

# BID SOLICITATION



**City of Chattanooga**  
**101 East 11th Street, Suite G13**  
**Chattanooga, TN 37402**

## SEALED BIDS

Mail or submit two (2) signed copies of bid form to this office in the enclosed envelope. Retain one copy for your file.

**V  
E  
N  
D  
O  
R** RFQ

## BID OPENING DATE AND TIME:

31-MAY-18 at 2:00 PM

**BID NUMBER: 305127**

## BUYER:

**PHONE #: (423) 643-7230**  
**DELIVERY REQUIRED:**

**M  
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L  
T  
O** City of Chattanooga  
 101 East 11th Street, Suite G13  
 Chattanooga, TN 37402

Item	Class-Item	Quantity	Unit	Unit Price	Total
Requisition No.: 170399 / Bid No. 305127 Ordering Dept.: Human Resources Buyer: Deidre Keylon 423-643-7231 *****					
<b>DESCRIPTION:</b> This shall be a twelve (12) month blanket contract for Stop Loss Insurance for the Human Resources Department. The contract may be renewed for two (2) ad *****					
<b>ATTACHMENTS:</b> - Specifications must be requested by bidder by email to dmkeylon@chattanooga.gov with subject "Request for Specs for Bid 305127 Stop Loss Insurance" rec - Iran Divestment Act for signature - Affirmative Action Plan for signature - No Contact/No Advocacy Affidavit, for signature, must be Notarized - Standard Terms and Conditions: available at <a href="http://www.chattanooga.gov/purchasing/standard-terms-and-conditions">http://www.chattanooga.gov/purchasing/standard-terms-and-conditions</a> *****					
*** Deadline for Questions is May 24, 2018, at 2:00 pm, est*** *****					
*** BIDS MUST BE RECEIVED NO LATER THAN *** ***** 2:00 PM ON MAY 31, 2018 ***** *****					
* SUBMIT SEALED BIDS IN DUPLICATE WITH AN ADDITIONAL COPY ON A FLASH DRIVE INDICATING BID NUMBER (305127) ON OUTSIDE PACKAGING *					
***** <b>NOTE:</b> All bids received are subject to the terms and conditions contained herein and as listed in the above referenced website. The undersigned Bidder ack The City of Chattanooga reserves the right to reject any and/or all bids, waive any informalities in the bids received, and to accept any bid which in its opinion m The City of Chattanooga will be non-discriminatory in the purchase of all goods and services on the basis of race, color, or national origin. *****					
<b>PRICE ESCALATION CLAUSE:</b> All prices under this contract shall remain fixed during each twelve (12) month contract period. If as a result of a general change in prices or discounts, the con Purchasing Agent, whichever is later. *****					
THE CITY OF CHATTANOOGA SHALL GUARANTEE NO MINIMUM OR MAXIMUM AMOUNT PURCHASED DURING THE LIFETIME OF THE CONTRACT. *****					
<b>PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION:</b>					
Company Name _____					
Address _____					
Phone/Toll-Free No. _____					
Fax No. _____					
E-Mail Address _____					
Contact Person's Name _____					
Estimated Delivery _____					
Minority-Owned Business ____ Small Business ____ Veteran ____					

## BID SOLICITATION



**City of Chattanooga**  
**101 East 11th Street, Suite G13**  
**Chattanooga, TN 37402**

## SEALED BIDS

Mail or submit two (2) signed copies of bid form to this office in the enclosed envelope. Retain one copy for your file.

**VENDOR** RFQ

**BID OPENING DATE AND TIME:**

31-MAY-18 at 2:00 PM

**BID NUMBER: 305127**

**BUYER:**

**PHONE #:** (423) 643-7230

**DELIVERY REQUIRED:**

<b>M</b>	City of Chattanooga
<b>A</b>	101 East 11th Street, Suite G13
<b>I</b>	Chattanooga, TN 37402

<b>M</b>	City of Chattanooga
<b>A</b>	101 East 11th Street, Suite G13
<b>I</b>	Chattanooga, TN 37402

Item	Class-Item	Quantity	Unit	Unit Price	Total
Minority Woman Owned Business ____ Disabled Veteran ____					
Women-Owned Business ____					

NOTE: ALL BIDS RECEIVED ARE SUBJECT TO THE TERMS AND CONDITIONS

The City is Exempt from all Federal and State Tax.  
Bids will be received at the above mentioned address.

