

MARTIN COUNTY SCHOOL DISTRICT



REQUEST FOR PROPOSALS
MEDICAL & PRESCRIPTION DRUG COVERAGE
DENTAL COVERAGE
EMPLOYEE ASSISTANCE PROGRAM
#5005-0-2010JC

EVALUATION OF RESPONSES
BEST & FINAL OFFERS

Analysis by:

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**Martin County School District
Medical Insurance & Employee Assistance Program RFP Rate Design Evaluation
Effective Date: July 1, 2010**

BAFO (2) RATE DESIGN - NO PLAN CHANGES

	CURRENT		RENEWAL		Increase by Tier	AETNA Health	Increase by Tier	BlueCross BlueShield of Florida	Increase by Tier
	CIGNA HealthCare	CIGNA HealthCare	OAP IN	OAP IN					
HMO Plan	OAP IN	OAP IN	Open Access HMO	BlueCare HMO 15					
Single	1722	\$517.08	\$574.99	\$574.99	11.20%	\$525.18	1.57%	\$583.78	12.90%
Family	564	\$1,028.88	\$1,144.11	\$1,144.11	11.20%	\$1,044.99	1.57%	\$1,161.61	12.90%
Monthly Premium	2286	\$1,470,700.08	\$1,635,418.49	\$1,635,418.49		\$1,493,728.59		\$1,660,417.20	
Annual Premium		\$17,648,400.96	\$19,625,021.87	\$19,625,021.87		\$17,924,743.11		\$19,925,006.40	
Percentage Increase	n/a		11.20%	11.20%		1.57%		12.90%	
PPO Plan	OAP PPO	OAP PPO	OAPOS/OAPPO	BlueChoice PPO 117					
Single / -65	58	\$774.30	\$861.02	\$861.02	11.20%	\$795.27	2.71%	\$874.19	12.90%
Family / -65	8	\$1,630.30	\$1,812.89	\$1,812.89	11.20%	\$1,582.43	-2.94%	\$1,840.61	12.90%
Retiree 65+	261	\$387.06	\$430.41	\$430.41	11.20%	\$387.79	0.19%	\$437.10	12.93%
R -65 S 65+	2	\$1,162.56	\$1,292.77	\$1,292.77	11.20%	\$1,163.38	0.07%	\$1,403.52	20.73%
R 65+ S -65	19	\$1,242.80	\$1,381.99	\$1,381.99	11.20%	\$1,155.47	-7.03%	\$1,311.29	5.51%
R 65+ S 65+	18	\$774.30	\$861.02	\$861.02	11.20%	\$775.59	0.17%	\$874.20	12.90%
Monthly Premium	366	\$198,850.18	\$221,121.40	\$221,121.40		\$198,240.16		\$222,968.15	
Annual Premium		\$2,386,202.16	\$2,653,456.80	\$2,653,456.80		\$2,378,881.90		\$2,675,617.80	
Percentage Increase	n/a		11.20%	11.20%		-0.31%		12.13%	
EAP	CBH	CBH	Horizon Health	Corporate Care Works					
PEPM	2652	\$1.92	\$2.17	\$2.17	13.02%	\$1.46	-23.96%	\$1.35	-29.69%
Monthly Premium		\$5,091.84	\$5,754.84	\$5,754.84		\$3,871.92		\$3,580.20	
Annual Premium		\$61,102.08	\$69,058.08	\$69,058.08		\$46,463.04		\$42,962.40	
Percentage Increase	n/a		13.02%	13.02%		-23.96%		-29.69%	
Total Monthly Medical		\$1,674,642.10	\$1,862,294.73	\$1,862,294.73		\$1,695,840.67		\$1,886,965.55	
Total Annual Medical		\$20,095,705.20	\$22,347,536.75	\$22,347,536.75		\$20,350,088.05		\$22,643,586.60	
Total \$ Increase	n/a		\$2,251,831.55	\$2,251,831.55		\$254,382.85		\$2,547,881.40	
Total % Increase	n/a		11.21%	11.21%		1.27%		12.68%	

*Current Enrollment includes all participants (Active, Retiree, COBRA)
 Dental no longer assumed to be purchased with medical
 Rates assume dental is purchased through AETNA; add 1% if dental not purchased
 Rates assume dental is purchased through Florida Combined Life; add 1% if dental not purchased

**Martin County School District
Comparison of Benefits**

BAFO (2) HMO / In-Network Product

	RENEWAL			BCBSFL BlueCare HMO 15
	CURRENT CIGNA HealthCare OAP IN	CIGNA HealthCare OAP IN	AETNA Health Open Access HMO	
Panel Type	Open Access Unlimited	Open Access Unlimited	Open Access Unlimited	Open Referral Unlimited
Lifetime Maximum	No deductible	No deductible	No deductible	No deductible
Calendar Year Deductible	No deductible	No deductible	No deductible	No deductible
Single	<i>Excludes Rx Copays</i> \$2,000	<i>Excludes Rx Copays</i> \$2,000	<i>Excludes Rx Copays</i> \$2,000	<i>Includes Rx Copays</i> \$2,000
Family	\$4,000	\$4,000	\$4,000	\$4,000
Prescription Drug Benefit (Retail)				
Generic (formulary)	\$7	\$7	\$7	\$7
Brand Name (formulary)	\$30	\$30	\$30	\$30
Non-Formulary Drugs	\$50	\$50	\$50	\$50
Mail Order Drug (90 day supply)	2x	2x	2x	2x
Physician Services				
Preventative Care	\$20 or \$40 / \$55	\$20 or \$40 / \$55	\$20 or \$40	\$20 or \$40
Physician Office Visit	\$20	\$20	\$20	\$20
Specialist Office Visit	\$40 / \$55 (Non-CCN)	\$40 / \$55 (Non-CCN)	\$40	\$40
Outpatient Services				
Clinical Lab (Blood Work)	No copay	No copay	No copay	No copay
Diagnostic Services	No copay	No copay	No copay	No copay
Advanced Imaging (MRI, MRA, CT)	\$100	\$100	\$100	\$100
Rehabilitation Services	120 days per year	120 days per year	60 visits per year	120 days per year
Hospital Services				
Inpatient	\$150/day (\$750 max)	\$150/day (\$750 max)	\$150/day (\$750 max)	\$150/day (\$750 max)
Outpatient	\$150	\$150	\$150	\$150
Physician Services at Hospital	No charge	No charge	No charge	No charge
Emergency Room	\$150	\$150	\$150	\$150
Urgent Care Center	\$40	\$40	\$40	\$40
Mental Health / Alcohol & Substance Abuse*				
Inpatient	30 days / 30 visits SA - Detox Only \$200 per admission	Unlimited \$150/day (\$750 max)	Unlimited \$150/day (\$750 max)	Unlimited \$150/day (\$750 max)
Outpatient	\$20	\$20	\$40	\$40
Employee Assistance Program	CBH	CBH	Horizon Health	CCW
No Charge Face-to-Face Visits	5 visits per year	5 visits per year	5 visits per year	5 visits per year

*Due to Mental Health Parity Act of 2009, MHSA benefits must mimic medical benefits

