

**REQUEST FOR PROPOSAL #13-1775FL
SUPPLEMENTAL MEDICAL INSURANCE
FOR MANATEE COUNTY RETIREES**

Manatee County, a political subdivision of the State of Florida (hereinafter "Manatee County" or the "County") will receive proposals from individuals, corporations, partnerships, and other legal entities authorized to do business in the State of Florida, for Supplemental Medical Insurance for Manatee County Retirees.

DEADLINE FOR CLARIFICATION REQUESTS: **January 20, 2014 at 12:00 PM** shall be the deadline to submit all inquiries, suggestions, or requests concerning interpretation, clarification or additional information pertaining to this Request for Proposal to the Manatee County Purchasing Division. This deadline has been established to maintain fair treatment for all potential bidders or Proposers, while ensuring an expeditious transition to a final agreement.

TIME AND DATE DUE: Proposals will be received until **January 31, 2014 at 4:00 P.M.** at which time they will be **publicly opened**. All interested parties are invited to attend this opening.

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Important Note: **A prohibition of Lobbying is in place. Please review paragraph A.17 carefully to avoid violation and possible sanctions.**

FOR INFORMATION CONTACT:

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Manatee County Financial Management Department
Purchasing Division

AUTHORIZED FOR RELEASE: 

SECTION A: INFORMATION TO PROPOSERS

PROPOSERS MUST COMPLY WITH THE FOLLOWING INSTRUCTIONS TO BE CONSIDERED FOR SELECTION.

A.01 OPENING LOCATION

These proposals will be publicly opened at Manatee County Purchasing Division, 1112 Manatee Avenue West, 8th Floor, Suite 803, Bradenton, Florida 34205, in the presence of County officials at the time and date stated on the cover sheet. All Proposers or their representatives are invited to attend.

A.02 PROPOSAL INFORMATION AND PROPOSAL DOCUMENTS

Request For Proposals on <http://www.mymanatee.org>

Request For Proposal documents and the Notices of Source Selection related to those Bids or Proposals are available for download in a portable document format (.PDF) file on the Manatee County web page on the Purchasing tab under "Bids and Proposals". You may view and print these files using Adobe Acrobat software. You may download a free copy of this software (Adobe) from the County's web page if you do not have.

Manatee County collaborates with the Manatee Chamber of Commerce on distributing solicitations using the RFP Tool web page on the Chambers website: <http://www.Manateechamber.com>. This step is in addition to the posting on Manatee County Government web page.

Manatee County may also use an internet service provider to distribute Bids and Proposals. A link to that service <http://www.DemandStar.com>, is provided on this website under the Tab "MyDemandStar". Participation in the DemandStar system is not a requirement for doing business with Manatee County.

Note: The County posts the **Notice of Source Selection** prior to COMMENCING NEGOTIATIONS with the selected firms.

IT IS THE RESPONSIBILITY OF EACH PROPOSER, PRIOR TO SUBMITTING THEIR PROPOSAL, TO CONTACT THE MANATEE COUNTY PURCHASING DIVISION (see contact information on page one of this document) TO DETERMINE IF ADDENDA WERE ISSUED AND TO MAKE SUCH ADDENDA A PART OF THEIR PROPOSAL.

A.03 REQUIREMENTS FOR FORMAT AND DELIVERY OF PROPOSALS

Any proposals received after the stated time and date will not be considered. It shall be the sole responsibility of the Proposer to have their proposal delivered to the Manatee County Purchasing Division for receipt on or before the stated time

and date. If a proposal is sent by U.S. Mail, the Proposer shall be responsible for its timely delivery to the Purchasing Division. Proposals delayed by mail shall not be considered, shall not be opened at the public opening, and arrangements shall be made for their return at the Proposer's request and expense.

Proposals must be submitted in the format specified in Section C hereof. The contents of each proposal shall be **separated and arranged with tabs in the same order as listed in the Subsections within Section C** identifying the response to each specific item thereby facilitating expedient review of all responses.

A.04 CLARIFICATION & ADDENDA

Each Proposer shall examine all Request for Proposal documents and shall judge all matters relating to the adequacy and accuracy of such documents. Any inquiries, suggestions or requests concerning interpretation, clarification or additional information pertaining to the Request for Proposal shall be made in writing through the Manatee County Purchasing Division. The County shall not be responsible for oral interpretations given by any County employee, representative, or agent. The issuance of a written addendum by the Purchasing Division is the only official method whereby interpretation, clarification or additional information can be given.

Addenda shall be posted on <http://www.mymanatee.org>.

It shall be the responsibility of each Proposer, prior to submitting their proposal, to contact the Manatee County Purchasing Division at (941)748-4501, ext. 3014 to determine if addenda were issued and to acknowledge receipt of same on the Proposal Signature page (Attachment A).

DEADLINE FOR CLARIFICATION REQUESTS: January 20, 2014 at 12:00 PM shall be the deadline to submit all inquiries, suggestions, or requests concerning interpretation, clarification or additional information pertaining to this Request for Proposal to the Manatee County Purchasing Division.

This deadline has been established to maintain fair treatment for all potential bidders or Proposers, while ensuring an expeditious transition to a final agreement.

A.05 SEALED & MARKED

One signed Original (marked Original) and Four (4) Copies (marked Copy) and Two (2) CDs of your proposal shall be submitted in one sealed package, clearly marked on the outside "**Sealed Proposal #13-1775FL, Supplemental Medical Insurance for Manatee County Retirees**" and addressed to:

Manatee County Purchasing Division
1112 Manatee Avenue West, Suite 803
Bradenton, FL 34205

A.06 LEGAL NAME

Proposals shall clearly indicate the legal name, address and telephone number of the Proposer (company, firm, partnership, individual). Proposals shall be signed above the typed or printed name and title of the signer. The signer shall have the authority to bind the Proposer to the submitted proposal.

A.07 PROPOSAL EXPENSES

All expenses for making proposals to the County are to be borne by the Proposer.

A.08 EXAMINATION OF OFFER

The examination of the proposal and the Proposer generally requires a period of not less than ninety (90) calendar days from the date of the opening of the proposals.

A.09 DISCLOSURE

Upon receipt, all inquiries and responses to inquiries related to this Request for Proposal become "Public Records" and are subject to public disclosure consistent with Chapter 119, Florida Statutes.

Proposals become subject to disclosure thirty (30) days after the Opening or if a notice of intended award decision is made earlier than this time as provided by Florida Statute 119.071(1)(b). No announcement of review of the offer shall be conducted at the public opening. If the County rejects all offers and concurrently notices its intent to reissue the solicitation, initial offers are exempt until the County provides notice of its intended decision or, thirty (30) days after the opening of the new offers.

Pursuant to Florida Statutes 119.0701, to the extent successful Proposer is performing services on behalf of the County, successful Proposer must:

- a. Keep and maintain public records that ordinarily and necessarily would be required by the County in order to perform the service;
- b. Provide the public with access to public records on the same terms and conditions that the County would provide and at a cost that does not exceed the cost provided in F.S. Chapter 119, or as otherwise provided by law;

- c. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law, and;
- d. Meet all requirements for retaining public records and transfer, at no cost, to the County all public records in possession of successful Proposer upon termination of the awarded Agreement and/or PO and destroy any duplicate public records that are exempt or confidential from public records disclosure requirements. All records stored electronically must be provided to the County in a format this is compatible with the County's information technology systems.

A.10 ERRORS OR OMISSIONS

Once a proposal is submitted, the County shall not accept any request by any Proposer to correct errors or omissions in the proposal.

