

REQUEST FOR PROPOSALS

City of Tomball, Texas

Request For Proposal Data

Proposal Title: Health and Welfare Benefit Plan Request For Proposal

Issue Date: June 1, 2009

RFP #: 2009-08

Request For Proposal To Market

Distributed by: IPS Advisors, Inc.
8080 N. Central Expressway
Suite 1500
Dallas, Texas 75206-3785

Proposal Due Date

Date: June 30, 2009

Time: 3:00 P.M. CST

Number of Copies: 1 original and 2 copies

Location / Address: IPS Advisors, Inc.
8080 N. Central Expressway
Suite 1500
Dallas, Texas 75206-3785

INSTRUCTIONS TO PROPOSERS

All proposers must familiarize themselves with the following 'Instructions to Proposers':

1. PROPOSAL DELIVERY, TIME & DATE

- a) The City of Tomball will receive **written and sealed proposals** for **Medical, Dental, EAP, Basic Life and AD&D, Voluntary Life and AD&D, Long Term Disability, both Employer Paid and Voluntary Vision, and Health and Wellness Program**. Proposals will be accepted until **3:00 P.M., CST, on June 30, 2009**, at the address listed below. Proposals received after that date and time will be returned unopened. Each proposal and supporting documentation must be in a **sealed envelope or container plainly labeled in the lower left-hand corner: "Health and Welfare Benefits Proposal – RFP #: 2009-08 - DO NOT OPEN"**. Proposers must also include their company name and address on the outside of the envelope or container. Proposals must be addressed to:
IPS Advisors, Inc.
8080 N. Central Expressway
Suite 1500
Dallas, Texas 75206-3785
- b) Proposers are responsible for making certain that proposals and proposed contracts are delivered to IPS Advisors, Inc. Mailing of a proposal does not ensure that the proposal will be delivered on time or delivered at all. If proposer does not hand deliver proposal, we suggest that he/she use some sort of delivery service that provides a receipt.
- c) Proposals will be accepted in person, by United States Mail, by United Parcel Service, or by private courier service. No proposals will be accepted by oral communication, telephone, electronic mail, telegraphic transmission, or telefacsimile transmission. Proposals may be withdrawn prior to the above scheduled time set for closing of the proposals. Any proposal received after the date and hour specified will be rejected and returned unopened to the proposer.
- d) The City of Tomball reserves the right to postpone the date and time for opening proposals through an addendum.

2. CLARIFICATION OF REQUIREMENTS

- a) It is the intent and purpose of the City of Tomball that this RFP permit competitive proposals. It shall be the proposer's responsibility to advise if any language, requirements, etc., or any combinations thereof, inadvertently restricts or limits the requirements stated in this RFP to a single source. Such notification must be submitted in writing and must be received by the City of Tomball no later than five (5) business days prior to the proposal due date. A review of such notifications will be made.
- b) All requests for additional information or clarification concerning this Request for Proposal (RFP) must be submitted in writing **to IPS Advisors no later than five (5) business days prior to the proposal due date.**

3. **ADDENDA & MODIFICATIONS**

- a) Any proposer in doubt as to the true meaning of any part of the specifications or other documents may request an interpretation thereof. The interpretation will be made by written addendum. Such addendum will be sent to all proposers receiving the original RFP and will become part of the RFP package having the same binding effect as provisions of the original RFP. No verbal explanations or interpretations will be binding. In order to have a request for interpretation considered, the request must be submitted in writing and **must be received no later than five (5) business days prior to proposal due date.**
- b) All addenda and interpretations of this solicitation shall be in writing. The City of Tomball shall not be legally bound by an addenda or interpretation that is not in writing. Only information supplied in writing or in this RFP should be used in preparing proposal responses. All contacts that a proposer may have had before or after receipt of this RFP with any individuals, employees, or representatives of the City or IPS Advisors and any information that may have been read in any news media or seen or heard in any communication facility regarding this proposal should be disregarded in preparing responses.
- c) The City does not assume responsibility for the receipt of any addendum sent to proposers.
- d) **A copy of all addenda issued must be signed and returned with your proposal.**

4. **EXAMINATION OF DOCUMENTS AND REQUIREMENTS**

- a) Each proposer shall carefully examine all RFP documents and thoroughly familiarize itself with all requirements prior to submitting a proposal to ensure that the services being offered meet the intent of these specifications.
- b) Before submitting a proposal, each proposer shall be responsible for making all investigations and examinations that are necessary to ascertain conditions and requirements affecting the requirements of this RFP. Failure to make such investigations and examinations shall not relieve the Proposer from obligation to comply, in every detail, with all provisions and requirements of the RFP.

5. **PROPOSAL COPIES**

- a) Proposers must submit **one original** and **two copies** of their proposal and proposed contract(s).
- b) All proposals, responses, inquiries, or correspondence relating to or in reference to this RFP, and all reports, charts, and other documentation submitted by proposers shall become the property of the City of Tomball when received at the office of IPS Advisors, Inc.

6. **PROPOSAL PREPARATION COSTS**

- a) Issuance of this RFP does not commit the City of Tomball, in any way, to pay any costs incurred in the preparation and submission of a proposal.
- b) The issuance of this RFP does not obligate the City of Tomball to enter into contract for any services or equipment.

- c) All costs related to the preparation and submission of a proposal shall be paid by the proposer.

7. **TRADE SECRETS, CONFIDENTIAL INFORMATION AND THE TEXAS PUBLIC INFORMATION ACT**

- a) If you consider any portion of your proposal to be privileged or confidential by statute or judicial decision, including trade secrets and commercial or financial information, clearly identify those portions.
- b) Proposals will be opened in a manner that avoids disclosure of the contents to competing offerors and keeps the proposals secret during negotiations. All proposals are open for public inspection after the contract is awarded, but trade secrets and confidential information in the proposals are not open for inspection.
- c) The City of Tomball will honor your notations of trade secrets and confidential information and decline to release such information initially, but please note that the final determination of whether a particular portion of your proposal is in fact a trade secret or commercial or financial information that may be withheld from public inspection will be made by the Texas Attorney General or a court of competent jurisdiction. In the event a public information request is received for a portion of your proposal that you have marked as being confidential information, you will be notified of such request and you will be required to justify your legal position in writing to the Texas Attorney General pursuant to Section 552.305 of the Government Code. In the event that it is determined by opinion or order of the Texas Attorney General or a court of competent jurisdiction that such information is in fact not privileged and confidential under Section 552.110 of the Government Code and Section 252.049 of the Local Government Code, then such information will be made available to the requester.
- d) Marking your entire proposal CONFIDENTIAL/PROPRIETARY **is not** in conformance with the Texas Open Records Act.

8. **DISADVANTAGED BUSINESS ENTERPRISE (DBE) REQUIREMENTS**

- a) The City of Tomball hereby notifies all proposers that in regard to any contract entered into pursuant to this RFP, Disadvantaged Business Enterprises (DBE's) will be afforded equal opportunities to submit proposals and will not be discriminated against on the grounds of race, color, sex, disability, or national origin in consideration of an award.
- b) A DBE is defined as a small business concern which is at least 51% owned and controlled by one or more socially and economically disadvantaged individuals, or in the case of any publicly owned business, at least 51% of the stock of which is owned by one or more socially and economically disadvantaged individuals. Socially and economically disadvantaged include Women, Black Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans, and Asian-Indian Americans.

