BlueOptions Plan 03359	Family		BOCC	Active
08/22/2018	11/08/1958	M	32024	BlueCare Plan 60	Employee Only		BOCC	Active
02/08/2012	02/03/1956	F	32025	BlueCare Plan 60	Employee Only		BOCC	Active
10/01/2005	07/11/1966	F	32025	BlueCare Plan 60	Employee Only		Property Appraiser	Active
10/09/2019	03/22/1999	F	32038	Waived			BOCC	Active
12/21/2015	08/11/1951	M	32055	BlueOptions HSA Plan 05192/05193	Family		BOCC	Active
01/03/2017	10/18/1978	F	32024	BlueOptions HSA Plan 05192/05193	Family		Property Appraiser	Active
01/13/2016	03/22/1996	M	32096	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
01/01/2013	07/16/1956	F	32025	Waived			Sup of Elections	Active
07/24/2013	04/28/1962	F	32055	BlueOptions Plan 03359	Employee Only		BOCC	Active
04/04/2018	04/06/1999	F	32060	Waived			BOCC	Active
06/17/2016	02/18/1967	F	32038	Waived			BOCC	Active
07/10/2019	02/28/1991	F	32038	Waived			BOCC	Active
10/09/2019	12/01/1986	F	32054	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
03/17/2017	03/02/1964	M	32094	Waived			BOCC	Active
07/31/2019	12/22/1978	F	32025	Waived			BOCC	Active
03/11/2016	07/04/1962	M	32054	BlueOptions Plan 03359	Employee Only		BOCC	Active
11/06/2019	05/27/1980	F	34772	BlueOptions HSA Plan 05192/05193	Family		BOCC	Active
11/18/2015	03/18/1955	M	32024	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
03/31/2004	07/26/1959	F	32024	BlueOptions Plan 03359	Employee Only		BOCC	Active
05/10/2010	01/28/1985	M	32615	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
06/27/2016	07/24/1983	F	32025	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
02/28/2019	07/23/1979	F	32025	Waived			Clerk	Active
06/05/2019	05/27/1986	F	32024	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
12/20/2018	05/16/1957	F	32060	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
12/24/2014	02/10/1990	M	32024	Waived			BOCC	Active
06/04/1990	10/19/1967	M	32024	Waived			Property Appraiser	Active
07/23/2019	03/28/1971	F	32055	BlueOptions HSA Plan 05192/05193	Employee Only		Clerk	Active
06/26/2019	01/05/1982	F	32244	Waived			BOCC	Active
04/18/2017	09/26/1978	M	32055	BlueOptions HSA Plan 05192/05193	Family		BOCC	Active
02/10/1992	03/03/1953	F	32025	Waived			Clerk	Active
09/05/1988	02/25/1961	F	32038	BlueCare Plan 60	Employee Only		Tax Collector	Active
04/04/2012	06/30/1986	M	32055	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
06/12/2015	03/19/1984	F	32055	BlueOptions HSA Plan 05192/05193	Family		Clerk	Active
06/12/2006	09/28/1985	M	32025	BlueCare Plan 60	Employee Only		BOCC	Active
12/26/2012	04/22/1957	M	32024	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
07/12/2006	08/08/1979	M	32024	BlueCare Plan 60	Family		BOCC	Active
01/24/2018	02/16/1963	F	32055	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
08/05/2016	06/06/1981	M	32024	BlueCare Plan 60	Employee Only		BOCC	Active
06/29/2011	03/30/1958	M	32024	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
04/17/2019	08/31/1993	M	32071	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
02/24/1997	09/18/1969	F	32038	BlueOptions Plan 03359	Employee Only		BOCC	Active
12/11/2013	09/22/1991	M	32055	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
07/30/2014	10/11/1971	M	32025	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
07/22/2013	05/13/1978	F	32055	BlueOptions HSA Plan 05192/05193	Employee Only		Clerk	Active
07/13/2016	06/15/1986	F	32054	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
01/31/2018	07/08/1957	F	32055	BlueCare Plan 60	Employee Only		BOCC	Active
03/01/2001	08/08/1946	F	32025	Waived			Sup of Elections	Active
08/01/2002	01/07/1968	F	32024	BlueCare Plan 60	Employee Only		Sup of Elections	Active
07/06/2000	11/08/1964	F	32038	BlueCare Plan 60	Employee Only		BOCC	Active
11/28/2012	05/20/1957	M	32024	BlueCare Plan 60	Employee Only		BOCC	Active
06/28/2007	06/18/1985	F	32055	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active