**Martin County School District
Comparison of Benefits**

BAFO (2) PPO / OUT-OF-NETWORK PLAN

	CURRENT		RENEWAL	
	CIGNA HealthCare OAP PPO	CIGNA HealthCare OAP	CIGNA HealthCare OAP	AETNA Health OAPOS / OAPPO
Lifetime Maximum	In Network	Out of Network	In Network	Out of Network
Calendar Year Deductible	\$5 million	\$5 million	\$5 million	\$5 million
Single	\$300	\$300	\$300	\$300
Family	\$600	\$600	\$600	\$600
Out of Pocket Maximum				
Single	\$1,000	\$4,000	\$1,000	\$4,000
Family	\$3,000	\$12,000	\$3,000	\$12,000
Prescription Drug Benefit (Retail)				
Generic (formulary)	\$7	Not covered	\$7	Not covered
Brand Name (formulary)	\$30	Not covered	\$30	Not covered
Non-Formulary Drugs	\$50	Not covered	\$50	Not covered
Mail Order Drug (90 day supply)	2x	Not covered	2x	Not covered
Physician Services				
Preventative Care	20% after deductible	Not covered	20% after deductible	Not covered
Physician Office Visit	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Specialist Office Visit	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient Services				
Clinical Lab (Blood Work)	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Diagnostic Services	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Advanced Imaging (MRI, MRA, CT)	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Rehabilitation Services	120 days combined per year	120 days combined per year	120 days combined per year	60 visits per year
Hospital Services				
Inpatient	20% after deductible	40% after deductible + \$500 PAD	20% after deductible	40% after deductible + \$500 PAD
Outpatient	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Physician Services at Hospital	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Emergency Room	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Urgent Care Center	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Mental Health / Alcohol & Substance Abuse				
Inpatient	30 days / 30 visits SA - Detox Only \$200 per admission	Not covered	20% after deductible	40% after deductible + \$500 PAD
Outpatient	\$20	Not covered	20% after deductible	40% after deductible + \$500 PAD
Employee Assistance Program	CBH	Not covered	CBH	Horizon Health
No Charge Face-to-Face Visits	5 visits per year	Not covered	5 visits per year	Not covered

*4 retirees will need to enroll in OOA PPO plan

*Due to Mental Health Parity Act of 2009, MHSA benefits must mimic medical benefits

**Martin County School District
Comparison of Benefits**

BAFO (2) PPO / OUT-OF-NETWORK PLAN

	CURRENT		BlueCross BlueShield BlueChoice PPO Plan 117	
	CIGNA HealthCare OAP PPO	Out of Network	In Network	Out of Network
Lifetime Maximum	In Network	Out of Network	In Network	Out of Network
Calendar Year Deductible	\$5 million	\$5 million	\$5 million	\$5 million
Single	\$300	\$300	\$300	\$300
Family	\$600	\$600	\$600	\$600
Out of Pocket Maximum				
Single	\$1,000	\$4,000	\$1,000	\$4,000
Family	\$3,000	\$12,000	\$3,000	\$12,000
Prescription Drug Benefit (Retail)				
Generic (formulary)	\$7	Not covered	\$7	Reimbursed at 50% of allowed amount; less applicable copay
Brand Name (formulary)	\$30	Not covered	\$30	Not covered
Non-Formulary Drugs	\$50	Not covered	\$50	Not covered
Mail Order Drug (90 day supply)	2x	Not covered	2x	Not covered
Physician Services				
Preventative Care	20% after deductible	Not covered	\$500 CYM	Not covered
Physician Office Visit	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Specialist Office Visit	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient Services				
Clinical Lab (Blood Work)	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Diagnostic Services	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Advanced Imaging (MRI, MRA, CT)	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Rehabilitation Services	120 days combined per year	120 days combined per year	120 days combined per year	120 days combined per year
Hospital Services				
Inpatient	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Physician Services at Hospital	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Emergency Room	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Urgent Care Center	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Mental Health / Alcohol & Substance Abuse				
Inpatient	30 days / 30 visits SA - Detox Only \$200 per admission	Not covered	20% after deductible	40% after deductible
Outpatient	\$20	Not covered	20% after deductible	40% after deductible
Employee Assistance Program	5 visits per year	Not covered	5 visits per year	Not covered
No Charge Face-to-Face Visits	CBH	Not covered	CCW	Not covered

*Due to Mental Health Parity Act of 2009, MHSA benefits must mimic medical benefits

Martin County School District

BAFO (2) RATE DESIGN - WITH PLAN CHANGES

Medical Insurance & Employee Assistance Program RFP Rate Design Evaluation

Effective Date: July 1, 2010

	CURRENT		ALTERNATE 1 & 2		ALTERNATE 3 & 4		ALTERNATE 5	
	CIGNA HealthCare	CIGNA HealthCare	CIGNA HealthCare	OAP IN	AETNA Health	Open Access HMO	BlueCross BlueShield of Florida	BlueCare HMO 15
HMO Plan	OAP IN	OAP IN	OAP IN	OAP IN	Open Access HMO	Open Access HMO	BlueCare HMO 15	BlueCare HMO 15
Single	1722	\$517.08	\$517.08	0.00%	\$517.08	\$517.08	\$517.08	0.00%
Family	564	\$1,028.88	\$1,028.88	0.00%	\$1,028.88	\$1,028.88	\$1,028.88	0.00%
Monthly Premium	2286	\$1,470,700.08	\$1,470,700.08		\$1,470,700.08	\$1,470,700.08	\$1,470,700.08	
Annual Premium		\$17,648,400.96	\$17,648,400.96		\$17,648,400.96	\$17,648,400.96	\$17,648,400.96	
Percentage Increase	n/a	0.00%	0.00%		0.00%	0.00%	0.00%	
PPO Plan	OAP PPO	OAP PPO	OAP PPO	OAP PPO	OAPOS/OAPPO	OAPOS/OAPPO	BlueChoice PPO 117	BlueChoice PPO 117
Single / -65	58	\$774.30	\$774.30	0.00%	\$769.69	\$769.69	\$774.30	0.00%
Family / -65	8	\$1,630.30	\$1,630.28	0.00%	\$1,531.52	\$1,531.52	\$1,630.30	0.00%
Retiree 65+	261	\$387.06	\$387.06	0.00%	\$383.92	\$383.92	\$387.06	0.00%
R -65 S 65+	2	\$1,162.56	\$1,162.56	0.00%	\$1,151.75	\$1,151.75	\$1,162.56	0.00%
R 65+ S -65	19	\$1,242.80	\$1,242.78	0.00%	\$1,143.92	\$1,143.92	\$1,242.80	0.00%
R 65+ S 65+	18	\$774.30	\$774.30	0.00%	\$767.83	\$767.83	\$774.30	0.00%
Monthly Premium	366	\$198,850.18	\$198,849.64		\$194,954.63	\$194,954.63	\$198,850.18	
Annual Premium		\$2,386,202.16	\$2,386,195.68		\$2,339,455.52	\$2,339,455.52	\$2,386,202.16	
Percentage Increase	n/a	0.00%	0.00%		-1.96%	-1.96%	0.00%	
EAP	CBH	CBH	CBH	CBH	Horizon Health	Horizon Health	Corporate Care Works	Corporate Care Works
PEPM	2652	\$1.92	\$1.92	0.00%	\$1.46	\$1.46	\$1.35	-29.69%
Monthly Premium		\$5,091.84	\$5,091.84		\$3,871.92	\$3,871.92	\$3,580.20	
Annual Premium		\$61,102.08	\$61,102.08		\$46,463.04	\$46,463.04	\$42,962.40	
Percentage Increase	n/a	0.00%	0.00%		-23.96%	-23.96%	-29.69%	
Total Monthly Medical		\$1,674,642.10	\$1,674,641.56		\$1,669,526.63	\$1,669,526.63	\$1,673,130.46	
Total Annual Medical		\$20,095,705.20	\$20,095,698.72		\$20,034,319.52	\$20,034,319.52	\$20,077,565.52	
Total \$ Increase	n/a	\$6.48	-\$6.48		-\$61,385.68	-\$61,385.68	-\$18,139.68	
Total % Increase	n/a	0.00%	0.00%		-0.31%	-0.31%	-0.09%	