9. **HB 914 DISCLOSURE OF CERTAIN RELATIONSHIPS**

- a) Effective January 1, 2006, Chapter 176 of the Texas Local Government Code requires that any vendor or person considering doing business with a local government entity disclose in the questionnaire form CIQ, the vendor or person's

affiliation or business relationship that might cause a Conflict of Interest with a local government entity. By law, this questionnaire must be filed with the records administrator of the City not later than the 7th business day after the date the person becomes aware of facts that require that statement to be filed. See Section 176.006, Local Government Code. A person commits an offense if the person violates Section 176.006, Local Government Code. An offense under this section is a Class C Misdemeanor.

10. ALTERING/WITHDRAWAL OF BIDS

- a) Bids cannot be altered or amended after submission deadline. Any alteration or erasure made before bid opening time must be initialed by the signer of the bid, guaranteeing authenticity.
- b) A bid price may not be withdrawn or canceled by the bidder for a period of ninety (90) days following the date designated for the receipt of bids without written approval of the Purchasing Agent for the City and bidder so agrees upon submittal of bid.

11. AUTHORIZATION TO BIND SUBMITTER OF PROPOSAL

- a) Proposals are to be signed by an officer of the company authorized to bind the submitter to its provisions. Proposals are to contain a statement indicating the period during which the proposals will remain valid. A period of not less than ninety (90) days is required.

12. EQUAL EMPLOYMENT OPPORTUNITY

- a) Proposer agrees that it will not discriminate in hiring, promotion, treatment, or other terms and conditions of employment based on race, sex, national origin, age, disability, or in any way violate Title VII of 1964 Civil Rights Act and amendments, except as permitted by said laws.

13. EVALUATION PROCESS

- a) All proposals will be evaluated by IPS Advisors, Inc.
- b) Respondents to this RFP may be required to submit additional information, which IPS Advisors, Inc. may deem necessary to further evaluate the proposer's qualifications.
- c) IPS Advisors, Inc. will evaluate and numerically score each proposal in accordance with the evaluation criteria included in the Request for Proposal.
- d) IPS Advisors, Inc. will arrive at a short list of the top respondents and these short-listed respondents may be scheduled for a structured oral presentation and interview. Such presentations will be at no cost to the City of Tomball or IPS Advisors, Inc. At the end of the oral presentation and interview, the evaluation of the short-listed respondents will be completed. The oral interview may be recorded and/or videotaped.

14. **CONTRACT AWARD**

- a) Any contract award as a result of this RFP will be made to the responsible offeror whose proposal is determined to be the most advantageous to the City of Tomball considering the relative importance of price and the other evaluation factors included in the RFP.
- b) The City of Tomball does not guarantee that any contract will be awarded as a result of this RFP.

SIGNATURE PAGE

The undersigned, in submitting this bid proposal and their endorsement of same, represents that he/she is authorized to obligate their firm, that he/she has read this entire bid proposal package, is aware of the covenants contained herein and will abide by and adhere to the expressed requirements.

Submittals will be considered as being responsive only if entire bid package including attachments is returned.

Submitted by:

(Official Firm Name)

By: _____
(Original Signature)

(Typed or Printed Name)

(Title) (Date)

Remittance Address:

Phone: _____

Fax: _____

Email: _____

Request for Proposal Contents Listing

- RFP Overview
- Deviations from Specifications
- Contractual Provisions for Consideration
- Proposal Terms
- Vendor Selection Criteria
- Current Plan Summaries and Requested Plan Options
- Rate History
- Employee/Employer Contributions
- Submission Forms
- Health and Wellness Program Scope of Services
- Health and Wellness Program Questionnaire
- Health and Wellness Program Cost of Service
- Attachments

OVERVIEW

Client: City of Tomball

Industry: Municipality

Group to be Covered: All Eligible Employees

Size: **121** - Active Employees

Location: 401 Market St.
Tomball, TX 77375

Coverages to Bid: **Medical, Dental, Employee Assistance Program, Basic Life and AD&D, Long Term Disability, Voluntary Life and AD&D, Employer Paid and Voluntary Vision, Wellness Program**

Effective Date 10/1/09

Geo Access Report: Criteria: Hospital – 1 in 15 mi.; Physician/Specialist – 1 in 10 mi.

Commission: **QUOTE ALL COVERAGES NET OF COMMISSION**

Consultant: Randall R. Martell, HIA, MHP
IPS Advisors, Inc.
8080 N. Central Expressway
Suite 1500
Dallas, TX 75206

DEVIATIONS FROM SPECIFICATIONS

- 1) Describe, in detail, any deviations from the specifications.

Signature of Officer

Contractual Provisions for Consideration

The firm who enters into a contract with the City of Tomball to provide services to the employees will be required to abide by the contract provisions outlined here. Potential contractors should consider the following carefully, and it is assumed by submitting a proposal that these conditions will be acceptable and included in the final signed document.

I. Handling of Claims & Customer Service

- A. The contractor must agree to deliver quality customer service to the City and its employees and follow all applicable regulations and industry standards. Any problems related to servicing the contract, the employees, or the City with regard to billing procedures must be rectified immediately.
- B. Invoices will be separated for:
 - a. Active Employees
 - b. Retirees
 - c. COBRA Eligible Plan Participants

II. Continuity of Coverage

All employees and dependents covered by the current plan are to receive immediate coverage under the new plan. It is expected that employees will be covered on a loss/no gain basis. Fair credit will be allowed for all or any part of deductibles, coinsurance, etc. satisfied prior to the effective date. The waiting period for pre-existing conditions should be no more than 12 months, total. Employees transferring from part-time to full-time status will have immediate coverage assuming waiting period has been satisfied.

III. Claims Experience Monitoring

The contractor shall provide monthly reports allowing the City to monitor claims experience on a monthly basis.

IV. Contractor Provision Requirement

The contractor shall provide any necessary tools, equipment, supplies, materials, employees, management, and other items or services necessary in order to provide full service to the contract.

V. Indemnity Clause

By submitting a proposal and/or accepting an agreement for services, the contractor will agree to hold harmless the City of Tomball, its officers, agents, and employees, from and against any and all claims, losses, damages, causes of action, suits and liability of every kind, including all expenses of litigation, court costs, and attorney's fees, for injury to, or death of, any person, or for damage to any property arising out of, or in conjunction with, the work done by the contractor, regardless of whether such injuries, death or damages are caused in whole or in part by the negligence of the City.

VI. Expectations of the Contractor

It is understood upon submission of a proposal that;

- A. The contractor shall not assign or subcontract any of its rights, duties, or obligations under the contract without prior written consent from the City. The contractor shall be entitled to assign, pledge or encumber its right to receive payments under this contract pursuant to security interests based upon the Uniform Commercial Code, so long as the City shall never be obligated to negotiate with any such third party in respect to compliance with the terms and conditions of the agreed contract. Any such assignment, pledge or encumbrance shall be limited by any rights of offset by the City for damages or claims arising under this Contract or any other obligation owed by the contractor to the City.
- B. At all times during the term of the contract, the company awarded the contract shall operate as an independent contractor to the City, and the contractor shall not, in any event, be deemed an employee or other representative of the City, nor shall he/she hold themselves up as such.