10/17/2005	05/22/1975	F	32024	Waived			Tax Collector	Active
06/12/2006	04/02/1985	M	32643	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
05/14/1990	10/06/1935	F	32055	Waived			Clerk	Active
05/05/2014	12/19/1954	M	32038	BlueOptions Plan 03359	Employee Only		BOCC	Active
06/19/2017	06/09/1960	F	32025	BlueOptions HSA Plan 05192/05193	Employee Only		Housing Authority	Active
10/15/2018	09/03/1983		32052	Waived			BOCC	Active
04/14/2011	01/08/1992	M	32024	BlueOptions Plan 03359	Employee Only		BOCC	Active
01/09/2008	01/10/1980	M	32025	BlueCare Plan 60	Family		BOCC	Active
09/04/1998	06/06/1971	F	32038	BlueCare Plan 60	Employee Only		BOCC	Active
04/09/2008	10/12/1974	M	32055	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
10/31/2002	10/03/1952	M	32025	Waived			BOCC	Active
03/17/2017	10/01/1976	M	32055	Waived			BOCC	Active
10/10/2005	03/26/1976	M	32024	BlueCare Plan 60	Employee Only		Tax Collector	Active
06/28/2010	08/14/1957	F	32060	BlueOptions HSA Plan 05192/05193	Employee Only			Retiree
01/30/1995	01/28/1965	M	32024	BlueOptions Plan 03359	Employee Only		BOCC	Active
02/22/2017	03/21/1976	F	32025	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
10/29/2019	07/24/1990	F	32055	BlueOptions Plan 03359	Employee Only		Clerk	Active
12/07/2016	09/01/1987	M	32024	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
07/14/2008	09/13/1972	M	32024	Waived			BOCC	Active
01/23/2013	11/05/1965	M	32071	Waived			BOCC	Active
03/01/2017	06/14/1957	M	32038	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
10/09/1989	11/26/1965	F	32091	BlueOptions HSA Plan 05192/05193	Family		Clerk	Active
07/12/2017	12/04/1992	M	32025	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
02/23/2011	12/18/1960	M	32025	BlueOptions Plan 03359	Family		BOCC	Active
08/04/2010	01/02/1963	M	32025	Waived			BOCC	Active
11/01/2007	10/28/1986	F	32055	Waived			BOCC	Active
08/02/2018	02/15/1989	M	32680	Waived			BOCC	Active
03/06/2019	06/16/1995	M	32619	Waived			BOCC	Active
06/20/2016	03/18/1995	F	32008	Waived			Tax Collector	Active
06/28/2010	03/01/1967	F	32060	BlueOptions HSA Plan 05192/05193	Family		Tax Collector	Active
12/06/2017	02/16/1949	M	32025	Waived			BOCC	Active
03/20/2013	03/05/1952	M	32055	BlueOptions HSA Plan 05192/05193	Family		BOCC	Active
02/16/2015	01/06/1961	M	32055	BlueOptions Plan 03359	Employee Only		BOCC	Active
02/05/2001	08/31/1972	M	32055	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
04/18/2018	04/18/2018	M	32024	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
11/01/1987	12/30/1963	F	32055	BlueCare Plan 60	Employee Only		Clerk	Active
10/01/2001	04/04/1979	F	32055	BlueOptions HSA Plan 05192/05193	Employee Only		Property Appraiser	Active
05/09/1990	01/30/1962	F	32025	BlueOptions HSA Plan 05192/05193	Employee Only		Clerk	Active
05/14/2004	11/18/1959	F	32025	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
11/01/2018	02/20/1982	F	32024	BlueOptions Plan 03359	Employee Only		Property Appraiser	Active
05/03/2019	04/09/1968	F	32024	Waived			Sup of Elections	Active
10/01/1987	05/13/1955	F	32055	BlueChoice Plan 0317	Employee Only		Property Appraiser	Active
03/02/2011	11/26/1946	M	32038	Waived			BOCC	Active
04/29/2008	03/27/1990	M	32094	BlueOptions HSA Plan 05192/05193	Family		BOCC	Active
02/17/2010	03/28/1973	F	32094	BlueCare Plan 60	Employee Only		BOCC	Active
11/16/2016	03/16/1981	F	32055	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
07/21/1986	06/20/1963	M	32054	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
10/17/2012	06/20/1977	M	32024	Waived			BOCC	Active
06/26/2012	10/24/1959	M	32038	BlueOptions HSA Plan 05192/05193	Employee Only		Housing Authority	Active
09/18/2019	07/16/1968	M	32024	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
04/30/2014	07/22/1991	M	32025	BlueCare Plan 60	Employee Only		BOCC	Active
12/05/2014	01/21/1979	M	32055	BlueCare Plan 60	Employee Only		BOCC	Active
10/11/2000	04/02/1957	M	32056	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
04/03/2019	06/23/1994	M	32055	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
04/30/2003	07/11/1984	M	32024	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
02/06/2019	08/17/1990	F	32025	BlueOptions Plan 03359	Employee Only		BOCC	Active
10/18/2017	07/03/1993	M	32060	Waived			BOCC	Active
07/07/2006	02/26/1972	M	32055	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active