* Current Enrollment includes all participants (Active, Retiree, COBRA)

Dental no longer assumed to be purchased with medical

Rates assume dental is purchased through AETNA; add 1% if dental not purchased

Rates assume dental is purchased through Florida Combined Life; add 1% if dental not purchased

**Martin County School District
Comparison of Benefits**

**BAFO (2) HMO / In-Network Product
WITH Plan Changes**

	CURRENT				ALTERNATE 1		ALTERNATE 2		ALTERNATE 3		ALTERNATE 4	
	CIGNA HealthCare OAP IN		CIGNA HealthCare OAP IN		CIGNA HealthCare OAP IN		CIGNA HealthCare OAP IN		AETNA Health Open Access HMO		AETNA Health Open Access HMO	
Panel Type	Open Access Unlimited		Open Access Unlimited		Open Access Unlimited		Open Access Unlimited		Open Access Unlimited		Open Access Unlimited	
Lifetime Maximum	No deductible		No deductible		No deductible		No deductible		No deductible		No deductible	
Calendar Year Deductible	No deductible		No deductible		No deductible		No deductible		No deductible		No deductible	
Single	Excludes Rx Copays \$2,000		Excludes Rx Copays \$2,500		Excludes Rx Copays \$2,500		Excludes Rx Copays \$2,500		Excludes Rx Copays \$2,000		Excludes Rx Copays \$2,000	
Family	\$4,000		\$5,000		\$5,000		\$5,000		\$4,000		\$4,000	
Out of Pocket Maximum												
Single												
Family												
Prescription Drug Benefit (Retail)												
Generic (formulary)	\$7		\$10		\$10		\$10		\$10		\$10	
Brand Name (formulary)	\$30		\$35		\$35		\$35		\$30		\$30	
Non-Formulary Drugs	\$50		\$60 / \$100 (Specialty)		\$60 / \$100 (Specialty)		\$60 / \$100 (Specialty)		\$50		\$50	
Mail Order Drug (90 days)	2x		2.5x		2.5x		2.5x		2x		2.5x	
Physician Services												
Preventative Care	\$20 or \$40 / \$55		\$20 or \$40 / \$55		\$20 or \$40 / \$55		\$20 or \$40 / \$55		\$20 or \$40		\$25 or \$45	
Physician Office Visit	\$20		\$20		\$20		\$20		\$20		\$25	
Specialist Office Visit	\$40 / \$55 (Non-CCN)		\$40 / \$55 (Non-CCN)		\$40 / \$55 (Non-CCN)		\$40 / \$55 (Non-CCN)		\$40		\$45	
Outpatient Services												
Clinical Lab (Blood Work)	No charge		10%		10% after CYD		10% after CYD		No charge		No copay	
Diagnostic Services	No charge		10%		10% after CYD		10% after CYD		No charge		\$20	
Advanced Imaging (MRI, MRA, C	\$100		\$200		\$200		\$200		\$100 after CYD		\$50	
Rehabilitation Services	120 days per year		120 days per year		120 days per year		120 days per year		60 vsts/yr after CYD		62 days per diagnosis	
Hospital Services												
Inpatient	\$150/day (\$750 max)		\$250/day		\$250/day		\$150/day		\$150/day after CYD		\$850/day (\$4250 max)	
Outpatient	\$150		\$250		\$250		\$150		\$150 after CYD		\$850	
Physician Services at Hospital	No charge		10%		10% after CYD		10% after CYD		No charge		20% after deductible	
Emergency Room	\$150		\$250		\$250		\$150		\$150		\$100	
Urgent Care Center	\$40		\$55		\$55		\$55		\$35		\$45	
Mental Health / Alcohol & Substance Abuse*	30 days / 30 visits SA - Detox Only \$200 per admission		Unlimited \$250/day		Unlimited \$250/day		Unlimited \$150/day		Unlimited		Unlimited	
Inpatient	\$20		\$20		\$20		\$20		\$40		\$45	
Outpatient												
Employee Assistance Program	CBH		CBH		CBH		CBH		Horizon Health		CCW	
No Charge Face-to-Face Visits	5 visits per year		3 visits per year		3 visits per year		3 visits per year		5 visits per year		5 visits per year	

*Due to Mental Health Parity Act of 2009; MHSA benefits must mimic medical benefits

**Martin County School District
Comparison of Benefits**

**BAFO (2) PPO / OUT-OF-NETWORK PLAN
WITH Plan Changes**

	CURRENT		ALTERNATE		AETNA Health	
	CIGNA HealthCare		CIGNA HealthCare		OAPOS / OAPPO	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Lifetime Maximum	\$5 million	\$5 million	\$5 million	\$5 million	\$5 million	\$5 million
Calendar Year Deductible						
Single	\$300	\$300	\$500	\$1,000	\$300	\$300
Family	\$600	\$600	\$1,000	\$2,000	\$600	\$600
Out of Pocket Maximum						
Single	\$1,000	\$4,000	\$2,500	\$5,000	\$1,000	\$4,000
Family	\$3,000	\$12,000	\$5,000	\$10,000	\$3,000	\$12,000
Prescription Drug Benefit (Retail)						
Generic (formulary)	\$7	Not covered	\$10	Not covered	\$7	Not covered
Brand Name (formulary)	\$30	Not covered	\$35	Not covered	\$30	Not covered
Non-Formulary Drugs	\$50	Not covered	\$60 / \$100 (Specialty)	Not covered	\$50	Not covered
Mail Order Drug (90 day supply)	2x	Not covered	2.5x	Not covered	2x	Not covered
Physician Services						
Preventative Care	20% after deductible	Not covered	20% after deductible	Not covered	20%	Not covered
Physician Office Visit	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Specialist Office Visit	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient Services						
Clinical Lab (Blood Work)	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20%	40% after deductible
Diagnostic Services	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20%	40% after deductible
Advanced Imaging (MRI, MRA, CT)	20% after deductible	40% after deductible	\$50+20% after ded	\$100+20% after ded	20%	40% after deductible
Rehabilitation Services	120 days combined per year	120 days combined per year	120 days combined per year	120 days combined per year	60 visits per year	60 visits per year
Hospital Services						
Inpatient	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient	20% after deductible	+ \$500 PAD	+ \$250 PAD	+ \$500 PAD	20% after deductible	+ \$500 PAD
Physician Services at Hospital	20% after deductible	40% after deductible	\$125+20% after ded	\$250+40% after ded	20% after deductible	40% after deductible
Emergency Room	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Urgent Care Center	20% after deductible	40% after deductible	\$100+20% after ded	\$100+40% after ded	20% after deductible	20% after deductible
Mental Health / Alcohol & Substance Abuse						
Inpatient	30 days / 30 visits	30 days / 30 visits	Unlimited	Unlimited	Unlimited	Unlimited
Outpatient	SA - Detox Only	SA - Detox Only	Unlimited	Unlimited	Unlimited	Unlimited
	\$200 per admission	Not covered	20% after deductible	40% after deductible	20% after deductible	40% after deductible
	\$20	Not covered	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Employee Assistance Program	5 visits per year	Not covered	3 visits per year	Not covered	Horizon Health	Not covered
No Charge Face-to-Face Visits	5 visits per year	Not covered	3 visits per year	Not covered	5 visits per year	Not covered

