

CITY OF RAYMONDVILLE

NOTICE TO BIDDERS

PURCHASE OF GROUP HEALTH INSURANCE

The City of Raymondville will be accepting competitive sealed proposals for the purchase of group health insurance for the period of October 1, 2017 through September 30, 2018.

The City of Raymondville will be accepting sealed proposals until 4:00 PM, Tuesday, August 15, 2017. Proposals received after this deadline will be returned unopened. Proposals will be opened and awarded at a special meeting of the City of Raymondville Board of Commissioners, on August 15, 2017, at 5:00 PM.

All proposals must be submitted to the City of Raymondville, City Manager's Office, attention, Eleazar Garcia, Jr., located at 142 S. 7th, Raymondville, Texas 78580. Faxed proposals will not be accepted.

Specifications are available at the City of Raymondville, City Manager's Office, located at 142 S. 7th, Raymondville, Texas 78580. Bidders with questions regarding this notice or the specifications may call the City of Raymondville at (956) 689-2443.

The City of Raymondville reserves the right to reject any and all bids or to accept that deemed most advantageous to the City.

**Eleazar Garcia, Jr.
City Manager**

Run Twice: July 19, 2017 & July 26, 2017

CITY OF RAYMONDVILLE

PURCHASE OF GROUP HEALTH INSURANCE

Specifications

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The City of Raymondville is requesting for bidders to complete Attachment A on the subsequent page in order for the City to better evaluate each proposal. The City is requesting for bidders to respond to Option A, Option B, and Option C. The City is also including Attachment B, premium and claims history including high claims in excess of \$15,000, Attachment C, current benefits with current rates and renewal rates and Attachment D, employee census information. Bidders shall also supply information on their company including the most recent financial statements and a list of clients with contact names and telephone numbers. Bidders shall also supply a list of local and area providers currently on contract. If bidders do not have any local and area providers, bidders will be required to enlist local and area providers to participate in our plan.

The City of Raymondville will award the contract to the responsible offeror whose proposal is determined to be the most advantageous to the municipality considering the relative importance of price, type of coverage and availability of services.

The City of Raymondville reserves the right to reject any and all proposals or to accept that deemed most advantageous to the City.

ATTACHMENT A

Specifications for the Purchase of Group Health Insurance

Bidder's Name: _____

The City is requesting bidders to submit a proposal on a PPO Plan.

OPTION A:

70%/30% Benefit Percentage In-Network
50%/50% Benefit Percentage Out-of-Network

Co-Pay Amount (Office Visit): \$ 40.00/60.00 (PCP/SPC)
Deductible Amount (In-Network): \$ 3,000.00 individual/ \$ 6,000.00 family
Deductible Amount (Out-of-Network): \$ 3,250.00 individual/ \$ 6,500.00 family
Out of Pocket Amount Max: \$ 3,500.00 individual/ \$ 7,000.00 family
Out of Pocket Amount Max Out-of-Network: \$ 7,000.00 individual/ \$14,000.00 family
Prescription Drug Card: \$ 5/\$20/\$60/20% (\$0 deductible)

BIDDER'S QUOTE: \$ _____/month

OPTION B

70%/30% Benefit Percentage In-Network
50%/50% Benefit Percentage Out-of-Network

Co-Pay Amount (Office Visit): \$ 50.00/70.00 (PCP/SPC)
Deductible Amount (In-Network): \$ 5,000.00 individual/ \$ 10,000.00 family
Deductible Amount (Out-of-Network): \$ 7,000.00 individual/ \$ 14,000.00 family
Out of Pocket Amount Max: \$ 7,000.00 individual/ \$14,000.00 family
Out of Pocket Amount Max Out-of-Network: \$ 10,000.00 individual/\$20,000.00 family
Prescription Drug Card: \$ 10/\$30/\$70/20% (\$0 deductible)

BIDDER'S QUOTE: \$ _____/month

OPTION C

50%/50% Benefit Percentage In-Network
50%/50% Benefit Percentage Out-of-Network

Co-Pay Amount (Office Visit): \$ 30.00/60.00 (PCP/SPC)
Deductible Amount (In-Network): \$ 5,000.00 individual/ \$ 15,000.00 family
Deductible Amount (Out-of-Network): \$ 10,000.00 individual/ \$ 30,000.00 family
Out of Pocket Amount Max: \$ 7,000.00 individual/ \$14,000.00 family
Out of Pocket Amount Max Out-of-Network: \$ 10,000.00 individual/\$20,000.00 family
Prescription Drug Card: \$ 10/\$30/\$70/20% (\$0 deductible)