11/26/2014	02/23/1975	M	32094	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
06/28/2010	11/11/1964	F	32024	BlueOptions HSA Plan 05192/05193	Employee Only		Tax Collector	Active
07/14/2006	09/22/1980	M	32025	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
11/06/2019	06/07/1995	F	32094	BlueOptions Plan 03359	Employee Only		BOCC	Active
10/26/2015	08/15/1957	M	32025	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
04/17/2019	05/09/1987	M	32025	Waived			BOCC	Active
02/01/1989	02/14/1966	M	32024	BlueOptions HSA Plan 05192/05193	Family		Property Appraiser	Active
10/31/2014	07/13/1987	M	32055	BlueOptions HSA Plan 05192/05193	Family		BOCC	Active
12/01/2004	03/12/1983	M	32024	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
07/27/1987	04/10/1955	F	32024	BlueCare Plan 60	Employee Only		Tax Collector	Active
02/05/1990	04/23/1959	F	32024	BlueOptions HSA Plan 05192/05193	Employee Only		Tax Collector	Active
05/28/2015	11/19/1979	F	32024	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
03/13/2002	06/04/1972	M	32024	BlueCare Plan 60	Employee Only		BOCC	Active
04/11/2012	05/17/1963	F	32008	BlueCare Plan 60	Employee Only		BOCC	Active
05/01/2013	12/10/1971	M	32025	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
03/18/2009	11/15/1950	M	32055	Waived			BOCC	Active
09/26/2019	03/10/1989	F	32025	BlueOptions HSA Plan 05192/05193	Employee Only		Clerk	Active
11/22/2016	10/07/1960	M	32025	BlueOptions Plan 03359	Employee Only		BOCC	Active
11/20/2012	03/18/1958	M	32055	BlueChoice Plan 0317	Family		BOCC	Active
02/22/2018	05/04/1984	F	32038	BlueOptions HSA Plan 05192/05193	Employee Only		Clerk	Active
02/28/2018	07/09/1986	F	32062	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
07/22/2016	07/14/1984	F	32024	BlueCare Plan 60	Employee Only		BOCC	Active
03/31/2004	11/21/1962	M	32055	BlueOptions Plan 03359	Employee Only		BOCC	Active
10/17/2018	06/03/1971	M	32060	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
04/17/2019	06/26/1976	F	32060	BlueOptions HSA Plan 05192/05193	Employee Only		Housing Authority	Active
06/26/2013	08/02/1987	F	32055	BlueCare Plan 60	Employee Only		BOCC	Active
07/13/2006	08/13/1972	M	32024	Waived			BOCC	Active
10/01/2001	12/23/1974	F	32024	BlueCare Plan 60	Family		Tax Collector	Active
04/18/2018	04/05/1982	M	32024	BlueOptions HSA Plan 05192/05193	Family		BOCC	Active
04/02/2014	06/18/1993	M	32055	BlueCare Plan 60	Employee Only		BOCC	Active
08/11/2016	08/03/1994	F	32024	BlueCare Plan 60	Employee Only		BOCC	Active
05/15/2019	03/07/1959		32071	Waived			BOCC	Active
08/09/2016	08/04/1948	M	32060	Waived			BOCC	Active
12/21/2015	09/04/1968	M	32025	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
06/06/2012	04/21/1943	M	32024	Waived			BOCC	Active
01/02/2019	10/15/1960	F	32024	BlueOptions HSA Plan 05192/05193	Employee Only		Property Appraiser	Active
01/31/2000	11/23/1968	M	32038	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
09/02/2008	05/18/1951	M	32024	Waived			Property Appraiser	Active
01/26/2015	07/11/1982	F	32061	BlueChoice Plan 0317	Employee Only		Clerk	Active
01/31/2018	04/24/1997	F	32060	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
07/05/1994	06/03/1957	M	32024	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
07/05/2006	12/11/1981	M	32094	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
05/02/2018	09/04/1990	M	32025	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
12/04/2002	03/08/1961	M	32038	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
02/20/2017	04/13/1985	M	32063	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
09/19/2017	06/23/1989	M	32025	BlueOptions HSA Plan 05192/05193	Employee Only		Property Appraiser	Active
08/25/2015	09/14/1988	M	32055	BlueCare Plan 60	Employee Only		BOCC	Active
10/03/2016	10/08/1964	M	32055	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
06/24/2015	05/29/1985	M	32055	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
04/09/1981	09/09/1957	F	32056	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
02/05/1990	02/24/1964	F	32055	BlueChoice Plan 0317	Employee Only		BOCC	Active
05/04/2017	06/23/1967	M	32055	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
01/23/1995	07/20/1959	M	32055	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
05/19/2017	09/05/1993	F	32060	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
09/18/2019	01/09/1992	M	32055	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
10/30/2013	08/12/1987	M	32024	BlueCare Plan 60	Employee Only		BOCC	Active
01/10/2018	09/18/1981	M	32025	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
11/13/1991	11/29/1962	M	32055	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active

08/28/2019	01/28/1993	F	32055	BlueCare Plan 60	Employee Only		BOCC	Active
08/22/2018	07/09/1960	M	32024	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
04/12/2016	12/16/1958	M	32054	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
07/10/2013	08/19/1962	M	32024	BlueOptions HSA Plan 05192/05193	Family		BOCC	Active
09/18/2019	09/25/1992	M	32060	Waived			BOCC	Active
09/29/2014	11/27/1975	M	32024	BlueCare Plan 60	Employee Only		Clerk	Active
02/25/1991	11/19/1959	F	32025	BlueOptions HSA Plan 05192/05193	Employee Only		Clerk	Active
05/28/2014	03/17/1971	M	32055	BlueOptions HSA Plan 05192/05193	Family		BOCC	Active
11/27/2013	07/20/1981	M	32024	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
05/18/2016	12/23/1944	M	32024	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
04/30/2014	06/15/1990	M	32055	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
09/24/2014	07/14/1970	M	32025	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
05/21/2014	12/26/1981	M	32038	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
07/12/2017	01/06/1989	M	32024	BlueCare Plan 60	Employee Only		BOCC	Active
09/22/2010	04/17/1971	M	32055	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
04/18/2018	04/10/1996	M		Waived			BOCC	Active
04/20/2005	08/16/1980	M	32024	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
02/28/2018	01/27/1984	M	32024	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
08/28/2019	08/05/1978	M	32055	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
09/03/2019	05/03/1994	M	32024	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
08/15/2007	02/27/1957	F	32024	BlueOptions HSA Plan 05192/05193	Family		BOCC	Active
06/26/2019	10/29/1967	M	32697	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
12/04/2019	02/08/1962	M	32054	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
11/28/2018	03/23/1994	F	32024	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
12/14/2011	01/02/1957	F	32055	BlueChoice Plan 0317	Family		BOCC	Active
05/29/2019	12/18/1958	M	32025	BlueCare Plan 60	Family		BOCC	Active
04/17/2019	08/22/1956	M	32024	BlueChoice Plan 0317	Employee Only		BOCC	Active
04/01/1993	11/30/1960	M	32055	BlueChoice Plan 0317	Family	Property Appraiser		Active
12/17/2001	08/19/1953	F	32055	Waived			BOCC	Active
11/17/2016	05/12/1966	F	32024	Waived			BOCC	Active
05/11/2015	02/04/1981	M	32024	BlueOptions HSA Plan 05192/05193	Family		BOCC	Active
02/20/2017	03/24/1982	M	32693	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
10/22/2002	10/09/1954	M	32055	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
04/15/2016	05/09/1959	M	32055	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
10/09/2019	09/03/1997	M	32055	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
07/12/2006	10/10/1969	M	32055	Waived			BOCC	Active
07/22/2015	03/09/1996	M	32055	Waived			BOCC	Active
08/06/2014	11/25/1966	F	32008	BlueCare Plan 60	Employee Only		BOCC	Active
08/09/1993	01/07/1969	F	32055	BlueOptions Plan 03359	Family	Tax Collector		Active
05/06/2019	07/24/1967	F	32025	BlueOptions HSA Plan 05192/05193	Employee Only		Clerk	Active
02/19/1996	08/21/1961	M	32055	Waived			BOCC	Active
11/06/2015	02/03/1959	M	32096	BlueCare Plan 60	Family		BOCC	Active
01/23/2019	05/28/1989	F	32025	BlueCare Plan 60	Employee Only		BOCC	Active
01/07/1985	11/22/1964	F	32025	BlueOptions HSA Plan 05192/05193	Employee Only	Property Appraiser		Active
12/20/2006	05/23/1980	M	32025	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
06/20/2016	09/30/1966	F	32025	Waived			BOCC	Active
11/30/2005	04/22/1986	M	32055	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
10/11/2004	07/19/1974	M	32025	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
01/17/2018	09/28/1962	F	32054	BlueCare Plan 60	Employee Only	Sup of Elections		Active
04/23/2015	05/07/1955	M	32055	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
01/03/2000	02/20/1962	F	32055	BlueCare Plan 60	Employee Only		Clerk	Active
07/30/2009	11/22/1974	M	32024	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
08/07/2006	07/29/1966	M	32024	BlueOptions Plan 03359	Family	Tax Collector		Active
12/20/2018	05/09/1962	M	32024	Waived			BOCC	Active
09/15/1999	05/08/1980	M	32055	Waived			BOCC	Active
03/08/1999	03/06/1967	F	32025	BlueCare Plan 60	Employee Only		Clerk	Active
02/25/2015	09/15/1980	F	30256	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active
03/07/2007	04/07/1977	M	32025	BlueOptions HSA Plan 05192/05193	Employee Only		BOCC	Active

