

John E. Manning
District One

December 4, 2019

Cecil L. Pendergrass
District Two

Ray Sandelli
District Three

Brian Hamman
District Four

Frank Mann
District Five

Roger Desjarlais
County Manager

Richard Wesch
County Attorney

Donna Marie Collins
County Hearing Examiner

Mr. Scott Weber
Aetna Life Insurance Company
4630 Woodlands Corporate Blvd.
Tampa, FL 33614

**SUBJECT: Renewal of Annual Contract No. RFP170337LKD
 Group Medicare Advantage Plan**

Dear Mr. Weber:

This is to inform you that Lee County agrees to renew the above subject contract for an additional one (1) year period, from 1/1/2020 through 12/31/2020.

We are hereby extending the annual contract for an additional one year period under the same terms and conditions as the original award.

If you have any questions regarding this letter, please contact me at (239) 533-8871.

Sincerely,

Kimberly Urban

Kimberly Urban
Contracts Analyst
Procurement Management Division

C: Project File



John E. Manning
District One

October 29, 2019

239-533-8871

Cecil L. Pendergrass
District Two

Ray Sandelli
District Three

Brian Hamman
District Four

Frank Mann
District Five

Roger Desjarlais
County Manager

Richard Wesch
County Attorney

Donna Marie Collins
County Hearing
Examiner

Mr. Scott Weber
Aetna Life Insurance Company
4630 Woodlands Corporate Blvd.
Tampa, FL 33614

Subject: Renewal of Annual Contract RFP170337LKD
Group Medicare Advantage Plan

Dear Mr. Weber

The above-referenced annual contract will expire on December, 31, 2019, unless renewed. Lee County is requesting that this annual contract be renewed for an additional one year period 1/1/20 – 12/31/20. Therefore, we are requesting that you choose one of the following options and return this letter to Lee County Procurement Management, Attn: Kimberly Urban, P.O. Box 398, Ft. Myers, FL 33902-0398, (Fax: 239-485-8383 or email kurban@leegov.com), within 15 calendar days from receipt. Failure to return by 11/13/19, may, at the County's sole discretion, result in contract cancellation and/or rebid of solicitation.

X a. I want to continue performing under this annual contract for an additional one year period under the same terms and conditions as agreed upon in the attached rate proposal increase of 12.5% as approved by the Board on October 22, 2019.

As a condition of this renewal, the vendor agrees to provide Lee County with an updated insurance certificate upon expiration of the original certificate on file with the County.

_____ b. I am not interested in extending this contract for an additional one-year period. Why? _____

Vendor:

Lee County:

Signature

Signature of Authorized Official

Title

Title

Date

Date



MEDICARE ADVANTAGE RATE PROPOSAL

Plan Sponsor Name:	Lee County Board of County Commissioners
Plan Sponsor Unique ID:	11187771
Group Number:	AE467172
Policy Period Start Date:	01/01/2020
Policy Period End Date:	12/31/2020
Medical Plan:	Medicare (V01) ESA PPO
Pharmacy Plan:	Custom Rx \$10/\$25/\$35/\$35
Hearing Aid Reimb Adjustment:	\$500 / 36 months
Lens Plan Option:	Not Covered
Fitness Rider:	Tivity Silver Sneakers
Dental Rider:	Not Covered

- Please refer to the Financial Conditions and Plan Design Exhibits for an outline of the level of benefits quoted, as well as the terms and conditions of this proposal.
- Your Aetna Group Medicare Plan for January 1, 2020 will be automatically renewed if we do not hear from you by October 1, 2019.
- Filed benefits (including copayment amounts), value added services and premiums are subject to CMS approval, and are effective January 1, 2020 through December 31, 2020.
- All rates are on a Per Member Per Month (PMPM) basis.
- These rates exclude commissions.
- The Patient Protection and Affordable Care Act imposes a new Health Insurer Fee (hereinafter "Fee"). The Fee is effective as of January 1, 2014. This rate quote includes, where permitted, the estimated proportionate allocation of this Fee.

Aetna reserves the right to change the Medicare Part D premium, including the Medicare Part D component of the MAPD rate, or restructure the Part D plan design or formulary for the 2020 plan year if any changes are made to the laws, rules and/or regulations applicable to the Medicare Part D program, including, but not limited to:

- elimination of safe harbor protection under the federal Anti-Kickback Statute (AKS) for drug manufacturer rebates or other price concessions
- establishment of new safe harbor protection under the AKS for certain point-of-sale reductions in drug pricing
- mandatory point-of-sale rebates / price concessions
- changes to the drug manufacturer coverage gap discount program
- changes to federal Part D subsidies, including changes to catastrophic reinsurance

Medical Health Insurer Fee:	\$26.93
Rx Health Insurer Fee:	\$6.31
Total Health Insurer Fee:	\$33.24

NATIONAL RATES

	Medical Rate Excluding HIF	Pharmacy Rate Excluding HIF	Total Rate Excluding HIF	Medical Rate Including HIF	Pharmacy Rate Including HIF	Total Rate Including HIF
Current	\$118.24	\$219.45	\$337.69	\$118.24	\$219.45	\$337.69
Proposed	\$121.39	\$225.16	\$346.55	\$148.32	\$231.47	\$379.79
Change	\$3.15	\$5.71	\$8.86	\$30.08	\$12.02	\$42.10

Total Medicare Eligible Members	420
---------------------------------	-----

State	Medicare Eligible Members	Medical Rate Excluding HIF	Pharmacy Rate Excluding HIF	Total Rate Excluding HIF	Medical Rate Including HIF	Pharmacy Rate Including HIF	Total Rate Including HIF
Arizona	1	\$121.39	\$225.16	\$346.55	\$148.32	\$231.47	\$379.79
Arkansas	3	\$121.39	\$225.16	\$346.55	\$148.32	\$231.47	\$379.79
California	3	\$121.39	\$225.16	\$346.55	\$148.32	\$231.47	\$379.79
Florida	361	\$121.39	\$225.16	\$346.55	\$148.32	\$231.47	\$379.79
Georgia	8	\$121.39	\$225.16	\$346.55	\$148.32	\$231.47	\$379.79
Illinois	2	\$121.39	\$225.16	\$346.55	\$148.32	\$231.47	\$379.79
Indiana	1	\$121.39	\$225.16	\$346.55	\$148.32	\$231.47	\$379.79
Kentucky	1	\$121.39	\$225.16	\$346.55	\$148.32	\$231.47	\$379.79

Louisiana	1	\$121.39	\$225.16	\$346.55	\$148.32	\$231.47	\$379.79
Michigan	4	\$121.39	\$225.16	\$346.55	\$148.32	\$231.47	\$379.79
Mississippi	2	\$121.39	\$225.16	\$346.55	\$148.32	\$231.47	\$379.79
North Carolina	9	\$121.39	\$225.16	\$346.55	\$148.32	\$231.47	\$379.79
Ohio	5	\$121.39	\$225.16	\$346.55	\$148.32	\$231.47	\$379.79
Pennsylvania	6	\$121.39	\$225.16	\$346.55	\$148.32	\$231.47	\$379.79
South Carolina	4	\$121.39	\$225.16	\$346.55	\$148.32	\$231.47	\$379.79
Tennessee	4	\$121.39	\$225.16	\$346.55	\$148.32	\$231.47	\$379.79
Texas	1	\$121.39	\$225.16	\$346.55	\$148.32	\$231.47	\$379.79
Virginia	4	\$121.39	\$225.16	\$346.55	\$148.32	\$231.47	\$379.79