

# BID SOLICITATION



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

## BID OPENING DATE AND TIME:

14-JUN-17 at 2:00 PM

**BID NUMBER: 304755**

## 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.

## BUYER:

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

**DELIVERY REQUIRED:**

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

Item	Class-Item	Quantity	Unit	Unit Price	Total
<p>Requisition No.: 154282 Ordering Dept.: Human Resources Buyer: Geoffrey Hipp 423-643-7233 *****</p> <p><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) additional twelve (12) month terms under the same Terms and Conditions by Mutual Agreement. The City of Chattanooga and the Contractor may bilaterally extend the contract by Written Confirmation by both parties at least 30 days prior to the contract's current expiration date into any successive term as provided herein. *****</p> <p><b>ATTACHMENTS:</b> - Specifications - Iran Divestment Act - Affirmative Action Plan - Standard Terms and Conditions: (<a href="http://www.chattanooga.gov/purchasing/standard-terms-and-conditions">http://www.chattanooga.gov/purchasing/standard-terms-and-conditions</a>) *****</p> <p>*** BIDS MUST BE RECEIVED NO LATER THAN *** ***** 2:00 PM ON JUNE 14, 2017 ***** *****</p> <p>* PLEASE SUBMIT BIDS IN DUPLICATE INDICATING BID NUMBER (304755) ON OUTSIDE PACKAGING *</p> <p>*****</p> <p><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 acknowledges having received, reviewed, and agrees to be bound to these terms and conditions, unless specific written exceptions are otherwise stated.</p> <p>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 may be for the best interest of the city.</p> <p>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. *****</p> <p><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 contractor has changed prices to all of its customers, then, at the time of contract renewal, the price under this contract may be adjusted accordingly after acceptance. All price increases must be justified by providing a copy of the prevailing labor wage or material cost increases. Prompt notice of price changes (increases or reductions) must be furnished to the Purchasing Agent at least 30 days prior to the requested effective date and the prices for these services/materials shall remain firm for twelve (12) months. The effective date of price increases shall be the date the Purchasing Agent accepts the price changes or the effective date of increase stated by contractor's notice to Purchasing Agent, whichever is later. *****</p> <p><b>PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION:</b></p> <p>Company Name _____</p> <p>Address _____</p> <p>Phone/Toll-Free No. _____</p> <p>Fax No. _____</p> <p>E-Mail Address _____</p>					

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

Item	Class-Item	Quantity	Unit	Unit Price	Total
Contact Person's Name _____					
Estimated Delivery _____					
Minority-Owned Business ____ Small Business ____ Veteran ____					
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



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

## BID OPENING DATE AND TIME:

14-JUN-17 at 2:00 PM

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

Item	Class-Item	Quantity	Unit	Unit Price	Total
1	Stop Loss Insurance - \$500,000 pooling level	1	Each	_____	_____
2	Stop Loss Insurance - \$525,000 pooling level	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.

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

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

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

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

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

# **City of Chattanooga**

## **Stop Loss Insurance Specifications**

### **Background**

The City of Chattanooga currently has approximately 2,930 covered employees and retirees under its self-insured health plan. The health plan is administered by Blue Cross Blue Shield of Tennessee and the pharmacy is through BCBSTN's arrangement with Express Scripts. The City has two health plans with one being a PPO and one being a HDHP. Both plans are offered on Network S and Network P with BCBS with roughly 10% enrolled in Network S. The City has a tremendous Population Health Management program in place with a full service Onsite Medical Clinic and a full service onsite pharmacy. Approximately 65% of the employees utilize the clinic and 75% use the pharmacy. The City also offers a wellness incentive program to encourage a healthy lifestyle.

### **Current Stop Loss Coverage**

The City currently has a \$500,000 Individual Stop Loss policy in place with BlueRe. The contract term is a paid contract with medical and Rx included. The stop loss policy matches the medical plan Evidence of Coverage. The current contract is a no new laser contract with a rate cap. 5% commissions are included in the stop loss coverage and payable to the City's Advisor, Russ Blakely & Associates, LLC. The current Policy covers Retirees.

### **Requested Bid**

Please provide a bid for a \$500,000 and \$525,000 pooling level. The contract must be at least a 24/12 and match the current medical plan Evidence of Coverage with no exceptions (e-mail [ghipp@chattanooga.gov](mailto:ghipp@chattanooga.gov) for Evidence of Coverage). The City would like to have a no new laser contract going forward and encourages bidders to provide this option if available. All needed information has been included for you to provide a bid. Your bid must be firm.

Should you have questions or need additional information all questions must be submitted to the City Purchasing department ([ghipp@chattanooga.gov](mailto:ghipp@chattanooga.gov)) by 2:00 June 2, 2017.

Please note the City will not pay an outside entity commissions other than Russ Blakely & Associates, LLC. The City also ask for bids to be submitted directly by bidding carriers and not Advisors, Brokers or Consultants.