*4 retirees will need to enroll in OOA PPO plan

*Due to Mental Health Parity Act of 2009, MHSA benefits must mimic medical benefits

**Martin County School District
Comparison of Benefits**

**BAFO (2) PPO / OUT-OF-NETWORK PLAN
WITH Plan Changes**

	CURRENT		BlueCross BlueShield BlueChoice PPO Plan 117	
	CIGNA HealthCare OAP PPO	Out of Network	In Network	Out of Network
Lifetime Maximum				
Calendar Year Deductible				
Single	\$5 million	\$5 million	\$5 million	\$5 million
Family	\$300		\$1,000	\$1,000
	\$600		\$3,000	\$3,000
Out of Pocket Maximum				
Single	\$1,000	\$4,000	\$2,000	\$5,000
Family	\$3,000	\$12,000	\$6,000	\$10,000
Prescription Drug Benefit (Retail)				
Generic (formulary)	\$7		\$10	Reimbursed at 50% of allowed amount; less applicable copay
Brand Name (formulary)	\$30		\$50	
Non-Formulary Drugs	\$50	Not covered	\$80	
Mail Order Drug (90 day supply)	2x		2.5x	Not covered
Physician Services				
Preventative Care	20% after deductible	Not covered	Not covered	Not covered
Physician Office Visit	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Specialist Office Visit	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient Services				
Clinical Lab (Blood Work)	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Diagnostic Services	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Advanced Imaging (MRI, MRA, CT)	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Rehabilitation Services	120 days combined per year		\$1,000 combined per year	
Hospital Services				
Inpatient	20% after deductible	40% after deductible + \$500 PAD	20% after deductible	40% after deductible + \$500 PAD
Outpatient	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Physician Services at Hospital	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Emergency Room	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Urgent Care Center	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Mental Health / Alcohol & Substance Abuse				
Inpatient	30 days / 30 visits SA - Detox Only \$200 per admission	Not covered	20% after deductible	40% after deductible + \$500 PAD
Outpatient	\$20	Not covered	20% after deductible	40% after deductible
Employee Assistance Program				
No Charge Face-to-Face Visits	5 visits per year	Not covered	5 visits per year	Not covered

*Due to Mental Health Parity Act of 2009; MHSA benefits must mimic medical benefits

Martin County School District Medical Insurance & Employee Assistance Program RFP Evaluation

BAFO NOTES

1	Current enrollment includes all participants (active, retirees, and COBRA).
2	CIGNA HealthCare Renewal assumes all benefits remain the same as current with the renewal of MH/SA services provided by CBH remaining the same as well as the employee assistance program. Mental Health Parity Act of 2009 will apply to benefits. Medical rates do not assume CIGNA dental is purchased as the rates have been separated due to change from Participatory contract to Guaranteed Cost.
3	AETNA Health proposal includes PPO and out-of-area indemnity PPO coverage. Members that currently reside out of state and are enrolled in the CIGNA OAPIN plan may have to change to the PPO plan in order to gain network access which could increase their costs. This affects approximately 40 members.
4	AETNA Health & BCBSFL proposals will need to increase 1% respectively if dental is not purchased by their respective dental carriers

Legend	
Single	One employee insured (full-time or part-time)
Family (includes two employee families)	One employee with one or more family members insured (full-time or part-time)
Retiree 65+	Retiree who is 65 years or older (Single coverage)
Retiree -65 S 65+	Retiree who is less than 65 years old with a Spouse over 65 years old (Family)
Retiree 65+ S -65	Retiree who is over 65 years old with a Spouse who is less than 65 years old (Family)
Retiree 65+ S 65+	Retiree and Spouse who are over age 65 (Family)
MH/SA	Mental health and substance abuse coverage
EAP	Employee Assistance Program
PEPM	Per employee per month
Blue Highlight	Perceived benefit enhancement
Red Highlight	Perceived benefit decrement
Black Highlight	No response received from vendor

**Martin County School District
Dental Insurance Rate Comparison
Effective: July 1, 2010**

BAFO (2) Rate Design

PPO High	CURRENT		RENEWAL		ALTERNATE		AETNA PPO High Option
	CIGNA Dental PPO High Option	Expires 6/30/10	CIGNA Dental PPO High Option	12 months	CIGNA Dental PPO High Option	12 months	
Rate Guarantee	*						12 months + 7% rate cap for next plan year
Rates							plan year
Employee	1050	\$32.30	\$33.68	\$34.90	\$32.30	\$34.90	\$90.08
Employee + Family	341	\$83.36	\$86.93	\$90.08	\$83.36	\$90.08	\$67,362.28
Monthly Premium		\$62,340.76	\$65,008.94	\$67,362.28	\$62,340.76	\$67,362.28	\$808,347.36
Annual Premium		\$748,089.12	\$780,107.33	\$808,347.36	\$748,089.12	\$808,347.36	\$60,258.24
\$ Increase		N/A	\$32,018.21	\$60,258.24	\$0.00	\$60,258.24	8.1%
% Increase		N/A	4.3%	8.1%	0.0%	8.1%	
PPO Low							
Rate Guarantee							
Rates							
Employee	208	\$21.08	\$21.98	\$22.78	\$21.08	\$22.78	\$58.81
Employee + Family	168	\$54.42	\$56.75	\$58.81	\$54.42	\$58.81	\$14,618.32
Monthly Premium		\$13,527.20	\$14,106.16	\$14,618.32	\$13,527.20	\$14,618.32	\$175,419.84
Annual Premium		\$162,326.40	\$169,273.97	\$175,419.84	\$162,326.40	\$175,419.84	\$13,093.44
\$ Increase		N/A	\$6,947.57	\$13,093.44	\$0.00	\$13,093.44	8.1%
% Increase		N/A	4.3%	8.1%	0.0%	8.1%	
Managed Dental (DMO)							
Rate Guarantee							
Rates							
Employee	464	\$21.58	\$22.23	\$21.58	\$21.58	\$21.58	\$52.63
Employee + Family	324	\$52.64	\$54.22	\$52.63	\$52.65	\$52.63	\$27,065.24
Monthly Premium		\$27,068.48	\$27,882.00	\$27,065.24	\$27,071.72	\$27,065.24	\$324,782.88
Annual Premium		\$324,821.76	\$334,584.00	\$324,782.88	\$324,860.64	\$324,782.88	-\$38.88
\$ Increase		N/A	\$9,762.24	-\$38.88	\$38.88	-\$38.88	0.0%
% Increase		N/A	3.0%	0.0%	0.0%	0.0%	
Total Monthly Premium		\$102,936.44	\$106,997.11	\$102,936.44	\$102,939.68	\$102,936.44	\$1,308,550.08
Total Annual Premium		\$1,235,237.28	\$1,283,965.30	\$1,235,237.28	\$1,235,276.16	\$1,235,237.28	\$73,312.80
Total \$ Increase		N/A	\$48,728.02	\$48,728.02	\$38.88	\$38.88	5.9%
Total % Increase		N/A	3.9%	3.9%	0.0%	0.0%	
			Standalone dental product	Standalone dental product	Standalone dental product	Standalone dental product	Assumes health purchase