A.11 DISQUALIFICATION DUE TO NON-RESPONSIVENESS

Manatee County reserves the right to find that any proposal received which does not contain all of the information, attachments, verification, forms or other information, may be considered non-responsive and therefore be disqualified from eligibility to proceed further in the RFP process.

A.12 RESERVED RIGHTS

The County reserves the right to accept or reject any and/or all proposals, to waive irregularities and technicalities, and to request resubmission. Any sole response received by the first submission date may or may not be rejected by the County, depending on available competition and timely needs of the County. The County reserves the right to award the contract to a responsible Proposer submitting a responsive proposal, with a resulting negotiated agreement which is most advantageous and in the best interests of the County. The County shall be the sole judge of the proposal, and the resulting negotiated agreement that is in its best interest and its decision shall be final. Also, the County reserves the right to make such investigation as it deems necessary to determine the ability of any Proposer to perform the work or service requested. Information the County deems necessary to make this determination shall be provided by the Proposer. Such information may include, but shall not be limited to: current financial statements prepared by an independent CPA; verification of availability of equipment and personnel; and past performance records.

A.13 APPLICABLE LAWS

Proposer must be authorized to transact business in the State of Florida. All applicable laws and regulations of the State of Florida and ordinances and regulations of Manatee County will apply to any resulting agreement. Any

involvement with any Manatee County procurement shall be in accordance with Manatee County Code Chapter 2-26. Procedures and deadlines concerning protests related to this Request for Proposal shall be those which are set forth in § 2-26-61 of the County Code.

A.14 CODE OF ETHICS

With respect to this proposal, if any Proposer violates, directly or indirectly, the ethics provisions of the Manatee County Purchasing Code and/or Florida criminal or civil laws related to public procurement, including but not limited to Florida Statutes Chapter 112, Part II, Code of Ethics for Public Officers and Employees, such Proposer will be disqualified from eligibility to perform the work described in this Request for Proposal, and may also be disqualified from furnishing future goods or services to, and from submitting any future bids or proposals to supply goods or services to, Manatee County.

By submitting a proposal, the Proposer represents to the County that all statements made and materials submitted are truthful, with no relevant facts withheld. If a Proposer is determined to have been untruthful in its proposal or any related presentation, such Proposer will be disqualified from eligibility to perform the work described in this Request for Proposal, and may also be disqualified from furnishing future goods or services to, and from submitting any future bids or proposals to supply goods or services to, Manatee County.

A.15 COLLUSION

By offering a submission to this Request for Proposal the Proposer certifies the Proposer has not divulged to, discussed or compared his proposal with other Proposers and has not colluded with any other Proposer or parties to this proposal whatsoever. Also, the Proposer certifies, and in the case of a joint proposal, each party thereto certifies, as to their own organization that in connection with this proposal:

- a. any prices and/or data submitted have been arrived at independently, without consultation, communication or agreement, for the purpose of restricting competition, as to any matter relating to such prices and/or cost data, with any other Proposer or with any competitor;
- b. any prices and/or cost data quoted for this proposal have not been knowingly disclosed by the Proposer prior to the scheduled opening directly or indirectly to any competitor;
- c. no attempt has been made or will be made by the Proposer to induce any other person or firm to submit or not to submit a proposal for the purpose of restricting competition;

- d. the only person or persons interested in this proposal as principal or principals is/are named therein and that no person other than therein mentioned has any interest in this proposal or in the contract to be entered into; and
- e. no person or agency has been employed or retained to solicit or secure this contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, excepting bona fide employees.

A.16 PUBLIC ENTITY CRIMES

In accordance with Section 287.133, Florida Statutes, 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 proposals on leases or 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 for a period of 36 months from the date of being placed on the convicted vendor list.

In addition, Manatee Code of Laws Chapter 2-26 Article V prohibits the award of County contracts to any person or entity who/which has, within the past 5 years, been convicted of, or admitted to in court or sworn to under oath, a public entity crime or of any environmental law that, in the reasonable opinion of the Purchasing Official, establishes reasonable grounds to believe the person or business entity will not conduct business in a reasonable manner.

To ensure compliance with the foregoing, the Code requires all persons or entities desiring to contract with the County to execute and file with the purchasing official an affidavit, executed under the pain and penalties of perjury, confirming that person, entity, and any person(s) affiliated with the entity, does not have such a record and is therefore eligible to seek and be awarded business with the County.
Proposer is to complete Attachment "B" and submit with your proposal.

A.17 LOBBYING

After the issuance of any Request for Proposal, prospective Proposers, or any agent, representative or person acting at the request of such Proposer shall not contact, communicate with or discuss any matter relating in any way to the Request for Proposal with any officer, agent or employee of Manatee County other than the Purchasing Official or as directed in the Request for Proposal. This prohibition includes the act of carbon copying officers, agents or employees of Manatee County on email correspondence. This requirement begins with the issuance of a Request for Proposal, and ends upon execution of the final Contract

or when the Proposal has been canceled. Violators of this prohibition shall be subject to sanctions as provided in the Manatee County Purchasing Code of Law Chapter 2-26.

A.18 EQUAL EMPLOYMENT OPPORTUNITY

In accordance with the provisions of Title VI of the Civil Rights Act of 1964 and Title 15, Part 8 of the Code of Federal Regulations, Manatee County hereby notifies all prospective Proposers that they will affirmatively ensure minority business enterprises will be afforded full opportunity to participate in response to this advertisement and will not be discriminated against on the grounds of race, color or national origin in consideration for an award of contract.

A.19 AMERICANS WITH DISABILITIES ACT

The Board of County Commissioners of Manatee County, Florida, does not discriminate upon the basis of any individual's disability status. This non-discrimination policy involves every aspect of the County's functions including one's access to, participation, employment, or treatment in its programs or activities. Anyone requiring reasonable accommodation for the **public meetings** specified herein (i.e. Information Conference or Proposal Opening), should contact the person named on the first page of this document at least twenty four (24) hours in advance of the activity to request accommodations.

END SECTION A

SECTION B: SCOPE OF SERVICES

B.01 INTRODUCTION

Manatee County Board of County Commissioners would like to make available to their Medicare eligible retirees, individual Medicare supplement plan offerings through a private firm that would match as closely as possible to the current group Medicare supplement plans that the County offers to its Medicare eligible retirees. Currently, eligible retirees have access to the self-insured active medical plan with prescription coverage or a group Medicare Supplement Plan with prescription coverage, including the donut hole coverage, through Transamerica Medicare Plan F combined with Coventry Part D coverage. Attachment D provides an overview of the YourChoice Health Plan and the coverage available, and premium costs of the Transamerica Medicare Supplement with Prescription coverage. Manatee County intends to add an individual Medicare supplement to the existing two options for medical and prescription coverage for retirees.

Manatee County's target population for this program consists of our Medicare eligible retired employees, their survivors and their dependents. Note: when referencing "retiree" in this document, the County's intent is reflecting Medicare eligible retirees unless otherwise indicated.

B.02 BACKGROUND

Manatee County Board of County Commissioners provides health plan options to retirees and their eligible dependents as well as to the eligible retirees employed by the Constitutional Agencies in Manatee County.