TERMS OF PAYMENT: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

ALL BIDS MUST BE SIGNED – The undersigned offers the above quoted prices under the conditions contained herein.

COMPANY: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

NAME AND TITLE: \_\_\_\_\_

# BID SOLICITATION



City of Chattanooga  
101 East 11th Street, Suite G13  
Chattanooga, TN 37402

## SEALED BIDS

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RFQ

## BID OPENING DATE AND TIME:

31-MAY-18 at 2:00 PM

BID NUMBER: 305127

## BUYER:

PHONE #: (423) 643-7230

DELIVERY REQUIRED:

M  
A  
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T  
O

City of Chattanooga  
101 East 11th Street, Suite G13  
Chattanooga, TN 37402

Item	Class-Item	Quantity	Unit	Unit Price	Total
1	Stop loss insurance for active, retiree, and Legacy participants	1	Each	_____	_____

NOTE: ALL BIDS RECEIVED ARE SUBJECT TO THE TERMS AND CONDITIONS

ALL BIDS MUST BE SIGNED – The undersigned offers the above quoted prices under the conditions contained herein.

The City is Exempt from all Federal and State Tax.  
Bids will be received at the above mentioned address.

TERMS OF PAYMENT: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

COMPANY: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

NAME AND TITLE: \_\_\_\_\_

**Chapter No. 817 (HB0261/SB0377). "Iran Divestment Act" enacted.**

**Vendor Disclosure and Acknowledgement**

**By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each bidder is not on the list created pursuant to § 12-12-106.**

**(SIGNED)** \_\_\_\_\_

**(PRINTED NAME)** \_\_\_\_\_

**(BUSINESS NAME)** \_\_\_\_\_

**(DATE)** \_\_\_\_\_

**For more information, please contact the State of Tennessee, Central Procurement Office**  
**<https://www.tn.gov/generalservices/procurement/central-procurement-office--cpo-/library-/public-information-library.html>**

**No Contact/No Advocacy Affidavit**

City of Chattanooga  
Purchasing Division

**For Submission with Sealed RFP or RFQ Responses:**

State of \_\_\_\_\_

County of \_\_\_\_\_

\_\_\_\_\_ (agent name), being first duly sworn, deposes and says that:

(1) He/She is the owner, partner, officer, representative, or agent of \_\_\_\_\_  
\_\_\_\_\_ (business name), the Submitter of the attached sealed solicitation  
response to Solicitation # \_\_\_\_\_;

(2) \_\_\_\_\_ (agent name) swears or affirms that the Submitter  
has taken notice, and will abide by the following No Contact and No Advocacy clauses:

**NO CONTACT POLICY:** After the posting of this solicitation, a potential submitter is prohibited from directly or indirectly contacting any City of Chattanooga representative concerning the subject matter of this solicitation, unless such contact is made with the Purchasing Division.

**NO ADVOCATING POLICY:** To ensure the integrity of the review and evaluation process, companies and/or individuals submitting sealed solicitation responses, as well as those persons and/or companies formally/informally representing such submitters, may not directly or indirectly lobby or advocate to any City of Chattanooga representative.

**Any business entity and/or individual that does not comply with the No Contact and No Advocating policies may be subject to the rejection or disqualification of its solicitation response from consideration.**

Submitter Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_

## Affirmative Action Plan

The City of Chattanooga is an equal opportunity employer and during the performance of this Contract, the Contractor agrees to abide by the equal opportunity goals of the City of Chattanooga as follows:

1. The Contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, or handicap. The Contractor will take affirmative action to ensure that applicants are employed, and the employees are treated during employment without regard to their race, color, religion, sex, national origin, or handicap. Such action shall include, but not be limited to, the following: employment, upgrading, demotion, or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay, or other forms of compensation, and selection for training, including apprenticeship. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.
2. The Contractor will, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, or handicap.
3. The Contractor will send to each labor union or representative of workers with which he/she has a collective bargaining agreement or other contract or understanding, a notice advising the said labor union or workers' representatives of the Contractor's commitments under this section, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
4. In all construction contracts or subcontracts in excess of \$10,000 to be performed for the City of Chattanooga, any contractor and/or subcontractor is further required to file in duplicate within ten (10) days of being notified that it is the lowest responsible bidder, an affirmative action plan with the EEO Director of the City of Chattanooga. This plan shall state the Contractor's goals for minority and women utilization as a percentage of the work force on this project.
5. This Plan or any attachments thereto shall further provide a list of all employees annotated by job function, race, and sex who are expected to be utilized on this project. This plan or attachment thereto shall further describe the methods by which the Contractor or Subcontractor will utilize to make good faith efforts at providing employment opportunities for minorities and women.

During the term of this contract, the Contractor upon request of the City, will make available for inspection by the City of Chattanooga copies of payroll records, personnel documents and similar records or documents that may be used to verify the Contractor's compliance with these Equal Opportunity provisions.

6. The Contractor will include the portion of the sentence immediately preceding paragraph 1 and the provisions of paragraphs 1 through 6 in every subcontract so that such provisions will be requested of each subcontractor. The Contractor agrees to notify the City of Chattanooga of any subcontractor who refuses or fails to comply with these equal opportunity provisions. Any failure or refusal to comply with these provisions the Contractor and/or Subcontractor shall be a breach of this contract.

---

(Signature of Contractor)

---

(Title and Name of Construction Company)

---

(Date)

**Request for BID**  
**for the City of Chattanooga**  
 Katherine Mayfield on behalf of Russ Blakely

**Client & Plan information**

<b>Client</b>	<b>City of Chattanooga</b>	<b>Effective date</b>	7/1/2018
<b>Address</b>	101 East 11th Street Ste 201 Chattanooga TN 37402	<b>Questions to City b</b>	5/24/2018
		<b>BID due date</b>	5/31/2018
<b>Current Funding</b>	Self Funded	<b>Carrier (ASO)</b>	BCBS of TN

**Request Specifics**

<b>Line of Coverage</b>	Reinsurance	<b>Current Carrier</b>	BlueRE
<b>Contract Basis</b>	500k ISL	<b>Contract term</b>	24/12 minimum
<b>Claims Administrator</b>	BCBS of TN	<b>Contract lang</b>	no laser & Rate cap
<b>Network</b>	P and S offered	<b>Benfefits</b>	Medical & Rx
<b>Commission level</b>	5%		
<b>Broker of Record</b>	Russ Blakely & Associates--Brent Wick		

**Request Details/Additional Information/Attached documents**

**Documents Attached:**

- Available*
- ☒ BCBST Membership
  - ☒ Monthly enrollment report
  - ☒ Monthly Paid Claims report
  - ☒ Large Claim report
  - ☒ Current EOCs for PPO and HDHP
  - ☒ Current Stop Loss Contrract
  - ☒ Renewal
  - ☒ Current employees "eligible" file
  - ☒ BCBST Membership Key

**Notes:**

Currentt  
 7/1/2015 through 4/30/2018  
 7/1/2014 through 4/30/2018  
 plan YTD and prior 2 plan years

Subgroups for Departments included



Other important attachments include spreadsheets, available by request titled "Request Specs Bid 305127" e-mail to [dmkeylon@chattanooga.gov](mailto:dmkeylon@chattanooga.gov), until 2:00 pm May 30, 2018



1 Cameron Hill Circle, Chattanooga, TN 37402

## STOP LOSS INSURANCE PROPOSAL FOR: City of Chattanooga (2018)

Proposal.#: SLP436384

Plans Administered by Blue Cross Blue Shield of Tennessee

BCBST Networks Utilized: Network P & S

BCBST Representative: Brent Johnson

Broker: Wick, Brent A.

