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## Requests for Proposals

### Medical Insurance Services

**Due Date:** 11:00 a.m. (Eastern Standard Time) on September 18, 2015

*Check KCDC's web page for addenda and changes before submitting your proposal.*

**Pre-Proposal Meeting:** None. Submit questions to [purchasinginfo@kcdc.org](mailto:purchasinginfo@kcdc.org)

**Proposal Number:** C16009

**Deliver Proposals to:** Knoxville's Community Development Corporation  
Purchasing Division  
901 Broadway N.E.  
Knoxville, Tennessee 37917

Faxed/Emailed Responses are acceptable: **Yes**  **No**

**Award Results:** KCDC posts the award decision to its web page at:  
<http://www.kcdc.org/en/DoingBusiness/SolicitationResults.aspx>

**MS Word Version:** This document is available in MS Word format and it can be downloaded from KCDC's webpage. Note that KCDC's Adobe copy of the document will remain the "official" version of the document. The Word version will not have some forms, which are only available in the Adobe format.

## General Information for Proposers

1. **BACKGROUND AND INTENT**

- a. Knoxville's Community Development Corporation (KCDC) is the public housing and redevelopment agency for the City of Knoxville and for the County of Knox in Tennessee. KCDC's public housing property portfolio includes seventeen housing properties with approximately 3,500 dwelling units. KCDC also administers approximately 3,700 vouchers through our Section 8 department and has three tax credit properties.
- b. The intent of this specification is to arrive at a contract with a firm to provide medical insurance coverage for employees of KCDC.
- c. KCDC will not be accepting proposals from insurance brokers. KCDC will only accept proposals from insurance companies who can provide the services as stated in this RFP. However, KCDC will consider standalone plans that do not include pharmacy services.

2. **BACKGROUND**

KCDC's health insurance plan is available to approximately 115 employees, 0 COBRA participant and 7 retirees. Of these individuals, 64 have single coverage, 16 have employee + spouse, 11 have employee + child(ren) and 31 have family coverage. KCDC currently pays approximately 70% of the premium for regular, full-time employees beginning on the first day of the month after the 90<sup>th</sup> day of employment. Eligible retirees may obtain individual and family coverage through the health care plan at their own expense until age 65 or when eligible for Medicare. Spouses may also remain on the plan after the employee drops off. Spouses may remain on the program to age 65 or when they are eligible for Medicare. To be an eligible retiree, an employee must have 70 points at the time of separation. Points are the sum of the employee's age plus years of service.

Effective January 1, 2011 KCDC began offering a plan through BlueCross BlueShield of Tennessee. The current monthly premiums for these plans are as follows:

<b>Medical Plan - BCBST Network S</b>	
EE Only	\$627.60
EE + SP	\$1,317.96
EE + Child(ren)	\$1,148.57
Family	\$1,904.77
<b>Medical Plan - BCBST Network P</b>	
EE Only	\$683.73
EE + SP	\$1,435.84
EE + Child(ren)	\$1,251.23
Family	\$2,075.12

Renewal rates are available and are posted to KCDC's web page.

3. **CANCELLATION**

The successful vendor and KCDC shall agree that the contract will be in effect for not less than twelve months commencing January 1, 2016 and shall not be canceled by either party without sixty days written notice unless mutually agreed to by both parties.

4. **CONTACT POLICY**

The proposer may not contact anyone other than the KCDC's Purchasing Division from the issuance of this solicitation until award about matters pertaining to this solicitation. Information obtained from an unauthorized officer, agent, or employee of KCDC will not affect the risks or obligations assumed by the proposer or relieve the proposer from fulfilling any of the conditions of the resulting award for the purpose of this project. Additionally, such contact can disqualify the proposer from participation in the solicitation process.

5. **ELIGIBILITY**

- a. All regular, full-time employees working thirty or more hours per week
- b. Retired employees until Medicare eligibility or under age 65.
- c. Dependents of "A" and "B" including:
  - 1. Legal spouse, and
  - 2. Dependent children to age 26
- d. Former employees who elect to continue their coverage under COBRA provisions.

6. **EVALUTION:**

KCDC will determine the responsiveness and responsibility of each submission. Once responsiveness and responsibility are determined, KCDC will evaluate the remaining responses on these criteria:

<b>Item</b>	<b>Points</b>
Administration/Experience	20
Cost of Product	35
Benefit Design/Provider Network	35
Employee Education and Wellness Benefits	10
<b>Total Possible Points</b>	<b>100 points</b>

- a. The evaluation team may choose to first rank the submittals in ordinal order. If so, only the highest ranked submittals will be scored in detail.
- b. If oral presentations are required, the Procurement Director will arrange structured oral presentations by each proposer on the shortlist. KCDC reserves the right to require the proposer to provide a demonstration of the product and all of its options and functions. The proposer may be required to answer written questions that KCDC provides to clarify their response and answer oral questions that arise during the presentation.

- c. After completion of interviews and negotiations, the evaluation team will recommend an award to the Procurement Director.
- d. KCDC will consider as “non-responsive” any submission from which required information is lacking or any submission that represents a material deviation from this solicitation.
- e. KCDC reserves the right to request additional information from any proposer after the submission deadline. KCDC also reserves the right to reject any and all, or part(s) of any and all submission, to select one or more proposers, or to award no award and re-advertise this solicitation; postpone or cancel the process at any time, and to waive any irregularities in this solicitation or in submissions received as a result of this solicitations.
- f. All materials submitted pursuant to this solicitation become KCDC’s property. KCDC does not release information about submittals until the process is complete and a recommendation is ready for the KCDC Board.
- g. KCDC reserves the right to use all pertinent information whether disclosed in the solicitation process or learned from sources that affect KCDC’s judgment as to the appropriateness of an award to the best-evaluated proposer.

7. **EXHIBITS**

- a. KCDC BCBST Benefit Summary
- b. KCDC BCBST Group Contract
- c. Census - employee listing including date of birth, sex, type of health coverage, zip code. This also details the Retirees and COBRA participants.
- d. Rate History
- e. Claims Data
- f. 2015 Large Claims – YTD (1/1/15 – 8/31/15)
- g. 2015 Monthly Claims Report
- h. Summary of Current and Proposed Coverage – proposers are required to complete the Excel spreadsheet that details how your policy matches the current KCDC coverage provisions. Please pay particular attention to the details of the plan that follow and match or note why you cannot match in your proposal.

8. **GENERAL INSTRUCTIONS**

KCDC no longer inserts “General Instructions to Vendors” in the solicitation document. Instead, these instructions are at [www.kcdc.org](http://www.kcdc.org). Click on “Doing Business With KCDC” where you will find a link to the instructions. By submitting a response to this solicitation, the proposer accepts the responsibility for downloading, reading and abiding by the terms and conditions set forth in KCDC’s “General Instructions to Vendors.” Proposers may wish to review certain applicable HUD instructions on KCDC’s webpage.

9. **HEALTH INSURANCE PLAN SUMMARY OF BENEFITS**

See Exhibit A for a detailed Summary of Benefits for the BCBST plan currently offered.

10. **LENGTH OF AWARD**

The length of the award will initially be 12 months. The award will have four one-year optional renewals that exercisable upon KCDC’s request and the vendor’s concurrence.

11. **PRICE STRUCTURE**

a. At the end of the award term, the successful proposer may request a price increase. Proof of increased cost to the successful proposer must accompany price increase requests. KCDC may, at its option:

1. Accept the proposed price increase.
2. Reject the proposed price increase.
3. Suggest an alternative price increase.

b. If KCDC rejects a proposed price the successful proposer may:

1. Continue with the existing pricing.
2. Suggest an alternative price increase.
3. End the award.

c. Price decreases are allowed at any time with or without notice.