Date: 04-24-2017

# Claims in Excess of \$100,000

## City of Chattanooga

Current Paid Period: 07/01/2013 through 06/30/2014

Primary Diagnosis	Total Paid Claims	% of Total Paid Claims	Coverage Status
ENCNTR, ANTINEOPLASTIC CHEMOTHERAPY	\$1,156,182	3.9 %	Termed
DM W/KETOACIDOSIS, TYPE I, UNCNTRL	\$637,104	2.2 %	Active
ATHRSCLR, CORONARY, NATIVE ARTERY	\$335,719	1.1 %	Active
NEOPL, MTSTC, BRAIN AND SPINAL CORD	\$300,377	1.0 %	Termed
ANGIODYSPLASIA, INTESTINE W/HEM	\$290,238	1.0 %	Active
FIBRILLATION, ATRIAL	\$271,712	0.9 %	Active
RENAL DISEASE, END STAGE	\$253,701	0.9 %	Active
INSUFFICIENCY, MITRAL/AORTIC VALVES	\$250,999	0.9 %	Termed
LYMPHM, MALIGNT, MDL, UNSPC SITE	\$223,071	0.8 %	Active
NEOPLASM, MALIGNANT, ADRENAL GLAND	\$199,960	0.7 %	Active
DM W/NEURO MNFST, TYPE II, UNCNTRL	\$178,507	0.6 %	Active
DRUG CLAIM/NO DIAGNOSIS AVAILABLE	\$168,579	0.6 %	Active
KIDNEY DISEASE, CHRONIC, STAGE V	\$166,573	0.6 %	Active
HEMORRHAGE, INTRACEREBRAL	\$159,737	0.5 %	Termed
PX, SUBTROCHANTERIC, CLOSED	\$153,982	0.5 %	Active
NEOPLASM, MLIG, FEMALE BREAST NOS	\$149,012	0.5 %	Active
LEUKEMIA, CHRIN LYMPHOID W/O RMIS	\$148,650	0.5 %	Active
NEOPLSM, MLIG, BRAIN, TEMPORAL LOBE	\$147,935	0.5 %	Active
DISEASE, PERIPHERAL VASCULAR NEC	\$143,105	0.5 %	Termed
NEOPLASM, MALIGNANT, FEMALE NIPPLE	\$141,004	0.5 %	Termed
ENCNTR, ANTINEOPLASTIC CHEMOTHERAPY	\$133,338	0.5 %	Active
DRUG CLAIM/NO DIAGNOSIS AVAILABLE	\$132,173	0.4 %	Active
DRUG CLAIM/NO DIAGNOSIS AVAILABLE	\$131,972	0.4 %	Active

Paid date reports are based on the paid date, rather than the date of service.



Date: 04-24-2017

Primary Diagnosis	Total Paid Claims	% of Total Paid Claims	Coverage Status
ARREST, CARDIAC	\$126,333	0.4 %	Active
DEGENERATION, LUMBAR/LUMBSAC DISC	\$115,064	0.4 %	Active
SEPTICEMIA NOS	\$111,800	0.4 %	Active
RENAL DISEASE, END STAGE	\$110,197	0.4 %	Active
DRUG CLAIM/NO DIAGNOSIS AVAILABLE	\$107,833	0.4 %	Active
RENAL DISEASE, END STAGE	\$103,492	0.4 %	Active
DRUG CLAIM/NO DIAGNOSIS AVAILABLE	\$103,130	0.4 %	Active
SPONDYLOSIS, CERVICAL W/MYELOPATHY	\$103,080	0.4 %	Active
NEOP, M/LG, FEMALE BREAST, UP/OUT Q	\$102,267	0.3 %	Active
DEGENERATION, LUMBAR/LUMBSAC DISC	\$100,102	0.3 %	Active

Total Claims for Members with Claims in Excess of \$100,000

Total Claims for all other members

Total Paid Claims

Total Number of Members with Claims in Excess of \$100,000

\$6,956,929	23.7 %
\$22,454,642	76.3 %
\$29,411,571	100.0 %
33	0.5 % of Total Members

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of Tennessee

Date: 04-24-2017

## Report Parameters

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City of Chattanooga	CR196	4/24/2017 3:53:05 PM	Page 3
Group Parent No: 00013	Group(s): 115599, 90777	Plan/Dept/SubGroup Filters Selected	