Proposal Date: 04/13/2018

Valid Through: 06/30/2018

Effective Date: 07/01/2018

Contract Duration: 12 Months

### SPECIFIC STOP LOSS COVERAGE

	Option 1	Option 2	Option 3
Basis Of Coverage	96/12	96/12	96/12
Specific Attachment Point	\$500,000	\$550,000	\$600,000
Coverage To Be Included	Medical, Rx Card	Medical, Rx Card	Medical, Rx Card
Specific Policy Period Maximum Reimbursement	Unlimited	Unlimited	Unlimited
Specific Lifetime Maximum Reimbursement	Unlimited	Unlimited	Unlimited
Rate Per Month			
Composite	2,911		
Total Lives	2,911		
Estimated Monthly Premium	\$35,252	\$32,458	\$29,663
Estimated Annual Premium	\$423,027	\$389,492	\$355,957
Rate(s) includes Commissions of	5.00%	5.00%	5.00%

Plans Administered by:



of Tennessee

**UNDERWRITING NOTES:**

This proposal is tentative pending updated information and final underwriting approval.

This proposal includes coverage for the UNTO subgroup under the Stop Loss contract.

The subgroup WELL that was added effective 01/01/2015 is not covered under the Medical plan and is not covered under the Stop Loss contract.

There are some items that are important for you to remember as you review our proposal:

- a. Outstanding contingencies must be received no later than 7 days after the effective date.
- b. We will require updated diagnosis, prognosis and case management notes including anticipated treatment and estimated costs for Lori Rouse, Ezekiel Hooper, Gabrielle Stephenson, Katherine Robertson, Roderick Harper; along with any other claim exceeding \$250,000 updated from 03/22/2018 through 04/30/2018. We will also require details for any individual identified as a potential transplant candidate. Upon receipt and review, we may request updated information and/or adjust the terms of coverage.
- c. Run-in options are subject to our review of pending claims, known confinements that have not yet generated a bill, pre-certs for more than three days and subrogated or denied claims that are being contested.
- d. A 45% Specific Stop Loss Rate Cap with no new lasers except for member # 90718142702, Ezekiel Hooper \*. We reserve the right to add a laser on Ezekiel Hooper effective July 1, 2019 upon review of updated claims information through 04/30/2019. If the group does renew with us on July 1, 2018, the Specific Stop loss rates will increase no more than 45%\* over the 07/01/2018 rates and no new lasers will be added except as outline for Ezekiel Hooper unless requested by the policyholder or administrator.

\* The Specific Stop Loss Rate Cap assumes there are no material changes to the group's plan such as revisions in the plan design, the specific deductible, contract change, commissions or PPO network. The Specific Rate Cap only applies to the group's next renewal, not subsequent renewals. Future Specific Rate Caps are subject to our underwriting discretion.

**Assumptions:**

1. Specific coverage includes Medical & Rx benefits.
2. Our proposal assumes that the number in each benefit plan option will remain the same or within 10% of current enrollment. We reserve the right to re-rate this proposal if the benefit plan enrollment changes more than 10%.
3. The PPO to be utilized for the proposed coverage period is reflected on page 1 of this proposal. If the PPO differs from what is stated, rates in this proposal are subject to change.
4. Our contract assumes that the policyholder's benefit plan document is in compliance with all applicable legislation. A valid copy of the benefit plan must be received within 45 days of the effective date. No policy will be issued or claim paid until the benefit plan document has been reviewed and approved by underwriting. Any deviation from the benefit plan upon which the sold proposal was based may result in a change to the terms of coverage.
5. Stop Loss coverage is for non-occupational injuries and illnesses.
6. This proposal expires at the end of the "Valid Through" date stated on Page 1 of the proposal. It is based on the data submitted to us in the prospect specifications. Any inaccuracy in the data will require revised calculations.
7. These rates are based on the "current" plan of benefits.
8. This proposal assumes the continuation of BCBS of Tennessee as the PPO and TPA.
9. Total group enrollment increases or decreases of more than 10% require re-rating.
10. This proposal assumes 694 retirees are participating in the covered benefit plan and were included in the census and claims provided.
11. This proposal assumes that standard BCBST language for transplants has been elected.
12. Applicable state taxes are included in the premium charged. State assessments, if applicable, are not covered and will be billed separately to the policyholder.