*Current Enrollment includes all participants (Active, Retiree, COBRA)

**Martin County School District
Dental Insurance Rate Comparison
Effective: July 1, 2010**

BAFO (2) Rate Design

		CURRENT			
PPO High	CIGNA Dental PPO High Option	Assurant DHA PPO Access Plan	BCBSFL FCL Choice Plus PPO	Guardian High Option PPO	
	Expires 6/30/10	24 months	12 months	12 months + 7% rate cap for next 12 months	
Rate Guarantee					
Rates					
Employee	1050	\$37.95	\$34.66	\$34.19	
Employee + Family	341	\$97.96	\$89.45	\$88.23	
Monthly Premium	\$62,340.76	\$73,251.86	\$66,895.45	\$65,985.93	
Annual Premium	\$748,089.12	\$879,022.32	\$802,745.40	\$791,831.16	
\$ Increase	N/A	\$130,933.20	\$54,656.28	\$43,742.04	
% Increase	N/A	17.5%	7.3%	5.8%	
PPO Low	CIGNA Dental PPO Low Option	Assurant DHA PPO MAC Plan	BCBSFL FCL Choice PPO	Guardian Low Option PPO	
	Expires 6/30/10	24 months	12 months	12 months + 7% rate cap for next 12 months	
Rate Guarantee					
Rates					
Employee	208	\$24.78	\$22.62	\$22.31	
Employee + Family	168	\$63.95	\$58.40	\$57.60	
Monthly Premium	\$13,527.20	\$15,897.84	\$14,516.16	\$14,317.28	
Annual Premium	\$162,326.40	\$190,774.08	\$174,193.92	\$171,807.36	
\$ Increase	N/A	\$28,447.68	\$11,867.52	\$9,480.96	
% Increase	N/A	17.5%	7.3%	5.8%	
Managed Dental (DMO)	CIGNA DHMO F106	Assurant Copayment Plus Plan	BCBSFL FCL PS220 DHMO	Guardian DHMO	
	Expires 6/30/10	24 months	24 months	24 months	
Rate Guarantee					
Rates					
Employee	464	\$21.58	\$13.10	\$18.34	
Employee + Family	324	\$52.64	\$31.15	\$44.74	
Monthly Premium	\$27,068.48	\$16,171.00	\$16,632.84	\$23,005.52	
Annual Premium	\$324,821.76	\$194,052.00	\$199,594.08	\$276,066.24	
\$ Increase	N/A	-\$130,769.76	-\$125,227.68	-\$48,755.52	
% Increase	N/A	-40.3%	-38.6%	-15.0%	
Total Monthly Premium	\$102,936.44	\$105,320.70	\$98,044.45	\$103,308.73	
Total Annual Premium	\$1,235,237.28	\$1,263,848.40	\$1,176,533.40	\$1,239,704.76	
Total \$ Increase	N/A	\$28,611.12	-\$58,703.88	\$4,467.48	
Total % Increase	N/A	2.3%	-4.8%	0.4%	
		Standalone dental product	Assumes health purchase	Standalone dental product	

*Current Enrollment Includes all participants (Active, Retiree, COBRA)

Martin County School District
 High PPO - Benefits Comparison
 Effective: July 1, 2010

BAFO (2) High PPO

CURRENT 2 3 4

SCHEDULE OF BENEFITS	CIGNA HealthCare		Assurant		BCBSFL FCL		Guardian	
	Dental PPO High Option		SHA PPO Access Plan		Choice Plus PPO		High Option PPO (PX)	
Plan Basics	In Network	Non Network	In Network	Non Network	In Network	Non Network	In Network	Non Network
Calendar Year Maximum	\$1,000		\$1,000		\$1,000		\$1,000	
Deductibles								
Single	\$50		\$50		\$50		\$50	
Family	\$100		\$100		\$100		\$100	
Deductible Waived for Preventative Svcs	Yes		Yes		Yes		Yes	
Benefits								
Preventative	100%	100%	100%	100%	100%	100%	100%	100%
Basic	80%	80%	80%	80%	80%	80%	80%	80%
Major	50%	50%	50%	50%	50%	50%	50%	50%
Orthodontia	50%	50%	50%	50%	50%	50%	50%	50%
Service Information								
Out of Network Benefits	90% UCR		90% UCR		90% UCR		90% UCR	
Payable Level	Basic		Basic		Basic		Basic	
Endodontics/Periodontics	12 months		12 months		None		None	
Payable Level	\$1,000		\$1,000		\$1,000		\$1,000	
Waiting Period for Major Services if previously uninsured	Expires 6/30/10		24 months		12 months		12 months + 7% rate cap for next 12 months	
Orthodontia - Lifetime Max								
Rate Guarantee								
Employee	\$32.30		\$38.22		\$35.37		\$34.19	
Employee + Family	\$83.36		\$98.65		\$91.28		\$88.23	
Monthly Premium	\$62,340.76		\$73,770.65		\$68,264.98		\$65,985.93	
Annual Premium	\$748,089.12		\$885,247.80		\$819,179.76		\$791,831.16	
\$ Increase	N/A		\$137,158.68		\$71,090.64		\$43,742.04	
% Increase	N/A		18.3%		9.5%		5.8%	