07/18/2016	01/07/1992	F	32071	BlueOptions Plan 03359	Employee Only	Tax Collector	Active
06/03/2013	05/10/1966	F	32056	BlueCare Plan 60	Employee Only	Clerk	Active
07/24/2013	03/29/1990	F	32038	Waived		BOCC	Active
11/19/2014	05/24/1980	F	32025	BlueOptions HSA Plan 05192/05193	Family	BOCC	Active
12/18/1996	06/24/1963	M	32055	BlueChoice Plan 0317	Employee Only	BOCC	Active
04/12/2016	12/23/1981	M	32025	BlueOptions HSA Plan 05192/05193	Employee Only	BOCC	Active
01/11/2012	03/22/1971	M	32024	BlueOptions HSA Plan 05192/05193	Employee Only	BOCC	Active
10/01/2008	02/07/1958	M	32024	BlueOptions HSA Plan 05192/05193	Family		Retiree
03/30/1988	01/23/1968	F	32025	BlueChoice Plan 0317	Employee Only	BOCC	Active
07/03/2012	08/08/1967	F	32024	Waived		Clerk	Active
07/10/2019	08/29/1980	F	32024	BlueOptions HSA Plan 05192/05193	Employee Only	BOCC	Active
06/09/1982	01/23/1961	F	32055	BlueOptions Plan 03359	Employee Only	BOCC	Active
05/08/1981	02/11/1944	M	32055	BlueChoice Plan 0317	Employee Only	BOCC	Active
05/04/2006	12/15/1960	F	32024	BlueOptions HSA Plan 05192/05193	Family	Property Appraiser	Active
10/10/2012	12/08/1968	M	32055	BlueOptions HSA Plan 05192/05193	Employee Only	BOCC	Active
05/01/2013	08/12/1993	M	32055	BlueOptions HSA Plan 05192/05193	Employee Only	BOCC	Active
11/20/2018	11/28/1971	M	32025	Waived		BOCC	Active
02/20/2017	11/10/1990	M	32091	BlueOptions HSA Plan 05192/05193	Employee Only	BOCC	Active
06/19/2013	02/14/1964	F	32055	BlueOptions HSA Plan 05192/05193	Employee Only	BOCC	Active
10/24/2018	11/24/1964	F	32094	BlueOptions Plan 03359	Family	BOCC	Active
11/07/2018	03/24/1963	M	32094	Waived		BOCC	Active