Retirees are eligible for coverage under the available plans when they become eligible for retirement benefits as defined by Florida Law from the Florida Retirement System (FRS) and have enrolled in Medicare Part A and B. Dependents are eligible upon the retiree's enrollment or at the times of annual enrollment. Currently, the County does not offer a subsidy for health benefits for retirees with only 6-9 years of service. For those eligible retirees with 10 plus years of service, the County currently provides a 27% subsidy for their medical and prescription coverage for the active plan. For the Medicare Supplement Plan, the retiree with 10 plus years of experience is responsible for \$201.00 per month for the medical and prescription coverage. The majority of our retirees have their premiums deducted directly from their FRS benefit. The County's cost is approximately 50% of the total premium for the medical and prescription group supplement. With the addition of a Retiree Exchange option for retirees, the County expects the flexibility to set the subsidy amounts for those plans as deemed necessary by the County and is interested in subsidy options that will allow for more defined budgeting and projection. Attachment E provides a census of the retiree population including the plan that each retiree elected for 2014 as well as the premium costs.

Manatee County also offers a self-insured dental plan for retirees. Attachment E provides a summary of the dental benefit currently administered through Aetna. Manatee County does not offer a standalone vision benefit; however, is interested in

knowing from providers what other voluntary benefits (dental, vision, etc) can be available to retirees through the supplemental insurance.

An annual enrollment period is held in November of each year. It allows new enrollments, transfers between the two medical plans by retirees, and the addition of eligible family members by retirees.

B.03 SCOPE OF SERVICE

Manatee County is seeking proposals from well established, financially stable organizations that offer private Exchange options to employers for their retiree population specifically. The County prefers that all operations and support services of the firm be owned and operated by the Proposer and not subcontracted; however, proposers that can offer individual Medicare plans through their platform as well as a Healthcare Reimbursement Account (HRA) administration may provide some services through subcontracted relationships; however, the principle services (eg. Customer service operations) must be owned and operated by the proposer and the call centers must be located in the United States. In addition, successful proposers will have experience administering retiree benefit programs for public entities.

Proposers shall offer a choice of plans, national access, competitive pricing, comprehensive benefits, HRA options and excellent customer service.

Manatee County seeks to contract with Proposers who can provide the following:

- Effective and competitive contracting with medical insurers with a variety of plan options which balances costs, quality and minimum provider disruption
- Healthcare Reimbursement Account administration and a full range of supplemental benefits
- High-quality service to all County participants.
- A full understanding of Manatee County's benefits available to retirees in order to assist them in comparing various plans.
- The ability to influence member care purchasing decisions through increased awareness of health management services available from plan vendors as well as the cost effectiveness of medical care service options.
- Consistent, responsive, and professional administrative service backed by verifiable performance measurement
- Understanding of the Patient Protection and Affordable Care Act and its consequences for a Medicare-eligible population.

END SECTION B

SECTION C: FORM OF PROPOSAL

This section identifies specific information which must be contained within each proposal. The contents of each proposal shall be **separated** and **arranged with tabs** in the same order as listed in **Sections C.01, through C.03**, identifying the response to each specific item.

The information that you provide shall be used to determine those Proposers with perceived ability to perform the Scope of Services as stated in this Request for Proposal which may overall best meet the needs of Manatee County. A review with those Proposers reasonably susceptible of being selected for award may be conducted for the purposes of clarification of both ability and benefit to Manatee County. See Section D. Selection.

C.01 MINIMUM QUALIFICATIONS AND EXPERIENCE TO BE CONSIDERED

To qualify for any consideration, the Proposer(s) must present proof of any licensing or certification which will be required by law to perform the services set out in the scope of services required in this RFP.

Proposals may be presented by a single business entity, a joint venture, or partnership and must have experience providing private retiree Medicare Exchange services to public entities.

C.02 ADMINISTRATIVE SUBMITTAL

- a. Proposal Signature Form (Attachment A).
- b. Public Contracting and Environmental Crimes Certification (Attachment B).

C.03 INFORMATION TO BE SUBMITTED REGARDING PROPOSER(S)

Note: The contents of this section shall be **separated and arranged with tabs** in the same order as listed below in identifying the response to each specific item thereby facilitating expedient review of all responses.

C.03.1 Background and Size

Provide a description of each Proposers **background and size**. Provide a general statement of qualifications to include Proposers' professional credentials, legal status, business location(s), and experience in providing the service enumerated in this Request for Proposal. Include a brief history of your organization specifically as it relates to managing a retiree insurance service, including relationships with any parent companies, subsidiaries, sister companies and reporting lines. Indicate which entities will administer each of the services requested in this RFP.

C.03.2 Legal Capacity

Provide an **explanation of the Proposers' legal capacity** to perform all parts of the scope of services. Include a description of corporate or other structure and governance, and detail the legal, financial, and technical capabilities of Proposer(s) relevant to performing the scope of services. If more than one Proposer is teaming up to file a proposal, any prior work any two or more joint proposers have done before should be detailed. Identify US location of the corporate office.

C.03.3 Key Personnel

Identify each **principal of the firm and other "key personnel"** who will be professionally associated with the County and have the necessary public sector work experience. Do not include personnel that will not have a key role in providing services. Describe their respective areas of expertise.

For each identified person, provide the following:

- Full Name
- Title
- Professional credentials
- Area of expertise, individual's roles and duties in providing services
- Office address
- Email address
- Telephone number
- Personalized resumes which identify the qualifications, training and experience of each key personnel

C.03.4 Ownership Interest

Disclose **any ownership interest in other entities** involved in these services which might reasonably be selected to perform work under the scope of services set forth in this Request for Proposal. This ownership disclosure shall be included, whether such ownership occurs by the Proposer through a parent, subsidiary or holding company or any other form of business entity. Submit entity names and the percent of ownership for each.

C.03.5 Financial Audit

Provide authorization for a Manatee County auditor and/or financial analysts to have access to your financial records at the primary location of the business entity explained in response to item C.03.2, or such other location as may be agreed, for the purposes of verifying your financial representations, review and assessment of the historical and current financial capacity of your business entity and its expected ability to meet ongoing financial obligations to the County as proposed in this proposal to Manatee County. The County's audit and /or financial analyst agents will report their findings in a summary report to the Manatee County Purchasing Official, which will be placed in the proposal files for subsequent use and review.

C.03.6 **Economic Benefit**

Submit a narrative **explaining the direct economic benefit to Manatee County to be realized by selecting Proposer(s)**. Please include a discussion of the employment, subcontracting, and support services contracting which would be procured within Manatee County.

C.03.7 **Specific RFP Questions**

Provide responses to each of the questions or requests for information identified under the following categories: General Information, Supplemental Services, Product and Plan offerings, Retiree Customer Service, Enrollment, Underwriting, Retiree Communications, Implementation and Account Management, Eligibility, Health Reimbursement Account Administration, Contracts and Fees and References.

General Information

1. Identify the length of time your company has been providing the required services.
2. Describe how your company differentiates itself within the retiree health care marketplace.
3. What do you consider to be your firm's limitations?
4. Please provide the total number of Medicare supplemental clients managed by your firm, including the number of covered members in Florida and the total nationally.

Supplemental Services

5. Describe in detail your company's supplemental services that are included with your proposal.
6. What are the benefits of the Medicare coordinator/Exchange model to an employer? What are the benefits to retirees?
7. Are any of your key Exchange operations (call center, decision support technology) outsourced? Describe specifically.
8. What % of your benefit plan information was loaded and approved by the start of the Annual Enrollment Period last year?
9. What % of your enrolled retirees received coverage cards prior to the start of the calendar year last year?

Product and Plan Offerings

10. Please use the census included with the RFP (Attachment D) to provide an overview of available plan options and premiums in key geographic markets, including variability by risk of the member.