**Martin County School District
Low PPO - Benefits Comparison
Effective: July 1, 2010**

BAFO (2) Low PPO

SCHEDULE OF BENEFITS	CURRENT		RENEWAL		ALTERNATE		1	
	CIGNA HealthCare		CIGNA HealthCare		CIGNA HealthCare		AETNA	
	Dental PPO Low Option		Dental PPO High Option		Dental PPO High Option		PPO Low Option	
Plan Basics	In Network	Non Network	In Network	Non Network	In Network	Non Network	In Network	Non Network
Calendar Year Maximum	\$1,000		\$1,000		\$850		\$1,000	
Deductibles								
Single	\$50		\$50		\$50		\$50	
Family	\$100		\$100		\$100		\$100	
Deductible Waived for Preventative Svcs	Yes		Yes		Yes		Yes	
Benefits								
Preventative	100%	80%	100%	80%	100%	80%	100%	80%
Basic	80%	60%	80%	60%	80%	60%	80%	60%
Major	50%	40%	50%	40%	50%	40%	50%	40%
Orthodontia	50%	50%	50%	50%	50%	50%	50%	50%
Service Information								
Out of Network Benefits								
Payable Level								
Endodontics/Periodontics								
Payable Level								
Waiting Period for Major Services if previously uninsured								
Orthodontia - Lifetime Max								
Rate Guarantee								
Employee	208		\$21.08		\$21.08		\$22.78	
Employee + Family	168		\$54.42		\$54.42		\$58.81	
Monthly Premium			\$13,527.20		\$13,527.20		\$14,618.32	
Annual Premium			\$162,326.40		\$162,326.40		\$175,419.84	
\$ Increase			N/A		\$0.00		\$13,093.44	
% Increase			N/A		4.3%		8.1%	

**Martin County School District
Low PPO - Benefits Comparison
Effective: July 1, 2010**

BAFO (2) Low PPO

CURRENT

2

3

4

SCHEDULE OF BENEFITS	CIGNA HealthCare		Assurant		BCBSFL FCL		Guardian	
	Dental PPO Low Option		DHA PPO MAC Plan		Choice PPO		Low Option PPO (ZZ)	
Plan Basics	In Network	Non Network	In Network	Non Network	In Network	Non Network	In Network	Non Network
Calendar Year Maximum	\$1,000		\$1,000		\$1,000		\$1,000	
Deductibles								
Single	\$50		\$50		\$50		\$50	
Family	\$100		\$100		\$100		\$100	
Deductible Waived for Preventative Svcs	Yes		Yes		Yes		Yes	
Benefits								
Preventative	100%	80%	100%	80%	100%	80%	100%	80%
Basic	80%	60%	80%	60%	80%	60%	80%	60%
Major	50%	40%	50%	40%	50%	40%	50%	40%
Orthodontia	50%	50%	50%	50%	50%	50%	50%	50%
Service Information								
Out of Network Benefits								
Payable Level	In Network PPO Fee Schedule		In Network PPO Fee Schedule		In Network PPO Fee Schedule		In Network PPO Fee Schedule	
Endodontics/Periodontics	Major		Major		Major		Major	
Payable Level	12 months		12 months		None		None	
Waiting Period for Major Services if previously uninsured	\$500		\$500		\$500		\$500	
Orthodontia - Lifetime Max	Expires 6/30/10		24 months		12 months		12 months + 7% rate cap for next 12 months	
Rate Guarantee								
Employee	\$21.08		\$24.95		\$23.08		\$22.31	
Employee + Family	\$54.42		\$64.40		\$59.59		\$57.60	
Monthly Premium	\$13,527.20		\$16,008.80		\$14,811.76		\$14,317.28	
Annual Premium	\$162,326.40		\$192,105.60		\$177,741.12		\$171,807.36	
\$ Increase	N/A		\$29,779.20		\$15,414.72		\$9,480.96	
% Increase	N/A		18.3%		9.5%		5.8%	

**Martin County School District
Dental DMO - Benefits Comparison
Effective: July 1, 2010**

BAFO (2) DMO

1

ALTERNATE

RENEWAL

CURRENT

Sample Procedures	CIGNA DHMO F1-06	CIGNA DHMO F1-06	CIGNA DHMO A2007	AETNA DHMO Plan 65
Annual Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Office Visit	\$0	\$0	\$0	\$0
Periodic Exam	\$0	\$0	\$0	\$0
Prophylaxis	\$0	\$0	\$0	\$0
Full Mouth X-rays	\$0	\$0	\$0	\$0
Extraction	\$10	\$10	\$10	\$0
Single Tooth	\$55	\$55	\$50	\$45
Partial Impaction	\$100	\$100	\$70	\$70
Boney Impaction				
Fillings				
Amalgam - 1 surface	\$0	\$0	\$0	\$0
Resin - 1 surface	\$0	\$0	\$0	\$0
Sedative	\$10	\$10	\$0	\$0
Root Canal Therapy				
Anterior	\$10	\$10	\$50	\$50
Bicuspid	\$15	\$15	\$70	\$70
Molar	\$230	\$230	\$170	\$175
Periodontic Therapy				
Root Planning (1/4)	\$80	\$80	\$50	\$50
Gingivectomy (1/4)	\$165	\$165	\$145	\$100
Crown & Bridge				
Full High Noble Metal	\$360	\$360	\$474	\$225 + Metals
Porcelain fused to Metal	\$360	\$360	\$535	\$225 + Metals
Dentures				
Partial Denture	\$490	\$490	\$494	\$325
Complete Denture	\$425	\$425	\$444	\$275
Denture Reline (chairside)	\$10	\$10	\$35	\$40
Denture Reline (lab)	\$130	\$130	\$90	\$90
Orthodontia				
Comprehensive Treatment	\$2,880	\$2,880	\$2,400	\$2,880
Adult Orthodontia Covered?	Yes	Yes	Yes	Yes
Rate Guarantee	Expires 6/30/10	12 Months	12 Months	12 Months
Monthly:				
Employee	\$21.58	\$22.23	\$21.58	\$21.58
Employee + Family	\$52.64	\$54.22	\$52.64	\$52.63
Monthly Premium:	\$27,068.48	\$27,882.00	\$27,068.48	\$27,065.24
Annual Premium:	\$324,821.76	\$334,584.00	\$324,821.76	\$324,782.88
\$ Increase:	N/A	\$9,762.24	\$0.00	-\$38.88
% Increase:	N/A	3.0%	0.0%	0.0%

Martin County School District Medical, Dental & EAP RFP Evaluation Questions – Summary

1. References

CIGNA	AETNA	BCBSFL
Osceola Schools	Lee County	St. Lucie Schools
Brevard Schools	Charlotte Schools	Indian Rvr Schools
SFWMD	Clay Schools	Lake Schools
Palm Beach Sheriff	Miami Dade College	Highlands Schools
FPL	The Breakers	Sarasota Schools

2. Describe your out-of-area coverage for retirees & dependents covered under the health plan.

CIGNA	AETNA	BCBSFL
Single national open access network	Dual national open access network; approximately 41 members will have to enroll in an OOA PPO	HMO – in-state network only; guesting will apply. All retirees out-of-state would need to enroll in the PPO

3. Performance Standards

Matrix	CIGNA	AETNA	BCBSFL
Account Management	Score of 3.0 or better	Score of 3.0 or better	-
Financial Accuracy	99% of audited claims	-	98% of audited claims
Payment Accuracy	97% of audited claims	-	97% of audited claims
Claims Processed	90% within 14 days / 98% within 30 days	-	97% within 30 days
Implementation	98% of ID cards mailed prior to start date	95% of prospective providers in contracting	99% of ID cards mailed prior to start date
Abandonment	NTE 3%	NTE 3%	NTE 5%
ASA	45 seconds	30 seconds	30 seconds
CSA	95%	90%	90%

Matrix	CIGNA	AETNA	BCBSFL
First Call Resolution	85%	-	
Total Fees at Risk	\$37,000	\$212,000	\$100,000

**Please note this is a summary of the Performance Standards; please refer to RFP responses for the line-item details.*

4. On-site Representative Availability

CIGNA	AETNA	BCBSFL
24-hours per week	24-hours per week	40-hours per week

5. Wellness Funds

CIGNA	AETNA	BCBSFL
\$60,000/year	\$30,000/year	\$50,000 one-time credit

6. Are all emergency room physicians included & other hospital based providers under contract at all participating hospitals?