# **ATTACHMENT E**

## **Claims Experience and Large Claims Data**

## Monitoring by Utilization and Enrollment - PAID

Company: COLUMBIA COUNTY BOCC 1

Group: 15243

Current Paid Period: From 02/2018 to 01/2019

Paid Year Month	Enrollment		Premium	Capitation			Fee for Service Claims						Grand Total	MLR
	Contracts	Members	Premium	PCP	Specialty	Total Capitation	Inpatient	Outpatient	Physician	Other	Total Medical	Pharmacy		
201802	306	470	\$268,810.37	\$0.00	\$780.40	\$780.40	\$71,225.06	\$16,192.36	\$19,983.98	\$7,966.56	\$115,367.96	\$25,005.53	\$141,153.89	52.51%
201803	301	464	\$269,405.10	\$0.00	\$783.41	\$783.41	\$64,970.33	\$48,057.44	\$28,269.72	\$8,838.38	\$150,135.87	\$24,308.42	\$175,227.70	65.04%
201804	307	473	\$272,199.60	\$0.00	\$808.77	\$808.77	\$18,599.56	\$32,547.23	\$29,558.00	\$11,111.69	\$91,816.48	\$43,148.12	\$135,773.37	49.88%
201805	310	473	\$274,912.95	\$0.00	\$842.52	\$842.52	\$8,338.23	\$49,912.92	\$30,390.56	\$10,256.54	\$98,898.25	\$38,369.87	\$138,110.64	50.24%
201806	302	462	\$267,056.00	\$0.00	\$800.16	\$800.16	\$35,105.04	\$37,444.29	\$40,864.59	\$16,227.22	\$129,641.14	\$36,397.46	\$166,838.76	62.47%
201807	303	462	\$261,765.72	\$0.00	\$783.80	\$783.80	\$26,243.68	\$159,935.70	\$59,391.89	\$12,695.46	\$258,266.73	\$30,999.72	\$290,050.25	110.81%
201808	302	458	\$263,329.65	\$0.00	\$801.47	\$801.47	\$6,832.86	\$70,462.70	\$45,520.71	\$19,228.80	\$142,045.07	\$50,843.13	\$193,689.67	73.55%
201809	302	457	\$256,467.02	\$0.00	\$749.92	\$749.92	\$63,487.31	\$46,601.72	\$50,561.36	\$11,076.15	\$171,726.54	\$31,087.40	\$203,563.86	79.37%
201810	295	449	\$237,043.65	\$0.00	\$788.61	\$788.61	\$77,374.00	\$72,628.83	\$44,794.72	\$16,262.56	\$211,060.11	\$46,392.00	\$258,240.72	108.94%
201811	295	448	\$296,926.77	\$0.00	\$776.50	\$776.50	\$60,502.58	\$120,808.90	\$58,990.92	\$17,619.27	\$257,921.67	\$33,522.37	\$292,220.54	98.42%
201812	292	439	\$263,447.26	\$0.00	\$785.01	\$785.01	\$93,586.35	\$103,829.69	\$47,493.23	\$31,649.03	\$276,558.30	\$32,462.37	\$309,805.68	117.60%
201901	292	441	\$262,764.04	\$0.00	\$778.93	\$778.93	\$0.00	\$95,118.65	\$35,619.53	\$18,000.09	\$148,738.27	\$29,573.16	\$179,090.36	68.16%
<b>Total</b>	<b>3,607</b>	<b>5,496</b>	<b>\$3,194,128.13</b>	<b>\$0.00</b>	<b>\$9,479.50</b>	<b>\$9,479.50</b>	<b>\$526,265.00</b>	<b>\$853,540.43</b>	<b>\$491,439.21</b>	<b>\$180,931.75</b>	<b>\$2,052,176.39</b>	<b>\$422,109.55</b>	<b>\$2,483,765.44</b>	<b>77.76%</b>
<b>Grouping Avg</b>	<b>301</b>	<b>458</b>	<b>\$266,177.34</b>	<b>\$0.00</b>	<b>\$789.96</b>	<b>\$789.96</b>	<b>\$43,855.42</b>	<b>\$71,128.37</b>	<b>\$40,953.27</b>	<b>\$15,077.65</b>	<b>\$171,014.70</b>	<b>\$35,175.80</b>	<b>\$206,980.45</b>	<b>77.76%</b>
<b>Monthly Avg</b>	<b>301</b>	<b>458</b>	<b>\$266,177.34</b>	<b>\$0.00</b>	<b>\$789.96</b>	<b>\$789.96</b>	<b>\$43,855.42</b>	<b>\$71,128.37</b>	<b>\$40,953.27</b>	<b>\$15,077.65</b>	<b>\$171,014.70</b>	<b>\$35,175.80</b>	<b>\$206,980.45</b>	<b>77.76%</b>

**Notes:**

- Grand Total includes Medical FFS, Pharmacy FFS and Capitation.
- Grouping Avg – Average of the distinct groupings chosen by the user.
- Monthly Avg – Average of a measure over Service/Paid time period.
- Enrollment is recast to reflect retroactive adjustments.
- FFS = Fee For Service.
- MLR = Medical Loss Ratio.

## Monitoring by Utilization and Enrollment - PAID

Company: COLUMBIA COUNTY BOCC 1

Group: 15243

Current Paid Period: From 02/2019 to 01/2020

Paid Year Month	Enrollment		Premium	Capitation			Value Based Programs	Fee for Service Claims					Grand Total	MLR	
	Contracts	Members	Premium	PCP	Specialty	Total Capitation		Inpatient	Outpatient	Physician	Other	Total Medical			Pharmacy
201902	294	439	\$266,882.59	\$0.00	\$775.64	\$775.64	\$0.00	\$27,349.45	\$31,593.73	\$21,670.06	\$7,915.69	\$88,528.93	\$39,121.20	\$128,425.77	48.12%
201903	290	430	\$264,075.78	\$0.00	\$743.35	\$743.35	\$0.00	\$115,513.13	\$27,520.04	\$23,880.12	\$11,886.06	\$178,799.35	\$35,401.15	\$214,943.85	81.39%
201904	290	430	\$250,516.79	\$0.00	\$745.36	\$745.36	\$0.00	\$37,767.12	\$92,480.33	\$54,539.92	\$21,559.82	\$206,347.19	\$35,619.27	\$242,711.82	96.88%
201905	288	430	\$257,499.84	\$0.00	\$742.12	\$742.12	\$0.00	\$100,730.68	\$70,883.18	\$28,420.14	\$15,967.33	\$216,001.33	\$34,642.08	\$251,385.53	97.63%
201906	289	430	\$258,986.00	\$0.00	\$743.86	\$743.86	\$0.00	\$126,900.14	\$45,700.96	\$41,358.29	\$16,196.30	\$230,155.69	\$27,248.03	\$258,147.58	99.68%
201907	290	428	\$260,945.33	\$0.00	\$744.31	\$744.31	\$0.00	\$87,951.02	\$94,467.79	\$26,503.07	\$9,413.47	\$218,335.35	\$48,369.38	\$267,449.04	102.49%
201908	289	428	\$257,683.77	\$0.00	\$731.70	\$731.70	\$0.00	\$0.00	\$82,938.45	\$41,983.86	\$23,622.74	\$148,545.05	\$23,972.50	\$173,249.25	67.23%
201909	286	427	\$252,431.37	\$0.00	\$738.59	\$738.59	\$323.52	\$22,654.00	\$122,745.78	\$30,432.71	\$20,605.41	\$196,437.90	\$29,887.58	\$227,387.59	90.08%
201910	285	413	\$257,712.00	\$0.00	\$626.00	\$626.00	\$0.00	\$17,642.73	\$81,888.97	\$32,319.97	\$20,782.09	\$152,633.76	\$43,591.42	\$196,851.18	76.38%
201911	287	415	\$264,727.34	\$0.00	\$689.91	\$689.91	\$650.41	\$0.00	\$94,057.71	\$47,513.26	\$10,991.24	\$152,562.21	\$23,503.86	\$177,406.39	67.01%
201912	289	418	\$264,540.19	\$0.00	\$730.65	\$730.65	\$313.41	\$116,657.91	\$86,819.65	\$48,628.73	\$42,839.05	\$294,945.34	\$33,277.55	\$329,266.95	124.47%
202001	292	415	\$263,666.87	\$0.00	\$689.78	\$689.78	\$145.60	\$103,127.52	\$76,814.95	\$39,176.84	\$13,091.84	\$232,211.15	\$34,215.43	\$267,261.96	101.36%
<b>Total</b>	<b>3,469</b>	<b>5,103</b>	<b>\$3,119,667.87</b>	<b>\$0.00</b>	<b>\$8,701.27</b>	<b>\$8,701.27</b>	<b>\$1,432.94</b>	<b>\$756,293.70</b>	<b>\$907,911.54</b>	<b>\$436,426.97</b>	<b>\$214,871.04</b>	<b>\$2,315,503.25</b>	<b>\$408,849.45</b>	<b>\$2,734,486.91</b>	<b>87.65%</b>
<b>Grouping Avg</b>	<b>289</b>	<b>425</b>	<b>\$259,972.32</b>	<b>\$0.00</b>	<b>\$725.11</b>	<b>\$725.11</b>	<b>\$119.41</b>	<b>\$63,024.48</b>	<b>\$75,659.30</b>	<b>\$36,368.91</b>	<b>\$17,905.92</b>	<b>\$192,958.60</b>	<b>\$34,070.79</b>	<b>\$227,873.91</b>	<b>87.65%</b>
<b>Monthly Avg</b>	<b>289</b>	<b>425</b>	<b>\$259,972.32</b>	<b>\$0.00</b>	<b>\$725.11</b>	<b>\$725.11</b>	<b>\$119.41</b>	<b>\$63,024.48</b>	<b>\$75,659.30</b>	<b>\$36,368.91</b>	<b>\$17,905.92</b>	<b>\$192,958.60</b>	<b>\$34,070.79</b>	<b>\$227,873.91</b>	<b>87.65%</b>

