

## CITY OF RAYMONDVILLE

### PURCHASE OF GROUP HEALTH INSURANCE

#### Specifications

The City of Raymondville will be accepting competitive sealed proposals for the purchase of group health insurance for a two year period beginning October 1, 2021 through September 30, 2023. **The contract desired is a 2 year rate guarantee or alternate 1 year rate guarantee with the second year guarantee based on a loss ratio percentage increase formula. No self funded, level funded options or referenced based pricing will be accepted. Only fully insured PPO, EPO or HMO options will be evaluated.**

The City of Raymondville will be accepting sealed proposals until 4:00 PM, Tuesday, August 24, 2021. Any proposals received after this deadline will be returned unopened. Proposals will be opened and awarded at a regular meeting of the City of Raymondville Board of Commissioners, located at Raymondville City Hall, 142 S. 7th, Raymondville, Texas 78580, on Tuesday, August 24, 2021, at 5:15 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. Bidders are welcomed to call City Hall at (956) 689-2443 if there are any questions regarding these specifications.

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, Attachment C, current benefits with current 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:

80%/20% Benefit Percentage In-Network
50%/50% Benefit Percentage Out-of-Network

Co-Pay Amount (Office Visit): \$ 10.00/40.00/80.00 (PCP/SPC)
Deductible Amount (In-Network): \$ 3,000.00 individual/\$ 6,000.00 family
Deductible Amount (Out-of-Network): \$ 7,500.00 individual/\$15,000.00 family
Out of Pocket Amount Max: \$ 7,150.00 individual/\$14,300.00 family
Out of Pocket Amount Max Out-of-Network: \$15,000.00 individual/\$30,000.00 family
Prescription Drug Card: \$ 10/\$35/\$70

BIDDER'S QUOTE: \$ \_\_\_\_\_ / Month

OPTION B

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

Co-Pay Amount (Office Visit): \$ 10.00/40.00/80.00 (PCP/SPC)
Deductible Amount (In-Network): \$ 4,000.00 individual/\$ 8,000.00 family
Deductible Amount (Out-of-Network): \$ 8,000.00 individual/\$16,000.00 family
Out of Pocket Amount Max: \$ 8,000.00 individual/\$16,000.00 family
Out of Pocket Amount Max Out-of-Network: \$16,000.00 individual/\$32,000.00 family
Prescription Drug Card: \$ 10/\$35/\$70

BIDDER'S QUOTE: \$ \_\_\_\_\_ / Month

OPTION C

OPTION C - EPO or HMO Plan

80%/20% Benefit Percentage In-Network
No Benefit Percentage Out-of-Network

Co-Pay Amount (Office Visit): \$ 10.00/40.00/80.00 (PCP/SPC)
Deductible Amount (In-Network): \$ 3,000.00 individual/\$ 6,000.00 family
Deductible Amount (Out-of-Network): N/A
Out of Pocket Amount Max: \$ 8,150.00 individual/\$16,3000.00 family
Out of Pocket Amount Max: N/A
Prescription Drug Card: \$ 10/\$35/\$70

BIDDER'S QUOTE: \$ \_\_\_\_\_ / Month

CITY OF RAYMONDVILLE  
GROUP HEALTH INSURANCE CLAIMS HISTORY 20-21  
ATTACHMENT B

Date	Enrollee Lives	Contributions	Capitation Pymts	Medical Claims	RX Claims	RX Mail Order	TOTAL CLAIMS & RX	Group Loss Ratio	Pool Loss Ratio
Oct-20	69	37,168	1,502	6,253	4,569	-	12,325	33.16%	N/A
Nov-20	67	36,131	1,462	14,809	2,434	-	18,706	51.77%	N/A
Dec-20	67	36,131	1,462	7,377	4,693	-	13,532	37.45%	N/A
Jan-21	68	36,248	1,465	4,736	5,832	-	12,033	33.20%	N/A
Feb-21	68	36,649	1,485	56,108	5,414	-	63,007	171.92%	N/A
Mar-21	67	36,131	1,465	202,786	3,979	-	208,229	576.32%	N/A
Apr-21	-	-	-	-	-	-	-	-	-
May-21	-	-	-	-	-	-	-	-	-
Jun-21	-	-	-	-	-	-	-	-	-
Jul-21	-	-	-	-	-	-	-	-	-
Aug-21	-	-	-	-	-	-	-	-	-
Sep-21	-	-	-	-	-	-	-	-	-
<b>TOTALS</b>		<b>218,458.67</b>	<b>8,842.03</b>	<b>292,068.80</b>	<b>26,921.14</b>	<b>-</b>	<b>327,831.97</b>	<b>150.07%</b>	