CIGNA	AETNA	BCBSFL
Yes	Yes	Yes

7. Medical Claims Pooling Level

CIGNA	AETNA	BCBSFL
\$250,000	\$250,000	\$250,000

8. A.M. Best Rating

CIGNA	AETNA	BCBSFL
A (Negative)	A (Stable)	A (Stable)

9. Geographic Accessibility (*not requested in bid – voluntary response*)
- Providers Standard – 2 providers within 10 miles of residence
 - Hospital Standard – 1 hospital within 15 miles of residence

AETNA – Open Access HMO*

Provider Type	# with access	Percent with access	Percent without Access
Adult PCP	2842	99.5%	0.5%
Pediatrician	2839	99.4%	0.6%
OB/GYN	2691	94.3%	5.7%
Specialist	2711	95.0%	5.0%
Hospital	2721	95.3%	4.7%

AETNA – Open Access POS*

Provider Type	# with access	Percent with access	Percent without Access
Adult PCP	2842	99.5%	0.5%
Pediatrician	2839	99.4%	0.6%
OB/GYN	2691	94.3%	5.7%
Specialist	2711	95.0%	5.0%
Hospital	2721	95.3%	4.7%

*41 employees reside outside services area.

10. Network Disruption Analysis

CIGNA HealthCare – OAPIN & OAP

In Network	Total Records	Total Services	Total Paid
Yes	95.78%	94.49%	99.56%
No	4.22%	5.51%	0.44%

AETNA – Open Access HMO*

In Network	Total Records	Total Services	Total Paid
Yes	73.99%	82.23%	88.57%
No	26.01%	17.77%	11.43%

AETNA – Open Access POS*

In Network	Total Records	Total Services	Total Paid
Yes	92.10%	96.67%	97.61%
No	7.90%	3.33%	2.40%

*Please review separate written response from AETNA regarding network.

GEHRING GROUP

PROFESSIONAL SERVICES

BlueCross BlueShield of Florida - HMO (BlueCare)

In Network	Total Records	Total Services	Total Paid
Yes	88.34%	90.02%	95.98%
No	11.66%	9.98%	4.02%

BlueCross BlueShield of Florida - PPO (BlueChoice)

In Network	Total Records	Total Services	Total Paid
Yes	88.45%	89.15%	92.23%
No	11.55%	10.85%	7.77%

11. Top 50 Utilized Providers

Provider	# of Claimants	CIGNA	AETNA HMO/POS	BCBSFL HMO/PPO
SCHIFF MD THEODORE A	477	Yes	Yes	Yes
MULLEN JR MD SANFORD A	354	Yes	Yes	Yes
GORODETSKY MD JEFFREY S	295	Yes	Yes	Yes
SORRENTINO DO ANTHONY J	233	Yes	Yes	Yes
FRIEDMAN MD/JOEL	215	Yes	Yes	Yes
WEISBERG MD RICHARD B	180	Yes	Yes	Yes
WICINA MD GENON M	176	Yes	Yes	Yes
LEE-NUNEZ MD WYNNE S	172	Yes	Yes	Yes
HEROUX KIMBERLY A MD	169	Yes	Yes	Yes
MEDSTAT URGENT CARE CTR	165	Yes	Yes	Yes
HOCHMAN MD MICHAEL H	162	Yes	Yes	Yes
KADINGO MD RICHARD M	153	Yes	Yes	Yes
WUBBENA MD JON F	151	Yes	Yes	Yes
PARE JR MD ROBERT H	146	Yes	Yes	Yes
JACOBSON DAN G MD	137	Yes	Yes	Yes
WILLERT CRAIG S MD	132	Yes	Yes	Yes
KRABBE MD/JANICE M	128	Yes	Yes	Yes
LYONS DO GLYNNIS J	127	Yes	Yes	Yes
GLASPEY BEN L DO	123	Yes	Yes	Yes
BLOMER ALLISON MD	122	Yes	Yes	Yes
VAN VLIET DO ROBERT J	120	Yes	Yes	Yes
COLLINS EVAN M MD	119	Yes	Yes	Yes
DUBE MD RICHARD A	117	Yes	Yes	Yes
HUTCHINSON ANN R MD	116	Yes	NO	Yes
NUNEZ MD ROBERT A	116	Yes	Yes	Yes
HILLMANN JEFFREY S MD	106	Yes	NO	Yes
HARVEY MD STANLEY CHAD	103	Yes	NO	NO
CONNOLLY MD ROBIN J M	100	Yes	NO	NO
DESMAN MD SCOTT M	97	Yes	Yes	Yes
DWECK MD MURRAY F	96	Yes	Yes	Yes
KATER MD GABRIELLE	84	Yes	NO	Yes
DAYTON MD PETER M	66	Yes	Yes	Yes
LIBMAN MD MICHELE F	66	Yes	Yes	Yes
SINGER MD JEREMY S	63	Yes	Yes	Yes
BRICENO MD JACKELIN D	62	Yes	NO	NO
DICKENS MD FRANK E	60	Yes	Yes	Yes
OMURA MD NAYOMI E	58	Yes	Yes	Yes
MC NANEY-FLINT MD HEIDI M	56	Yes	Yes	Yes
SHARKEY MD DANIEL E	55	Yes	Yes	Yes
RITTER MD WILLIAM S	50	Yes	Yes	Yes
CARANO KRISTIN S MD	49	Yes	NO	Yes
EVERSOLE MD AMY M	49	Yes	Yes	Yes
KANTOR MD LAWRENCE R	49	Yes	Yes	Yes
LAGUERRE MD BEAUVAIS	46	Yes	Yes	Yes
SCHROEDER MD TODD R	46	Yes	NO	Yes
SHERMAN MD MICHAEL S	46	Yes	Yes	Yes
HAAS MD GEORGE J	45	Yes	Yes	Yes
KRATHEN MD RICHARD A	45	Yes	Yes	Yes
PFEIFFER MD ERIC A	45	Yes	NO	Yes
% Match		100%	82%	94%

BEST & FINAL OFFER RESPONSE SUMMARY

AETNA

1. What premium credit or debit would the District receive if the pooling level was raised to \$350,000 from the current \$250,000 pooling level? No response provided.