11. Do you offer prescription drug coverage integrated with the medical plans you offer, as a standalone product, or both?

12. What options does your Exchange have for members who will be affected by the prescription donut hole? How are those situations addressed with the member?

13. How many carriers have discontinued participation in your Exchange? Why and When?

14. Do you have direct contracts/appointments with all of the carriers offered through your Exchange or do you work through a 3rd party agency?

Retiree Customer Service

15. Where is the location of the call center or enrollment office of your customer service reps who will be servicing Manatee County? Confirm that no application processing or other 'back office' functions are performed offshore.

16. What are the hours of operation? Do you offer any special accommodations for retirees that may need to call after-hours or on weekends? Can a member leave a message at your member service line after working hours? If yes, what is the protocol for responding to that call?

17. Confirm your willingness to offer a dedicated staff to the County and provide specific details.

18. Do you offer a dedicated and co-branded 800 number? Confirm that your telephonic system is an interactive voice response system and what information the member is required to enter. Describe your telephone and call routing system.

19. Please indicate your outcome with the following measures:

- Average speed of answer
- % of calls answered within target
- Busy signal rate
- Abandonment rate
- Number of calls transferred

20. Specify your 4 busiest months. How do you handle the increased call volume? What is your average speed of answer during these 4 busiest months?

21. Once enrolled, can a member contact the same representative that enrolled them when questions arise or for the following year's enrollment?

22. What is the average length of an enrollment call with your representatives with the Medicare eligible population?

23. Does your system allow members to opt to speak to a live person at any time during a call? Is this option, and how to exercise it, made clear to callers initially?

24. Do you offer retirees appointment setting to enroll in benefits?

25. Will retirees have specialized (100% retiree focused) representatives to provide support?

26. Do your representatives undergo any special training for interacting with a senior population? Please provide details.

27. Are there any limits regarding the amount time a benefit advisor spends with a member in assisting in the selection of the right Medicare plan?

28. What type of information is available for retirees evaluating prescription drug plans?

29. Describe your web tools available for retirees.

30. Can you co-brand the website for the County?

31. What information do your benefit advisors consider when assisting retirees with their plan selection?

32. Describe the enrollment process to ensure ease of transition for members for the following plan match issues:

- Best benefit plan offering depending on member's current medical and pharmacy coverage.
- Transitioning new members who are currently using a drug that is not on the new plan's formulary, or is in the non-preferred tier?
- Transition of care on their current medical needs or received treatment.

33. Disclose any commissions or fees paid to your organization or subsidiary by any carrier or subsidiary.

34. Do you assist retirees in the event of a billing or claim disputes?

35. How do you reach retirees who do not respond to your mailings? Describe the outreach process in detail.

Enrollment

35. Are you able to enroll retirees telephonically or do you require a paper application?

36. Describe in detail your paper application submission process. (# of days between receipt and submission to carriers).

37. If your company uses a paper application process, how do you track each enrollment so that a retiree can check on the application status at all times during the enrollment process?

38. During the enrollment process can you provide the employer with reporting on the status of each retiree? Enrolled? Contacted? Appointment set? Not enrolled?

39. Are you able to file applications with insurance carriers electronically?

40. Do you offer voice signature and automated disclaimers?

41. Do you offer the option to allow members to enroll all year-round rather than just during an Open Enrollment period? If so, please describe how a year-round enrollment option would work.

42. What options does your Exchange currently have for retirees or eligible dependents of retirees who are not Medicare eligible? What options do you project to have in the future for early-retirees (not Medicare eligible), describe the options and timing.

Underwriting

43. Describe the underwriting terms of the plans offered under your Medicare Exchange model.

- Do your plans accept all retirees that apply for coverage, without evidence of insurability? At all times?
- Are all plans guaranteed renewable?
- Are there limitations for pre-existing conditions? If so, please describe.

Retiree Communications

44. Please provide a communications strategy that details how you will reach out to and educate retirees about their plan choices. Please provide samples of all communication.

45. Do you pass through costs for printing and mailing communications or is it

included in your offer?

Implementation and Account Management

46. Please describe your proposed account management team and structure. Specifically address:

- Average staff turnover rate for the past 12 months for account managers and call center staff respectively.
- What qualifications and experience do you require of your account managers?
- What qualifications and experience do you require of your call center staff?
- Average number of clients assigned per account manager. Average number of members per customer service representative.
- Years with the organization of each Account Management team member.

47. Please provide a detailed implementation schedule including specific activities, target dates, data requirements, and responsibilities. Please also indicate when telephonic support begins. Please confirm that your company will provide onsite support to the retirees to educate and enroll them into the Medicare Exchange. Confirm that onsite education and support will be available at every annual enrollment period for the length of the agreement.

48. What resources will you need from the employer during the implementation phase? What duties will the employer need to perform?

49. Please describe the reports you will provide to the employer regarding the program/service and please submit samples of reporting that will be provided to the County indicating the frequency.

Eligibility

50. Please provide your desired eligibility format/lay-out. Describe process to verify eligibility files loaded correctly. Describe your process for updates to the eligibility.

51. Can your organization track enrollment by retiree and spouse separately?

Health Reimbursement Arrangement (HRA) Administration

52. How and by whom is the HRA option administered and please provide any administrative fees associated with the HRA offering.

53. Please explain how the premiums will be billed and collected. Do you offer auto-reimbursement from the HRA for paid premiums? If yes, do carriers notify you of the retiree premium payment?

54. Please describe your organization's reporting capabilities regarding HRA balances. Please include a report sample and indicate report frequency (e.g., monthly, quarterly, etc.).

Contracts and Fees

55. Itemize all proposed fees for implementation, communications and ongoing administration. What services are included in the fees and what implementation credits are offered?

56. What are the HRA fees? Please indicate if fees are per account or per member.

57. Please provide a sample of your master contract, business associate agreement and any related documents to the County.

58. Provide a detailed summary of the performance guarantees and fees at risk.

References

59. Please provide five client references, (as many public sector as possible) two of which implemented during the 2013 annual enrollment period.

60. How many Medicare Exchange accounts were lost in the last five years? What was the reason for each account lost? Please provide three former client references (public sector preferably)

END SECTION C

SECTION D: SELECTION

D.01 EVALUATION FACTORS

Evaluation of proposals will be conducted by an evaluation committee. The committee's goal will be to identify the proposal which will overall best meet the needs of Manatee County as determined from the proposals received and subsequent investigation by the County. General factors to be applied will be the items identified in Section C of this RFP.

D.02 RELATIVE IMPORTANCE OF EVALUATION FACTORS

Unless noted, no weight will be assigned to the Evaluation Factors stated above.

D.03 PRELIMINARY RANKING

An evaluation committee shall determine from the responses to this Request for Proposal and subsequent investigation as necessary, the Proposer(s) most qualified to be selected to negotiate an agreement.

D.04 REVIEW OF PROPOSERS AND PROPOSALS

In-person reviews may be conducted with responsible Proposers who are deemed reasonably susceptible of being selected for award, for the purposes of assuring full understanding of: (a) conformance to the solicitation requirements, (b) the abilities of the Proposer, and (c) the proposal submitted.

Proposers shall be available for presentations to and interviews with the evaluation committee, upon reasonable notification from the Purchasing Division. The date(s) and time(s) of any such presentations / interviews shall be determined solely by the County, and may be closed to the public in the discretion of the Purchasing Official, and to the extent permitted by law.