VII. Contractor Employee Arrangements

All employees of the contractor shall at all times be considered an employee of the contractor, and the contractor will be solely liable for the payment of all wages and benefits made available to such employees in connection with their employment. In addition, it is expected and understood that the contractor will be responsible at all times for the supervision and performance of their employees. All employees of the contractor shall warrant that all employees are fully covered by workers compensation insurance and that each employee has been carefully screened as to character and fitness for the performance of his/her job.

VIII. Contractor Insurance Coverages

During the duration of any agreed contract, the contractor shall maintain, at its sole cost and expense, Professional E & O Liability insurance with a minimum policy limit of \$1,000,000. The insurance policy must name the City of Tomball as an additional insured. A certificate of insurance evidencing such coverage shall be furnished to the City prior to the commencement of any work for the City.

PROPOSAL TERMS

1. Proposals are to be based on the requested plan(s) of benefits.
2. Proposals are to be based upon the census provided in the RFP.
3. All participants enrolled in the Employee Benefits Plan as of September 30, 2009 are to receive immediate coverage under the new plan. All health services incurred on or after October 1, 2009 for currently enrolled participants are to be eligible expenses. The City's enrollment records are to be the basis for "take-over."
4. Credit is to be given for accumulated deductible, coinsurance, and lifetime maximums with a maximum waiting period on pre-existing conditions of 12 months total.
5. **This RFP is for a four-year contract period. A 1-year contract with 3 one-year renewal options.** If it is the respondent's intent to increase rates at the renewal date, the City must be notified of the maximum increase for each renewal period and the basis for calculating the increase. **The City must be notified of renewal rates 90 days prior to the effective date** of the rate change.

**VENDOR SELECTION CRITERIA
(INSURANCE COMPANY – ALL COVERAGES)**

The objective of the evaluation for proposals will be to select the provider whose proposal is most responsive to the City's relating importance, price, and other factors considered:

I. Cost (30%)

- a) Fixed Costs: includes insurance costs and administrative costs
- b) Ability to reduce claims expense

II. Financial Stability (15%)

- a) Insurance Company, AM Best Rating

III. Communication (5%)

- a) Educational material for employees
- b) Summary Plan Description capabilities
- b) Administrative kits for locations
- c) Bilingual capability

IV. Claims Processing (25%)

- a) Turnaround time excluding medical review of claims
- b) Pended claims procedures
- c) Statistical accuracy
- d) General service procedures
- e) Willingness to contractually establish performance criteria

V. Claims Management Reports (10%)

- a) Frequency and format of claims reports are the utmost importance.
- b) Disease Management reporting

VI. Integrated Systems / Technology Initiative (10%)

Integrated systems linked to database are integral to the provider selection. The following components make up the whole of an integrated system:

- a) Eligibility
- b) Utilization review / Disease Management Programs
- c) Claims function
- d) Claims payment / family histories (i.e. pre-existing condition)
- e) Internet based enrollment/eligibility

VII. References (5%)

VENDOR SELECTION CRITERIA
(EAP and Wellness Program)

- I. **Cost of Services** (40%)
- II. **Reporting** (20%)
- III. **Technology Capabilities** (20%)
- II. **References / Relevant Services/Explanations** (10%)
- III. **Enrollment/Communication Materials** (10%)

CURRENT PLAN SUMMARIES

AND

REQUESTED PLAN OPTIONS

**CITY OF TOMBALL
MEDICAL HMO PLAN DESIGN**

Benefit	BCBS - HMO
	In Network Only
Lifetime Maximum Benefit	Unlimited
Deductible	None
Coinsurance	100%
Out-of-Pocket Maximum (Ded. Included)	\$1,000 Ind./\$2,000 Fam.
Dr. Office Visits	\$15 copay
Specialist Copay	\$15 copay
Preventive Care Services	\$15 copay
Inpatient Hospital Services	\$275 copay
Surgery-Dr.'s Office Outpatient Hospital	\$100 copay
Emergency / Urgent Care	\$75 copay (waived if admitted) \$30 copay \$100 copay
Hospital ER Room	
Urgent Care Facility	
Ambulance	
Chemical Dependency	Limited to 3 separate series of treatment
Outpatient Services	\$15 copay
Inpatient Hospital Care	\$275 copay per admission
Mental Nervous	\$15 copay \$275 copay per admission
Outpatient Services	
Inpatient Services	
Home Health Care	\$15 copay per visit
Pharmacy - 30 day supply Generic/Brand/Non-Formulary	\$10 / \$25 / \$40
Mail Order - 90 day supply Generic/Brand/Non-Formulary	\$30 / \$75 / \$120

**CITY OF TOMBALL
MEDICAL PPO PLAN DESIGN**

Benefits	BCBS - PPO	
	In Network	Out of Network
Lifetime Maximum Benefit	\$2,000,000	\$2,000,000
Deductible	\$250 Ind. / \$750 Family	\$500 Ind. / \$1,000 Family
Coinsurance	90%	70%
Out-of-Pocket Maximum (Ded. Included)	\$1,000 Ind. / \$3,000 Family	\$2,000 Ind. / \$6,000 Family
Dr. Office Visits	\$15 copay	70% after Ded.
Specialist Copay		70% after Ded.
Preventive Care Services	\$15 copay	70% after Ded.
Inpatient Hospital Services	Covered at 90%	70% after \$250 Ded.
Surgery-Dr.'s Office -Outpatient Hospital	90% after Ded.	70% after Ded.
Emergency / Urgent Care Hospital ER Room Urgent Care Facility	90% after \$50 copay \$50 copay	90% after \$50 copay 70% after \$50 copay and Ded.
Ambulance		
Chemical Dependency Outpatient Services Inpatient Hospital Care	3 separate series of treatment \$15 copay 90% after Ded.	70% after Ded. 70% after Ded.
Mental Nervous Outpatient Services Inpatient Services	30 visits per cal. Year \$15 copay 90% after Ded.	30 visits per cal. Year 70% after Ded. 70% after Ded.
Home Health Care	\$10,000 per cal. Year	\$10,000 per cal. Year
Pharmacy - 30 day supply Generic/Brand/Non- Formulary	\$10 / \$25 / \$40	80% minus copay
Mail Order - 90 day supply Generic/Brand/Non- Formulary	\$30 / \$75 / \$120	\$30 / \$75 / \$120

CITY OF TOMBALL DENTAL PLAN DESIGN

DENTAL BENEFITS	BCBS - TX
	PPO
Type I – Preventive Services	100%
Waiting Period	None
Oral Examinations (2 per year)	
Cleanings (2 per year)	
Bitewing X-Rays	
Full mouth X-Rays	
Topical Fluoride Treatment (to age 19)	
Sealants	
Space Maintainers	
Labs & Tests	
Palliative Treatment (Relief of Pain)	
Type II – Basic Services	80%
Waiting Period	None
Fillings	
Root Canal Treatment	
Root Planing	
Periodontal Surgery	
Periodontics	
Extractions	
General Anesthesia	
Type III – Major Services	50%
Waiting Period	None
Crowns	
Inlays and Onlays	
Removable / Fixed Bridge-Work	
Partial or Complete Dentures	
Denture Relines / Rebases	
Repairs - Bridges, Crowns, Inlays, Dentures	
Type IV - Orthodontia	50%
Waiting Period	None
Orthodontia Lifetime Maximum	\$1,500
Orthodontia Eligibility (Adult/Child)	Adult, Child
Calendar Year Deductible	II, III, IV
Individual	\$50
Family	\$150
Dental Annual Maximum	\$1,500
UCR Out of Network Percentile	90th