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association

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Date: 04-24-2017

## Parameter Selected Value

Medical Group(s): 115599 - City of Chattanooga, 90777 - City of Chattanooga

0010 : City of Chattanooga - Enterprise Center, 0050 : City of Chattanooga-Retirees Not Medicare Eligible, 0051 : City of Chattanooga-Retirees Medicare Eligible, 0060 : City of Chattanooga - Airport Authority, 0061 : City of Chattanooga-Airport Retirees, 0090 : City of Chattanooga - Carter Street Corporation, 0099 : City of Chattanooga - COBRA, 0100 : City of Chattanooga - Fire Department, 0200 : City of Chattanooga - Police Department, 0300 : City of Chattanooga - Parks & Recreation - TERMED, 0400 : City of Chattanooga - Public Works General Fund - TERMED, 0700 : City of Chattanooga - General Fund, 1105 : City of Chattanooga - Municipal Golf Courses TERM, 2010 : City of Chattanooga - Bicentennial Library TERM, 2030 : City of Chattanooga - Human Services TERM, 2050 : City of Chattanooga - Public Works Street Maint. TERM, 2080 : City of Chattanooga - Regional Planning Agency TERM, 2090 : City of Chattanooga - Air Pollution Control Bureau TERM, 2100 : City of Chattanooga - Scenic Cities Beautiful TERM, 6010 : City of Chattanooga - Public Works Interceptor Sewer TERM, 6020 : City of Chattanooga - Solid Waste-Recycling TERM, 6030 : City of Chattanooga - Public Works Water Quality TERM, 6501 : City of Chattanooga - Fleet Service Station TERM, 6502 : City of Chattanooga - Fleet Maintenance Garage TERM, 6523 : City of Chattanooga - Wellness - Personnel TERM, 8485 : City of Chattanooga - Foster Grandparents, 8486 : City of Chattanooga - Head Start Disability, 8487 : City of Chattanooga - Head Start Day Care, 8488 : City of Chattanooga - HSD Child Adult Care Food, 8489 : City of Chattanooga - HSD LIHEAP Weatherization, 8491 : City of Chattanooga - HSD LIHEAP, 8492 : City of Chattanooga - Head Start Emergency, 8496 : City of Chattanooga - Human Services ARRA EHS Expansion, 8601 : City of Chattanooga - Community Development TERM, 9076 : City of Chattanooga - Gen. Services DRC Building, 9079 : City of Chattanooga - Regional Planning Design TERM, 9091 : City of Chattanooga -Automated Traffic Enforcement, 9094 : City of Chattanooga - 911 Center, 9095 : City of Chattanooga - ACA Enrollees, RUN : City of Chattanooga - RUNOUT, UNTO : City of Chattanooga - Legacy Retirees Untouchable, Blank

### Medical Subgroup(s):

Medical Plan ID(s): No Filter Selected

Medical Department(s): No Filter Selected

Claim Date Type: Paid Dates Only

Claims Lag: N/A

Begin Date: 07/01/2013

End Date: 06/30/2014

Prior Period: No

Claims in Excess of: \$100,000

Parent: 00013

Paid date reports are based on the paid date, rather than the date of service.

City of Chattanooga  
Group Parent No: 00013      Group(s): 115599, 90777

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Date: 04-24-2017

## Claims in Excess of \$100,000

City of Chattanooga

Current Paid Period: 07/01/2014 through 06/30/2015

Primary Diagnosis	Total Paid Claims	% of Total Paid Claims	Coverage Status
NEOPLASM, MALIGNANT, ADRENAL GLAND	\$581,391	2.1 %	Termed
PANCREATITIS, ACUTE	\$322,176	1.2 %	Active
NEOPLASM, MALIGNANT, BRAIN NOS	\$210,701	0.8 %	Termed
NEOP, MLIG, FEMALE BREAST, UP/OUT Q	\$208,220	0.8 %	Active
ABSCSS, INTRASPINAL	\$196,828	0.7 %	Active
DM W/CRCLTRY DSORD, TYPE II	\$149,309	0.5 %	Active
ENCNTR, ANTINEOPLASTIC CHEMOTHERAPY	\$145,064	0.5 %	Active
SPONDYLOLISTHESIS, ACQUIRED	\$143,020	0.5 %	Active
NEOPLASM, MALIGNANT, PERITONEUM NOS	\$140,804	0.5 %	Active
NEOPLASM, MALIGNANT, OVARY	\$132,026	0.5 %	Active
TRANSPLANT, KIDNEY	\$129,323	0.5 %	Active
DM W/MNFST NEC, TYPE II, UNCNTRL	\$126,661	0.5 %	Active
RENAL DISEASE, END STAGE	\$125,475	0.5 %	Active
AMI, SUBENDOCARDIAL, INITIAL	\$124,627	0.5 %	Active
RENAL DISEASE, END STAGE	\$120,510	0.4 %	Active
RENAL DISEASE, END STAGE	\$120,403	0.4 %	Active
RENAL DISEASE, END STAGE	\$118,228	0.4 %	Active
DRUG CLAIM/NO DIAGNOSIS AVAILABLE	\$116,525	0.4 %	Active
LYMPHOMA NEC, MLIG, UNSPC SITE	\$113,033	0.4 %	Termed
RENAL DISEASE, END STAGE	\$112,256	0.4 %	Termed
ENTERITIS, REGIONAL BOTH INTESTINES	\$109,619	0.4 %	Active
NEOPLASM, MALIGT, BRONCHUS/LUNG NOS	\$109,075	0.4 %	Active
DEGENERATION, LUMBAR/LMBSAC DISC	\$108,499	0.4 %	Active

Paid date reports are based on the paid date, rather than the date of service.



of Tennessee

Date: 04-24-2017

Primary Diagnosis	Total Paid Claims	% of Total Paid Claims	Coverage Status
NEOP UB LOW GRADE MYLDYSPLST LSN	\$104,854	0.4 %	Active
COMPRESSION OF BRAIN	\$101,241	0.4 %	Active
MALFUNCTION NRV SYST DEVICE/GRAFT	\$100,262	0.4 %	Active
Total Claims for Members with Claims in Excess of \$100,000	\$4,070,130	14.9 %	
Total Claims for all other members	\$23,202,987	85.1 %	
Total Paid Claims	\$27,273,117	100.0 %	
Total Number of Members with Claims in Excess of \$100,000	26	0.4 % of Total Members	

Paid date reports are based on the paid date, rather than the date of service.