D.05 SELECTION FOR NEGOTIATION

The evaluation committee will make a recommendation to the County Administrator as to the proposer which the County should enter into negotiations. The County Administrator will act upon that recommendation and, if accepted, the successful Proposer will be invited to enter negotiations led by the Purchasing Division.

D.06 AWARD

Award of an agreement is subject to the successful negotiations and the approval of either the County Administrator or the Board of County Commissioners (as provided for in the current Purchasing Code and Procurement Procedures).

END SECTION D

SECTION E: NEGOTIATION OF THE AGREEMENT

E.01 GENERAL

The following general terms and conditions apply to the proposal submitted for consideration and the subsequent negotiations:

- a. The proposal will serve as a basis for negotiating an agreement, but not compel adherence to its terms or conditions.
- b. Upon submission, all proposals become the property of the County which has the right to use any or all ideas presented in any proposal submitted in response to this Request for Proposal whether or not the proposal is accepted.
- c. All products and papers produced in the course of this engagement become the property of the County upon termination or completion of the engagement.

E.02 AGREEMENT

The selected Proposer shall be required to negotiate an agreement, in a form and with provisions acceptable to Manatee County.

Negotiated Agreements may or may not include all elements of this RFP or the resulting successful proposal where alternative terms or conditions become more desirable to the County, and the parties agree to such terms.

The parties will negotiate the term of the agreement, and the circumstances in which it may be renewed, assigned or terminated.

The parties will negotiate matters of insurance, liability, record-keeping, auditing, and all other relevant contractual matters.

END SECTION E

ATTACHMENT A

**PROPOSAL SIGNATURE FORM
RFP #13-1775FL**

The undersigned represents that by signing the proposal, that he/she has the authority and approval of the legal entity purporting to submit the proposal, and that all of the facts and responses set forth in the proposal are true and correct. If the proposer is selected by the County to negotiate an agreement, the undersigned certifies that the proposer's negotiators will negotiate in good faith to establish an agreement to provide the services described in the Scope of Services of this Request for Proposal.

Print or Type Proposer's Information Below:

_____	_____
Name of Proposer	Telephone Number

Street Address	
_____	_____
Email Address	Web Address
_____	_____
Print Name & Title of Authorized Officer	Signature of Authorized Officer

Date Signed	
Acknowledge Addendum No. _____	Dated: _____
Acknowledge Addendum No. _____	Dated: _____
Acknowledge Addendum No. _____	Dated: _____

ATTACHMENT B

PUBLIC CONTRACTING AND ENVIRONMENTAL CRIMES CERTIFICATION

SWORN STATEMENT PURSUANT TO ARTICLE V,
MANATEE COUNTY PURCHASING CODE

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

This sworn statement is submitted to the Manatee County Board of County Commissioners by _____
[print individual's name and title]

_____ For _____
[name of entity submitting sworn statement]

whose business address is: _____

and (if applicable) its Federal Employer Identification Number (FEIN) is _____. If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement:

I understand that no person or entity shall be awarded or receive a county contract for public improvements, procurement of goods or services (including professional services) or a county lease, franchise, concession or management agreement, or shall receive a grant of county monies unless such person or entity has submitted a written certification to the County that it has not:

(1) been convicted of bribery or attempting to bribe a public officer or employee of Manatee County, the State of Florida, or any other public entity, including, but not limited to the Government of the United States, any state, or any local government authority in the United States, in that officer's or employee's official capacity; or

(2) been convicted of an agreement or collusion among bidders or prospective bidders in restraint of freedom of competition, by agreement to bid a fixed price, or otherwise; or

(3) been convicted of a violation of an environmental law that, in the sole opinion of the County's Purchasing Director, reflects negatively upon the ability of the person or entity to conduct business in a responsible manner; or

(4) made an admission of guilt of such conduct described in items (1), (2) or (3) above, which is a matter of record, but has not been prosecuted for such conduct, or has made an admission of guilt of such conduct, which is a matter of record, pursuant to formal prosecution. An admission of guilt shall be construed to include a plea of nolo contendere; or

(5) where an officer, official, agent or employee of a business entity has been convicted of or has admitted guilt to any of the crimes set forth above on behalf of such and entity and pursuant to the direction or authorization of an official thereof (including the person committing the offense, if he is an official of the business entity), the business shall be chargeable with the conduct herein above set forth. A business entity shall be chargeable with the conduct of an affiliated entity, whether wholly owned, partially owned, or one which has common ownership or a common Board of Directors.

For purposes of this Form, business entities are affiliated if, directly or indirectly, one business entity controls or has the power to control another business entity, or if an individual or group of individuals controls or has the power to control both entities. Indicia of control shall include, without limitation, interlocking management or ownership, identity of interests amount family members, shared organization of a business entity following the ineligibility of a business entity

under this Article, or using substantially the same management, ownership or principles as the ineligible entity.

Any person or entity who claims that this Article is inapplicable to him/her/it because a conviction or judgment has been reversed by a court of competent jurisdiction, shall prove the same with documentation satisfactory to the County's Purchasing Director. Upon presentation of such satisfactory proof, the person or entity shall be allowed to contract with the County.

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR MANATEE COUNTY IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT ANY CONTRACT OR BUSINESS TRANSACTION SHALL PROVIDE FOR SUSPENSION OF PAYMENTS, OR TERMINATION, OR BOTH, IF THE CONTRACTING OFFICER OR THE COUNTY ADMINISTRATOR DETERMINES THAT **SUCH PERSON OR ENTITY HAS MADE FALSE CERTIFICATION.**

[Signature]

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 200____ by_____.

Personally known _____ OR Produced identification _____
[Type of identification]

Notary Public Signature My commission expires_____.

[Print, type or stamp Commissioned name of Notary Public]

Signatory Requirement - In the case of a business entity other than a partnership or a corporation, this affidavit shall be executed by an authorized agent of the entity. In the case of a partnership, this affidavit shall be executed by the general partner(s). In the case of a corporation, this affidavit shall be executed by the corporate president.

ATTACHMENT “C”

YourChoice Health Plan Overview

Manatee YourChoice Health Plan
In-Network – Aetna POSII (Open Access)



2014 Levels of Reimbursement

	Ultimate Plan	Best Plan	Better Plan	Basic Plan
<u>A. Physician Services and Other Benefit</u>				
Individual Cost Sharing				
Deductible	None	\$250	\$500	\$1,000
Coinsurance* (after Deductible)	None	20%	25%	50%
Annual Individual Out-of-Pocket (after Copay & Deductible, except Inpatient)	\$1,400	\$1,800	\$2,400	\$5,000
Primary Care and Specialty Physicians				
Office Visit	\$25 Co-pay	\$25 Co-pay	Ded. & Coin.	Ded. & Coin.
Lab & X-ray	No co-pay	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.
Alternative Care Benefits- Nutritional Therapy				
Maximum Annual Benefit per Service	20 Visits per calendar year**			
Copay per Visit	\$0-visits 1-5 \$25/visit beyond	\$0-visits 1-5 \$25/visit beyond	\$0-visits 1-5 \$25/visit beyond	\$0-visits 1-5 \$25/visit beyond
Alternative Care Benefits- Physical Therapy				
Maximum Annual Benefit per Service	20 Visits per calendar year**. Note: The 20 visits per calendar year include the maximum 5 visits per calendar year allowed for PT performed at an outpatient hospital/facility.			
Copay per Visit	\$0-visits 1-5 \$25/visit beyond	Ded. & Coin	Ded. & Coin	Ded. & Coin
Alternative Care Benefits- All Other				
Maximum Annual Benefit per Service	20 Visits per therapy per calendar year**: Chiropractic, Acupuncture, Massage, and Occupational Therapy			
Copay per Visit	\$25.00 per visit	Ded. & Coin	Ded. & Coin	Ded. & Coin
<u>B. Hospital Benefits (Facility Only)</u>				
Individual Cost Sharing				
Deductible per Confinement	None	\$250	\$250	\$1,000
Coinsurance	None	20%	25%	50%
Maximum out of Pocket after Deductible, per confinement	None	\$1,000	\$1,200	\$3,000

*Coinsurance is the percentage of the cost for a covered service. A coinsurance of 20% means 80% of the covered cost is the Plan's responsibility and 20% is the member's responsibility (80%/20%, 75%/25%, 50%/50%).