**CITY OF TOMBALL
BASIC LIFE / AD&D PLAN DESIGN**

BASIC LIFE / AD&D BENEFITS	BCBS - Fort Dearborn
Class Description	
Class I	Department Heads
Class II	Supervisors
Class III	Active Fulltime Employees
Class IV	Retirees
Employer Contribution	100%
Basic Life Schedule	
Class I	\$50,000
Class II	\$20,000
Class III	\$10,000
Class IV	\$2,000
Guarantee Issue Amount	
Class I	\$50,000
Class II	\$20,000
Class III	\$10,000
Class IV	\$2,000
Age Reduction Schedule	to 45% at age 70; to 35% at age 75; to 25% at age 80
Waiver of Premium	Included
Accelerated Death Benefit	Included (Class I & II)
Conversion	Included
Portability	Included
BASIC AD&D BENEFITS	
Basic Life Schedule	
Class I	\$50,000
Class II	\$20,000
Class III	\$10,000
Class IV	n/a
Maximum Benefit	\$300,000
Age Reduction Schedule	to 45% at age 70; to 35% at age 75; to 25% at age 80
Education	Included
Seatbelt	Included
Air Bag	Included
\$ Change from Current	N/A
% Change from Current	N/A
Number of Employees	121
Waiting Period	1st day of the month after hire date
Actively at Work	Yes
Effective Date	10/1/2007
Rate Guarantee	24 months

**CITY OF TOMBALL
VOLUNTARY LIFE / AD&D PLAN DESIGN**

VOLUNTARY LIFE	BCBS - Fort Dearborn Life
Employee Amount	\$10,000 increments, to a maximum of \$500,000
Guarantee Issue Amount	\$150,000
Age Reduction Schedule	To 65% at age 70 To 45% at age 75 To 30% at age 80 To 20% at age 85 To 15% at age 90 Terms at Retirement
Spouse Life Amount	\$10,000 increments to \$500,000, not to exceed 100% of the EE benefit
Spouse Guarantee Issue Amount	\$20,000
Child Life Amount 15 days – 6 months 6 months to 25 years	\$100 \$5,000 or \$10,000
Child Guarantee Issue Amount	\$10,000
VOLUNTARY AD&D	BCBS - Fort Dearborn Life
Employee Amount	\$10,000 increments, to a maximum of \$500,000
Guarantee Issue Amount	\$150,000
Age Reduction Schedule	To 65% at age 70 To 45% at age 75 To 30% at age 80 To 20% at age 85 To 15% at age 90 Terms at Retirement
Spouse Amount	\$10,000 increments to 50% of the EE benefit
Spouse Guarantee Issue Amount	\$20,000
Child Amount	10% of the EE benefit
Waiver of Premium Elimination Period	9 months
Waiver of Premium Termination Age	65
Portability	Included
Living Care Benefit	50% of the amount of the life insurance but not to exceed \$100,000

**CITY OF TOMBALL
BASIC LIFE / AD&D PLAN DESIGN – OPTION 1**

(NEW COVERAGE TO QUOTE)

BASIC LIFE / AD&D BENEFITS	
Class Description	
Class I	Active FT Employees
Class II	Retirees
Employer Contribution	100%
Basic Life Schedule	
Class I	1 x BAE, up to \$150,000
Class II	\$2,000
Maximum Benefit	\$150,000
Guarantee Issue Amount	
Class I	\$150,000
Class II	\$2,000
Age Reduction Schedule	to 45% at age 70; to 35% at age 75; to 25% at age 80
Waiver of Premium	Included
Accelerated Death Benefit	Included (Class I)
Conversion	Included
Portability	Included
BASIC AD&D BENEFITS	
Basic Life Schedule	
Class I	1 x BAE up to \$150,000
Class II	n/a
Maximum Benefit	\$150,000
Age Reduction Schedule	to 45% at age 70; to 35% at age 75; to 25% at age 80
Education	Included
Seatbelt	Included
Air Bag	Included

**CITY OF TOMBALL
FULLY INSURED VISION PLAN**

(NEW COVERAGE TO QUOTE)

VISION	
CARRIER HISTORY:	New Coverage intended for 10/1/09 effective date for Active FT Employees
REQUESTED COVERAGE:	Lens and Contacts – every 12 months Frames – every 24 months \$25 Exam copay \$25 Materials copay \$100 Retail Frame Allowance \$120 Contact Lenses Retail Allowance
ELIGIBILITY:	All Full Time Employees
EMPLOYER CONTRIBUTION:	Quote 100% Employer paid for EE and 0% paid for Dependents Please quote on both a Contributory and Voluntary basis

**CITY OF TOMBALL
LONG TERM DISABILITY OPTION 1**

(NEW COVERAGE TO QUOTE)

CARRIER	Proposed Plan
Class Description	Active FT Employees
Eligible Income	Base Annual Earnings
Monthly Percentage	60% of Base Monthly Earnings
Monthly Maximum	\$5,000
Guarantee Issue	\$5,000
Minimum Benefit	Greater of \$100 or 10%
Elimination Period	90 Days or end of accumulated sick leave, whichever is greater
Benefit Duration	SSNRA
Definition of Disability	2 Years Own Occ Any Occ Thereafter
Residual/Partial	Zero Day
Social Security Integration	Full Family
Earnings Test	20% earnings loss
Survivor Benefit	3 Months
Pre-existing Limitations	3/12
Mental/Nervous Limits	24 Months
Drug & Alcohol Limits	24 Months
Self-reported Limitations	No Limitation
Mandatory Rehab	Included
Family Care Benefit	State Benefit (if applicable)
Work Incentive	State Benefit (if applicable)
LTC Benefit Provision	State Benefit (if applicable)
FICA Match	Please include
W-2 Preparation	Please include

**CITY OF TOMBALL
LONG TERM DISABILITY OPTION 2**

(NEW COVERAGE TO QUOTE)

CARRIER NAME	Proposed Plan	
Class Description	Base Plan	Buy-Up Plan
Employer Contribution	100%	0%
Eligible Income	Base Annual Earnings	Base Annual Earnings
Monthly Percentage	40% of Base Monthly Earnings	Additional 20% of Base Monthly Earnings
Monthly Maximum	\$5,000	\$5,000
Guarantee Issue	\$5,000	\$5,000
Minimum Benefit	Greater of \$100 or 10%	Greater of \$100 or 10%
Elimination Period	180 Days	90 Days
Benefit Duration	SSNRA	SSNRA
Definition of Disability	2 Years Own Occ Any Occ Thereafter	2 Years Own Occ Any Occ Thereafter
Residual/Partial	Zero Day	Zero Day
Social Security Integration	Full Family	Full Family
Earnings Test	20% earnings loss	20% earnings loss
Survivor Benefit	3 Months	3 Months
Pre-existing Limitations	3/12	3/13
Mental/Nervous Limits	24 Months	24 Months
Drug & Alcohol Limits	24 Months	24 Months
Self-reported Limitations	No Limitation	No Limitation
Mandatory Rehab	Included	Included
Family Care Benefit	State Benefit (if applicable)	State Benefit (if applicable)
Work Incentive	State Benefit (if applicable)	State Benefit (if applicable)
LTC Benefit Provision	State Benefit (if applicable)	State Benefit (if applicable)
FICA Match	Please include	Please include
W-2 Preparation	Please include	Please include