**Notes:**

- Grand Total includes Medical FFS, Pharmacy FFS, Incentives and Capitation.
- Grouping Avg – Average of the distinct groupings chosen by the user.
- Monthly Avg – Average of a measure over Service/Paid time period.
- Enrollment is recast to reflect retroactive adjustments.
- FFS = Fee For Service.
- MLR = Medical Loss Ratio.

# High Cost Claims Summary

Company: COLUMBIA COUNTY BOCC 1

Group: 15243

Current Paid Period: From 02/2019 to 01/2020

Prior Paid Period: From 02/2018 to 01/2019

High Cost Claims Threshold: 50000

CURRENT				Inpatient		Outpatient		Professional		Pharmacy			
Rank	Relationship	Diagnosis Description	Days	Admits	Paid Amt	Visits	Paid Amt	Services	Paid Amt	# of Rx	Paid Amt	Total Paid Amt	Total Billed Amt
1	SUBSCRIBER	MALIGNANT MELANOMA OF SKIN OF LOWER LIMB, INCLUDING HIP; POSTINFLAMMATORY PULMONARY FIBROSIS; MISSING OR UNKNOWN DIAGNOSIS CODE	5	2	\$48,846.37	18	\$201,710.14	120	\$14,287.98	65	\$18,888.35	\$283,732.84	\$661,027.71
2	SUBSCRIBER	AORTIC VALVE DISORDERS; CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; ATRIAL FIBRILLATION	3	2	\$112,565.14	2	\$13,582.00	59	\$12,163.40	67	\$4,946.85	\$143,257.39	\$400,769.13
3	SUBSCRIBER	MITRAL VALVE INSUFFICIENCY AND AORTIC VALVE INSUFFICIENCY; PRE-OPERATIVE CARDIOVASCULAR EXAMINATION; AORTIC VALVE DISORDERS	1	1	\$106,647.79	2	\$12,468.46	58	\$10,327.90	11	\$38.70	\$129,482.85	\$328,738.16
4	DEPENDENT	OTHER GENERAL SYMPTOMS; SEVERE PRE-ECLAMPSIA, UNSPECIFIED AS TO EPISODE OF CARE; MILD HYPEREMESIS GRAVIDARUM, UNSPECIFIED AS TO EPISODE OF CARE	9	1	\$78,229.23	5	\$2,207.06	39	\$8,818.81	25	\$270.13	\$89,525.23	\$205,143.82
5	SPOUSE	MISSING OR UNKNOWN DIAGNOSIS CODE; CHRONIC PAIN SYNDROME; DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED	0	0	\$0.00	2	\$10,838.85	78	\$15,264.65	59	\$57,011.82	\$83,115.32	\$162,896.90
6	SUBSCRIBER	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF FEMALE BREAST; RADIOTHERAPY; MALIGNANT NEOPLASM OF BREAST (FEMALE), UNSPECIFIED SITE	0	0	\$0.00	2	\$41,412.61	113	\$40,104.09	9	\$61.78	\$81,578.48	\$264,149.69
7	SUBSCRIBER	UNSPECIFIED CEREBRAL ARTERY OCCLUSION WITH CEREBRAL INFARCTION; UNSPECIFIED VENOUS (PERIPHERAL) INSUFFICIENCY; VARICOSE VEINS OF LOWER EXTREMITIES WITH ULCER	0	0	\$0.00	22	\$42,204.33	201	\$28,380.07	44	\$2,164.16	\$72,748.56	\$256,776.20
8		RADIOTHERAPY; MALIGNANT NEOPLASM OF PROSTATE; LEUKOCYTOPENIA, UNSPECIFIED	0	0	\$0.00	20	\$66,245.17	22	\$3,014.89	0	\$0.00	\$69,260.06	\$182,618.21
9	SUBSCRIBER	ACQUIRED SPONDYLOLISTHESIS; MISSING OR UNKNOWN DIAGNOSIS CODE; DERMATOPHYTOSIS OF FOOT	0	0	\$62,975.00	0	\$0.00	15	\$777.36	11	\$2,643.43	\$66,395.79	\$165,553.55
10	SUBSCRIBER	OTHER GENERAL SYMPTOMS; MISSING OR UNKNOWN DIAGNOSIS CODE; CONTUSION OF CHEST WALL	2	1	\$25,094.00	6	\$5,901.25	32	\$3,116.59	80	\$24,663.25	\$58,775.09	\$115,285.76
11	SUBSCRIBER	DIVERTICULITIS OF COLON (WITHOUT MENTION OF HEMORRHAGE); DIVERTICULOSIS OF COLON (WITHOUT MENTION OF HEMORRHAGE); REFLUX ESOPHAGITIS	8	2	\$31,520.89	2	\$2,869.59	84	\$21,259.57	43	\$225.62	\$55,875.67	\$204,507.06
12	SPOUSE	PRIMARY LOCALIZED OSTEOARTHRISIS, PELVIC REGION AND THIGH; AFTERCARE FOLLOWING JOINT REPLACEMENT; PAIN IN JOINT, PELVIC REGION AND THIGH	2	1	\$45,052.05	1	\$216.57	78	\$4,997.58	21	\$40.47	\$50,306.67	\$145,107.32