**Plans Administered by:**

Initial the selected proposal option:

	Option 1	Option 2	Option 3
Selection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initials:	<input type="text"/>	<input type="text"/>	<input type="text"/>

This proposal includes a rate page, all accompanying notes, contingencies, assumptions and a signature page. Rates, Deductibles and Factors are based on the data provided to us. Inaccurate or incomplete data may require changes in the terms provided. We will not be bound by clerical or typographical errors contained in this proposal. This quote is subject to all policy provision, limitations, and exclusions. By signing below I confirm that I am authorized to accept the terms of this insurance proposal.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Plans Administered by:

purchasing B10



BlueRe of Tennessee  
Administrative Address:  
1 Cameron Hill Circle  
Chattanooga, TN 37402

#### RENEWAL AMENDMENT FOR STOP LOSS COVERAGE

This Amendment is attached to and made part of the Policy specified below. It is subject to all of the Policy provisions that do not conflict with the terms stated below.

Policyholder: City of Chattanooga

Amendment Effective Date: July 1, 2017

The Policy as amended is only effective beginning with the Amendment Effective Date stated above. POLICYHOLDER and WE hereby agree that the Policy is amended as follows:

- A. The policy number is changed from BR-115599-16A to BR-115599-17A.
- B. The Policy will continue in force for a new Policy Period, beginning on the Amendment Effective Date and ending on the Expiration Date shown below.
- C. The Schedule for Stop Loss Coverage is replaced with the following Schedule:

1. **FULL LEGAL NAME OF POLICYHOLDER:** (as it will appear in the Policy)

City of Chattanooga

A. **NATURE OF BUSINESS:** City Government

B. **PRINCIPAL OFFICE ADDRESS:**

101 E. 11<sup>th</sup> Street      Chattanooga      TN      37402  
(street)                                      (city)                                      (state)                                      (zip)

C. **POLICYHOLDER CONTACT PERSON:** Madeline Green

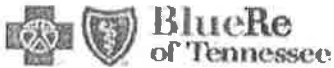
D. **CONTACT INFORMATION (IF DIFFERENT FROM ABOVE):**

\_\_\_\_\_  
(street)                                      (city)                                      (state)                                      (zip)

E. **FULL NAME OF YOUR EMPLOYEE WELFARE BENEFIT PLAN:**

A copy of YOUR ERISA Employee Welfare Benefit Plan Document, and those of any subsidiary or affiliated companies that are to be included, must be attached to this Application. If YOUR Employee Welfare Benefit Plan is for a Multiple Employer Welfare Agreement ("MEWA") or a Multiple Employer Trust ("MET"), YOUR Application will not be accepted for consideration unless YOU provide a clear and concise statement from the U.S. Department of Labor that it is exempt from ERISA requirements.

F. If Employee Welfare Benefit Plans of subsidiary or affiliated companies (companies under common control through stock ownership, contract, or otherwise) are



to be included, list legal names and addresses of such companies and the nature of their business:

**G. POLICYHOLDER's broker/agent of record:**

Name: Russ Blakely

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**2. EFFECTIVE DATE: July 1, 2017**

This Policy will become effective on the Effective Date only if:

- a. All required information is provided, and
- b. We have received the initial premium on or before that date.

**3. EXPIRATION DATE: June 30, 2018**

**4. ENDORSEMENTS (IF APPLICABLE): N/A**

**5. THIRD-PARTY ADMINISTRATOR (TPA) (for purpose of claims administration under the Plan):**

Name: BlueCross BlueShield of Tennessee, Inc.

Address: 1 Cameron Hill Circle

City, State, Zip: Chattanooga, TN 37402

Telephone: (423) 535-5600

TPA's Contact Person: Brent Johnson

Address: 1 Cameron Hill Circle

City, State, Zip: Chattanooga, TN 37402

Telephone: (423) 535-6424

**6. COVERAGE**

The Coverage shown applies only during the Policy Period from July 1, 2017, (Effective Date) through June 30, 2018, (Expiration Date) and is further subject to all the provisions of the Policy.

**A. SPECIFIC STOP LOSS COVERAGE**

☒ Requested ☐ Not Requested, skip to B.