**CITY OF TOMBALL
EMPLOYEE ASSISTANCE PROGRAM**

(NEW COVERAGE TO QUOTE)

Requested Services:

- ◆ Local counselors to provide EAP services for psychiatric and substance abuse services not limited to:
 - a. Assessment, counseling and referral interviews up to a maximum 3 (three) sessions per incident per covered individual per year.
 - b. A 24-hour, 7 days per week accessible hotline or helpline available through a toll free number to all covered employees and their families.
 - c. Crisis counseling services including critical incident debriefing sessions as requested.
- ◆ Staff orientation meetings intended to increase awareness and utilization of this EAP resource (2 per year or as requested).
- ◆ Educational seminars and preventive services available on an as requested basis.
- ◆ Supervisor/management training and consultation services available on an as requested basis at the discretion of the client.
- ◆ The mental health management provider will provide a representative to assist in planning with the client's Benefits Department.
- ◆ Management interface services for the client's supervisors regarding integration of job-site activities following an employee's hospitalization or outpatient treatment (assuming employees consent).
- ◆ Follow up services with employee's families for up to one year following hospitalization, which will not be counted against the three-visit maximum.
- ◆ Act as a resource for compliance of the Drug Free Work Place Act.
- ◆ Assume responsibility for medical credentialing to be in compliance with Health Insurance Portability and Accountability Act of 1996 (Amended 1998).
- ◆ Reporting of utilization on a monthly basis.
- ◆ Intensive outpatient substance abuse services for EAP qualifying employees/dependents with assessment/treatment and follow up.
- ◆ Employee work/life seminars (3 per year)
 - Personal/family dynamics (work/life balance)
 - Life Planning
 - Personal, financial, retirement, legal, estate planning, etc.
 - Elder Care
 - Focus on aspects of parental care, caregiver/family dynamics, home health care, senior housing options, payer sources, community services, and long term care.
- ◆ Database referral to child care and/or elder care.

RATE HISTORY

**CITY OF TOMBALL
RATE HISTORY**

<u>MEDICAL HMO</u>	2008 – 2009
Employee Only	\$460.01
Employee & Spouse	\$1,041.04
Employee & Child(ren)	\$804.22
Employee & Family	\$1,327.76
<u>MEDICAL PPO</u>	
Employee Only	\$492.97
Employee & Spouse	\$1,115.67
Employee & Child(ren)	\$861.88
Employee & Family	\$1,422.95

<u>DENTAL PPO</u>	2008 – 2009
Employee Only	\$32.15
Employee & Spouse	\$74.88
Employee & Child(ren)	\$69.47
Employee & Family	\$123.77

<u>BASIC LIFE/AD&D</u>	2008 – 2009
Life Rate per \$1,000	\$0.12
AD&D Rate per \$1,000	\$0.02
<u>VOLUNTARY LIFE</u>	Employee (per \$10,000)
Age < 25	\$0.70
25-29	\$0.70
30-34	\$0.80
35-39	\$1.00
40-44	\$1.70
45-49	\$2.50
50-54	\$4.20
55-59	\$7.20
60-64	\$11.30
65-69	\$17.80
70-74	\$28.20
75+	\$50.10
Dependent/Family Life Rate (per \$5,000)	\$1.00
<u>VOLUNTARY AD&D</u>	
Employee Rate (per \$1,000)	\$0.05
Family Rate (per \$5,000)	\$0.08

EMPLOYEE CONTRIBUTIONS

Contribution Structure (Medical and Dental Combined)

HMO	2008		
	Premium	Employee Portion	% City Paid
Employee Coverage	\$460.01	\$0.00	100%
add'l Spouse Coverage	\$581.03	\$150.67	74%
add'l Child Coverage	\$344.21	\$97.50	72%
add'l Family Coverage	\$867.75	\$216.76	75%

PPO	2008		
	Premium	Employee Portion	% City Paid
Employee Coverage	\$492.97	\$0.00	100%
add'l Spouse Coverage	\$622.70	\$150.67	76%
add'l Child Coverage	\$368.91	\$97.50	74%
add'l Family Coverage	\$929.98	\$216.76	77%

SUBMISSION FORMS

(MUST BE COMPLETED AND INCLUDED IN PROPOSAL)

**CITY OF TOMBALL
MEDICAL HMO PLAN DESIGN**

(PLEASE COMPLETE WITH PLAN DESIGN QUOTED)

Benefit	CARRIER NAME
	In Network Only
Lifetime Maximum Benefit	
Deductible	
Coinsurance	
Out-of-Pocket Maximum (Ded. Included)	
Dr. Office Visits	
Specialist Copay	
Preventive Care Services	
Inpatient Hospital Services	
Surgery-Dr.'s Office Outpatient Hospital	
Emergency / Urgent Care Hospital ER Room Urgent Care Facility Ambulance	
Chemical Dependency Outpatient Services Inpatient Hospital Care	
Mental Nervous Outpatient Services Inpatient Services	
Home Health Care	
Pharmacy - 30 day supply Generic/Brand/Non-Formulary	
Mail Order - 90 day supply Generic/Brand/Non-Formulary	

**CITY OF TOMBALL
MEDICAL PPO PLAN DESIGN**

(PLEASE COMPLETE WITH PLAN DESIGN QUOTED)

Benefits	CARRIER NAME	
	In Network	Out of Network
Lifetime Maximum Benefit		
Deductible		
Coinsurance		
Out-of-Pocket Maximum (Ded. Included)		
Dr. Office Visits		
Specialist Copay		
Preventive Care Services		
Inpatient Hospital Services		
Surgery-Dr.'s Office -Outpatient Hospital		
Emergency / Urgent Care Hospital ER Room Urgent Care Facility Ambulance		
Chemical Dependency Outpatient Services Inpatient Hospital Care		
Mental Nervous Outpatient Services Inpatient Services		
Home Health Care		
Pharmacy - 30 day supply Generic/Brand/Non- Formulary		
Mail Order - 90 day supply Generic/Brand/Non- Formulary		

CITY OF TOMBALL

FULLY INSURED MEDICAL RATE SHEET

CARRIER NAME _____

ACTIVE AND RETIRED EMPLOYEES

Basic Monthly Premium & Administration

	<u>Rate</u>	<u>#Lives</u>
<u>HMO</u>		
Employee Only	\$ _____	_____
Employee + Spouse	\$ _____	_____
Employee + Child(ren)	\$ _____	_____
Employee & Family	\$ _____	_____
<u>PPO</u>		
Employee Only	\$ _____	_____
Employee + Spouse	\$ _____	_____
Employee + Child(ren)	\$ _____	_____
Employee & Family	\$ _____	_____
Total Monthly Costs	\$ _____	_____

The costs above are based upon duplication of the current plan of benefits.