Date	Enrollee Lives	Contributions	Capitation Pymts	Medical Claims	RX Claims	RX Mail Order	TOTAL CLAIMS & RX	Group Loss Ratio	Pool Loss Ratio
Oct-19	69	31,114	-	22,090	1,749	-	23,839	76.62%	N/A
Nov-19	69	30,757	-	5,449	2,335	-	7,784	25.31%	N/A
Dec-19	68	31,015	-	55,777	1,580	-	57,357	184.93%	N/A
Jan-20	68	30,935	-	28,315	2,475	-	30,790	99.53%	N/A
Feb-20	68	30,935	-	56,320	3,058	-	59,378	191.94%	N/A
Mar-20	70	31,157	-	6,442	3,114	-	9,556	30.67%	N/A
Apr-20	69	30,457	1,379	14,766	434	-	16,579	54.44%	N/A
May-20	73	31,634	1,361	44,848	5,232	-	51,441	162.61%	N/A
Jun-20	68	32,015	1,361	38,920	3,532	-	43,814	136.85%	N/A
Jul-20	68	32,030	1,482	21,732	1,028	-	24,242	75.69%	N/A
Aug-20	69	32,220	1,482	73,751	3,756	-	78,989	245.16%	N/A
Sep-20	68	31,486	1,462	7,721	5,638	-	14,821	47.07%	N/A
<b>TOTALS</b>	<b>827</b>	<b>375,755</b>	<b>8,528</b>	<b>376,131</b>	<b>33,932</b>	<b>-</b>	<b>418,590</b>	<b>111.40%</b>	

CITY OF RAYMONDVILLE

GROUP HEALTH INSURANCE CURRENT & RENEWAL RATES

ATTACHMENT C

Current Rates

Plan	Benefit Percent	In Net Ded	In Net OOP	In Net Family OOP	Office Visit	Current Rates
United Health Care	80/20%	\$3,000	\$6,000	\$7,150/14,300	\$10 PCP \$40/\$80SPC	Employee: <b>\$ 518.38</b> Spouse: \$ 622.05 Child(ren): \$ 466.54 Family: \$ 1,140.43
Physician Copay: \$10/\$40/\$80						
Prescription Drug Card Benefits:						\$ 10/\$35/\$70

(SEE ATTACHED SCHEDULE OF BENEFITS FOR OTHER DETAILS)

Renewal Rates 2021-22

Option A:

Employee: **\$ 642.79**  
 Spouse: \$ 771.34  
 Child(ren): \$ 578.51  
 Family: \$1,414.13

CITY OF RAYMONDVILLE  
 GROUP HEALTH INSURANCE EMPLOYEE CENSUS INFORMATION 2020-21  
 ATTACHMENT D

No.	Employee Last Name	Employee First Name	Home zip Code	Date of Birth	Gender	Current Medical Coverage
1	AGUILAR JR	URBANO	78580	10/18/1998	M	EMPLOYEE
2	ARRIAGA	JAVIER	78550	7/30/1993	M	"
3	CASTRO	ROBERTO	78569	2/22/1989	M	"
4	CHAVEZ	ANDRES	78580	6/27/1971	M	"
5	CHAVEZ	DIANA	78580	9/19/1963	F	"
6	CONDE	PEDRO	78580	1/23/1951	M	"
7	CRUZ IV	RAMON	78580	12/29/1990	M	"
8	ESTRADA	ROBUEL	78569	3/1/1993	M	"
9	ESTRADA	VICTOR	78552	3/14/1991	M	"
10	FIERO	JUAN	78580	10/8/1974	M	"
11	GALLARDO	JESUS	78580	3/28/1980	M	"
12	GARCIA	ANICA	78580	11/27/1993	F	"
13	GARCIA	ANTHONY	78580	2/25/1983	M	"
14	GARCIA	ARISTIO	78590	9/3/1956	M	"
15	GARCIA	ELEAZAR	78580	10/25/1960	M	"
16	GARCIA	JASON	78580	10/7/1986	M	EMP&DEP/ 9/22/13 & 2/14/18 ARABELLA/FEM & VIVIANA/FEM
17	GARCIA	JOEL	78580	10/27/1981	M	EMPLOYEE
18	GARCIA	JOEL	78580	11/28/1975	M	"
19	GARCIA	JOSE IVAN	78569	9/2/1996	M	"
20	GARZA	DELMA	78580	10/26/1972	F	"
21	GARZA	FRANCISCO	78580	7/20/1962	M	"
22	GARZA	NOEMI	78580	5/20/1981	F	"
23	GOMEZ	DAVID	78580	2/25/1970	M	"
24	GOMEZ	JUAN	78580	9/3/1980	M	"
25	GOMEZ	LEROY	78580	7/13/1985	M	"
26	GOMEZ	RUBEN	78580	9/15/1995	M	"