12. **QUESTIONS**

Submit questions pertaining to this document via email with “Questions about Medical Insurance” in the subject line, at least five days prior to the due date to [purchasinginfo@KCDC.org](mailto:purchasinginfo@KCDC.org).

## Scope of Work

### 1. ADMINISTRATIVE SERVICES

- a. Maintain on-line eligibility including employee and dependent data, COB, subrogation and special notes to file.
- b. Provide direct certification of eligibility.
- c. Maintain fully automated claims adjustment: dedicated claim adjuster, benefit plan on-line, HIAA reasonable and customary guidelines; prompts for COB, pre-existing, duplicate bill and specific information on the provider or claimant; provider compensation payment; three-year rolling claims history.
- d. Provide monthly updates of changes in provider network; prompt written (within three working days after MCO receives notification) notification to participants when their PCP or specialist leaves the network.
- e. Provide explanation of benefits (EOB) to claimants (not needed with HMO products).
- f. Provide information to providers about the plan of benefits.
- g. Inform covered participants in a timely fashion of lapse or termination of their eligibility to receive covered services.
- h. Provide accurate and timely adjudication of claims (e.g., claims should be adjudicated within ten business days of receipt of all information necessary to adjudicate; correction of errors should be made within five working days; follow-up to requests to providers for additional information should occur within seven working days.)
- i. Dedicated processor.
- j. Prepare and mail checks to providers and participants in a timely and accurate manner, within five working days of completion of adjudication.
- k. Provide claim forms in a format acceptable to KCDC.
- l. Provide participant identification cards.
- m. Prepare reports as may be required by a regulatory agency. KCDC is not subject to ERISA which will affect the number of reports required.
- n. Provide required statistical reports that are accurate, complete, and timely.
- o. Provide toll-free Customer Service Number for claim inquiries if claims office is outside the local service area.

- p. Apply appropriate UCR or other cost containment schedules to bills submitted by providers.
- q. Provide assistance on case law concerning litigation involving COBRA, adjudication or claims, or other related matters.
- r. File reports on payments with providers (1099's).
- s. Provide timely, accurate, and courteous claim adjudication information to plan participants and to KCDC's Human Resources Office staff.
- t. Dedicated customer relations representative who is available to meet with staff monthly to discuss and resolve issues.
- u. Notify participants in writing of denial of claim within fourteen days of denial.
- v. Provide an appeal process, which shall be completed within thirty days of carrier's receipt of written notice of appeal.
- w. Disclosure of components of health care service costs (i.e., capitation, administration, taxes, network fees, printing, UR fees, membership services, et cetera).
- x. On-line access for KCDC for eligibility changes, additions and deletions. If not available please provide a written description of the method for making eligibility changes (adding and deleting members)
- y. Summary plan descriptions or Certificates printed for all plans.
- z. Full management reports including **monthly** accounting reports, monthly claim reports, quarterly diagnostic reports, quarterly provider utilization reports, quarterly lag reports and large claim reports.
- aa. Full management review services for the plan including pre-certification, concurrent review, outpatient review, maternity review, inpatient and outpatient mental and nervous program, second opinion, as well as case management and fee negotiations.
- bb. Coordination of mental and nervous review process
- cc. Will comply with the Mental Health Parity Act and the Mothers' and Newborns' Health Protection Act.
- dd. Will absorb cost of printing booklets; booklets will comply with ERISA required format. Will provide draft booklet to KCDC within 30 days from the plan effective date.
- ee. Will notify KCDC of renewal action or any change within 120 days of renewal date. Will provide with the renewal, annual claims experience, which will include paid claim, income, enrollment, and utilization information.

- ff. Will provide any changes to the preferred and maintenance drug listing prior to the effective date.
- gg. Medical carriers will agree to administer the medical plan according to KCDC's IRC Code Section 125 plan and allow changes mid-year for the following life events:
  - 1) Change in legal marital status (marriage, divorce, annulment, legal separation, death of spouse)
  - 2) Commencement or termination of employment of spouse
  - 3) Termination of employee's employment
  - 4) Dependent ceases to meet dependent eligibility status
  - 5) Change in number of tax dependents (birth, adoption, placement for adoption, death)
  - 6) Change in work schedule (reduction or increase in hours worked by employee, spouse or dependent; changing from part-time to full-time or vice versa)
  - 7) Significant change in you or your spouse's health coverage, attributable to loss of eligibility for spouse's group insurance

Election change must be consistent to life event.

## 2. **PLAN DESIGN**

- a. KCDC is seeking proposals for fully insured health insurance products that yield some cost savings to the employer while maintaining the highest benefits possible. Our current plan design is below.

KCDC is open to other plan options that provide quality coverage at competitive rates. KCDC is very interested in HRA/high deductible plan designs. KCDC does not want to consider HSA options.

- b. Current rates include 5% commission payable to Cowan Benefit Services. All proposals should include standard commissions based on the size of KCDC and must be disclosed in your RFP.
- c. Current Plan – See Exhibit A
- d. KCDC contributes to an HRA account to reimburse for deductible expenses. Contributions vary based on participation in Healthy Track Program, KCDC's wellness plan and level of coverage. For Health Track Program participants the employee only coverage contribution is \$3,000 and employee + spouse, employee + child(ren) and family is \$6,000. Employees who do not participate in the Healthy Track Program receive \$1,500 for employee only coverage and \$3,000 for employee + spouse, employee + child(ren) and family.



3. **PROVIDER NETWORK**

The proposer will provide access to a provider network, which shall be available to participants in the health plan. This provider network shall consist of an adequate number of physicians, hospitals and other medical providers who provide appropriate services of high quality in a cost-effective manner and in locations convenient to KCDC employees. Cost effectiveness will be demonstrated by cost controls (e.g., negotiated reduced rates, capitation payments, fees schedules, per diem payments and/or prospectively set prices are on diagnoses); utilization controls (e.g., pre-certification, second surgical opinions, utilization review requirements, large case management and discharge planning); and favorable outcomes measured over time. Contractor will provide staff to maintain the provider network.

4. **UTILIZATION MANAGEMENT**

KCDC is seeking effective management services, which ensure high quality, cost-effective health care utilization. KCDC is interested in correcting inadequate medical treatment as well as excessive care and seeks services that verify quality of treatment or identifies corrective action plans to correct inadequacies. Services requested include, but are not limited to, the following:

- a. Certification-providing authorization or alternative for more cost effective treatment resources where appropriate; evaluation of surgical procedures and diagnostic procedures for necessity, appropriateness and cost-efficiency;
- b. Concurrent review – review of ongoing treatment to detect questionable areas of utilization or quality; identification of earliest possible discharge or transition to an alternative care environment;
- c. Discharge planning – provide that acute care stay will continue only as long as is medically necessary and in the most appropriate care setting;
- d. Case management – provision of closely managed services related to serious illness and catastrophic injuries, which traditionally result in intense utilization so that the patient receives appropriate, cost effective, integrated, and well-coordinated care;
- e. Outpatient mental health/substance abuse management;
- f. Medical bill audit services: review and verify accuracy and applicability of hospital charges for health care;
- g. Provider Fee Negotiations: negotiation of reduced fees for services and medical products;
- h. Determination of medical necessity;
- i. Quality Management: ensure the quality of health care service delivered to participants in the health care plan by evaluating care and identifying issues when appropriate.

## Submittal Instructions

Follow these steps and guidelines when preparing your submittal.