<b>Total</b>			<b>30</b>	<b>10</b>	<b>\$510,930.47</b>	<b>82</b>	<b>\$399,656.03</b>	<b>899</b>	<b>\$162,512.89</b>	<b>435</b>	<b>\$110,954.56</b>	<b>\$1,184,053.95</b>	<b>\$3,092,573.51</b>
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PRIOR				Inpatient		Outpatient		Professional		Pharmacy			
Rank	Relationship	Diagnosis Description	Days	Admits	Paid Amt	Visits	Paid Amt	Services	Paid Amt	# of Rx	Paid Amt	Total Paid Amt	Total Billed Amt
1	SUBSCRIBER	WEGENER'S GRANULOMATOSIS; SQUAMOUS CELL CARCINOMA OF SKIN OF EAR AND EXTERNAL AUDITORY CANAL; OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	0	0	\$0.00	17	\$118,256.82	28	\$2,756.81	21	\$202.90	\$121,216.53	\$297,110.53
2	SUBSCRIBER	SPINAL STENOSIS IN CERVICAL REGION; OTHER ORTHOPEDIC AFTERCARE; CERVICAL SPONDYLOSIS WITH MYELOPATHY	21	2	\$71,675.69	11	\$5,781.37	98	\$19,745.11	67	\$3,651.65	\$100,853.82	\$290,655.74
3	SPOUSE	MISSING OR UNKNOWN DIAGNOSIS CODE; CALCULUS OF KIDNEY; UNSPECIFIED IRON DEFICIENCY ANEMIA	0	0	\$0.00	6	\$18,199.98	175	\$20,761.01	51	\$45,879.18	\$84,840.17	\$160,549.92
4	SUBSCRIBER	OTHER AND UNSPECIFIED ANGINA PECTORIS; OTHER GENERAL SYMPTOMS; MEMORY LOSS	0	0	\$0.00	2	\$79,635.17	49	\$3,172.83	37	\$482.87	\$83,290.87	\$271,578.98
5	SPOUSE	RADIOTHERAPY; MALIGNANT NEOPLASM OF PROSTATE; UNSPECIFIED CATARACT	0	0	\$0.00	36	\$73,174.45	38	\$4,924.70	2	\$5.27	\$78,104.42	\$208,934.24
6	SPOUSE	INFECTION AND INFLAMMATORY REACTION DUE TO INTERNAL JOINT PROSTHESIS; BROKEN PROSTHETIC JOINT IMPLANT; LATE EFFECT OF COMPLICATIONS OF SURGICAL AND MEDICAL CARE	6	1	\$58,777.35	7	\$3,096.60	122	\$13,097.73	48	\$56.91	\$75,028.59	\$226,809.58
7	SUBSCRIBER	UNSPECIFIED SEPTICEMIA; CALCULUS OF KIDNEY; HYDRONEPHROSIS	1	1	\$66,640.09	1	\$1,394.00	23	\$4,293.13	8	\$0.00	\$72,327.22	\$92,180.74
8	SUBSCRIBER	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF FEMALE BREAST; MALIGNANT NEOPLASM OF CENTRAL PORTION OF FEMALE BREAST; UNSPECIFIED ESSENTIAL HYPERTENSION	0	0	\$0.00	0	\$0.00	56	\$71,291.80	27	\$26.86	\$71,318.66	\$359,162.57
9	SUBSCRIBER	OTHER GENERAL SYMPTOMS; CALCULUS OF GALLBLADDER WITH OTHER CHOLECYSTITIS, WITHOUT MENTION OF OBSTRUCTION; MISSING OR UNKNOWN DIAGNOSIS CODE	1	1	\$25,538.00	5	\$16,499.84	35	\$11,739.72	105	\$3,638.60	\$57,416.16	\$318,523.38
10	SUBSCRIBER	INCISIONAL HERNIA WITHOUT MENTION OF OBSTRUCTION OR GANGRENE; DIVERTICULITIS OF COLON (WITHOUT MENTION OF HEMORRHAGE); PAIN IN JOINT, SHOULDER REGION	5	2	\$39,211.37	3	\$3,816.25	52	\$7,828.66	24	\$188.52	\$51,044.80	\$199,436.92
<b>Total</b>			<b>34</b>	<b>7</b>	<b>\$261,842.50</b>	<b>88</b>	<b>\$319,854.48</b>	<b>676</b>	<b>\$159,611.50</b>	<b>390</b>	<b>\$54,132.76</b>	<b>\$795,441.24</b>	<b>\$2,424,942.60</b>