27	GONZALES	EDDIE	78580	8/18/1993	M	"	
28	GONZALES	GILBERTO	78580	12/5/1952	M	WAIVED MEDICAL	
29	GONZALES	HECTOR	78569	8/18/1950	M	EMPLOYEE	
30	GONZALES	JESUS	78580	8/25/1993	M	"	
31	GUTIERREZ	FELICITA	78580	1/20/1952	F	"	
32	HERRERA	ARMANDO	78580	1/2/1975	M	"	
33	HERRERA	JACQUELINE	78580	10/30/1978	F	"	
34	JUAREZ	RAMON	78580	2/4/1978	M	"	
35	LARA	ALAYSLA	78580	9/23/1996	F	"	
36	LEDESMA	DENISE	78580	2/16/1981	F	EMP&DEP/01/08/10 & 05/30/14	
						THOMAS/MALE & SOPHIA/FEM	
37	LOPEZ	CARLOS	78580	7/4/1962	M	EMPLOYEE	
38	MARTINEZ	JASMIN	78580	5/1/1995	F	"	
39	MARTINEZ	MAURICIO	78569	11/20/1964	M	"	
40	MOLINA	JOHN	78569	1/4/1981	M	"	
41	MORENO	RICARDO	78580	4/19/1978	M	"	
42	NAJERA	RUBEN	78580	5/18/1957	M	"	
43	NIETO	CATALINO	78580	4/5/1964	M	"	
44	ORTIZ	JOSEPH	78580	10/22/1993	M	"	
45	PAREDES JR.	JOSE	78580	1/23/1970	M	"	
46	PAREDES III	JOSE	78580	3/10/1996	M	"	
47	PERALES	JOEL	78580	8/22/1974	M	"	
48	RAMIREZ	AGUSTIN	78580	7/15/1992	M	"	
49	RAMIREZ	EDWARD	78580	10/30/1990	M	"	
50	RAMIREZ	JOSE	78580	5/31/1955	M	WAIVED ALL/HAS MEDICAID	
51	RAMIREZ	STEFEN	78552	8/24/1991	M	EMPLOYEE	
52	RODRIGUEZ	JACOB	78580	4/15/1992	M	"	
53	RODRIGUEZ	JAVIER	78580	4/1/1968	M	"	
54	RODRIGUEZ	LAURA	78580	5/25/1977	F	"	
55	ROMO	KASANDRA	78580	6/28/1992	F	"	
56	RUBALCABA	JOSHUA	78580	4/12/1987	M	WAIVED DENTAL/VISION	
57	SANCHEZ	MELISSA	78557	12/14/1992	F	EMPLOYEE	
58	SAUCEDO	ROSA	78580	4/17/1996	F	"	
59	SEPULVEDA	CESAR	78580	10/29/1980	M	"	

60	SMITH	CLIFTON	78580	3/28/1960	M	"		
61	SOTO	JOEL	78580	12/31/1973	M	"		
62	STEPHENSON	TERRY	78580	10/8/1963	M	EMP&DEP/7/28/01 & 10/15/02		
						ANDREW/MALE & RUDY/MALE		
63	TAMEZ	CHRISTINE	78580	12/13/1971	F	EMPLOYEE		
64	TORRES	RODOLFO	78580	3/27/1980	M	"		
65	TORRES	VIRGINIA	78580	7/26/1961	F	"		
66	TREVINO	RENE	78580	5/26/1993	M	"		
67	VARGAS III	ADULFO	78580	7/28/1993	M	"		
68	VILLARREAL	BELINDA	78569	9/22/1988	F	"		
69	ZAMORA	BRANDON	78580	10/30/1998	M	"		
70	ZAMORA	UVALDO	78580	9/29/1965	M	"		