Signature

**CITY OF TOMBALL
DENTAL PLAN DESIGN**

(PLEASE COMPLETE WITH PLAN DESIGN QUOTED)

DENTAL BENEFITS	CARRIER NAME
	Current
Type I – Preventive Services	
Waiting Period	
Oral Examinations (Frequency)	
X-rays	
Cleanings (Frequency)	
Topical Fluoride Treatment (Age Limit)	
Sealants (Age Limit)	
Type II – Basic Services	
Waiting Period	
Fillings	
Root Canal Treatment	
Periodontal Surgery	
Periodontics	
Endodontics	
General Anesthesia	
Extractions	
Crowns - Stainless Steel Only	
Palliative Treatment (Relief of Pain)	
Type III – Major Services	
Waiting Period	
Space Maintainers (Age Limit)	
Crowns	
Inlays and Onlays	
Removable / Fixed Bridge-Work	
Partial or Complete Dentures	
Denture Relines / Rebases	
Implants	
Type IV - Orthodontia	
Waiting Period	
Orthodontia Lifetime Maximum	
Orthodontia Eligibility (Adult/Child)	
Calendar Year Deductible	
Individual	
Family	
Orthodontia	
Dental Annual Maximum	
RATE GUARANTEE	

CITY OF TOMBALL
DENTAL RATE SHEET

CARRIER NAME _____

ACTIVE EMPLOYEES

Monthly Premium & Administration	<u>Rate</u>	<u>#Lives</u>
Employee Only	\$ _____	_____
Employee + Spouse	\$ _____	_____
Employee + Child(ren)	\$ _____	_____
Employee & Family	\$ _____	_____
Total Monthly Costs	\$ _____	_____

The costs above are based upon duplication of the current plan of benefits.

Signature

**CITY OF TOMBALL
BASIC LIFE / AD&D**

(PLEASE COMPLETE FOR EACH PLAN DESIGN QUOTED)

BASIC LIFE BENEFITS	CARRIER NAME	
	Current	
Class Description		
Basic Life Schedule		
Age Reduction Schedule		
Waiver of Premium		
Accelerated Death Benefit		
Conversion		
Portability		
Spouse Life Amount		
Child(ren) Life Amount		
BASIC AD&D BENEFITS		
Class Description		
Basic AD&D Schedule		
Age Reduction Schedule		
Seatbelt		
Air Bag		
Line of Duty Benefit		
Number of Employees		
Employer Contribution		
Effective Date		
Rate Guarantee		

CITY OF TOMBALL

BASIC LIFE / AD&D RATE SHEET

CARRIER NAME _____

ACTIVE EMPLOYEES – CURRENT PLAN

	<u>Rate</u>	<u>Volume</u>
Life	\$ _____	\$ _____
AD&D	\$ _____	\$ _____
Total Monthly Costs	\$ _____	
Rate Guarantee	_____	

The costs above are based upon *duplication* of the current plan of benefits.

Signature

**CITY OF TOMBALL
BASIC LIFE / AD&D – OPTION 1**

(PLEASE COMPLETE FOR EACH PLAN DESIGN QUOTED)

BASIC LIFE / AD&D BENEFITS	
Class Description	
Class I	Active FT Employees
Class II	Retirees
Employer Contribution	100%
Basic Life Schedule	
Class I	1 x BAE, up to \$150,000
Class II	\$2,000
Maximum Benefit	
Guarantee Issue Amount	
Class I	
Class II	
Age Reduction Schedule	
Waiver of Premium	
Accelerated Death Benefit	
Conversion	
Portability	
BASIC AD&D BENEFITS	
Basic Life Schedule	
Class I	1 x BAE up to \$150,000
Class II	n/a
Maximum Benefit	\$150,000
Age Reduction Schedule	
Education	
Seatbelt	
Air Bag	
Number of Employees	
Waiting Period	
Actively at Work	
Effective Date	
Rate Guarantee	

CITY OF TOMBALL

BASIC LIFE / AD&D – OPTION 1 RATE SHEET

CARRIER NAME _____

ACTIVE EMPLOYEES – CURRENT PLAN

	<u>Rate</u>	<u>Volume</u>
Life	\$ _____	\$ _____
AD&D	\$ _____	\$ _____
Total Monthly Costs	\$ _____	
Rate Guarantee	_____	

**CITY OF TOMBALL
VOLUNTARY LIFE / AD&D**

(PLEASE COMPLETE FOR EACH PLAN DESIGN QUOTED)

Benefit	CARRIER NAME
Class Description	
Voluntary Life Schedule	
Guarantee Issue	
Age Reduction Schedule	
Waiver of Premium	
Accelerated Death Benefit	
Conversion	
Portability	
Spouse Life Amount	
Spouse Guarantee Issue Amount	
Child(ren) Life Amount	
Child(ren) Guarantee Issue Amount	
VOLUNTARY AD&D BENEFITS	
Class Description	
Voluntary AD&D Schedule	
Age Reduction Schedule	
Seatbelt	
Air Bag	
Line of Duty Benefit	
Actively At Work	
Minimum Participation	
Number of Employees	
Employer Contribution	
Effective Date	
Rate Guarantee	

CITY OF TOMBALL

VOLUNTARY LIFE / AD&D RATE SHEET

FINANCIALS (per \$1,000)	
Age of Employee	EE / SP
Up to 24	
25 – 29	
30 – 34	
35 – 39	
40 – 44	
45 – 49	
50 – 54	
55 – 59	
60 – 64	
65 – 69	
70 – 74	
75 – 79	
80 – 84	
85 – 89	
90 – 94	
95 – 99	
Child(ren) Life Rate (per \$1,000)	
Voluntary AD&D Rate (per \$1,000)	
Employer Contribution	0%
Minimum Participation	
Effective Date	10/1/2009
Rate Guarantee	
AM Best Rating	

CITY OF TOMBALL

FULLY INSURED VISION

(PLEASE COMPLETE FOR EACH PLAN DESIGN QUOTED)

Benefit	CARRIER NAME
	To be Effective 10/1/2009
Eye Exam	
Network	
Non-Network	
Frames / Lenses	
Single Vision - Network/Non-Network	
Bifocal Lenses - Network/Non-Network	
Trifocal Lenses - Network/Non-Network	
Frames - Network/Non-Network	
Contacts	
Network	
<i>Medically Necessary</i>	
<i>Elective</i>	
Non-Network	
<i>Medically Necessary</i>	
<i>Elective</i>	
Exam Frequency	
Lens Frequency	
Frames Frequency	
Effective Date	
Participation Requirements	
Employer Contribution Requirements	
Rate Guarantee	
Network Website	

CITY OF TOMBALL

EMPLOYER PAID VISION RATE SHEET

CARRIER Name	
Employee Only	
Employee & Spouse	
Employee & Child(ren)	
Employee & Family	
Monthly Premium	
Annual Premium	
Effective Date	10/1/2009
Participation Requirements	
Employer Contribution Requirements	
Rate Guarantee	
Network Website	