** 20 Visits per calendar year is for in-network and out-of-network combined

Out of Network Benefits

2014 Levels of Reimbursement



	Ultimate Plan	Best Plan	Better Plan	Basic Plan
<u>A. Physician Services and Other Benefit</u>				
Deductible	\$500	\$750	\$1,000	\$2,000
Coinsurance* (after Deductible)	20%	20%	25%	50%
Annual Individual Out-of-Pocket (after Deductible)	\$2,800	\$5,000	\$7,200	\$10,000
Primary Care and Specialty Physicians				
Office Visit	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.
Lab & X-ray	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.
Alternative Care Benefits- Nutritional Therapy				
Maximum Annual Benefit per Service	Not Covered	Not Covered	Not Covered	Not Covered
Alternative Care Benefits- Physical Therapy				
Maximum Annual Benefit per Service	20 Visits per calendar year**. Note: The 20 visits per calendar year include the maximum 5 visits per calendar year allowed for PT performed at an outpatient hospital/facility.			
	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.
Alternative Care Benefits- All Other				
Maximum Annual Benefit per Service Copay per Visit	20 Visits per therapy per calendar year**: Chiropractic, Massage, and Occupational Therapy. Acupuncture not covered			
	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.
<u>B. Hospital Benefits (Facility Only)</u>				
Individual Cost Sharing				
Deductible per Confinement	\$250	\$750	\$1,000	\$2,000
Coinsurance	20%	20%	25%	50%
Maximum out of Pocket after Deductible, per confinement	\$2,550	\$2,450	\$2,600	\$3,000

*Coinsurance is the percentage of the cost for a covered service. A coinsurance of 20% means 80% of the covered cost is the Plan's responsibility and 20% is the member's responsibility (80%/20%, 75%/25%, 50%/50%).

** 20 Visits per calendar year is for in-network and out-of-network combined

EXHIBIT 1

**Premium Quote for
Manatee County Government
For an Effective Date of January 1, 2014**

Premium Rates

Advantra with Part D

\$132.00

per Member per Month

Plan Option Highlights

For more detail, refer to the Summary Plan Descriptions

Prescription Drug

<i>Deductible</i>	\$0
<i>Tier Structure</i>	\$10/\$25/\$50/25%
<i>Retail 90-Day Supply</i>	2x Copay for 90 Day Supply; Tier 4 Drugs N/A (30-Day Retail Only)
<i>Gap Coverage</i> (> \$2,850 Total Drug Spend)	Full Coverage - 50% manufacturer discount in the coverage gap will apply
<i>Catastrophic Coverage</i> (> \$4,550 Member Out of Pocket)	Greater of: \$2.55 Generic or Multi-Source Pfd Brand; \$6.35 Other -or- 5% Coinsurance
<i>Mail Order</i>	2x Copay for 90 Day Supply; Tier 4 Drugs Not Available via Mail order

Rating Assumptions

The Plan Year is January 1, 2014 through December 31, 2014

Quoted rates do include broker commission

Quoted rates do include charges that will apply under the Patient Protection and Affordable Care Act.

All rates assume that the effective date of the plan is the first day of the plan year noted above. If different, we reserve the right to adjust the quoted rates.

Quoted rates assume no significant changes in competing carrier(s), benefit structure, and/or contribution levels for competing benefit plan options.

Exhibit A-Summary of Retiree Premium

Manatee County Government
 Retiree Medical Premiums
 Effective Date: January 1, 2014

Retiree or Survivor (prior to 12/31/11) with 10+ Years of Service: Under or Over age 65			
	Retiree Only	Retiree Family	Retiree's Survivor up to 12/31/11*
Total Premium	\$573.00	\$ 889.78	\$573.00
Retiree Share	\$418.33	\$ 889.78	\$469.16
County Share	\$154.67	\$0	\$103.84

Retiree with 6-9 Years of Service and Survivor (after 12/31/11): Under or Over age 65			
	Retiree Only	Retiree Family	Retiree Survivor <small>*New Survivor after 12/31/11</small>
Total Premium	\$ 573.00	\$ 889.78	\$ 573.00
Retiree Share	\$ 573.00	\$ 889.78	\$ 573.00
County Share	\$0	\$0	\$0

Medicare Supplement: Bankers/First Health Rx-Age 65 and Over				
	Retiree Only- 10+yrs of Service	Retiree Only 6-9yrs Service	Retiree Family	Retiree Survivor
Retiree Share	\$224.00	Age Based	Age Based	Age Based
County Subsidy	Range-age based	No Subsidy	No Subsidy	No Subsidy

Medicare Supplement: Transamerica/First Health Rx-Age 65 and Over				
	Retiree Only- 10+yrs of Service	Retiree Only 6-9yrs Service	Retiree Family	Retiree Survivor
Retiree Share	\$201.00	Age Based	Age Based	Age Based
County Subsidy	Range-age based	No Subsidy	No Subsidy	No Subsidy

SECTION 9 -PRESCRIPTION RETAIL OR MAIL ORDER

Prescription Benefits

Prescription Plan Only Maximum Out-of-Pocket Expense *:
 \$1,400 per Individual
 \$2,800 per Family

YourChoice Health Plan contracts directly with select Pharmacies in order to provide a lower out of pocket cost to the member and better Customer Service and reduced costs to the County. These are called Preferred Pharmacies.

Preferred Pharmacies include: Sweetbay Pharmacies, Pelots, CareOne Pharmacy and Rx Solutions

Retail Pharmacy: 90 Day Supply maximum at preferred pharmacy. 30 Day Supply maximum at non-preferred.

Maximum co-pay is \$100.00 per script for Retail (maximum of \$150.00 or Manufacturer's coupon) Specialty Medication) and \$300.00 per script for Mail Order

RETAIL PHARMACY	PREFERRED PHARMACY	NON-PREFERRED
Generic	No co-pay	\$10.00 or 20% whichever is greater
Preferred Brand	\$15.00 or 25% whichever is greater	\$20.00 or 30% whichever is greater
Non-Preferred	\$40.00 or 45% whichever is greater	\$50.00 or 55% whichever is greater
Over-the-Counter (OTC) with a Prescription ***	No copay	\$10.00 or 20% whichever is greater

MAIL ORDER PHARMACY

Generic	\$13.00 or 15% whichever is greater	Not available
Preferred Brand	\$38.00 or 25% whichever is greater	Not available
Non-Preferred	\$100.00 or 40% whichever is greater	Not available

Specialty Pharmacy

Generic or Brand per Script	25% coinsurance Maximum of \$150.00 or manufacturer's coupon	\$25% coinsurance Maximum of \$150.00 or manufacturer's coupon
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* Adjusted annually by the County Administrator. Maximum out-of-pocket expense does not include drug prescriptions when a member elects a Brand drug when a Generic drug is available or when a member elects a multi-source brand not on the Plans Preferred Drug list.

