

HUB

Advocacy. Tailored Insurance Solutions. Peace of Mind

Recommendations for Award Request for Proposal #2020-008 Medical, Prescription Drug, Dental and Vision Plan Third Party Administration

August 10, 2020



AGENDA

- ❖ Overview of process
- ❖ Summary of Best and Final Offers with comments
- ❖ Recommendation Summary

RFP Timeline

Task	Start Date	End Date
RFP Release Date	Monday, April 20, 2020	Monday, April 20, 2020
Deadline for RFP Questions	Friday, May 08, 2020	Friday, May 08, 2020
Deadline for RFP Responses to Questions	Monday, May 11, 2020	Monday, May 11, 2020
Proposal Due Date	Monday, May 18, 2020	Monday, May 18, 2020
HUB Summarization	Tuesday, May 19, 2020	Tuesday, June 09, 2020
Evaluation Committee Review	Tuesday, June 16, 2020	Tuesday, June 16, 2020
Finalist Presentations	Tuesday, July 14, 2020	Tuesday, July 14, 2020
Final Summarization	Monday, July 27, 2020	Monday, July 27, 2020
Evaluation Committee Final Ratings and Submission	Wednesday, July 29, 2020	Wednesday, July 29, 2020
Commissioners Court Approval and Award	Monday, August 10, 2020	Monday, August 10, 2020

Proposers that submitted bids

WEBB COUNTY RFP SUBMISSIONS															
Files Received via secure county exchange from Webb County Purchasing 5/19/2020															
BIDDER	Services	Questionnaire Received	General Information	Financial Information	Customer Service	References	Implementation	TPA - ASO - Provider Networks	Dental	Vision	Pharmacy Benefit Management	HSA Services	Wellness Mgmt	COBRA Administration	Stop Loss
AETNA	ALL	X	X	X	X	X	X	X	X	X	X	X	X	X	X
DELTA DENTAL	DENTAL	X	X	X	X	X	X	X	X						
HUMANA	ALL	X	X	X	X	X	X	X	X	X	X	X	X	X	X
PILLAR	WELLNESS MGT - NO QUESTIONNAIRE SUBMITTED														
TAC w/BCBSTX & Navitus	ALL	X	X	X	X	X	X	X	X	X	X	X	X	X	X
UNITED HEALTHCARE	ALL	X	X	X	X	X	X	X	X	X	X	X	X	X	X

This table reflects the questionnaire tabs that were populated and responded to within the questionnaire submitted during this RFP.

Finalists Selections

- After the initial review and scoring by the Evaluation Team, three finalists were invited to make presentations:
 - Aetna
 - Texas Association of Counties
 - United HealthCare

Financial Summaries of Best and Final Offers

The following slides provide summary information for the Finalist responses.

ASO Medical Plan Summary

RFP FINANCIAL SUMMARY COMPARISON - FIXED COSTS & COMPARATIVE CLAIMS COSTS (NOT TRENDED FOR FUTURE EXPENSE OR STOP LOSS RECOVERIES)			
Administrator	Aetna	TAC	United HealthCare
PBM	CVS	Navitus	OptumRx
Medical Network	Aetna	BCBS	United HealthCare
Stop Loss Carrier	Aetna	BCBS	United HealthCare
Stop Loss Deductible	\$ 225,000.00	\$ 225,000.00	\$ 225,000.00
Total Fixed Costs	\$ 1,715,882.80	\$ 1,590,045.40	\$ 954,366.80
Total Comparable Gross Paid Cost			
	\$ 11,017,602.00	\$ 11,000,430.36	\$ 12,271,174.41
Notes			
	Plus Admin Fees waived for 4 months (approx \$150,000 reduction), Additional Rx Savings for co-pay maximization of \$221,000. Included an onsiteWellness Coach.	Co-Pay Max savings of \$171,653.	Administrative fees reduced to \$0 using Rx rebates. Additional Rx Savings of \$452,000 with Advantage formulary.

Dental Administration

Claims Administrator	Aetna	Delta Dental	Humana	TAC	United HealthCare
Annual Dental Administrative Fixed Costs	\$ 39,750.00	\$ 35,400.00	\$ 43,800.00	\$ 57,750.00	\$ 44,550.00
	4 year rate guarantee	3 year guarantee	3 year guarantee		3 year guarantee

Fully Insured Vision

Vision	Headcount	Aetna		Humana	TAC (BCBS)	UHC
		Option 1	Option 2			
Employee Only	516	\$7.60	\$5.49	\$9.37	\$6.20	\$8.43
Employee + Spouse	193	\$14.45	\$10.43	\$18.76	\$11.80	\$15.99
Employee + Children	128	\$15.21	\$10.98	\$19.28	\$12.44	\$18.76
Employee + Family	295	\$22.36	\$16.14	\$29.47	\$18.28	\$26.40
Estimated Monthly Premium		\$15,253.53	\$11,012.57	\$19,617.09	\$12,461.52	\$17,625.23
Estimated Annual Premium By Plan		\$183,042.36	\$132,150.84	\$235,405.08	\$149,538.24	\$211,502.76
In Network Benefits						
Benefit Frequency (in months):						
Exam		12	12	12	12	12
Lenses		12	12	12	12	12
Contacts		12	12	12	12	12
Frames		12	24	12	24	12
Deductibles/Co-pays/Allowances						
Eyeglass Examination		\$10	\$10	\$10	\$10	\$10
Lenses						
Single		\$25	\$25	\$10	\$25	\$25
Bifocal		\$25	\$25	\$10	\$25	\$25
Trifocal		\$25	\$25	\$10	\$25	\$25
Frame Allowance		\$150 Allowance Additional 20% off balance over allowance	\$125 Allowance Additional 20% off balance over allowance	\$150	\$130 Allowance Additional 20% off balance over allowance	Up to \$150
Contact Lenses - Cosmetic/Elective		\$150 Allowance Additional 15% off balance over allowance	\$125 Allowance Additional 15% off balance over allowance	\$150	\$130 Allowance Additional 15% off balance over allowance	Up to \$150
Contact Lenses - Medically Necessary		Covered	Covered	Covered	Covered	Covered
Rate Guarantee		4 years	4 years	3 Years	1 Year	3 Years

COBRA Administration

	AETNA	TAC	UHC
COBRA and Initial Notices	1/1/2021	1/1/2021	1/1/2021
COBRA Base Annual Cost	\$6,561	\$1,800	\$8,019
Notes:		Can only be purchased if TAC is purchased for all services.	

Evaluation Team Recommendations

- The Evaluation Team recommends award of all services to Aetna.
 - Include Formulary Drug recommendation changes
 - Include adoption of Co-Pay Maximization Services
 - (this program further maximizes recovery of Pharmaceutical Manufacturer's cost sharing expenses. The member is not affected by the program)
- Remove fees and local services for new employee and open enrollment support of the medical and dental plans.

Thank you.