(1) Coverage to be included:

Yes No



Medical



Prescription Drugs



☐ Dental  
☐ Vision

("Yes" means item will be included in coverage; "No" means item will not be included in coverage.)

(2) Specific Attachment Point (unless adjusted by Endorsement)

☒ Per Covered Person: \$500,000  
☐ Per Covered Family: \$  
☐ Aggregating Specific Deductible: N/A

(3) Specific Reimbursement Percentage: 100%

(4) Specific Lifetime Maximum Reimbursement per Covered Person: Unlimited  
Specify Policy Period Maximum Reimbursement per covered person: Unlimited

Of this amount, reimbursement for treatment of drug or alcohol abuse will be limited to:

☐ \$  
☐ days  
☐ days, up to \$  
☒ Treatment of drug or alcohol abuse considered as any other illness

(5) Basis of Specific Stop Loss coverage benefit payment (Benefit Period):

Plan Benefits incurred from July 1, 2012, through June 30, 2018  
And paid from July 1, 2017, through June 30, 2018

Plan Benefits Incurred prior to the Effective Date (Run-In-Period) will be limited to:

☐ \$ N/A per Covered Person  
☐ \$ N/A for all Covered Persons combined:

(6) Premium Rates (per month):

Covered Unit Description	Amount
Composite (2,936)	\$11.15

Immediate reimbursement: ☐ Requested ☒ Not Requested

B. AGGREGATE STOP LOSS INSURANCE ☐ Requested ☒ Not Requested

(1) Coverage to be included:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Medical
<input type="checkbox"/>	<input type="checkbox"/>	Dental
<input type="checkbox"/>	<input type="checkbox"/>	Vision
<input type="checkbox"/>	<input type="checkbox"/>	Prescription Drugs
<input type="checkbox"/>	<input type="checkbox"/>	Other: \$

("Yes" means item will be included in coverage; "No" means item will not be included in coverage.)

(2) Monthly Aggregate Factor:



Covered Unit Description	Medical	Dental	Vision	Prescription Drugs	Totals
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

(3) Number of Covered Units ☐ Quoted ☐ Actual

Covered Unit Description	Medical	Dental	Vision	Prescription Drugs	Totals
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(4) Minimum Annual Aggregate Attachment Point: \$ \_\_\_\_\_  
(12 times Monthly Aggregate Factor(s), times total Number of Covered Units.)

(5) Aggregate Reimbursement Percentage: \_\_\_\_\_

(6) Individual Claim Limit: \$ \_\_\_\_\_

(7) Maximum Aggregate Reimbursement (per Policy Period): \$ \_\_\_\_\_

(8) Basis of Aggregate Stop Loss coverage benefit payment (Benefit Period):

Plan Benefits incurred from \_\_\_\_\_ through \_\_\_\_\_

And paid from \_\_\_\_\_ through \_\_\_\_\_

Plan Benefits Incurred prior to the Effective Date (Run-In-Period) will be limited to:

☐ \$ \_\_\_\_\_ per Covered Person

☐ \$ \_\_\_\_\_ per all Covered Persons combined

(9) Premium Rates (per month):

Covered Unit Description	Medical	Dental	Vision	Prescription Drugs	Totals
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

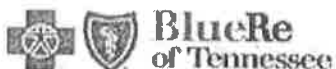
#### 7. ELIGIBLE FOR COVERAGE:

Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Retired Employees
<input checked="" type="checkbox"/>	<input type="checkbox"/>	COBRA Continuees
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Employees who are not Actively at Work
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Late Entrants
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transplants

("Yes" means item will be included in coverage; "No" means item will not be included in coverage.)

8. SPECIAL LIMITATIONS: Specific: Yes Aggregate: N/A





Any individuals currently eligible under the plan that were formerly ineligible due to meeting their lifetime maximum in the past will not be covered for stop loss insurance unless approved in advance by US.

This Stop Loss contract includes a No New Laser/Specific Rate Cap Option. A 45% Specific Stop Loss rate cap with no new lasers at renewal is included in this contract.\* The Specific Stop Loss rates will increase no more than 45%\* over the 07/01/2017 rates and no new lasers will be added unless requested by the policyholder or administrator.