Date: 04-24-2017

## Report Parameters

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City of Chattanooga	CR196	4/24/2017 3:46:53 PM	Page 3
Group Parent No: 00013	Group(s): 115599, 90777	Plan/Dept/SubGroup Filters Selected	

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of Tennessee

Date: 04-24-2017

Parameter Selected Value

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Medical Subgroup(s):

Medical Plan ID(s): No Filter Selected

Medical Department(s): No Filter Selected

Claim Date Type: Paid Dates Only

Claims Lag: N/A

Begin Date: 07/01/2014

End Date: 06/30/2015

Prior Period: No

Claims in Excess of: \$100,000

Parent: 00013

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City of Chattanooga

Group Parent No: 00013 Group(s): 115599, 90777

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of Tennessee

Date: 04-24-2017

## Claims in Excess of \$100,000

City of Chattanooga

Current Paid Period: 07/01/2015 through 06/30/2016

Primary Diagnosis	Total Paid Claims	% of Total Paid Claims	Coverage Status
PNEUMON D/T METHICLIN RESIST STAPH	\$553,777	1.7 %	Active
PROTECTED DIAGNOSIS	\$413,590	1.3 %	Active
OTHER STREPTOCOCCAL SEPSIS	\$386,606	1.2 %	Active
ACUTE KIDNEY FAILURE, UNSPECIFIED	\$316,279	1.0 %	Active
ALCHLIC CIRRHOSIS OF LIVER W ASCITE	\$257,810	0.8 %	Active
MECH COMPL_OTH INTRNL ORTHO DEV,IMP	\$225,378	0.7 %	Active
SEPSIS, UNSPECIFIED ORGANISM	\$200,579	0.6 %	Active
DRUG CLAIM/NO DIAGNOSIS AVAILABLE	\$192,520	0.6 %	Active
NSTEMI	\$168,506	0.5 %	Active
ACUT TRNSVRS MYELITIS DEMYTING DZ CNS	\$162,614	0.5 %	Active
ENCNTR, ANTINEOPLASTIC CHEMOTHERAPY	\$160,601	0.5 %	Termed
END STAGE RENAL DISEASE	\$157,003	0.5 %	Active
NONRHEUMATIC MITRAL INSUFFICIENCY	\$150,738	0.5 %	Active
GUILLAIN-BARRE SYNDROME	\$147,307	0.5 %	Active
END STAGE RENAL DISEASE	\$142,290	0.4 %	Active
DRUG CLAIM/NO DIAGNOSIS AVAILABLE	\$137,733	0.4 %	Active
UNSP INTRACAPSULAR FX RT FEMUR	\$137,010	0.4 %	Termed
END STAGE RENAL DISEASE	\$136,965	0.4 %	Active
UNSPECIFIED ATRIAL FLUTTER	\$136,672	0.4 %	Active
ENCNTR ANTINEOPLASTIC CHEMOTHRPY	\$135,035	0.4 %	Active
BRONCHITIS, OBSTR CHRN W/EXACRB	\$134,007	0.4 %	Termed
MULTIPLE SCLEROSIS	\$132,560	0.4 %	Active
END STAGE RENAL DISEASE	\$125,027	0.4 %	Active

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City of Chattanooga  
Group Parent No: 00013  
Group(s): 115599, 90777

CR196  
4/24/2017 3:40:38 PM  
Plan/Dept/SubGroup Filters Selected  
Page 1

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Date: 04-24-2017

Primary Diagnosis	Total Paid Claims	% of Total Paid Claims	Coverage Status
END STAGE RENAL DISEASE	\$124,707	0.4 %	Active
ENCNTR ANTINEOPLASTIC CHEMOTHRPY	\$124,186	0.4 %	Active
END STAGE RENAL DISEASE	\$122,215	0.4 %	Active
OSTEOARTH, LOZD NOS, SHOULDER	\$120,151	0.4 %	Active
MALIGNANT NEOPLASM BASE OF TONGUE	\$116,236	0.4 %	Active
JUVENILE IS, THORACOLUMBAR REGION	\$115,654	0.4 %	Active
MALIGNANT NEOPLASM DESCENDING COLON	\$110,750	0.3 %	Active
DRUG CLAIM/NO DIAGNOSIS AVAILABLE	\$108,175	0.3 %	Active
ENCNTR ANTINEOPLASTIC CHEMOTHRPY	\$107,713	0.3 %	Active
SPONDYLOLISTHESIS, ACQUIRED	\$104,998	0.3 %	Termed
DRUG CLAIM/NO DIAGNOSIS AVAILABLE	\$104,080	0.3 %	Active
UNILATERAL PRIMARY OA, LEFT KNEE	\$103,959	0.3 %	Active
DRUG CLAIM/NO DIAGNOSIS AVAILABLE	\$102,262	0.3 %	Active
ATHRSCLR, CORONARY, NATIVE ARTERY	\$100,528	0.3 %	Active
<b>Total Claims for Members with Claims in Excess of \$100,000</b>	<b>\$6,276,222</b>	<b>19.4 %</b>	
<b>Total Claims for all other members</b>	<b>\$26,044,323</b>	<b>80.6 %</b>	
<b>Total Paid Claims</b>	<b>\$32,320,545</b>	<b>100.0 %</b>	
<b>Total Number of Members with Claims in Excess of \$100,000</b>	<b>37</b>	<b>0.5 % of Total Members</b>	