1. Submit your qualifications statement in the order and format indicated on the following pages. **Solicitation Document A is to be the first page of your submittal**, followed by Solicitation Document B and so on.
2. Place your firm's name on each page.
3. Number all pages consecutively. Indicate on all pages the section that you are responding to as shown on the following pages.
4. Be thorough yet succinct in responding to this document. The use of tables in presenting information, where appropriate, will facilitate the evaluation team's review.
5. Fancy brochures and advertisements are not necessary.
6. ***Do not*** use phrases such as "See the attached" or "Will be provided upon award."
7. If you have attachments, mark them (on the cover) with the proposer's name.
8. Bind submittals simply since KCDC ultimately scans documents into electronic format. Acceptable binding methods include paper clips, staples and three ring binders.
9. This document is available in MS Word format and can be downloaded from KCDC's webpage. KCDC's Adobe copy of the document will remain the "official" version of the document. Only the Adobe version has all of the required forms.

**Solicitation Document A**      Proposer's Table of Contents      (Provided by proposer)

**Solicitation Document B**      Proposer General Response Section      (Form provided herein)

**Solicitation Document C**      Proposer's Affidavits      (Form provided herein)

**Solicitation Document D**      Proposer's Response to the Questionnaire      (Form provided herein)

**Solicitation Document E**      Proposer's Cost Proposal      (Form provided herein)

**Solicitation Document F**      Proposer's References      (Form provided herein)

**Solicitation Document G**      Proposer's Exceptions to Criteria Herein      (Form provided herein)

Clearly relate the Section and item number of the criteria that is in question. Detail your exception.

**Solicitation Document H**      Proposer's Additional Information      (Provided by proposer)

This is the place for any additional information that the proposer desires to supply.

**Solicitation Document I** Required Documents supplied by the Proposer

1. Provide a copy of an administration manual to be used by KCDC.
2. Provide sample copies of your billing.
3. Provide a sample packet of plan materials to be distributed to employees.
4. Provide a sample of your employer contract.
5. Provide current provider directories and instructions for viewing current providers on-line.
6. Provide a copy of your current contract.
7. Provide a copy of benefit contract/booklet describing benefits and all limitations and/or restrictions.
8. Provide a copy of the current audited financial statement.
9. Provide a statement of current financial reserves.
10. Provide a copy of the drug formulary expected to be in place 1/1/2016. Specify any changes expected in the first quarter 2016.
11. Provide a detailed benefit summary that specifies the services included in each coverage category. Specify the services that are subject to deductible and co-insurance.


**THIS AND THE PREVIOUS PAGES DO NOT NEED TO BE RETURNED**


**Medical Insurance Services C16009**


**Solicitation Document A**


**General Response and Cost Section**


**General Information about the Proposer**


**Sign Your Name to the Right of the Arrow**   
 Your signature indicates that you have read and agree to "KCDC's General Instructions to Proposers" on [www.kcdc.org](http://www.kcdc.org).


**Printed Name and Title** 


**Company Name** 


**Street Address** 


**City/State/Zip** 

**Contact Person (Please Print Clearly)** 

**Telephone Number** 

**Fax Number** 

**Cell Number** 

**Proposer's e-mail address (Please Print Clearly)** 

**Addenda**

Addenda are posted at [www.kcdc.org](http://www.kcdc.org). Click on "Doing Business With KCDC" and then on "Open Solicitations" to find addenda. Please check for addenda prior to submitting a proposal.

Acknowledge addenda have been issued by checking below as appropriate:

None <input type="checkbox"/>	Addendum 1 <input type="checkbox"/>	Addendum 2 <input type="checkbox"/>	Addendum 3 <input type="checkbox"/>	Addendum 4 <input type="checkbox"/>	Addendum 5 <input type="checkbox"/>
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**Statistical Information**

This business is owned & operated by persons at least 51% of the following ethnic background:

Asian/Pacific <input type="checkbox"/>	Black <input type="checkbox"/>	Hasidic Jew <input type="checkbox"/>	Hispanic <input type="checkbox"/>	Native Americans <input type="checkbox"/>	White <input type="checkbox"/>
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As defined on KCDC's webpage (see the "General Instructions to Proposers"), this business qualifies as being:

Section 3 <input type="checkbox"/>	Small Business <input type="checkbox"/>	Woman Owned <input type="checkbox"/>
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**Medical Insurance Services C16009**

**Solicitation Document B      Affidavits**

Vendor: \_\_\_\_\_

1. Vendor fully understands the preparation and contents of the attached offer and of all pertinent circumstances respecting such offer;
2. Such offer is genuine and is not a collusive or sham offer;
3. Neither the said vendor nor any of its officers, partners, owners, agents, representatives, employees or parties interest, including this affiant, has in any way colluded conspired, connived or agreed, directly or indirectly, with any other responder, firm, or person to submit a collusive or sham offer in connection with the award or agreement for which the attached offer has been submitted or to refrain from making an offer in connection with such award or agreement, or collusion or communication or conference with any other firm, or, to fix any overhead, profit, or cost element of the offer price or the offer price of any other firm, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against KCDC or any person interested in the proposed award or agreement; and
4. The price or prices quoted in the attached offer are fair, proper and not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the firm or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.
5. The vendor is not ineligible for employment on public contracts because of a conviction or guilty plea or a plea of nolo contendere to violations of the Sherman Anti-Trust Act, mail fraud or state criminal violations with an award let by the State of Tennessee or any political subdivision thereof.
6. No commissioner or officer of KCDC or other person whose duty it is to vote for, let out, overlook or in any manner superintend any of the work for KCDC has a direct interest in the responder.
7. No employee, officer or agent of the grantee or subgrantee will participate in selection, or in the award or administration of an award supported by Federal funds if a conflict of interest, real or apparent, would be involved. Such a conflict would arise when the employee, officer or agent, any member of his immediate family, his or her partner, or an organization, which employs, or is about to employ, any of the above, has a financial or other interest in the firm selected for award.
8. The grantee's or sub-grantee's officers, employees or agents will neither solicit nor accept gratuities, favors or anything of monetary value from vendors, potential vendors, or parties to sub-agreements.
9. By submission of this form, the vendor is certifying that no conflicts of interest exist.

The undersigned hereby acknowledges receipt of the above applicable laws and verifies that the proposal submitted in response to this solicitation is in full compliance with the listed requirements.

<b>Signed by</b> _____	
<b>Printed Name</b> _____	
<b>Title</b> _____	
<b>Subscribed and sworn to before me this date</b> _____	
<b>By (Notary Public)</b> _____	
<b>My Commission Expires on</b> _____	

**Certifications and Representations of Offerors  
Non-Construction Contract**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

This form includes clauses required by OMB's common rule on bidding/offering procedures, implemented by HUD in 24 CFR 85.36, and those requirements set forth in Executive Order 11625 for small, minority, women-owned businesses, and certifications for independent price determination, and conflict of interest. The form is required for nonconstruction contracts awarded by Housing Agencies (HAs). The form is used by bidders/offerors to certify to the HA's Contracting Officer for contract compliance. If the form were not used, HAs would be unable to enforce their contracts. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality.

**1. Contingent Fee Representation and Agreement**

(a) The bidder/offeror represents and certifies as part of its bid/offer that, except for full-time bona fide employees working solely for the bidder/offeror, the bidder/offeror:

- (1)  has,  has not employed or retained any person or company to solicit or obtain this contract; and
- (2)  has,  has not paid or agreed to pay to any person or company employed or retained to solicit or obtain this contract any commission, percentage, brokerage, or other fee contingent upon or resulting from the award of this contract.

(b) If the answer to either (a)(1) or (a) (2) above is affirmative, the bidder/offeror shall make an immediate and full written disclosure to the PHA Contracting Officer.

(c) Any misrepresentation by the bidder/offeror shall give the PHA the right to (1) terminate the resultant contract; (2) at its discretion, to deduct from contract payments the amount of any commission, percentage, brokerage, or other contingent fee; or (3) take other remedy pursuant to the contract.