\* The Specific Rate Cap Option also applies to Aggregating Specific deductible also if applicable. The Specific Rate Cap assumes there are no material changes to the group's plan such as revisions in the plan design, the Specific deductible, contract change, commissions or PPO network. The Specific Rate Cap applies only to the group's next renewal, not subsequent renewals. Future Specific Rate Caps are subject to BlueRe's underwriting discretion.

The subgroup WELL (Employees with BlueHealth Solutions<sup>sm</sup> Services without Medical, Dental or Vision coverage) are not eligible and are not covered under the Stop Loss contract.

9. **MINIMUM PLAN ENROLLMENT:** \_\_\_\_\_ Covered Units, or \_\_\_\_\_ % of initial enrollment
10. **PREMIUM DUE DATE:** Policy Effective Date and the first day of each policy month thereafter.
11. **YOU have read the foregoing and understand and agree with the terms and conditions of the coverage as set forth by US and as reflected in the Application. YOU represent that YOU have formed YOUR Employee Welfare Benefit Plan in compliance with and in reliance on the applicable provisions of the Employee Retirement Income Security Act (ERISA), as amended, or any other applicable law or regulation.**

**YOU agree that:**

- a. the statements in the Application or in any materials submitted with or attached to this Application are YOUR representations;
- b. such representations shall be deemed material to acceptance of the risk by US; and
- c. WE issue the Policy in reliance on the truth and accuracy of such representations.

If subsequent information becomes known that, if known prior to issuance of the Policy, would affect the premium rates, factors, terms or conditions for coverage thereunder, WE will have the right to revise the premium rates, factors, terms or conditions as of the Effective Date, by providing written notice to YOU.

Any fraudulent statement will render the Policy null and void, and any claims will be forfeited.

12. **THIS APPLICATION DOES NOT BIND COVERAGE.** Once the application is approved, WE will issue the Policy evidencing that the coverage is in force. Coverage will commence on the Effective Date set forth in the Policy. This application will attach to and form part of the Policy.
13. **FRAUD WARNING.** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of coverage.



**14. APPLICANT'S ACKNOWLEDGEMENT.** The applicant represents, to the best of his/her knowledge and belief, that the statements and answers in this application are true and complete.

**15.** The applicant understands and agrees that:

- a. this application, along with all of its attachments and supporting information, will form part of any policy issued;
- b. no information given to or acquired by any representative of Company will bind it, unless it is in writing on this application;
- c. no waiver or modification will bind Company unless it is in writing and is signed by Company; coverage will be provided only to those persons or entities eligible under the terms of an issued policy;
- d. Company will rely on this application, its attachments and supporting information, to issue any policy; and
- e. if the information contained in and submitted with this application materially changes prior to the policy Effective Date, the applicant will notify Company and Company will then modify or withdraw any outstanding offer of insurance.

ACCEPTED BY: City of Chattanooga

Date: August 3, 2017

BY: *Tina Camba*

Printed name/title: Tina Camba

ACCEPTED BY: BlueRe of Tennessee

Date: July 19, 2017

BY: *G. Henry Smith*

Printed name/title: G. Henry Smith, President

BlueRe of Tennessee and BlueCross BlueShield of Tennessee, Independent Licensees of BlueCross  
BlueShield Association