*** Refer to www.ManateeYourChoice.com for an approved list.

9.00 PRESCRIPTION PROGRAM

The Manatee Choice Prescription Plan is a stand-alone program. Benefits are not included in the Medical Plan section of the Plan Document.

The Benefits, Deductibles, Co-payments, Exclusions and Limitations for the Prescription Drug Program are separate from the Comprehensive Medical Benefits outlined in other Sections of the Plan Document.

9.00.01 APPLICABLE TO ALL COVERED PERSONS

All eligible members have access to the prescription benefit.

9.00.02 PRESCRIPTION PROGRAM MANAGEMENT

The Prescription Benefit Manager (PBM) is contracted by the Plan Sponsor. The Plan Manager is responsible for the daily operation of the Prescription Plan.

The Prescription Drug Program Administrator is authorized to change co-payments applicable to the Prescription Drug Program with 30 days prior notice to Prescription Drug Program participants and upon approval by the County Administrator.

The Prescription Drug Program Manager is authorized to change the Rules and Guidelines of the Prescription Drug Program upon approval of the County Administrator and reasonable notice to the Prescription Drug Program participants if practicable.

9.00.03 PREFERRED DRUG LIST

The Manatee Preferred Drug List includes a broad range of FDA approved brand name and generic prescription medications that are most commonly prescribed by our physicians. The Preferred Drug List is developed by the PBM and is adjusted periodically on the recommendation of the PBM and approved by the Plan Manager.

PREFERRED DRUG LIST - ELIGIBLE RETAIL DRUGS

The Plan Manager may change the eligible drugs that may be dispensed according to the Preferred Drug List as recommended by the Prescription Benefit Manager and approved by the Plan's Medical Director.

9.00.04 PRIOR AUTHORIZATION

Prior Authorization may be required for some prescriptions and requires a written prescription, physician's contact and response through telephone or letter with the Plan's Prescription Benefit Manager (PBM). Prior Authorization is reviewed by the PBM's Clinical Pharmacist and approved according to clinical guidelines and evidence-based information provided by the prescribing physician. See Preferred Drug List for complete information on prior authorization. Following is a partial list of those drugs requiring prior authorization:

9.00.05 STEP THERAPY

Step Therapy Guidelines are based upon the recommendation of the PBM and approved by the Plan Manager. Step Therapy Guidelines are established for specific classes of prescriptions. Details are listed in the Preferred Drug List brochure.

9.00.06 QUANTITY LIMITS

Based upon the recommendation of the PBM and approved by the Plan Manager, the Plan may establish quantity limits on specific drugs.

9.01 ELIGIBLE PRESCRIPTION DRUGS

The Plan pays for the following Eligible Drugs if prescribed by a Physician authorized to write Prescriptions according to the Laws of the State where the prescription is purchased.

Legend Drugs (those drugs requiring prescription except those excluded below)

Schedule V Drugs (including Cough Syrup with codeine)

Oral Contraceptives

Rx Strength Pre-Natal Vitamins

Insulin

Insulin Syringes

Diabetic Supplies (test Strip and Lancets)

Diabetic Medical Devices

9.02. LIMITED COVERAGE PRESCRIPTION DRUGS

The following are only a partial list of drugs available with Prior Authorization by the PBM

Growth Hormones

Specialty Injectables

Neupogen

Epogen

Sandostatin

Under Special Conditions

Retin-A Maximum to Age 29

Compounds Maximum \$200.00

Dexedrine Maximum to Age 23

Adderall Maximum to Age 23

Ritalin/Methylphenidate Maximum to Age 23

9.03. PLAN EXCLUSIONS

The Following Drugs are not covered:

Drugs for weight reduction or control*

Drugs for infertility, including drugs for co-occurring conditions for the purpose of fertility if not otherwise indicated.

Over the counter items except as approved by the Plan Administrator*

Vitamin A derivatives such as Retin A when used for excluded conditions

Hair restoration products such as Rogaine (topical minoxidil) or similar medications

Rx strength vitamins except pre-natal vitamins

FDA non-approved drugs

Drugs for the treatment of erectile dysfunction

Smoking deterrents *

Drugs excluded by the Medical Plan

Experimental or Investigational Drugs

*Exceptions include those medications that are administered through a Your Choice comprehensive Program.

9.04. RETAIL PHARMACY EARLY REFILL EXCEPTION

At the Member's request, the Plan Manager may authorize the early dispensing of a prescription for Members going on vacation or out of the area on business. The early refill authorization is to be for no more than one (1) refill per trip or two (2) refills in a calendar year.

The County Administrator or designee may authorize early refills for a Special Community Based Emergency or for other emergency events at the discretion of the County Administrator or designee.

ATTACHMENT "D"

Retiree Population Census

Electronic version only.

**Census is available at mymanatee.com
Bids and proposals
found on List of Solicitations**

or

**Frank Lambertson at
frank.lambertson@mymanatee.com
(941)749-3042**

ATTACHMENT "E"

Dental Benefits



Dental Benefits Summary

	<u>Passive PPO MAX</u>
Annual Deductible*	
Individual	\$50
Family	\$150
Preventive Services	100%
Basic Services	80%
Major Services	50%
Annual Benefit Maximum	\$2,000
Office Visit Copay	N/A
Orthodontic Services	Not Covered
Orthodontic Deductible	Not Covered
Orthodontic Lifetime Maximum	Not Covered

*The deductible applies to Basic & Major services only.

Partial List of Services	<u>Passive PPO MAX</u>
Preventive	
Oral examinations (a)	100%
Cleanings (a) Adult/Child	100%
Fluoride (a)	100%
Sealants (permanent molars only) (a)	100%
Bitewing X-rays (a)	100%
Full mouth series X-rays (a)	100%
Space Maintainers	100%
Basic	
Root canal therapy	
Anterior teeth / Bicuspid teeth	80%
Scaling and root planing (a)	80%
Gingivectomy*	80%
Amalgam (silver) fillings	80%
Composite fillings (anterior teeth only)	80%
Stainless steel crowns	80%
Incision and drainage of abscess*	80%
Uncomplicated extractions	80%
Surgical removal of erupted tooth*	80%
Surgical removal of impacted tooth (soft tissue)*	80%
Major	
Root canal therapy, molar teeth	50%
Osseous surgery (a)*	50%
Surgical removal of impacted tooth (partial bony/full bony)*	50%
General anesthesia/intravenous sedation*	50%
Crown Lengthening	50%
Inlays	50%
Onlays	50%
Crowns	50%
Full & partial dentures	50%
Pontics	50%
Denture repairs	50%
Crown Build-Ups	50%

*Certain services may be covered under the Medical Plan. Contact Member Services for more details.
(a) Frequency and/or age limitations may apply to these services. These limits are described in the



Dental Benefits Summary

Other Important Information

This Aetna Dental® Preferred Provider Organization (PPO) MAX benefits summary is provided by Aetna Life Insurance Company for some of the more frequently performed dental procedures. Under the Dental Preferred Provider Organization (PPO) MAX plan, you may choose at the time of service either a PPO participating dentist or any nonparticipating dentist. Under the PPO MAX plan, savings are possible because the participating dentists have agreed to provide care for covered services at negotiated rates. Non-Participating coverage is limited to a maximum allowable charge (MAX) of the plan's payment and is based on the contracted maximum fee for participating providers in the particular geographic area.

Emergency Dental Care

If you need emergency dental care for the palliative treatment (pain relieving, stabilizing) of a dental emergency, you are covered 24 hours a day, 7 days a week.