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City of Chattanooga  
Group Parent No: 00013  
Group(s): 115599, 90777

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4/24/2017 3:40:38 PM  
Plan/Dept/SubGroup Filters Selected

Page 2

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## Report Parameters

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City of Chattanooga	CR196	4/24/2017 3:40:38 PM	Page 3
Group Parent No: 00013	Group(s): 115599, 90777	Plan/Dept/SubGroup Filters Selected	

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of Tennessee

Date: 04-24-2017

Parameter Selected Value

Medical Group(s): 115599 - City of Chattanooga, 90777 - City of Chattanooga

0010 : City of Chattanooga - Enterprise Center, 0050 : City of Chattanooga-Retirees Not Medicare Eligible, 0051 : City of Chattanooga-Retirees Medicare Eligible, 0060 : City of Chattanooga - Airport Authority, 0061 : City of Chattanooga-Airport Retirees, 0090 : City of Chattanooga - Carter Street Corporation, 0099 : City of Chattanooga - COBRA, 0100 : City of Chattanooga - Fire Department, 0200 : City of Chattanooga - Police Department, 0300 : City of Chattanooga - Parks & Recreation - TERMED, 0400 : City of Chattanooga - Public Works General Fund - TERMED, 0700 : City of Chattanooga - General Fund, 1105 : City of Chattanooga - Municipal Golf Courses TERM, 2010 : City of Chattanooga - Bicentennial Library TERM, 2030 : City of Chattanooga - Human Services TERM, 2050 : City of Chattanooga - Public Works Street Maint. TERM, 2080 : City of Chattanooga - Regional Planning Agency TERM, 2090 : City of Chattanooga - Air Pollution Control Bureau TERM, 2100 : City of Chattanooga - Scenic Cities Beautiful TERM, 6010 : City of Chattanooga - Fleet Service Station TERM, 6020 : City of Chattanooga - SolidWaste-Recycling TERM, 6030 : City of Chattanooga - Public Works Water Quality TERM, 6501 : City of Chattanooga - Fleet Service Station TERM, 6502 : City of Chattanooga - Fleet Maintenance Garage TERM, 6523 : City of Chattanooga - Wellness - Personnel TERM, 8485 : City of Chattanooga - Foster Grandparents, 8486 : City of Chattanooga - Head Start Disability, 8487 : City of Chattanooga - Head Start Day Care, 8488 : City of Chattanooga - HSD Child Adult Care Food, 8489 : City of Chattanooga - HSD LIHEAP Weatherization, 8491 : City of Chattanooga - HSD LIHEAP, 8492 : City of Chattanooga - Head Start Emergency, 8496 : City of Chattanooga - Human Services ARRA EHS Expansion, 8601 : City of Chattanooga - Community Development TERM, 9076 : City of Chattanooga - Gen. Services DRC Building, 9079 : City of Chattanooga - Regional Planning Design TERM, 9091 : City of Chattanooga -Automated Traffic Enforcement, 9094 : City of Chattanooga - 911 Center, 9095 : City of Chattanooga - ACA Enrollees, RUN : City of Chattanooga - RUNOUT, UNTO : City of Chattanooga - Legacy Retirees Untouchable, Blank

Medical Subgroup(s):

Medical Plan ID(s): No Filter Selected

Medical Department(s): No Filter Selected

Claim Date Type: Paid Dates Only

Claims Lag: N/A

Begin Date: 07/01/2015

End Date: 06/30/2016

Prior Period: No

Claims in Excess of: \$100,000

Parent: 00013

Paid date reports are based on the paid date, rather than the date of service.