BlueCross BlueShield of Florida

1. What premium credit or debit would the District receive if the pooling level was raised to \$350,000 from the current \$250,000 pooling level? Rates would be reduced by 1% for changing the pooling level to \$350,000.
2. If medical and dental are awarded together, what would the increase/decrease in cost for the products be placed together? Best & final rates have been provided assuming the purchase of dental. If the medical is purchased without dental the medical rates would increase by 1%.
3. Are prescription drug copayments included in the out-of-pocket maximum under the BlueCare HMO plan? Yes.

CIGNA HealthCare

1. What premium credit or debit would the District receive if the pooling level was raised to \$350,000 from the current \$250,000 pooling level? No impact since best and final offer rates are now being offered on a guaranteed cost basis.
2. If medical and dental are not awarded together, what would the increase in cost for the products be in order to separate? There is no difference as CIGNA has made a 4.23% investment to renew the products.

ALL MEDICAL FINALISTS

1. Will you be willing to cover the cost of transferring existing mail order prescriptions from our incumbent carrier?

CIGNA	AETNA	BCBSFL
Not Applicable	No	Yes

2. Does your proposal(s) include Step Therapy?

CIGNA	AETNA	BCBSFL
No	No	Yes

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3. Should you be awarded our business, will there be any additional representatives over and beyond those assigned throughout the year that would be dedicated to ensuring a seamless implementation?

CIGNA	AETNA	BCBSFL
Yes	Yes	Yes

4. How do you handle transition of care for members currently undergoing treatment or having existing relationships with the incumbent carrier's network providers?

CIGNA	AETNA	BCBSFL
Not Applicable	Non-par provider coverage for limited time at new benefit level – Case management will review to transfer in-network	Care Coordinators will work with previous carrier to transition members to the new network(s); up to six months

5. Do you use a specific vendor for diabetic supplies and durable medical equipment? If so who are they? How would your organization and support staff assist with education to our membership and handle transition of care for these services from the incumbent carrier/vendor?

CIGNA	AETNA	BCBSFL
DME-CareCentric Diabetic-Edgepark & TelDrug	Sterling Medical Services & Apria Healthcare Member education & transition of care is available	EMP Medical Services Member education & transition of care is available

6. What type of detailed reporting will be available for both claims utilization and wellness initiatives?

CIGNA	AETNA	BCBSFL
Standard monthly reporting	Standard reporting on a completed basis – available 45 days following the reporting period.	Standard monthly reporting

7. What type of additional staff support will be provided for year round wellness initiatives?

CIGNA	AETNA	BCBSFL
Dedicated Health Promotion & Wellness consultant + acct mgnt team	Wellness Program Manager + acct mgnt team	Better You From Blue regional team along with Nurse-line call center

8. Do you provide reporting and staff support to assist with Medicare D subsidy filings?

CIGNA	AETNA	BCBSFL
Yes; at no additional charge for all reporting levels & submission to CMS	Yes; however, charges range from \$1,600 to \$10,700 per year – if AETNA submits file there is an additional \$500 charge	Yes; however, BCBS submits files to the group for submission to CMS

9. Are you willing to provide a second year rate cap and/or renewal formula guarantee? If so, what is it?

CIGNA	AETNA	BCBSFL
Yes, based on loss ratio 0-70% - No increase 70-75% - NTE 1.3% 75-80% - NTE 8.2% 80-85% - NTE 15.2% 85-90% - NTE 22.2% 90-95% - NTE 29.2% 95%+ - Not offered	Yes; trend at 13.9%, pooling at \$27.51 PEPM and, administration at \$101.31 PEPM	If selected as final medical carrier, willing to negotiate a second year renewal formula

10. Are you willing to provide performance guarantees for implementation and servicing of your medical products? If so, what are they?

CIGNA	AETNA	BCBSFL
Yes; up to \$37,000 per year	Yes; up to \$212,000 per year	Yes; up to \$100,000 per year

11. Is the network results provided in your proposal inclusive of any "wrap" or leased networks not negotiated and owned by your company? If so, who are they?

CIGNA	AETNA	BCBSFL
No	HMO - No POS/PPO - Yes (1 member affected)	No

12. What is the average percentage of network discounting (for your company network and any "wrap" or leased networks being offered) in Martin County for:

Category	CIGNA	AETNA	BCBSFL
Hospital	69.40%	64.80%	69.07% HMO
			67.55% PPO
Outpatient	66.75%	69.50%	71.92% HMO
			66.56% PPO
PCP	56.19%	60.30%	76.58% HMO
			53.37% PPO
Specialist	56.19%	60.30%	76.58% HMO
			53.37% PPO

13. Are you willing to provide performance guarantees for your network discounting? If so, what are they?

CIGNA	AETNA	BCBSFL
No	No	No

14. If awarded the business, would you commit to network recruitment for medical and dental specific to MCSD member needs? Will any recruited provider be contracted and available to members July 1, 2010?

CIGNA	AETNA	BCBSFL
Yes*	Yes*	Yes*

*No carrier can guarantee network placement by effective date

15. As the plan year for the District's policies runs from July 1 thru June 30 of each year, would you be willing to provide credit to members for any deductible and/or out of pocket amount already satisfied with the incumbent carrier? If so, will you be willing to pay the cost of transferring this information from our prior carrier?

CIGNA	AETNA	BCBSFL
Not applicable	Yes; however, will not cover the cost	Yes

ALL DENTAL FINALISTS

1. Please provide Dental Geo Access reporting for your PPO and DMO networks. In addition, provide your DMO provider network in Excel format of those providers in Martin and St. Lucie Counties. *See handouts for DHMO directories.*

Assurant – 2 in 10 miles (General); 2 in 10 miles (Specialist)

Provider Type	Percent with access	Percent without Access
PPO General	94.3%	5.7%
PPO Specialist	93.6%	6.4%
DMO General	94.2%	5.8%
DMO Specialist	94.3%	5.7%

AETNA – 2 in 10 miles (General); 2 in 15 miles (Specialist)

Provider Type	Percent with access	Percent without Access
PPO General	94.6%	5.4%
PPO Specialist	97.6%	2.4%
DMO General	93.6%	6.4%
DMO Specialist	97.2%	2.8%

BCBSFL/Florida Combined – 2 in 10 miles (General); 2 in 10 miles (Specialist)

Provider Type	Percent with access	Percent without Access
PPO General	96.1%	3.9%
PPO Specialist	93.5%	6.5%
DMO General	93.3%	6.7%
DMO Specialist	93.3%	6.7%

Guardian – 2 in 10 miles (General); 2 in 10 miles (Specialist)

Provider Type	Percent with access	Percent without Access
PPO General	93.8%	6.2%
PPO Specialist	93.8%	6.2%
DMO General	93.7%	6.3%
DMO Specialist	93.7%	6.3%

2. Are you willing to provide performance guarantees for implementation and servicing of your medical dental products? If so, what are they?

Assurant	AETNA	BCBSFL	CIGNA	Guardian
Yes; up to \$5,000	Yes; up to \$12,200	Yes; up to 2% of premium or \$23,531	Yes; providing same metrics as medical; up to 2% of premium or \$26,445	Yes; up to \$4,200 & \$100/occurrence re complaints & network billing

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