When emergency services are provided by a participating PPO dentist, your co-payment/coinsurance amount will be based on a negotiated fee schedule. When emergency services are provided by a non-participating dentist, you will be responsible for the difference between the plan payment and the dentist's usual charge. Refer to your plan documents for details. Subject to state requirements. Out-of-area emergency dental care may be reviewed by our dental consultants to verify appropriateness of treatment.

Partial List of Exclusions and Limitations* - Coverage is not provided for the following:

1. Services or supplies that are covered in whole or in part:
 - (a) under any other part of this Dental Care Plan; or
 - (b) under any other plan of group benefits provided by or through your employer.
2. Services and supplies to diagnose or treat a disease or injury that is not:
 - (a) a non-occupational disease; or
 - (b) a non-occupational injury.
3. Services not listed in the Dental Care Schedule that applies, unless otherwise specified in the Booklet-Certificate.
4. Those for replacement of a lost, missing or stolen appliance, and those for replacement of appliances that have been damaged due to abuse, misuse or neglect.
5. Those for plastic, reconstructive or cosmetic surgery, or other dental services or supplies, that are primarily intended to improve, alter or enhance appearance. This applies whether or not the services and supplies are for psychological or emotional reasons. Facings on molar crowns and pontics will always be considered cosmetic.
6. Those for or in connection with services, procedures, drugs or other supplies that are determined by Aetna to be experimental or still under clinical investigation by health professionals.
7. Those for dentures, crowns, inlays, onlays, bridgework, or other appliances or services used for the purpose of splinting, altering vertical dimension, to restore occlusion, or to correct attrition, abrasion or erosion.
8. Those for any of the following services (Does not apply to the DMO plan in TX):
 - (a) an appliance or modification of one if an impression for it was made before the person became a covered person;
 - (b) a crown, bridge, or cast or processed restoration if a tooth was prepared for it before the person became a covered person; or
 - (c) root canal therapy if the pulp chamber for it was opened before the person became a covered person.
9. Services that Aetna defines as not necessary for the diagnosis, care or treatment of the condition involved. This applies even if they are prescribed, recommended or approved by the attending physician or dentist.
10. Those for services intended for treatment of any jaw joint disorder, unless otherwise specified in the Booklet-Certificate.
11. Those for space maintainers, except when needed to preserve space resulting from the premature loss of deciduous teeth.
12. Those for orthodontic treatment, unless otherwise specified in the Booklet-Certificate.
13. Those for general anesthesia and intravenous sedation, unless specifically covered. For plans that cover these services, they will not be eligible for benefits unless done in conjunction with another necessary covered service.
14. Those for treatment by other than a dentist, except that scaling or cleaning of teeth and topical application of fluoride will be done by a licensed dental hygienist. In this case, the treatment must be given under the supervision and guidance of a dentist.



Dental Benefits Summary

- (iii) for a primary care service in the Dental Care Schedule that applies as shown under the headings Visits and X-rays and Pathology.
16. Services given by a nonparticipating dental provider to the extent that the charges exceed the amount payable for services shown in the Dental Care Schedule that applies.
 17. Those for a crown, cast or processed restoration unless:
 - (a) it is treatment for decay or traumatic injury, and teeth cannot be restored with a filling material; or
 - (b) the tooth is an abutment to a covered partial denture or fixed bridge.
 18. Those for pontics, crowns, cast or processed restorations made with high-noble metals, unless otherwise specified in the Booklet-Certificate.
 19. Those for surgical removal of impacted wisdom teeth only for orthodontic reasons, unless otherwise specified in the Booklet-Certificate.
 20. Services needed solely in connection with non-covered services.
 21. Services done where there is no evidence of pathology, dysfunction or disease other than covered preventive services.

Any exclusion above will not apply to the extent that coverage of the charges is required under any law that applies to that coverage.

*This is a partial list of exclusions and limitations, others may apply. Please check your plan booklet for details.

Your Dental Care Plan Coverage Is Subject to the Following Rules:

Replacement Rule

The replacement of; addition to; or modification of: existing dentures; crowns; casts or processed restorations; removable denture; fixed bridgework; or other prosthetic services is covered only if one of the following terms is met:

The replacement or addition of teeth is required to replace one or more teeth extracted after the existing denture or bridgework was installed. This coverage must have been in force for the covered person when the extraction took place.

The existing denture, crown; cast or processed restoration, removable denture, bridgework, or other prosthetic service must be made serviceable, and was installed at least 5 years before its replacement.

The existing denture is an immediate temporary one to replace one or more natural teeth extracted while the person is covered, and cannot be made permanent, and replacement by a permanent denture is required. The replacement must take place within 12 months from the date of initial installation of the immediate temporary denture.

The extraction of a third molar does not qualify. Any such appliance or fixed bridge must include the replacement of an extracted tooth or teeth.

Tooth Missing But Not Replaced Rule

Coverage for the first installation of removable dentures; fixed bridgework and other prosthetic services is subject to the requirements that such removable dentures; fixed bridgework and other prosthetic services are (i) needed to replace one or more natural teeth that were removed while this policy was in force for the covered person; and (ii) are not abutments to a partial denture; removable bridge; or fixed bridge installed during the prior 5 years.

Alternate Treatment Rule: If more than one service can be used to treat a covered person's dental condition, Aetna may authorize coverage only for a less costly covered service provided that all of the following terms are met:

- (a) the service must be listed on the Dental Care Schedule;
- (b) the service selected must be deemed by the dental profession to be an appropriate method of treatment; and
- (c) the service selected must meet broadly accepted national standards of dental practice.

If treatment is being given by a participating dental provider and the covered person asks for a more costly covered service than that for which coverage is approved, the specific copayment for such service will consist of:

- (a) the copayment for the approved less costly service; plus
- (b) the difference in cost between the approved less costly service and the more costly covered service.

Reinstatement Rule: If your Employee and Dependents coverage terminates because your contributions are not paid or you are not in a class, you may not be covered again for a period of two years from the date your coverage terminates. If you are in an eligible class, you may re-enroll yourself and your eligible dependents at the end of such two-year period. Your dental coverage will be effective as described in the Effective date of Coverage section of the Booklet-Certificate. Your dental coverage will be subject to any rules that apply to a person who enrolls after the first 31 days the person is eligible for the coverage.



Manatee County Go

Effective Date: 07

Dental Benefits Summary

Specific products may not be available on both a self-funded and insured basis. The information in this document is subject to change without notice. In case of a conflict between your plan documents and this information, the plan documents will prevail.

In the event of a problem with coverage, members should contact Member Services at the toll-free number on their ID card for information on how to utilize the grievance procedure when appropriate.

All member care and related decisions are the sole responsibility of participating providers. Aetna Dental does not provide health care services and, therefore, cannot guarantee any results or outcomes.

Dental plans are provided or administered by Aetna Life Insurance Company, Aetna Dental Inc., Aetna Dental of California and/or Aetna Health Inc.

This material is for informational purposes only and is neither an offer of coverage nor dental advice. It contains only a general description of plan or program benefits and does not constitute a contract. The availability of a plan or program may vary by geographic service area. Certain dental plans are available only for groups of a certain size in accordance with underwriting guidelines. Some benefits are subject to limitations or exclusions. Consult the plan documents (Schedule of Benefits, Certificate/Evidence of Coverage, Booklet, Booklet-Certificate, Group Agreement, Group Policy) to determine the governing contractual provisions, including procedures, exclusions and limitations relating to your plan.