VOLUNTARY VISION RATE SHEET

CARRIER Name	
Employee Only	
Employee & Spouse	
Employee & Child(ren)	
Employee & Family	
Monthly Premium	
Annual Premium	
Effective Date	10/1/2009
Participation Requirements	
Employer Contribution Requirements	
Rate Guarantee	
Network Website	

CITY OF TOMBALL
EMPLOYER PAID LONG TERM DISABILITY OPTION 1

CARRIER	
	Proposed Plan
Class Description	
Eligible Income	
Monthly Percentage	
Monthly Maximum	
Guarantee Issue	
Minimum Benefit	
Elimination Period	
Benefit Duration	
Definition of Disability	
Residual/Partial	
Social Security Integration	
Earnings Test	
Survivor Benefit	
Pre-existing Limitations	
Mental/Nervous Limits	
Drug & Alcohol Limits	
Self-reported Limitations	
Mandatory Rehab	
Family Care Benefit	
Work Incentive	
LTC Benefit Provision	
FICA Match	
W-2 Preparation	

CITY OF TOMBALL

LTD OPTION 1 RATE SHEET

(PLEASE COMPLETE WITH RATES FOR PLAN DESIGN QUOTED)

CARRIER	
Age	EMPLOYER PAID
	Rates per \$100
Under 20	Composite Rate \$ per \$100 Monthly Covered Payroll
20 – 24	
25 – 29	
30 – 34	
35 – 39	
40 – 44	
45 – 49	
50 – 54	
55 – 59	
60 – 64	
65 – 69	
70 – 74	
75 – 79	
80 – 84	
85 +	
	Volume - \$
	Monthly Premium - \$
Rate Guarantee	

**CITY OF TOMBALL
LONG TERM DISABILITY OPTION 2**

Benefit	CARRIER NAME	
	Base Plan	Buy-Up Plan
Class Description		
Contribution		
Eligible Income Monthly Percentage		
Monthly Maximum		
Guarantee Issue		
Minimum Benefit		
Elimination Period		
Benefit Duration		
Definition of Disability		
Residual/Partial		
Social Security Integration		
Earnings Test		
Survivor Benefit		
Pre-existing Limitations		
Mental/Nervous Limits		
Drug & Alcohol Limits		
Self-reported Limitations		
Mandatory Rehab		
Family Care Benefit		
Work Incentive		
LTC Benefit Provision		
FICA Match		
W-2 Preparation		

CITY OF TOMBALL

LTD OPTION 2 RATE SHEET

(PLEASE COMPLETE WITH RATES FOR PLAN DESIGN QUOTED)

CARRIER NAME		
Age	Base Plan	Buy-Up Plan
	Rates per \$100	Rates: Percent of Earnings
Under 20	Composite Rate \$ per \$100 Monthly Covered Payroll	
20 – 24		
25 – 29		
30 – 34		
35 – 39		
40 – 44		
45 – 49		
50 – 54		
55 – 59		
60 – 64		
65 – 69		
70 – 74		
75 – 79		
80 – 84		
85 +		
		Volume - \$
	Monthly Premium - \$	
Rate Guarantee		

SUBMISSION FORM

PROPOSED EMPLOYEE ASSISTANCE PROGRAM

(Please complete)

		✓ The Services Included in Your Proposal	
		Yes	No
1	Local counselors to provide EAP services for psychiatric and substance abuse services not limited to: a. Assessment, counseling and referral interviews up to a maximum 3 (three) sessions per incident per covered individual per year. b. A 24-hour, 7 days per week accessible hotline or helpline available through a toll free number to all covered employees and their families. c. Crisis counseling services including critical incident debriefing sessions as requested.		
2	Staff orientation meetings intended to increase awareness and utilization of this EAP resource (2 per year or as requested).		
3	Educational seminars and preventive services available on an as requested basis.		
4	Supervisor/management training and consultation services available on an as requested basis at the discretion of the client.		
5	The mental health management provider will provide a representative to assist in planning with the client's Benefits Department.		
6	Management interface services for the client's supervisors regarding integration of job-site activities following an employee's hospitalization or outpatient treatment (assuming employees consent).		
7	Follow up services with employee's families for up to one year following hospitalization, which will not be counted against the three-visit maximum.		
8	Act as a resource for compliance of the Drug Free Work Place Act.		
9	Assume responsibility for medical credentialing to be in compliance with Health Insurance Portability and Accountability Act of 1996 (Amended 1998).		
10	Reporting of utilization on a monthly basis.		
11	Intensive outpatient substance abuse services for EAP qualifying employees/dependents with assessment/treatment and follow up.		
12	Employee work/life seminars (3 per year) • Personal/family dynamics (work/life balance) • Life Planning • Personal, financial, retirement, legal, estate planning, etc. • Elder Care • Focus on aspects of parental care, caregiver/family dynamics, home health care, senior housing options, payer sources, community services, and long term care.		
13	Database referral to child care and/or elder care.		
	Rate PEPM		
	Monthly		
	Other Fees		
	Rate Guarantee		

HEALTH AND WELLNESS PROGRAM

SCOPE OF SERVICES

The City of Tomball is seeking Request for Proposals for a one year contract with four one year renewals by a single provider to manage a comprehensive Performance Based Health/Wellness Program. The City of Tomball will reserve the right to contract

The City of Tomball has approximately 121 full time employees who will have the opportunity to participate in the wellness program. The successful vendor must request payment for all services identified below with a single invoice. Please provide a detailed itemized spreadsheet with the associated cost for each of the items listed below as part of your bid.

The chosen vendor must also work with the Human Resources Administrative contact to establish a mutually beneficial schedule which will allow for personnel to obtain their Biometric Screenings in a timely and convenient manner. Under no circumstances shall any treatment(s), procedure(s), vaccination(s), etc. outside of the parameters of the items listed below be administered to an employee without prior written authorization from the Human Resources Administrative contact. The City of Tomball shall not be responsible for any expenses/charges regarding any service(s) provided to any employee(s) outside of the parameters of the items listed below without prior written authorization from the Human Resources Administrative contact.

The selected firm will report directly to the City of Tomball, Human Resources Department Administrative contact. The firm(s) will perform the following services:

Item 1: Initial Strategic Assessment and Planning Session

A strategic assessment will provide data necessary for long-term strategy and short-term tactical planning to ensure process for outcome success. The initial planning session activities should include:

- ✓ Development of overall goals and objectives of the program
- ✓ Scheduling of timeline and events.
- ✓ Environmental Analysis (existing facilities, signage, communication channels, policies)
- ✓ Analysis of Individual and group programming needs and preferences, in order to facilitate customization to each situation.

Item 2: Program Marketing

Proposer shall develop a communication plan and program marketing materials for the City of Tomball. Please attach to your response copies of marketing collateral and educational materials available to wellness program participants.

Item 3: Biometric Screenings and Health Risk Assessments

All personnel and dependents covered under the health plan will be given the opportunity to participate in a **voluntary**, annual, and confidential biometric screening and health risk assessment. All biometric screenings are requested to be conducted and/or supervised by a certified Nurse / Physician. We request that these screenings be designed to identify risk factors and create awareness.