City of Chattanooga  
Group Parent No: 00013      Group(s): 115599, 90777

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CR196      4/24/2017 3:40:38 PM      Page 4  
Plan/Dept/SubGroup Filters Selected

CONFIDENTIAL -- For Release to Group Health Plan Only



of Tennessee

Date: 05-16-2017

## Claims in Excess of \$100,000

City of Chattanooga

Current Paid Period: 07/01/2016 through 04/30/2017

Primary Diagnosis	Total Paid Claims	% of Total Paid Claims	Coverage Status
SINGLE LIVEBORN INFNT, DELIVER CESAR	\$1,425,605	5.05%	Active
TYP 2 DM W DBTC AUTON(POLY)NEURPTHY	\$299,659	1.06%	Active
LIVER TRANSPLANT STATUS	\$223,593	0.79%	Active
SEPSIS D/T STREPTOCOCCUS, GROUP B	\$218,522	0.77%	Active
MALIGNANT NEOPLASM ASCENDING COLON	\$207,461	0.73%	Active
MALIGNANT NEOPLASM VERTEBRAL COLUMN	\$178,939	0.63%	Termed
PSEUDARTHROS AFTER FUSION/ARTHRODES	\$159,045	0.56%	Active
SELECTIVE DEFICIENCY IMMUNO G[IGG]	\$150,606	0.53%	Active
CHRONIC SYSTOLIC(CONGESTIVE)HEART FAILURE	\$145,363	0.51%	Active
END STAGE RENAL DISEASE	\$142,853	0.51%	Active
SEPSIS, UNSPECIFIED ORGANISM	\$140,337	0.5%	Active
END STAGE RENAL DISEASE	\$139,288	0.49%	Active
ENOVTR ANTINEOPLASTIC CHEMOTHERPY	\$130,994	0.46%	Termed
MECH COMPL, VENTRICLR INTRACRNL SHUNT	\$126,626	0.45%	Active
ATHSCL HRT DZ NATV COR ART W UNS AP	\$120,787	0.43%	Active
IVDD W/RADICULOPATHY, LUMBOSACRAL	\$118,626	0.42%	Active
END STAGE RENAL DISEASE	\$115,899	0.41%	Active
DRUG CLAIM/NO DIAGNOSIS AVAILABLE	\$115,206	0.41%	Active
END STAGE RENAL DISEASE	\$114,226	0.4%	Active
MALIGNANT NEOPLASM HEAD PANCREAS	\$112,085	0.4%	Active
UNSPEC ATRIAL FIBRILLATION	\$111,409	0.39%	Active
ENOVTR ANTINEOPLASTIC CHEMOTHERPY	\$111,100	0.39%	Termed
END STAGE RENAL DISEASE	\$106,662	0.38%	Active



Date: 05-16-2017

END STAGE RENAL DISEASE	\$106,464	0.38%	Active
END STAGE RENAL DISEASE	\$105,869	0.38%	Termed
END STAGE RENAL DISEASE	\$102,125	0.36%	Active
<b>Total Claims for Members with Claims in Excess of \$100,000</b>			
Total Claims for all other members	\$5,029,350	17.82%	
Total Paid Claims	\$23,198,198	82.18%	
Total Number of Members with Claims in Excess of \$100,000	\$28,227,548	100.00%	
	26	0.4% of Total Members	



of Tennessee

Date: 05-16-2017

## Claims in Excess of \$100,000

City of Chattanooga

Prior Paid Period: 07/01/2015 through 04/30/2016

Primary Diagnosis	Total Paid Claims	% of Total Paid Claims	Coverage Status
PROTECTED DIAGNOSIS	\$297,961	1.12%	Active
ACUTE KIDNEY FAILURE, UNSPECIFIED	\$290,680	1.1%	Active
ALCHLIC CIRRHOSIS OF LIVER W ASCITE	\$252,586	0.95%	Active
MEGH COMPL, OTH INTRNL ORTHO DEV, IMP	\$220,916	0.83%	Active
DRUG CLAIM/NO DIAGNOSIS AVAILABLE	\$185,994	0.7%	Active
NSTEMI	\$161,985	0.61%	Active
SEPSIS, UNSPECIFIED ORGANISM	\$153,904	0.58%	Active
NONRHEUMATIC MITRAL INSUFFICIENCY	\$149,557	0.56%	Active
END STAGE RENAL DISEASE	\$138,217	0.52%	Active
UNSP INTRACAPSULAR FX RT FEMUR	\$136,992	0.52%	Termed
MULTIPLE SCLEROSIS	\$132,301	0.5%	Active
UNSPECIFIED ATRIAL FLUTTER	\$132,059	0.5%	Active
GUILLAIN-BARRE SYNDROME	\$126,641	0.48%	Active
ACUT TRNSVRS MYELITIS DEMYTING DZ CNS	\$123,000	0.46%	Active
ENCNTR, ANTINEOPLASTIC CHEMOTHERAPY	\$120,956	0.46%	Active
DRUG CLAIM/NO DIAGNOSIS AVAILABLE	\$117,357	0.44%	Active
END STAGE RENAL DISEASE	\$117,105	0.44%	Active
JUVENILE IS, THORACOLUMBAR REGION	\$115,543	0.44%	Active
END STAGE RENAL DISEASE	\$114,127	0.43%	Active
OSTEOARTH, LCLZD NOS, SHOULDER	\$111,418	0.42%	Active
ACUTE RESPIRATORY FAILURE W/HYPOXIA	\$107,899	0.41%	Active
END STAGE RENAL DISEASE	\$105,464	0.4%	Active
SPONDYLOLISTHESIS, ACQUIRED	\$104,998	0.4%	Termed