1 Cameron Hill Circle, Chattanooga, TN 37402

## STOP LOSS INSURANCE PROPOSAL FOR: City of Chattanooga (2017)

Proposal #: SLP433717

Plans Administered by Blue Cross Blue Shield of Tennessee

BCBST Networks Utilized: Network P & S

BCBST Representative: Brent Johnson

Broker: Blakely, Russ

Proposal Date: 06/12/2017

Valid Through: 06/30/2017

Effective Date: 07/01/2017

Contract Duration: 12 Months

### SPECIFIC STOP LOSS COVERAGE

	Option 1	Option 2	Option 3	Option 4
Basis Of Coverage	84/12	84/12	84/12	84/12
Specific Attachment Point	\$500,000	\$525,000	\$550,000	\$600,000
Coverage To Be Included	Medical, Rx Card	Medical, Rx Card	Medical, Rx Card	Medical, Rx Card
Specific Policy Period Maximum Reimbursement	Unlimited	Unlimited	Unlimited	Unlimited
Specific Lifetime Maximum Reimbursement	Unlimited	Unlimited	Unlimited	Unlimited
Rate Per Month				
Composite	2,936			
Total Lives	2,936			
	\$11.15	\$10.62	\$10.27	\$9.31
Estimated Monthly Premium	\$32,736	\$31,180	\$30,153	\$27,334
Estimated Annual Premium	\$392,837	\$374,164	\$361,833	\$328,010
Rate(s) Includes Commissions of	5.00%	5.00%	5.00%	5.00%

Plans Administered by:



of Tennessee



1 Cameron Hill Circle, Chattanooga, TN 37402

**STOP LOSS INSURANCE PROPOSAL FOR:  
City of Chattanooga (2017)**

Proposal #:

SLP433717

Initial the selected proposal option:

Selection

Option 1

Option 2

Option 3

Option 4



Initials:

TL

This proposal includes a rate page, all accompanying notes, contingencies, assumptions and a signature page. Rates, Deductibles and Factors are based on the data provided to us. Inaccurate or incomplete data may require changes in the terms provided. We will not be bound by clerical or typographical errors contained in this proposal. This quote is subject to all policy provision, limitations, and exclusions. By signing below I confirm that I am authorized to accept the terms of this insurance proposal.

Signature

*Manu Q*

Date

6/29/17

Plans Administered by:



of Tennessee

# FACETS

## CONFIGURATION WORKSHEET

### Subgroup No:

0010 - Enterprise Center  
 0020 - City Attorneys Office  
 0030 - Fire Employees Pension  
 0031 - Fire Employees Pension Retiree  
 0050 - Under 65 Retiree  
 0051 - Over 65 Retiree  
 0052 - Over 65 Pensioners  
 0053 - Combo Dependents  
 0054 - Child Dependents  
 0055 - Pre-Medicare Lifetime Retirees  
 0060 - Metro Airport Authority  
 0061 - Airport Retirees  
 0090 - Carter Street Corporation  
 0094 - County 911  
 0100 - Fire Department  
 0200 - Police Department  
 0300 - Parks and Recreation  
 0400 - Public Works General Fund  
 0700 - Municipal Government  
 1105 - Municipal Golf Courses  
 2010 - Bicentennial Library  
 2030 - Human Services  
 2050 - Public Works Street Maintenance  
 2080 - Regional Planning Agency  
 2090 - Air Pollution Control Bureau  
 2100 - Scenic Cities Beautiful  
 6010 - Public Works Interceptor Sewer  
 6020 - Public Works Solid Waste - Recycling  
 6030 - Public Works Water Quality  
 6501 - Fleet Service Station  
 6502 - Fleet Maintenance Garage  
 6523 - Wellness - Personnel  
 8601 - Community Development  
 9095 - ACA Enrollees  
 9079 - Regional Planning Design  
 UNTO - Retiree Untouchable Plan (eff. 03/01/2010)

### Department No:

Dept 0100 Fire  
 Dept 0200 Police  
 Dept 0300 Parks & Recreation  
 Dept 0301 PR Golf Course  
 Dept 0302 Scenic Cities  
 Dept 0400 Public Works General  
 Dept 0401 PW State Street Aid  
 Dept 0402 PW ISS  
 Dept 0403 PW Solid Waste  
 Dept 0404 PW Stormwater  
 Dept 0500 Human Services  
 Dept 0600 Airport  
 Dept 0700 General Government  
 Dept 0701 Community Development  
 Dept 0702 Fleet Maintenance  
 Dept 0900 Trade Center  
 Dept 1000 Library  
 Dept 1100 Air Pollution  
 Dept 1200 Planning

Census key:

MBPGFK42	H.S.A. Family network P
MBPGSK42	H.S.A. Single network P
MBPK0358	PPO network P
MBSK0513	PPO network S
MBPKCH01	Medicare Supplement
MBPKCH02	Retirees PPO
MBSGS616	H.S.A. Single network S
MBSGF616	H.S.A. Family network S
MCUK0004	Untouchable Retirees