

PUR-1676

Washington County Invitation to Bid

PUR-1676



Stop Loss

Board of County Commissioners of Washington County, Maryland

Proposed Effective Date: July 1, 2024
Bid Due Date: April 26, 2024

(Proposals received after this date will not be considered)

Please bid net of commissions.

Overview

The Board of County Commissioners of Washington County, Maryland (BCC) provides a self-funded health plan to its employees and pre-Medicare retirees.

The medical plans are administered by Aetna and include Aetna’s care management programs.

CVS Caremark provides pharmacy benefits.

Note that there are pre-Medicare retirees covered under the plan and they should be covered by the stop loss as well.

They are identified on the census.

Carriers should bid on the **proposed** contract terms as outlined below:

*Current and Proposed Contractual Provisions: Specific Stop Loss
There is no aggregate stop loss coverage.*

	Current	Proposed		
Specific Deductible	\$175,000	\$175,000	\$200,000	\$225,000
Lifetime Maximum per Person	unlimited	unlimited	unlimited	unlimited
Covered Benefits	Medical and Rx	Medical and Rx	Medical and Rx	Medical and Rx
Claims Basis	Paid	24/12	24/12	24/12
Specific Percentage Reimbursable	100%	100%	100%	100%
Commissions	None	None	None	None

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RFP Timing

RFP Available (claims thru Feb)	April 9, 2024
Illustrative Proposal Due Date	April 29, 2024
Finalists provided additional data (March claims)	April 30 - May 6, 2024
Firm Proposal Due Date	May 20, 2024
Proposal Evaluation	May 20 – May 27, 2024
Recommendation to County Commissioners	June 2024

Note that the bid cannot be awarded until the recommendation is approved by the County Commissioners. Please note all dates are subject to change.

Proposal Requirements

- All policies must include an accelerated reimbursement provision for specific claims i.e. reimbursement within 2-4 business days of notice based on confirmation of claimant eligibility and proof of loss (bank drafts).
Carrier will settle with County Commissioners once complete data from Aetna is available.
- BenefitMall will act as stop loss General Agent/coordinator for claims submission and premium reconciliation.
Business Associate/Data release agreements must be in place between BenefitMall and potential bidders prior to the distribution of RFP materials.
- A proposal to include a No New Laser at renewal option must be included. Rate caps are preferable, but not required.
- Policies must include a plan mirroring provision. Any deviations/exclusions from the coverage noted in the SPD must be identified.
- Proposals must include policy limits and exclusions.

The following information will be provided by emailing cbizstoplossrfp@benefitmall.com:

- Census
- High Claimants detail will be available
- Current Schedule of Benefits
- Claim data with enrollment

Submissions are limited to emailed proposals.

Please address any questions and return your bid to:

CBIZ Stoploss RFP

cbizstoplossrfp@benefitmall.com

Matthew Branscome

Direct: (602)-251-0753

Appendix

2023-2024 Current and 2024-2025 Renewal Health Benefits



Medical/Prescription Drug Insurance Plan Options and Costs

Aetna	Low Plan (HMO)	High Plan (PPO)
	Employee Cost Per Month	Employee Cost Per Month
Employee	\$59.67	\$106.08
Employee & Spouse	\$116.95	\$207.92
Employee & Child(ren)	\$108.59	\$193.07
Employee & Family	\$168.26	\$299.15
	In-Network	In-Network
Deductible (Plan year) Individual / Family	None	None
Out-of-Pocket Maximum Individual / Family	\$2,000 / \$6,000	\$2,000 / \$6,000
Office Visit Primary Care Physician Specialist	100% after \$30 copay 100% after \$35 copay	100% after \$35 copay 100% after \$40 copay
Preventive Care	100% covered	100% covered
Lab and X-ray	100% covered	100% covered
Urgent Care	100% after \$35 copay	100% after \$35 copay
Emergency Care Hospital	\$200 copay, waived if admitted	\$200 copay, waived if admitted
Outpatient Surgery	100%	100%
Inpatient Hospital Services	100% after \$100 copay	100% after \$100 copay
Prescription Drug Retail (30-day supply) Mail Order (90-day supply)	\$15 / \$35 / \$50 / 30% * \$30 / \$70 / \$100	\$15 / \$35 / \$50 / 30% * \$30 / \$70 / \$100
	Out-of-Network	Out-of-Network
Deductible Individual / Family	N/A	\$250 / \$750
Out-of-Pocket Maximum Individual / Family	N/A	\$3,000 / \$9,000

*PrudentRx is a program that works with manufacturers to get copay card assistance for specialty medications. When you enter in PrudentRx, you will pay \$0 for medication on the Prudent Specialty Drug List.