**2. Small, Minority, Women-Owned Business Concern Representation**

The bidder/offeror represents and certifies as part of its bid/offer that it:

- (a)  is,  is not a *small business concern*. "Small business concern," as used in this provision, means a concern, including its affiliates, that is independently owned and operated, not dominant in the field of operation in which it is bidding, and qualified as a small business under the criteria and size standards in 13 CFR 121.
- (b)  is,  is not a *women-owned small business concern*. "Women-owned," as used in this provision, means a small business that is at least 51 percent owned by a woman or women who are U.S. citizens and who also control and operate the business.
- (c)  is,  is not a *minority enterprise* which, pursuant to Executive Order 11625, is defined as a business which is at least 51 percent owned by one or more minority group members or, in the case of a publicly owned business, at least 51 percent of its voting stock is owned by one or more minority group members, and whose management and daily operations are controlled by one or more such individuals.

*For the purpose of this definition, minority group members are:*

(Check the block applicable to you)

- Black Americans                       Asian Pacific Americans
- Hispanic Americans                       Asian Indian Americans
- Native Americans                       Hasidic Jewish Americans

**3. Certificate of Independent Price Determination**

(a) The bidder/offeror certifies that—

- (1) The prices in this bid/offer have been arrived at independently, without, for the purpose of restricting competition, any consultation, communication, or agreement with any other bidder/offeror or competitor relating to (i) those prices, (ii) the intention to submit a bid/offer, or (iii) the methods or factors used to calculate the prices offered;
- (2) The prices in this bid/offer have not been and will not be knowingly disclosed by the bidder/offeror, directly or indirectly, to any other bidder/offeror or competitor before bid opening (in the case of a sealed bid solicitation) or contract award (in the case of a negotiated solicitation) unless otherwise required by law; and
- (3) No attempt has been made or will be made by the bidder/offeror to induce any other concern to submit or not to submit a bid/offer for the purpose of restricting competition.

(b) Each signature on the bid/offer is considered to be a certification by the signatory that the signatory:

- (1) Is the person in the bidder/offeror's organization responsible for determining the prices being offered in this bid or proposal, and that the signatory has not participated and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) above; or
- (2) (i) Has been authorized, in writing, to act as agent for the following principals in certifying that those principals have not participated, and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) above (insert full name of person(s) in the bidder/offeror's organization responsible for determining the prices offered in this bid or proposal, and the title of his or her position in the bidder/offeror's organization);  
(ii) As an authorized agent, does certify that the principals named in subdivision (b)(2)(i) above have not participated, and will not participate, in any action contrary to subparagraphs (a)(1) through (a)(3) above; and

- 
- (iii) As an agent, has not personally participated, and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) above.
- (c) If the bidder/offeror deletes or modifies subparagraph (a)2 above, the bidder/offeror must furnish with its bid/offer a signed statement setting forth in detail the circumstances of the disclosure.

**4. Organizational Conflicts of Interest Certification**

- (a) The Contractor warrants that to the best of its knowledge and belief and except as otherwise disclosed, it does not have any organizational conflict of interest which is defined as a situation in which the nature of work under a proposed contract and a prospective contractor's organizational, financial, contractual or other interest are such that:
- (i) Award of the contract may result in an unfair competitive advantage;
  - (ii) The Contractor's objectivity in performing the contract work may be impaired; or
  - (iii) That the Contractor has disclosed all relevant information and requested the HA to make a determination with respect to this Contract.
- (b) The Contractor agrees that if after award he or she discovers an organizational conflict of interest with respect to this contract, he or she shall make an immediate and full disclosure in writing to the HA which shall include a description of the action which the Contractor has taken or intends to eliminate or neutralize the conflict. The HA may, however, terminate the Contract for the convenience of HA if it would be in the best interest of HA.
- (c) In the event the Contractor was aware of an organizational conflict of interest before the award of this Contract and intentionally did not disclose the conflict to the HA, the HA may terminate the Contract for default.
- (d) The Contractor shall require a disclosure or representation from subcontractors and consultants who may be in a position to influence the advice or assistance rendered to the HA and shall include any necessary provisions to eliminate or neutralize conflicts of interest in consultant agreements or subcontracts involving performance or work under this Contract.

**5. Authorized Negotiators (RFPs only)**

The offeror represents that the following persons are authorized to negotiate on its behalf with the PHA in connection with this request for proposals: (list names, titles, and telephone numbers of the authorized negotiators):

**6. Conflict of Interest**

In the absence of any actual or apparent conflict, the offeror, by submission of a proposal, hereby warrants that to the best of its knowledge and belief, no actual or apparent conflict of interest exists with regard to my possible performance of this procurement, as described in the clause in this solicitation titled "Organizational Conflict of Interest."

**7. Offeror's Signature**

The offeror hereby certifies that the information contained in these certifications and representations is accurate, complete, and current.

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*Signature & Date:*

---

*Typed or Printed Name:*

---

*Title:*

---

Proposer: \_\_\_\_\_

All questions must be answered directly and completely. Please attach information to explain your approach to a particular question as needed. Incomplete answers are not given consideration in the evaluation process.

**Section A. Administrative Capability/Management Experience**

1. Provide the legal name and address of your firm.
2. Provide the name of any parent company or sponsoring entity with majority ownership in the firm.
3. How long has your firm been in operation?
4. How many years have you had the following in operation in the Knoxville area:
  - a. HMO
  - b. POS
  - c. PPO
  - d. HRA with underlying medical plan
5. What type(s) of coverage are you offering (Point of Service, PPO, HMO, Major Medical, HRA with underlying medical plan, et cetera)?
  - a. Are you offering a vision rider?
  - b. If vision coverage is not included, do enrolled employees and dependents have access to vision discounts?
  - c. Specify any additional services you are offering.
6. Provide your current enrollment figures (number of members) of your firm for the coverage you are offering.
7. How many employers are represented in this number?
  - a. How many companies in the Knoxville service area (with 100-150 employees) are currently enrolled in your HRA products?
  - b. What is your first contract date in an HRA product?



- c. What is your longest participation in the HRA product?
8. What are your 2015 enrollment figures in the Knoxville Service Area for the coverage(s) you are offering?
9. Provide the current number of participating employers and participation for each of the last two years.
10. Provide the number of employers who have terminated in each of the last two years for the type(s) of plans you are proposing.
11. Please provide a brief biographical sketch of all individuals in management positions with the Provider and include similar information for the account executive(s) who will be working with KCDC. Include:
  - a. Names
  - b. Qualifications
  - c. Years of relevant experience
  - d. Services they will provide to KCDC
12. How is the employer billed for contracting with your provider?
13. Does your agreement with participating providers guarantee a specified time for turnaround of claims?
14. What percentage of claims must be reprocessed?
15. What is the expected turnaround for reprocessed claims?
16. Describe the process for new members that may be currently under care with providers outside your network. (Transitional Care).
17. List services you expect to provide KCDC initially in introducing the program to employees.
18. What ongoing services are included? Please include educational services available for the covered employees and Plan Administration staff.
19. Who is the contact person for the following areas?
  - a. Initial plan set up
  - b. Billing problems
  - c. Claim problems

- d. Enrollment issues
- 20. What is the average hold time for customer service calls?
  - a. Do you have a “back line phone number” or “direct support phone number” for Plan Administrators?
  - b. What is the average hold time for your Plan Administrator line?
  - c. How many employees staff the Plan Administrator line during normal business hours?
- 21. What are your minimum participation requirements?
- 22. Describe plan materials available to members.
- 23. How do you communicate changes regarding benefit design and administrative procedures to employers and participants?
- 24. Is information regarding changes to benefit design and administrative procedures passed onto employers & employees prior to enacting the change?
- 25. How do you ensure plan administrators are aware of the changes before notification is sent to members?
- 26. What specific claim data on KCDC employees and dependents can be provided?
  - a. Monthly
  - b. Quarterly
  - c. Annually
- 27. During the past five years, have any plan participants filed a lawsuit against your company?