## of Tennessee

Date: 05-16-2017

END STAGE RENAL DISEASE	\$103,545	0.39%	Active
END STAGE RENAL DISEASE	\$102,152	0.39%	Active
DRUG CLAIM/NO DIAGNOSIS AVAILABLE	\$101,531	0.38%	Active
<b>Total Claims for Members with Claims in Excess of \$100,000</b>	<b>\$3,824,890</b>	<b>14.44%</b>	
<b>Total Claims for all other members</b>	<b>\$22,661,153</b>	<b>85.56%</b>	
<b>Total Paid Claims</b>	<b>\$26,486,042</b>	<b>100.00%</b>	
<b>Total Number of Members with Claims in Excess of \$100,000</b>	<b>26</b>	<b>0.39% of Total Members</b>	



of Tennessee

Date: 05-16-2017

## Report Parameters

Parameter	Parameter Selected Value
Medical Group(s):	115599 - City of Chattanooga, 130440 - City of Chattanooga, 90777 - City of Chattanooga
Medical Subgroup(s):	0010 : City of Chattanooga - Enterprise Center, 0050 : City of Chattanooga-Retirees Not Medicare
Medical Plan ID(s):	No Filter Selected
Medical Department(s):	No Filter Selected
Claim Date Type:	Paid Dates Only
Claims Lag:	N/A
Begin Date:	07/01/2016
End Date:	04/30/2017
Prior Period:	Yes
Claims in Excess of:	\$100,000
Parent:	00013



of Tennessee

Date: 05-16-2017

## Enrollment by Group by Month

City of Chattanooga

Current Period: 01/01/2015 through 04/30/2017

Parent No	Group No	Sub Grp/PlanID/Dept Group Level	Year - Month 2015 - 01	Contract Description	Sbr Count
00013	115599			FAMILY	827
				EMPLOYEE & SPOUSE	673
				EMPLOYEE ONLY	1,116
				EMPLOYEE & CHILDREN	330
Total for 2015 - 01:					2,946
00013	115599	Group Level	2015 - 02		
				FAMILY	826
				EMPLOYEE & SPOUSE	669
				EMPLOYEE ONLY	1,112
				EMPLOYEE & CHILDREN	332
Total for 2015 - 02:					2,939
00013	115599	Group Level	2015 - 03		
				FAMILY	822
				EMPLOYEE & SPOUSE	668
				EMPLOYEE ONLY	1,114
				EMPLOYEE & CHILDREN	333
Total for 2015 - 03:					2,937
00013	115599	Group Level	2015 - 04		
				FAMILY	821
				EMPLOYEE & SPOUSE	667
				EMPLOYEE ONLY	1,111
				EMPLOYEE & CHILDREN	332
Total for 2015 - 04:					2,931
00013	115599	Group Level	2015 - 05		
				FAMILY	824
				EMPLOYEE & SPOUSE	669
				EMPLOYEE ONLY	1,118



Date: 05-16-2017

Total for 2015 - 05:					EMPLOYEE & CHILDREN	331
00013	115599	Group Level	2015 - 06			2,942
					FAMILY	826
					EMPLOYEE & SPOUSE	677
					EMPLOYEE ONLY	1,127
					EMPLOYEE & CHILDREN	334
Total for 2015 - 06:						2,964
00013	115599	Group Level	2015 - 07			
					FAMILY	827
					EMPLOYEE & SPOUSE	677
					EMPLOYEE ONLY	1,139
					EMPLOYEE & CHILDREN	336
Total for 2015 - 07:						2,979
00013	115599	Group Level	2015 - 08			
					FAMILY	827
					EMPLOYEE & SPOUSE	676
					EMPLOYEE ONLY	1,129
					EMPLOYEE & CHILDREN	335
Total for 2015 - 08:						2,967
00013	115599	Group Level	2015 - 09			
					FAMILY	829
					EMPLOYEE & SPOUSE	675
					EMPLOYEE ONLY	1,117
					EMPLOYEE & CHILDREN	332
Total for 2015 - 09:						2,953
00013	115599	Group Level	2015 - 10			
					FAMILY	831
					EMPLOYEE & SPOUSE	674
					EMPLOYEE ONLY	1,117
					EMPLOYEE & CHILDREN	329
Total for 2015 - 10:						2,951
00013	115599	Group Level	2015 - 11			
					FAMILY	829
					EMPLOYEE & SPOUSE	674