The biometric screening test should include a comprehensive Blood Panel including, but not limited to:

- ✓ Total Cholesterol
- ✓ HDL
- ✓ LDL
- ✓ Triglycerides
- ✓ Glucose and,
- ✓ Total Cholesterol/HDL Ratio

Other measurements we request to be taken include:

- ✓ Body Fat
- ✓ BMI
- ✓ BMR
- ✓ Height
- ✓ Weight
- ✓ Blood Pressure

Provide a certified fitness/nutritional Coach to discuss results in a timely and confidential manner with all involved personnel. Personnel shall be notified if any medical or physical condition is found that warrants further evaluation.

Data collected shall be used for the purpose outlined in the City of Tomball's Wellness Program and will be strictly confidential.

Item 4: Corporate Wellness Coaching

A certified wellness coach shall be available to all personnel. We request that each vendor provide telephonic and onsite options for our review. Additionally, we request that wellness coaches be available to personnel and dependents via the web (e-mail) throughout the year.

A wellness coach shall utilize behavioral change facilitation techniques and strategies that have been proven effective in research and practice. We request that each coach works with a participant to identify realistic goals and objectives, work out solutions to perceived obstacles, develop a personalized action plan, explore strategies for maintaining or revising the action plan, and continually support and monitor the participant's path to healthy behavior change.

Item 5: Wellness Workshops

We request that four one-hour wellness workshops be delivered throughout the contract term. Wellness workshops should be designed to inform personnel on a variety of health related topics. Please supply a listing of workshops in which to choose from in the areas of:

- ✓ Nutrition
- ✓ Fitness and Physical Activity
- ✓ Stress
- ✓ Healthy Behavior and Lifestyle Change
- ✓ Family Wellness
- ✓ Smoking Cessation

Item 6: Incentive Administration

Incentive administration and/or tracking of incentive based programs shall be provided to Tomball throughout the contract term.

Item 7: Reporting and Measurement

Monthly and quarterly reports will be presented to the Human Resource Director to communicate participation, satisfaction and changes in established wellness measurement and metrics. Frequency, detail and content will be developed during the initial planning session. It is also requested that the chosen vendor will provide biometric and HRA data downloads to the City's disease management at no cost.

Please include copies of individual reporting available to the member and aggregate reporting that will be available to the City of Tomball.

Additional (Optional Services)

Please provide all value added and/or optional services offered and their corresponding fees as applicable. Additional / optional services may include:

- ✓ **Additional Biometric Screening Services**
- ✓ **Smoking Cessation Programs**
- ✓ **Walking Programs (ex. 10,000 Steps)**
- ✓ **Multisession Courses**
- ✓ **On-line Web Tools and Informational Portals**
- ✓ **Health Risk Assessments**
- ✓ **Claims Analysis**

HEALTH AND WELLNESS PROGRAM - QUESTIONNAIRE

Wellness Philosophy

Please describe your wellness philosophy.

Please describe your wellness program model? How does it differentiate from your competitors?

How do you plan to maximize participation in the wellness program?

In regard to Wellness incentives, do you believe in the Carrot or Stick approach? Please provide examples of incentives utilized by your firm.

Please outline a sample 5 year wellness program strategy for the City of Tomball.

Experience and Qualifications

How many years has your firm been in business?

Please give examples of other municipalities or governmental entities for which you have provided similar services.

What is the average participation rate for your wellness programs in the first year? Year 2? Year 3?

Please provide a listing of personnel involved with the City of Tomball account, complete with educational background and relevant work experience.

Biometric Screenings and Health Risk Assessments (HRA)

Please describe your typical biometric screening process?

How are Biometric screening scheduled? Can employees schedule screenings on-line?

Please identify the Biometric measurements taken?

Do you employ your own phlebotomists or are they outsourced? What is your phlebotomist first time stick rate?

Do you own your own HRA or do you outsource? How long have you used your HRA?

Please list all risk factors that are identified in the HRA.

Is your Health Risk Assessment available in both paper and on-line formats?

Please describe the turn-a-round time for each of the following areas:

- Distributing biometric screening and HRA results to participants.
- Contacting high risk participants for interventions
- Presentation of aggregate reporting with detailed analysis to the City of Tomball.

Will you provide Biometric and HRA data to the City's Disease Management provider? Is there a cost to the City of Tomball?

Intervention and Coaching

How do you identify High Risk Participants?

Describe your methodology for intervening with high risk participants. How are they approached? How are they managed on an ongoing basis? Do you use an opt-in or opt-out approach?

Please describe your coaching model. Is it primarily on-site? Telephonic? Web-based?

Please describe all coaching programs available to participants. What are your criteria for participation in these programs?

Do you provide an employee website with on-line wellness resources? If so, are biometric and health risk assessment results available through the website?

Quality Assurance

Do you maintain a Quality Assurance Program?

Describe how you evaluate performance of health coached and success of interventions. Do you maintain clinical supervision of your health coaches?

Program Implementation, Marketing, and Ongoing Services

Please provide an implementation timeline assuming the wellness program will start 10/1/09.

Describe your plan for orienting and training employees and supervisors on the uses and benefits of the wellness program?

How do you plan to involve new employees in the Wellness Program?

Please include copies of your marketing collateral, including mail outs / fliers / educational materials. Is printing and distribution included in your fees?

Reporting and Measurement

Describe the individual reports available to employee participants. Please provide sample individual reports in the appendices of your response.

Describe the aggregate reports available to the City of Tomball. How often are they updated? Will the City have on-line access to the reports? Please provide sample aggregate reports in the appendices of your response.

Do you report on employee satisfaction with the wellness program? Please explain the process and how often this metric is measured.

How would you plan on measuring the overall program success and return on investment?

Will your company enter into performance guarantees surrounding program implementation, employee satisfaction and return on investment? If so, please provide a list by line item of guarantees and the amount your company is willing to put at risk for each guarantee.

HIPAA Compliance

Is your firm HIPAA Compliant?

Please describe in detail the security measures taken to ensure HIPAA compliance by both the City staff and your firm.

HEALTH AND WELLNESS PROGRAM

COST OF SERVICE

Item 1 – Initial Strategic Assessment and Planning Session
\$ _____ - PEPM

Item 2 – Program Marketing
\$ _____ - PEPM

Item 3 – Biometric Screenings and Health Risk Assessments
\$ _____ - PEPM

Item 4 – Corporate Wellness Coaching
A) Onsite (10 hours bi-weekly), Unlimited Telephonic and E-mail
\$ _____ - PEPM
B) Unlimited Telephonic and E-mail Only
\$ _____ - PEPM

Item 5 – Wellness Workshops (four one-hour workshops)
\$ _____ - PEPM

Item 6 – Incentive Administration
\$ _____ - PEPM

Item 7 – Reporting and Measurement
\$ _____ - PEPM

Firm

Authorized Signature

Printed Name

Date

HEALTH AND WELLNESS PROGRAM

COST OF SERVICE

Optional Service Pricing

- A) Additional Biometric Screening Services**
- B) Smoking Cessation Program**
- C) Wellness Initiatives (ex. 10,000 Steps / Biggest Loser)**
- D) Multisession Courses**
- E) Claims Analysis**

ATTACHMENTS

***Employee Census
Plan Documents
Claims Experience***