**Section B. Availability of Services**

- 28. What services are you able to provide employees via the phone and what are their days and hours of operation? Please include:
  - o Customer service
  - o Medical answer line
  - o Mental health referral/answer line
  - o Pharmacy
- a. What support do you provide to plan administrators?
- b. Describe on-line services available to plan administrators?

29. Provide details as to conversion privileges offered members.
30. Describe procedures for members to access health care providers.
  - a. List any restrictions imposed on employees wishing to change providers.
  - b. What is the lag time between entry of changes by the plan administrator (on-line) or carrier's customer service staff and when the changes become active in the carrier's database?
  - c. How often do you update the information on your website (i.e., provider directories, drug formulary, etc)?
31. Explain how on-going treatment by a specialist is treated?
  - a. For services that are covered for a specific number of visits during the year, do you offer any provisions to provide additional visits? For example, members who exceed the allotted number of behavioral health office visits may use inpatient visits for outpatient services.
  - b. Does the plan you are proposing include EAP services? If yes, describe the services provided.
  - c. Describe the process for getting behavioral health care.
    - o If referrals are required, can they be made from an outside EAP vendor?
    - o How can these services be coordinated with an outside EAP vendor?
32. Are there restrictions for non-panel specialist treatment?
33. Give an estimate of the number of participants your provider network could adequately service.
  - a. List any anticipated deletions from your provider network during the next twelve months. You may also provide a list of anticipated additions at your discretion.
  - b. List any 'Centers of Excellence' that are in your network.
  - c. What process is in place to assure these centers are available to employees when needed?
34. Describe the accessibility to medical care your plan offers for members who live outside the Knoxville Service Area (college students, court ordered dependent coverage, et cetera).
  - a. If available, how is this information accessible to the member?
35. What is the coverage for services obtained outside the Knoxville Service Area (i.e., when on vacation, traveling, etc.)?
  - a. Be specific as to emergency and non-emergency provisions.
  - b. If yes, how is this information accessible to the member?

- c. Is the same level of coverage available outside the United States?

### **Section C. Costs of Product**

36. Give the standard length of your contract.
37. Are rates guaranteed for the length of the contract?
38. If not, for what period?
39. Give the average rate increase percentage for 2015 and the past three years in Knoxville Service Area.

### **Section D. Benefit Design**

40. List all optional benefits you currently offer including cost and requirements for all. Include a detailed listing of services by category and current drug formulary.

### **Section E. Utilization Control**

41. Specifically, how do you determine reimbursement level for physicians, and specialists?
42. Give details as to the basis for your hospital discounts (i.e. straight discounts, incremental discounts based on volume, prospective reimbursements).
43. Using established protocols, what type of utilization profiles do you maintain for participating providers to detect over-charging or over-treatment?
44. What types of review mechanisms do your participating hospitals utilize to determine medical necessity for continued inpatient care?
45. Who manages these programs?
46. Give details as to claims review for pharmacy charges to detect over-treatment or abuse of medication.

### **Section F. Financial Information**

47. Provide profit/loss amount expressed per participant as of 1/1/15. Do not vary from this request.
48. Provide profit/loss at the end of the last two fiscal years. Do not vary from this request.
49. Describe provisions to protect KCDC and enrollees in the event of insolvency.
50. Provide a statement of re-insurance coverage.
51. Provide details as to re-insurance carrier, amount and type of coverage and insolvency coverage.

### **Section G. Quality of Providers & Facilities**

52. Describe programs to monitor and evaluate quality of care.
53. Who conducts these programs?
54. Have changes been adopted because of quality reviews?
55. If so, what?
56. Has a provider ever been disqualified from participating on the panel, either upon initial application or later? If yes, explain.
57. What assistance can you offer employees in settling disputes with participating providers?
  - a. Describe procedures for handling employee suggestions and grievances concerning network providers.

### **Section H. Employee Education and Wellness Benefits**

58. What services/programs do you offer to assist members in getting necessary care for major medical issues?
  - a. List the program
  - b. Provide a brief description of the program
  - c. Describe the criteria for participation.
  - d. If participation is voluntary, what incentive do members have to participate? Include services such as disease management, case management and maternity care.
59. List any on site health and wellness education programs and materials your plan provides.
60. List any 'perks' or discounts afforded to members, specifically those with a wellness focus.
61. Does the employer (KCDC) receive any wellness discount?
62. If so, what criteria must be included in the wellness program to receive this discount?

### **Section I. Open Enrollment Meetings**

63. KCDC will hold Open Enrollment Meetings during November. The selected vendor must commit to provide account representatives during this time to present plan information and answer questions about benefits.

Vendor: \_\_\_\_\_

**Option A Medical Insurance**

	<b>Employee Only Contract</b>	<b>Employee + spouse</b>	<b>Employee + Child(ren)</b>	<b>Family Contract</b>
Year One	\$			\$
Year Two	\$			\$
Year Three	\$			\$
Estimate Enrollment Year One				
Estimate Enrollment Year Two				
Estimate Enrollment Year Three				

**Option B Medical Insurance**

	<b>Employee Only Contract</b>	<b>Employee + spouse</b>	<b>Employee + Child(ren)</b>	<b>Family Contract</b>
Year One	\$			\$
Year Two	\$			\$
Year Three	\$			\$
Estimate Enrollment Year One				
Estimate Enrollment Year Two				
Estimate Enrollment Year Three				

**Option C Vision Rider**

	<b>Employee Only Contract</b>	<b>Employee + spouse</b>	<b>Employee + Child(ren)</b>	<b>Family Contract</b>
Year One	\$			\$
Year Two	\$			\$
Year Three	\$			\$
Estimate Enrollment Year One				
Estimate Enrollment Year Two				
Estimate Enrollment Year Three				

Vendor: \_\_\_\_\_

**Option D COBRA Administration**

	<b>Price</b>
Set-up charges	\$
Monthly Charge per member	\$
Other Charges _____	\$

**Option E Flexible Spending Account and/or Health Reimbursement Account Administration**

Services Included _____	<b>Price</b>
Set-up charges	\$
Monthly Charge per member	\$
Charge to provide credit card	\$
Other Charges _____	\$

**Option F Other: \_\_\_\_\_**

<b>Type of Service</b>	<b>Price</b>
Year One	\$
Year Two	\$
Year Three	\$

**Option G Other: \_\_\_\_\_**

<b>Type of Service</b>	<b>Price</b>
Year One	\$
Year Two	\$
Year Three	\$

**Submittal Document F      References**

Vendor: \_\_\_\_\_

Use this section of your response to:

1. Provide five specific governmental client references in this format. KCDC prefers references from “affordable housing” companies but will accept other references at its discretion.

Name of the business receiving services	
Contact person	
Contact person title	
Contact person’s telephone number	
Contact person’s email address	
Description of the service provided	
Service began	
Service ended	

**Submittal Document G      Proposer’s Exceptions to the criteria herein**

Vendor: \_\_\_\_\_

Specify the section and item number of the criteria that is in question. Detail your reasoning.



