

CONTRACT SUMMARY INFORMATION

SUMMARY: Purchase is made in accordance with the Terms and Conditions of Lee County Solicitation Number **RFP170082LKD Employee Benefit Plan(s) Medical, Pharmacy**

Solicitation No.: **RFP170082LKD**
Project Title: **Employee Benefit Plan(s) Medical, Pharmacy**
Procurement Analyst: Lori DeLoach
Start Date: 01/01/2018
Expiration Date: 12/31/2020
Board Date: 06/20/2017
Blue Sheet No.: 20170354 item 17
Term: 3-year initial term
Renewal Options: 2-1 year renewal options (2021, 2022)
Address Book No.: 370409
Awarded Vendor: **Aetna Life Insurance Company**
Contact Person: Natalie Gonder Jones
Phone No.: 813 775 0345
Fax No.: 813 775 0613
Cell Phone/Pager No.: 813 951 5254
Email Address: gondern@aetna.com
Local Business Tax No.:
Local Vendor Preference Used: no
Award Amount or details: Estimated annual administrative fees of \$1,585,133 budgeted in fund 576 with employee and employer premiums. Rate sheet attached below.
To be paid by PO, per HR

Branch/Plant: HUMRESOS

Aetna: 370409

Ship to HR: 100016

Item #: 95380

GC5134057603.503190 Dental \$115,000.

GC5133757602.503190 2018 Medical \$3,600,000.00

GC5133757602.503190 2018 Annual Accounting 1,000.00

Notes:

ACTION REQUESTED:

- A) Approve the selection of Aetna Life Insurance Company by the Evaluation Committee for RFP170082LKD, Employee Benefit Plan(s) Medical and Pharmacy.
- B) Authorize staff to negotiate a Contract/Agreement with selected firm, Aetna Life Insurance Company, to provide Medical and Pharmacy plan. In the event negotiations fail, authorize negotiations to be conducted with the second ranked proposer.

- C) Authorize the Chair to execute the contract documents upon approval of the negotiated agreements by Administration, County Attorney, and Human Resources Director.
- D) Grant the Procurement Director the authority to re-negotiate and execute renewals, with Administration's approval, for up to two additional one-year periods, at the adopted budget amount, if doing so is in the best interest of Lee County.

**MEDICAL
SERVICE AND FEE SCHEDULE
TO THE MASTER SERVICES AGREEMENT
EFFECTIVE January 1, 2018**

The Service Fees and Services effective for the period beginning January 1, 2018 and ending December 31, 2020 are specified below. They shall be amended for future periods, in accordance with section 4 of the Agreement. Any reference to "Member" shall mean a Plan Participant as defined in the Agreement.

Administrative Fees Per-Employee, Per-Month (PEPM)		
Initial Contract Period, January 1 2018 through December 31, 2020	Choice POS II	Open Access Aetna Select
Assumed Enrollment	1,201	2,949
Total Per-Employee, Per Month	\$30.93	\$30.93
Two 1-Year Renewal Periods		
	Choice POS II	Open Access Aetna Select
January 1, 2021 Total Per-Employee, Per-Month	\$31.86	\$31.86
January 1, 2022 Total Per-Employee, Per-Month	\$32.81	\$32.81
<p>Our fees are based on the total number of employees enrolled in Aetna medical products.</p> <p>Aetna also provides "fee holidays" of \$225,000 per year, in Years 2018 and 2019</p>		
<p>Please refer to the Financial Assumptions for a detailed description of the services, terms, and conditions associated with our self-funded proposal.</p>		
<p>We have provided a three year fee guarantee from January 1, 2018 through December 31, 2020 for the self-insured coverages included in this proposal. The first three year fees are guarantee according to the per employee, per month fees as illustrated on the fee exhibit. The fourth-year fee will increase over the third-year fee by 3 percent and the fifth-year fee will increase over the fourth-year fee by 3 percent.</p>		
Included Services / Programs in Above Administrative Fees	Choice POS II	Open Access Aetna Select

General Administration		
Experienced Account Management Team	Included	Included
Designated billing, eligibility, plan set up, underwriting and drafting services	Included	Included
Review or draft plan documents	Included	Included
Aetna Full Claim Fiduciary	Included	Included
Aetna provides external review	Included	Included
\$150,000 Wellness Allowance	Included	Included
\$50,000 Pre-Implementation Audit for Medical ASO - Year 1 Only	Included	Included
\$25,000 Pre-Implementation Audit for Pharmacy	Included	Included
\$20,000 Communication Budget Unlimited for January 1, 2018 – June 30, 2018	Included	Included
Enhanced Wellness Package	Included	Included
Onsite Wellness Coordinator	Included	Included
Onsite Customer Service Representative	Included	Included
Banking Information		
Wire transfer when checks Cleared	Included	Included
ACH drawdown by Aetna	Included	Included
Claim funding requests: Standard >\$20,000	Included	Included
Member and Claim Services		
Claim Administration	Included	Included
Member Services	Included	Included
Aetna Voice Advantage	Included	Included
Plan Sponsor Liaison	Included	Included
Network Information		
Network Access / Full National Reciprocity	Included	Included
Care Management		
Utilization Management Concurrent Review	Included	Included
Utilization Management Discharge Planning	Included	Included
Utilization Management Retrospective Review	Included	Included
Aetna Compassionate Care SM Program (ACCP)	Included	Included
National Medical Excellence [®]	Included	Included

Aetna Health Connections SM Disease Management	Included	Included
MedQuery [®] with physician messaging	Included	Included
Personal Health Record	Included	Included
Beginning Right SM Maternity Program	Included	Included
Informed Health [®] Line - 24-hour Nurseline 1-800 #	Included	Included
Aetna Healthy Actions	Included	Included
Simple Steps To A Healthier Life [®] - Health Assessment	Included	Included
<i>Behavioral Health</i>		
Managed Behavioral Health	Included	Included
Behavioral Health Condition Management – Basic	Included	Included
<i>Web Tools</i>		
DocFind [®] (online provider directory)	Included	Included
Aetna Navigator [®] - Member Self Service Web	Included	Included
Web-Chat Technology - Virtual Assistant Ann	Included	Included
Online Programs	Included	Included
Health Decision Support – Basic	Included	Included
<i>Reporting</i>		
Aetna Health Information Advantage TM	Included	Included
e.Plan Sponsor Monitor TM - Level B Reporting (Standard Quarterly Utilization Reports)	Included	Included
Monthly Financial Claim Detail Reports	Included	Included
3rd Party Stop Loss Reporting, if applicable	Included	Included
Medical Universal Claim File - Monthly	Included	Included
Pharmacy Universal Claim File - Monthly	Included	Included
Aetna Info MDCR Subsidy Reporting	Included	Included
Monthly Banking Reports	Included	Included
<i>Aetna Discount Program</i>		
at home products, books, fitness, hearing, national products and services, oral health care, vision, weight management	Included	Included
Claim Wire Billing	<i>Charged through the Claim Wire</i>	
Enhanced Clinical Review	\$0.60 per-member, per-month	
Subrogation	<i>30% of recovered amount will be retained</i>	
National Advantage TM Program	<i>40% of savings will be retained</i>	

Itemized Bill Review	<i>40% of savings will be retained</i>
Facility Charge Review Fixed Determination	<i>40% of savings will be retained</i>
Overpayment Recovery Services	<i>40% of savings will be retained, or applicable recovery fees</i>