# **ATTACHMENT F**

## **Disclosure of Potential Conflict of Interest**

**Submit responses in Hard Copy and Electronic Version in a useable Microsoft Word format.**

**DISCLOSURE OF POTENTIAL CONFLICT OF INTEREST**

In accordance with General Condition 7.10, all proposers must disclose with their RFP the name of any officer, director, agent, or employee who has a material interest or other potential conflict of interest in the proposer's firm who is also an employee of CCBOCC, or whose relationship to an employee may create a potential conflict of interest. Disclosure of such potential conflict does not necessarily disqualify proposer from participation. Under current statutes, employees are responsible for disclosure and subject to penalties as defined by law.

Name of Employee	CCBOCC Title or Position	Type of Interest in Company
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby affirm that all known persons who are employed by CCBOCC and who have a material interest or other potential conflict of interest in this company have been identified.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Name of Official

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
City, State, Zip Code

# **ATTACHMENT G**

**W-9 Form**

# **ATTACHMENT H**

## **Guarantee Letter of Commitment and Guarantee Form**

**Submit responses in Hard Copy and Electronic Version in a  
useable Microsoft Word format.**

**GUARANTEE LETTER OF COMMITMENT**

[Letterhead of Parent or Affiliated Company]

Date

Ray Hill, Purchasing Director  
Purchasing Department  
Columbia County Board of County Commissioners  
135 NE Hernando Ave., Suite 203, Lake City, FL 32055

Re: RFP 2020 - G – Group Medical Benefits

Dear Mr. Hill:

I am authorized to commit \_\_\_\_\_ as the guarantor of the fulfillment and performance of the terms and conditions of an Agreement between Columbia County Board of County Commissioners and \_\_\_\_\_, resulting from an award under RFP 2020 - G – Group Medical Benefits (“RFP”)(“Agreement”).  
*[Name of Parent or Affiliated Company]*

A representative of \_\_\_\_\_ will be present at the meeting during which the Evaluation Team will review proposals and make recommendations for award.  
*[Name of Parent or Affiliated Company]*

\_\_\_\_\_ will execute a Guarantee of the Agreement using the Guarantee Form  
*[Name of Parent or Affiliated Company]*  
contained in Attachment H to the RFP.

Sincerely,

\_\_\_\_\_  
Name of Authorized Representative

\_\_\_\_\_  
Title of Authorized Representative

# GUARANTEE FORM

## GUARANTEE

**WHEREAS,** \_\_\_\_\_ (“Awardee”) was successfully awarded a contract with Columbia County Board of County Commissioners (“CCBOCC”) pursuant to RFP 2020 - G – Group Medical Benefits; and

**WHEREAS,** Awardee met the Minimum Eligibility requirements set forth in Section 4.2.2 of the RFP based on the AM Best ratings of \_\_\_\_\_ (“Guarantor”), which is Awardee’s [parent company/affiliate company]; and

**WHEREAS,** Awardee and CCBOCC entered into an Agreement pursuant to the RFP; and

**WHEREAS,** Section 4.2.2 of the RFP requires Guarantor to guarantee Awardee’s fulfillment and performance of the terms and conditions of the Agreement.

**NOW THEREFORE,** Guarantor:

1. Irrevocably and unconditionally guarantees the fulfillment and performance of the terms and conditions of the Agreement.
2. Agrees that CCBOCC can treat both Guarantor and Awardee as jointly and severally responsible for the fulfillment and performance of the terms and conditions of the Agreement.
3. Agrees, that to the fullest extent permitted by applicable law, this Guarantee shall become effective on the effective date of the Agreement, and remain in full force and effect throughout the term of the Agreement, including any renewal periods and extensions provided for therein, and shall not be released, discharged, or in any way affected by:
  - (a) any voluntary or involuntary bankruptcy, insolvency, reorganization, or similar arrangement of the Guarantor;
  - (b) any merger or consolidation of Guarantor into or with any other corporation, or any sale, lease or transfer of any of the assets of Guarantor to any other person; or
  - (c) any change in the ownership of Awardee that affects the affiliation with Guarantor subsequent to the execution of the Agreement.
4. Agrees that the Guarantee shall be governed by and construed in accordance with the laws of the State of Florida.
5. Agrees that the provisions of this Guarantee are severable, so that in the event any provision or clause of this Guarantee conflicts with applicable law, such conflict shall not affect other provisions of this Guarantee which do not conflict with applicable law.

**IN WITNESS WHEREOF,** Guarantor has caused this Guarantee to be signed in the name of and on behalf of Guarantor by its authorized representative on this \_\_\_\_ day of \_\_\_\_\_, 2020.

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

# **ATTACHMENT I**

## **Statement of “No Response”**

## ATTACHMENT I, STATEMENT OF "NO RESPONSE"

If your company will not be submitting a response to this Request for Proposal, please complete this Statement of "No Response" Sheet and return, prior to the RFP Due Date established within, to:

Columbia County Board of County Commissioners  
Purchasing Department  
135 NE Hernando Ave., Suite 203, Lake City, FL 32055

This information will help Columbia County Board of County Commissioners in the preparation of future Bids/RFPs.

Bid/RFP Number: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

√	<b>Reasons for "No Response":</b>
	Unable to comply with product or service specifications.
	Unable to comply with scope of work.
	Unable to quote on all items in the group.
	Insufficient time to respond to the Request for Proposal.
	Unable to hold prices firm through the term of the contract period.
	Our schedule would not permit us to perform.
	Unable to meet delivery requirements.
	Unable to meet bond requirements.
	Unable to meet insurance requirements.
	Other (Specify below)

Comments:

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_