**Exhibit A KCDC's BlueCross BlueShield Benefit Summary**



**Knoxville's Community  
Development Corporation  
Benefit Summary**

Effective Date: 1/1/2015  
Option 1: P Network  
Option 2: S Network

<b>Benefit Plan Features:</b>	<b>Your Cost In-Network</b>	<b>Your Cost Out-Of-Network <sup>[1]</sup></b>
<b>Annual Deductible</b>		
Individual/Family	\$4000/\$8000	\$8000/\$16000
<b>Annual Out-of-Pocket Maximum</b>		
Individual/Family	\$6350/\$12700	\$19050/\$38100
<b>4th Quarter Carry-over</b>	Excluded	
<b>Covered Services</b>		
<b>Preventive Care Services</b> (see page 3 for complete list)		
Well Child Care Services	Covered at 100%	40% after Deductible
Well Care Services <sup>[2]</sup>	Covered at 100%	40% after Deductible
Annual Well Woman Exam, Mammogram	Covered at 100%	40% after Deductible
<b>Practitioner Office Services</b>		
Primary Care Office Visits	\$35 Copay	40% after Deductible
Specialist Office Visits	\$45 Copay	40% after Deductible
Office Surgery <sup>[4][5][6]</sup>	10% after Deductible	40% after Deductible
Routine Diagnostic Lab, X-Ray & Injections	No Additional Copay	40% after Deductible
Advanced Radiological Imaging <sup>[3][5][7]</sup>	10% after Deductible	40% after Deductible
Provider-Administered Specialty Drugs <sup>[11]</sup>	\$100 Copay	40% after Deductible
<b>Services Received at a Facility</b> (includes professional and facility charges)		
Inpatient Services <sup>[3][5]</sup>	10% after Deductible	40% after Deductible
Outpatient Surgery <sup>[4][5][6]</sup>	10% after Deductible	40% after Deductible
Routine Diagnostic Services - Outpatient	Covered at 100%	40% after Deductible
Advanced Radiological Imaging - Outpatient <sup>[3][5][7]</sup>	10% after Deductible	40% after Deductible
Provider-Administered Specialty Drug <sup>[11]</sup>	10% after Deductible	40% after Deductible
Other Outpatient Services <sup>[8]</sup>	10% after Deductible	40% after Deductible
Emergency Care Services <sup>[9]</sup>	\$200 ER Copay	\$200 ER Copay
Emergency Care Advanced Radiological Imaging <sup>[7]</sup>	10% after Deductible	10% after Deductible
<b>Medical Equipment</b>		
Durable Medical Equipment	10% after Deductible	40% after Deductible
Prosthetics	10% after Deductible	40% after Deductible
Orthotic Appliances	10% after Deductible	40% after Deductible
Hearing Aids (under age 18)	10% after Deductible	40% after Deductible
<b>Behavioral Health</b>		
Inpatient: Unlimited days per annual benefit period <sup>[3][5]</sup>	10% after Deductible	40% after Deductible
Outpatient: Unlimited visits per annual benefit period	\$35 Copay	40% after Deductible
<b>Therapy Services <sup>[10]</sup></b>		
Limited to 30-36 visits per annual benefit period per therapy type	10% after Deductible	40% after Deductible
<b>Skilled Nursing Facility &amp; Rehabilitation Facility Services <sup>[3][9]</sup></b>		
Limited to 100 days combined	10% after Deductible	40% after Deductible
<b>Home Health Care Services <sup>[3]</sup></b>		
Limited to 100 visits per annual benefit period	10% after Deductible	40% after Deductible

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Benefit Plan Features:	Your Cost In-Network	Your Cost Out-Of-Network <sup>[1]</sup>
<b>Hospice Services</b>		
Inpatient <sup>[3]</sup>	Covered at 100%	40% after Deductible
Outpatient	Covered at 100%	40% after Deductible
<b>Ambulance Service</b>	10% after Deductible	10% after Deductible
<b>Prescription Drugs</b>		
<b>Prescription Contraceptives <sup>[16]</sup></b>	Covered at 100%	40% after Deductible
<b>Retail RX04 Network</b>		
Generic <sup>[13][15][17]</sup>	\$10.00	40% after Deductible
Preferred <sup>[13][15][17]</sup>	\$30.00	40% after Deductible
Non-Preferred <sup>[13][15][17]</sup>	\$50.00	40% after Deductible
<b>Plus90 or Home Delivery Network</b>		
Generic <sup>[14][15]</sup>	\$20.00	40% after Deductible
Preferred <sup>[14][15]</sup>	\$60.00	40% after Deductible
Non-Preferred <sup>[14][15]</sup>	\$100.00	40% after Deductible
<b>Self-Administered Specialty Drugs <sup>[11][12][15]</sup></b>		
Specialty Pharmacy Network	\$100.00	Not Covered

<p>Notes:</p> <ol style="list-style-type: none"> <li>Out-of-network benefit payment based on BlueCross BlueShield of Tennessee maximum allowable charge. You are responsible for paying any amount exceeding the maximum allowable charge.</li> <li>Services include: annual physical, childhood immunizations, recommended adult immunizations, vision and hearing screenings performed by the physician during the preventive health exam.</li> <li>Requires prior authorization.</li> <li>Certain procedures may require prior authorization.</li> <li>If prior authorization is required, when using network providers outside Tennessee and all out-of-network providers, benefits will be reduced by 10% based on OON coinsurance, if prior authorization is not obtained and services are medically necessary. If services are not medically necessary, no benefits will be provided.</li> <li>Surgeries include incisions, excisions, biopsies, injection treatments, fracture treatments, applications of casts and splints, sutures, and invasive diagnostic services (e.g., colonoscopy, sigmoidoscopy and endoscopy).</li> <li>CT scans, PET scans, MRIs, nuclear medicine and other similar technologies.</li> <li>Includes services such as chemotherapy, radiation therapy and renal dialysis.</li> <li>Copay, if applicable, waived if admitted to hospital.</li> <li>Physical, speech, manipulative, and occupational therapies are limited to 30 visits per therapy type per annual benefit period. Cardiac and pulmonary rehabilitative therapies are limited to 36 visits per therapy type per annual benefit period.</li> <li>Visit <a href="http://bcbst.com">bcbst.com</a> for a list of covered specialty medications.</li> <li>You have a distinct arrangement for Self-administered Specialty Drugs. To receive benefits, you must use a Specialty Pharmacy Network provider. Visit <a href="http://bcbst.com">bcbst.com</a> for a list of providers in the Specialty Pharmacy Network. Specialty drugs are limited to a 30-day supply.</li> <li>Copay per prescription, up to 30 day supply.</li> <li>Your plan requires you to receive long-term medications in a 90-day supply from home delivery or at a retail pharmacy in the Plus90 network. If you choose to use a retail pharmacy that is not part of the Plus90 Network, you are limited to a 30-day supply. Visit <a href="http://bcbst.com">bcbst.com</a> to find a list of pharmacies in the Plus90 network.</li> <li>A financial penalty may be applied if you choose a brand name drug when a generic equivalent is available. Please refer to your Evidence of Coverage (EOC) for specific information.</li> <li>This plan covers the following at 100%, in accordance with the Women's Preventive Services provision of the Affordable Care Act: generic contraceptives, vaginal ring, hormonal patch, emergency contraception available with a prescription. Visit <a href="http://bcbst.com">bcbst.com</a> for a complete list of covered prescription contraceptive drugs.</li> <li>Pharmacy Administered Vaccines are Covered at 100%.</li> </ol>		
<p><b>Limitations and Exclusions.</b> These pages summarize the benefits of your health care plan. Your Evidence of Coverage (EOC) and riders define the full terms and conditions in greater detail. Should any questions arise concerning benefits, the EOC will govern. For a complete list of limitations and exclusions, please refer to your EOC.</p>		

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## Preventive Health Services Covered at 100% In-Network

### In-network preventive services that are covered with no cost share include:

- Primary care services with an A or B recommendation by the United States Preventive Services Task Force (USPSTF)
- Immunizations recommended by the Advisory Committee on Immunization Practices that have been adopted by the Centers for Disease Control and Prevention (CDC)
- Bright Futures recommendations for infants, children and adolescents that are supported by the Health Resources and Services Administration (HRSA)
- Preventive care and screening for women as provided in the guidelines supported by HRSA

### The following preventive care services are covered. Coverage of some services may depend on age and/or risk exposure.