BIDDER'S QUOTE: \$ _____/month

**CITY OF RAYMONDVILLE
GROUP HEALTH INSURANCE CLAIMS HISTORY**

ATTACHMENT B

Date	Enrollee Lives	Contributions	Medical Claims	Rx Copay	Rx Mail Order	Total Claims & Rx	Group Loss Ratio	Pool Loss Ratio
10/2015	75	\$58,116.24	\$286.86	\$584.15	\$0.00	\$871.01	1.49%	17.24%
11/2015	72	\$27,625.78	\$761.98	\$1,750.21	\$0.00	\$2,512.19	9.09%	62.07%
12/2015	73	\$27,625.78	\$17,443.70	\$2,347.50	\$0.00	\$19,791.20	71.64%	103.91%
01/2016	74	\$28,387.66	\$11,696.08	\$3,284.42	\$0.00	\$14,980.50	52.77%	75.63%
02/2016	75	\$28,768.60	\$6,204.14	\$1,514.93	\$0.00	\$7,719.07	26.83%	89.88%
03/2016	75	\$29,058.12	\$6,474.12	\$783.83	\$0.00	\$7,257.95	24.97%	94.01%
04/2016	76	\$29,058.12	\$10,728.21	\$2,042.25	\$0.00	\$12,770.46	43.94%	100.42%
05/2016	74	\$28,677.18	\$6,636.61	\$1,578.11	\$0.00	\$8,214.72	28.64%	107.65%
06/2016	76	\$28,296.24	\$7,060.53	\$2,890.86	\$0.00	\$9,951.39	35.16%	92.04%
07/2016								
08/2016								
09/2016								
Totals	74	\$285,613.72	\$67,292.23	\$16,776.26	\$0.00	\$84,068.49	29.43%	

Date	Enrollee Lives	Contributions	Medical Claims	Rx Copay	Rx Mail Order	Total Claims & Rx	Group Loss Ratio	Pool Loss Ratio
10/2016	75	\$25,810.52	\$3,395.18	\$527.08	\$0.00	\$3,922.26	15.20%	93.53%
11/2016	74	\$25,810.52	\$11,592.65	\$1,087.07	\$0.00	\$12,679.72	49.13%	101.70%
12/2016	74	\$25,810.52	\$7,974.54	\$1,148.74	\$0.00	\$9,123.28	35.35%	81.93%
01/2017	77	\$26,153.38	\$168,368.69	\$921.70	\$0.00	\$169,290.39	647.30%	116.83%
02/2017	76	\$26,153.38	\$161,243.99	\$1,812.97	\$0.00	\$163,056.96	623.46%	81.46%
03/2017	75	\$26,496.24	\$2,741.47	\$898.03	\$0.00	\$3,639.50	13.74%	89.95%
04/2017	75	\$25,810.52	\$2,552.76	\$2,995.03	\$0.00	\$5,547.79	21.49%	87.95%
05/2017	74	\$26,153.38	\$16,683.01	\$1,218.62	\$0.00	\$17,901.63	68.45%	100.66%
06/2017	71	\$24,781.94	\$4,633.71	\$1,139.30	\$0.00	\$5,773.01	23.30%	91.05%
07/2017								
08/2017								
09/2017								
Totals		\$232,980.40	\$379,186.00	\$11,748.54	\$0.00	\$390,934.54	167.80%	

CITY OF RAYMONDVILLE

GROUP HEALTH INSURANCE CURRENT RATES AND RENEWALS

ATTACHMENT C

Plan	Benefit Percent	In Net Ded	Out Net Ded	In Net OOP	Office Visit	XRay & Lab in OV	Rates	Current	New
P75-300-35-Mac A	70/50	\$3,000	\$3,250	\$3,500	\$ 40	No	Employee: Spouse: Child(ren): Family:	\$342.86 \$353.12 \$260.58 \$788.54	\$411.44 \$423.74 \$312.70 \$946.26

CITY OF RAYMONDVILLE

GROUP HEALTH INSURANCE CURRENT PRESCRIPTION RATES

ATTACHMENT C (Continued)

Prescribed Over the Counter Alternates and Prescription Networks

Network Retail: 34 day Non-Cost Share most Generic Dispensement	\$ 5.00 (up to 34 day supply)	N/A	N/A
Network Retail: 90 day Non-Cost Share most Generic Dispensement	\$ 14.00 (up to 90 day supply)	\$42.00	N/A
OptumRx Network Non-Cost Share Best Brand/Formulary List	\$ 43.00	\$129.00	
OptumRx Network Non-Cost Share Non-Best Brand/Non-Formulary List	\$ 65.00	\$195.00	
OptumRx Network Cost Share	\$120.00	\$360.00	
BriovaRx, The OptumRx Specialty/Biotech Pharmacy	N/A	N/A	\$100.00 (up to 34 day supply)
BriovaRx, The OptumRx Biosimilar Generic Pharmacy	N/A	N/A	\$ 75.00 (up to 34 day supply)
Prescription Refill Control Standards	75%	70%	