#### All Members:

- Once-a-year preventive health exams. More frequent preventive exams are covered for children up to age 3
- All standard immunizations adopted by the CDC
- Screening for colorectal cancer (age 50 – 75), high cholesterol and lipids, high blood pressure, obesity, diabetes, and depression
- Screening for HIV and certain sexually transmitted diseases, and counseling for the prevention of sexually transmitted diseases
- Screening and counseling in primary care setting for alcohol misuse and tobacco use; tobacco cessation counseling in the primary care setting will be limited to eight visits per year
- Dietary counseling for adults with hyperlipidemia, hypertension, Type 2 diabetes, obesity, coronary artery disease and congestive heart failure; limited to six visits per year

#### Women:

- Annual well-woman visit, including annual sexually transmitted infection (STI) counseling and annual domestic violence screening & counseling
- Cervical Cancer Screening
- Screening of pregnant women for anemia, iron deficiency, bacteriuria, hepatitis B virus, Rh factor incompatibility, gestational diabetes
- Breastfeeding support/counseling & supplies (one lactation consultant visit and manual breast pump in conjunction with each birth)
- Counseling women at high risk of breast cancer for chemoprevention, including risks and benefits
- Mammography screening at age 40 and over, and evaluation for genetic testing for BRCA breast cancer gene
- Osteoporosis screening (age 60 or older)
- HPV testing once every 3 years, beginning at age 30
- Annual HIV screening and counseling
- FDA-approved contraceptive methods and counseling Medical plan: Injectable or implantable hormonal contraceptives and barrier methods, sterilization for women Rx plan: Generic oral & injectable contraceptives, vaginal contraceptive, patch, prescription emergency contraception

#### Men:

- Prostate cancer screening at age 50 and older
- Abdominal aortic aneurysm screening at age 65 – 75 (for men who have ever smoked)

#### Children:

- Newborn screening for hearing, phenylketonuria (PKU), thyroid disease, sickle cell anemia, and cystic fibrosis
- Development delays and autism screening
- Iron deficiency screening
- Vision screening
- Screening for major depressive disorders

**Exhibit B KCDC's BlueCross BlueShield Benefit Group Contract**

This lengthy document is posted to KCDC's webpage.

**Exhibit C KCDC's Census**

Gender	Birthdate	Hire Date	Zip	Network	Tier
F	08/21/1953	10/7/1991	37918	S	EE & Spouse
M	03/07/1989	10/13/2014	37919	S	Single
M	01/16/1963	4/23/2001	37803	S	Single
F	02/16/1971	1/3/2000	37914	P	EE & Spouse
F	06/04/1966	1/3/1995	37918	S	Family
F	04/12/1970	12/11/2006	37912	P	Single
M	10/30/1956	1/22/1996	37743	S	EE & Children
M	11/12/1959	1/16/1989	37914	S	EE & Children
M	09/07/1970	3/6/1995	37914	P	Single
F	01/01/1948	6/14/2010	37918	P	Single
F	08/07/1955	3/17/1997	37912	P	Single
F	12/30/1977	2/25/2008	37918	S	Family
F	01/08/1958	6/21/1999	37921	S	Single
F	07/06/1957	1/7/2015	37705	P	Family
F	01/20/1965	3/9/1998	37920	S	Family
M	10/21/1956	2/4/1980	37804	S	Family
M	05/27/1974	1/24/2011	37914	P	Single
M	11/22/1950	8/15/1977	37918	S	EE & Spouse
M	11/26/1964	8/28/2000	37917	P	Family
M	02/21/1960	1/31/2011	49770	P	Family
F	05/22/1955	5/6/2013	37912	S	Single
M	02/13/1971	6/27/1994	37920	P	Family
M	10/02/1967	2/2/2000	37912	P	Family
F	11/06/1952	1/29/1990	37779	P	EE & Spouse
M	07/28/1962	2/16/1998	37922	S	Family
M	07/14/1972	8/24/1995	37914	S	EE & Children
M	02/20/1961	3/13/2000	37865	S	Single
M	11/03/1954	2/22/1982	37914	P	Family
F	10/19/1972	9/1/1997	37774	S	Family
M	02/11/1954	9/26/2005	37915	P	Single
F	10/21/1950	6/26/1995	37917	S	Single
F	06/10/1953	8/7/2006	37920	P	Single
F	11/04/1960	7/1/1995	37917	S	Single
M	02/26/1960	6/19/2000	37830	S	EE & Spouse
F	06/10/1959	7/30/1984	37921	P	Single
M	08/11/1970	10/18/1993	37849	S	Family

M	09/29/1957	8/11/2008	37917	P	Single
F	03/07/1959	11/25/1996	37924	P	EE & Children
F	10/25/1961	2/17/1997	37915	P	Single
F	03/13/1955	1/3/2005	37938	P	Single
M	01/19/1967	2/17/2014	37701	S	Family
M	06/06/1966	1/27/1997	37920	S	Family
F	11/15/1955	4/3/2006	37849	P	Single
M	08/30/1960	5/7/2012	37917	S	Single
F	10/06/1975	12/9/2013	37921	P	Single
F	04/23/1969	3/12/1990	37924	S	EE & Children
F	01/16/1951	11/22/1999	37917	S	Single
M	06/22/1965	11/17/2003	37828	P	Family
M	05/18/1970	6/29/1998	37825	S	Family
M	10/27/1957	2/14/2000	37721	P	EE & Spouse
F	02/16/1955	1/6/1986	37920	P	Single
F	08/23/1949	3/12/2012	37912	P	Single
F	08/15/1958	5/18/1987	37934	P	Single
M	10/10/1970	1/3/2000	37918	P	Single
M	03/01/1963	5/7/2012	37909	S	Single
M	12/04/1979	11/12/2001	37921	P	Family
M	08/01/1957	1/7/2002	37914	P	Single
F	01/10/1954	5/7/1990	37921	P	EE & Children
F	01/29/1965	7/21/2004	37920	P	EE & Children
M	12/08/1980	2/8/2010	37912	P	Family
F	12/01/1960	6/29/1998	37849	S	Single
M	12/30/1957	8/20/1990	37921	P	EE & Children
F	01/30/1956	8/14/1995	37920	S	EE & Spouse
F	02/03/1957	4/1/2006	37912	S	Single
M	09/19/1969	11/14/1994	37914	S	Family
M	11/27/1965	1/24/2011	37807	S	Family
F	09/26/1962	6/21/1999	37915	P	Single
M	02/02/1957	7/1/1991	37924	P	EE & Spouse
M	06/17/1955	10/31/2005	37914	P	Single
F	01/28/1957	2/4/1991	37917	S	Single
F	08/13/1971	8/2/2004	37716	S	EE & Children
M	09/28/1982	10/20/2003	37914	S	Single
M	10/09/1972	5/31/2005	37912	P	Single
M	10/12/1954	9/8/1980	37918	S	Single
F	07/09/1974	7/15/2002	37806	P	Single
F	11/18/1961	7/6/2010	37721	P	Single
F	09/24/1959	3/23/1992	37923	P	Single
M	07/21/1961	12/14/1987	37871	P	EE & Spouse
M	06/30/1966	9/30/2013	37861	P	Family
F	04/24/1957	9/2/2003	37931	P	Single
F	02/03/1966	8/2/1999	37923	S	Single

M	05/26/1962	7/19/1999	37725	S	EE & Spouse
F	08/26/1960	2/11/2013	37849	S	Single
M	01/31/1959	5/22/2000	37922	S	EE & Spouse
F	08/29/1960	4/1/1985	37865	P	EE & Spouse
M	03/11/1964	7/31/1989	37820	P	Family
M	07/02/1973	1/3/2000	37754	P	EE & Children
M	07/22/1971	12/26/2007	37917	S	Single
M	06/07/1972	1/20/2015	37923	P	Single
F	12/05/1961	8/1/2005	37721	S	Single
M	02/10/1950	10/20/1997	37807	P	EE & Spouse
M	11/15/1980	12/30/2002	37807	P	Single
F	10/01/1951	3/3/2014	37912	P	Family
F	09/22/1967	4/2/1990	37918	P	EE & Spouse
M	06/08/1960	8/8/2005	37721	P	Single
F	12/26/1961	9/9/2002	37914	P	Family
F	08/20/1954	7/1/2008	37914	P	Single
F	01/03/1975	7/23/2007	37920	S	Family
F	03/23/1966	1/20/2015	37918	S	Single
M	02/26/1968	11/15/1993	37914-4655	S	Single
F	12/22/1962	10/8/1990	37924	S	Single
F	12/28/1972	1/3/2000	37914	P	EE & Children
F	5/02/1975	7/28/1997	37804-5906	S	Family
M	07/21/1973	5/24/1999	37920	S	Single
M	08/29/1959	1/31/2000	37920	P	EE & Spouse
F	07/18/1979	8/6/2007	37915	S	Family
F	06/06/1968	11/23/1992	37915	S	Single
M	11/27/1983	2/25/2002	37938	P	EE & Spouse
F	08/14/1984	5/4/2015	37861	S	Family
F	12/09/1955	6/26/2000	37912	P	Single
F	10/27/1960	9/13/2010	37923	P	Single
M	06/29/1963	5/30/1988	37807	S	Family
F	04/02/1957	7/10/2006	37764	S	Family
F	10/04/1977	1/2/2014	37921	P	Single
M	07/27/1961	7/25/2005	37924	S	Single

**Exhibit D Rate History****2011**

EE		\$440.36
Family		\$1,151.98

**2012**

	Network S	Network P
EE	\$467.08	\$525.96
Family	\$1,216.74	\$1,370.10

**2013**

	Network S	Network P
EE	\$513.69	\$572.19
Family	\$1,352.97	\$1,507.05

**2014**

	Network S	Network P
EE	\$565.89	\$631.72
EE + Sp	\$1,188.37	\$1,326.61
EE + Ch	\$1,035.58	\$1,156.05
Family	\$1,717.48	\$1,917.27

**2015**

	Network S	Network P
EE	\$627.60	\$683.73
EE + Sp	\$1,317.96	\$1,435.84
EE + Ch	\$1,148.57	\$1,251.23
Family	\$1,904.77	\$2,075.12

## Claims and Premiums Paid

Beginning	Ending	Claims Paid	Premiums Paid
01/01/15	7/31/15	\$976,053	\$963,136
01/01/14	12/31/14	\$1,500,156	\$1,595,447
01/01/13	12/31/13	\$1,276,200	\$1,531,217
01/01/12	12/31/12	\$1,265,965	\$1,473,612
01/01/11	012/31/11	\$1,258,252	\$1,361,658
01/01/10	12/31/10	\$1,689,180	\$1,244,422
01/01/09	12/31/09	\$ 806,487	\$1,222,681
01/01/08	12/31/08	\$1,119,038	\$1,301,721
01/01/07	12/31/07	\$1,468,832	\$1,366,842

## Claims paid over \$25,000 from 1/1/15 to 7/31/15

Claim Amount	# of Claimants	% of total Members (120)	Paid Claims	% of Total Claims
\$25,000-49,999	5	4.17%	\$173,115	16.66%
\$50,000-74,999	2	1.66%	\$106,490	10.25%
\$75,000-99,999	0	0%	\$0	0%
\$100,000 and above	1	.83%	\$221,198	21.29%

## Claims paid over \$25,000 from 1/1/14 to 12/31/14

Claim Amount	# of Claimants	% of total Members (122)	Paid Claims	% of Total Claims
\$25,000-49,999	11	9.02%	\$374,558	24.97%
\$50,000-74,999	2	1.64%	\$111,425	7.43%
\$75,000-99,999	1	.82%	\$83,790	5.59%
\$100,000 and above	1	.82%	\$249,279	16.62%

## Claims paid over \$25,000 from 1/1/13 to 12/31/13

Claim Amount	# of Claimants	% of total Members (125)	Paid Claims	% of Total Claims
\$25,000-49,999	10	8%	\$324,017	26.55%
\$50,000-74,999	3	2.4%	\$187,483	15.36%
\$75,000-99,999	1	0.8%	\$98,229	8.05%
\$100,000 and above	0	0%	\$0	0%

## Claims paid over \$25,000 from 1/1/12 to 12/31/12

Claim Amount	# of Claimants	% of total Members (131)	Paid Claims	% of Total Claims
\$25,000-49,999	7	5.34%	\$222,436	17.57%
\$50,000-74,999	3	2.29%	\$194,170	15.33%
\$75,000-99,999	0	0%	\$0	0%
\$100,000 and above	0	0%	\$0	0%



**Exhibit F Large Paid Claims Data 2015**



Date: 08-26-2015

**Claims in Excess of \$25,000**  
**Knoxville's Community Development Corporation**  
**Current Period: 01/01/2015 through 07/31/2015**

Relation	Gender	Diagnosis	Total Paid Claims	Status	IP Admit Date	Case Management Status			Continuum of Care	
						Type of Mgmt	Open Date	Close Date	Lifestyle Mgmt	Nurseline Calls
Emp.	M	Mantle cell lymphoma	\$221,198 21.29%	Active	6/23/15	TP	7/28/15		No	0
Emp.	F	Drug	\$53,557 5.15%	Active	N/A				No	0
Emp.	M	Rehabilitation Procedures	\$52,933 5.09%	Active	6/12/15	TC	6/11/15	6/19/15	No	0
Emp.	F	Rheumatoid Arthritis	\$47,242 4.55%	Active	4/8/15				No	0
Dep.	M	Drug	\$36,445 3.51%	Active	N/A				No	0
Emp.	F	Osteolysis, Peri-prosthetic	\$36,012 3.47%	Active	1/20/15				No	0
Emp.	F	Embolism/infarction, pulmonary NEC	\$28,268 2.72%	Active	5/1/15				No	0
Dep.	F	Drug	\$25,147 2.42%	Active	N/A				No	0
Total Claims for Members with Claims in Excess of \$25,000					\$500,803 48.2%					
Total Claims for all other members					\$538,169 51.8%					
Total Paid Claims					\$1,038,972 100%					
Total Number of Members with Claims in Excess of \$25,000					8 3.51% of Total Members					

**Exhibit G Monthly Paid Claims 2014-2015**

KCDC's monthly claims with covered employees for the last twelve months:

<b>2014</b>	<b>Claims</b>	<b>Total Covered Employees</b>
August	\$93,844	123
September	\$82,491	123
October	\$114,215	121
November	\$214,472	121
December	\$120,360	121
<b>Total</b>	<b>\$625,382</b>	

<b>2015</b>	<b>Claims</b>	<b>Total Covered Employees</b>
January	\$138,589	119
February	\$155,521	119
March	\$90,611	119
April	\$177,010	122
May	\$82,605	121
June	\$148,725	122
July	\$182,992	122
<b>Total</b>	<b>\$976,053</b>	