CITY OF RAYMONDVILLE

GROUP HEALTH INSURANCE EMPLOYEE CENSUS INFORMATION

ATTACHMENT D

No.	Employee Last Name	Employee First Name	Home Zip Code	Date of Birth	Gender	Current Medical Coverage
1	Alaniz	Edward	78552	01/06/1968	M	Employee
2	Alexandre	Yolanda	78580	08/24/1954	F	Employee
3	Arriaga	Javier	78550	07/30/1993	M	Employee
4	Castro	Roberto	78569	02/22/1989	M	Employee
5	Cavazos	Eziquiel	78580	12/05/1952	M	Employee
6	Cavazos	Marcos	78580	12/11/1994	M	Employee
7	Chavez	Andres	78580	06/27/1971	M	Employee
8	Chavez	Diana	78580	09/19/1963	F	Employee
9	Conde	Daniel	78580	09/16/1985	M	Employee
10	Conde	Pedro	78580	01/23/1951	M	Employee
11	Contreras	Marcos	78594	09/25/1995	M	Employee
12	Estrada	Robuel	78569	03/01/1993	M	Employee
13	Estrada	Victor	78552	03/14/1991	M	Employee
14	Fadely	Olga	78580	12/02/1954	F	Employee
15	Flores	Marcelino	78580	08/23/1976	M	Emp & Dep 12/30/99,08/03/06,09/30/08
16	Gallardo	Jesus	78580	03/28/1980	M	Employee
17	Galvan	Robert	78580	10/15/1991	M	Employee
18	Garcia	Anthony	78580	02/25/1983	M	Employee
19	Garcia	Eleazar	78580	10/25/1960	M	Employee
20	Garcia	Oscar	78580	10/18/1986	M	Employee
21	Garza	Delma	78580	10/26/1972	F	Employee
22	Garza	Francisco	78580	07/20/1962	M	Employee
23	Garza	Noemi	78580	05/20/1981	F	Employee
24	Gomez	Juan	78580	09/03/1980	M	Employee
25	Gomez	Leroy	78580	07/13/1985	M	Employee
26	Gonzales	Alberto	78580	12/21/1993	M	Employee
27	Gonzales	Gilberto	78580	12/05/1952	M	Employee
28	Gonzales	Hector	78569	08/18/1950	M	Employee
29	Gonzales	Jesus	78580	08/25/1993	M	Employee
30	Gonzalez	Alonso	78572	01/17/1985	M	Employee 10/05/13, 08/09/12
31	Gutierrez	Felicita	78580	01/20/1952	F	Employee
32	Hernandez	Yesenia	78569	08/11/1989	F	Employee
33	Herrera	Armando	78580	01/02/1975	M	Employee
34	Herrera	Jacqueline	78580	10/30/1978	F	Employee
35	Ledesma	Denise	78580	02/16/1981	F	Emp & Dep 02/16/81,01/08/10,05/30/14
36	Lopez	Carlos	78580	07/04/1962	M	Employee
37	Lozano	Robert	78580	03/05/1992	M	Employee
38	Martinez	Armin	78580	07/11/1973	M	Employee
39	Molina	John	78569	01/04/1981	M	Employee
40	Moreno	Ricardo	78580	04/19/1978	M	Employee

41	Najera	Ruben	78580	05/18/1957	M	Employee
42	Nieto	Catalino	78580	04/05/1964	M	Employee
43	Paredes	Jose	78580	01/23/1970	M	Employee
44	Perales	Joel	78580	08/22/1974	M	Employee
45	Perez	Albert	78580	10/28/1956	M	Employee
46	Ramirez	Edward	78580	10/30/1990	M	Employee
47	Ramirez	Jose	78580	05/31/1955	M	Employee
48	Ramirez	Stefen	78552	08/24/1991	M	Employee
49	Reyes	Rigoberto	78580	03/31/1976	M	Employee
50	Rivera	Hilario	78580	04/11/1990	M	Employee
51	Rodriguez	Jacob	78580	04/15/1992	M	Employee
52	Rodriguez	Javier	78580	04/01/1968	M	Employee
53	Rodriguez	Laura	78580	05/25/1977	F	Employee
54	Rodulfo	Sergio	78580	09/05/1985	M	Employee
55	Romo	Kasandra	78580	06/28/1992	F	Employee
56	Rosas	Jessica	78580	11/27/1978	F	Employee
57	Rubio	Maria	78580	04/28/1958	F	Employee
58	Sanchez	Melissa	78557	12/14/1992	F	Employee
59	Saucedo	Rosa	78580	04/17/1996	F	Employee
60	Sepulveda	Cesar	78580	10/29/1980	M	Employee
61	Smith	Clifton	78580	03/28/1960	M	Employee
62	Soto	Joel	78580	12/31/1973	M	Employee
63	Tamez	Christine	78580	12/13/1971	F	Employee
64	Tijerina	Hector	78580	01/13/1986	M	Employee
65	Tijerina	Marco	78580	11/18/1991	M	Employee
66	Torores	Rodolfo	78580	03/27/1980	M	Employee
67	Torres	Virginia	78580	07/26/1961	F	Employee
68	Zamora	Uvaldo	78580	09/29/1965	M	Employee