of Tennessee

Date: 05-16-2017

Total for 2015 - 11:							EMPLOYEE ONLY	1,119
00013	115599	Group Level	2015 - 12				EMPLOYEE & CHILDREN	328
								2,950
Total for 2015 - 12:								
00013	115599	Group Level	2016 - 01				FAMILY	827
							EMPLOYEE & SPOUSE	673
							EMPLOYEE ONLY	1,128
							EMPLOYEE & CHILDREN	328
								2,956
Total for 2016 - 01:								
00013	115599	Group Level	2016 - 02				FAMILY	823
							EMPLOYEE & SPOUSE	650
							EMPLOYEE ONLY	1,118
							EMPLOYEE & CHILDREN	326
								2,917
Total for 2016 - 02:								
00013	115599	Group Level	2016 - 03				FAMILY	823
							EMPLOYEE & SPOUSE	647
							EMPLOYEE ONLY	1,121
							EMPLOYEE & CHILDREN	325
								2,916
Total for 2016 - 03:								
00013	115599	Group Level	2016 - 04				FAMILY	824
							EMPLOYEE & SPOUSE	644
							EMPLOYEE ONLY	1,123
							EMPLOYEE & CHILDREN	328
								2,919
Total for 2016 - 04:								
00013	115599	Group Level	2016 - 05				FAMILY	821
							EMPLOYEE & SPOUSE	642
							EMPLOYEE ONLY	1,114
							EMPLOYEE & CHILDREN	329
								2,906
Total for 2016 - 05:								
00013	115599	Group Level	2016 - 05				FAMILY	819



Date: 05-16-2017

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Date: 05-16-2017

				FAMILY	841
				EMPLOYEE & SPOUSE	664
				EMPLOYEE ONLY	1,142
				EMPLOYEE & CHILDREN	313
Total for 2016 - 11:					2,959
00013	115599	Group Level	2016 - 12		
				FAMILY	835
				EMPLOYEE & SPOUSE	659
				EMPLOYEE ONLY	1,143
				EMPLOYEE & CHILDREN	318
Total for 2016 - 12:					2,955
00013	115599	Group Level	2017 - 01		
				FAMILY	831
				EMPLOYEE & SPOUSE	636
				EMPLOYEE ONLY	1,126
				EMPLOYEE & CHILDREN	323
Total for 2017 - 01:					2,916
00013	115599	Group Level	2017 - 02		
				FAMILY	833
				EMPLOYEE & SPOUSE	635
				EMPLOYEE ONLY	1,139
				EMPLOYEE & CHILDREN	327
Total for 2017 - 02:					2,934
00013	115599	Group Level	2017 - 03		
				FAMILY	831
				EMPLOYEE & SPOUSE	630
				EMPLOYEE ONLY	1,149
				EMPLOYEE & CHILDREN	327
Total for 2017 - 03:					2,937
00013	115599	Group Level	2017 - 04		
				FAMILY	828
				EMPLOYEE & SPOUSE	632
				EMPLOYEE ONLY	1,141
				EMPLOYEE & CHILDREN	326
Total for 2017 - 04:					2,927



Date: 05-16-2017

## Report Parameters

Parameter		Parameter Selected Value
Medical Group(s):		115599 - City of Chattanooga, 130440 - City of Chattanooga, 90777 - City of Chattanooga
Medical Subgroup(s):		No Filter Selected
Medical Plan ID(s):		No Filter Selected
Medical Department(s):		No Filter Selected
Begin Date:		01/01/2015
End Date:		04/30/2017
Parent:		00013
Group By:		Group Level



of Tennessee

Date: 05-16-2017

## Claim Payments by Group by Month

City of Chattanooga

Paid Period: 01/01/2015 through 04/30/2017

SubGroup/ PlanID/Dept	Paid Month	Medical	Drugs	Total
Group Level				
	Jan 15	\$1,395,217.68	\$690,311.54	\$2,085,529.22
	Feb 15	\$1,079,447.21	\$645,407.49	\$1,724,854.70
	Mar 15	\$1,413,526.11	\$629,416.14	\$2,042,942.25
	Apr 15	\$2,030,472.32	\$663,802.40	\$2,694,274.72
	May 15	\$1,550,586.11	\$781,348.88	\$2,331,934.99
	Jun 15	\$1,913,888.16	\$613,919.43	\$2,527,807.59
	Jul 15	\$1,577,650.17	\$835,593.64	\$2,413,243.81
	Aug 15	\$1,622,690.02	\$702,649.29	\$2,325,339.31
	Sep 15	\$1,908,804.45	\$681,994.28	\$2,590,798.73
	Oct 15	\$2,008,528.36	\$878,576.40	\$2,887,104.76
	Nov 15	\$1,878,951.52	\$755,229.47	\$2,634,180.99
	Dec 15	\$1,823,007.07	\$930,328.04	\$2,753,335.11
	Jan 16	\$1,510,547.82	\$711,370.93	\$2,221,918.75
	Feb 16	\$1,966,775.80	\$738,950.20	\$2,705,726.00
	Mar 16	\$2,328,556.16	\$728,244.04	\$3,056,800.20
	Apr 16	\$1,966,405.05	\$931,189.47	\$2,897,594.52
	May 16	\$2,491,705.78	\$681,151.71	\$3,172,857.49
	Jun 16	\$1,979,755.44	\$682,006.37	\$2,661,761.81
	Jul 16	\$1,642,849.92	\$834,511.30	\$2,477,361.22
	Aug 16	\$2,450,693.51	\$659,409.53	\$3,110,103.04
	Sep 16	\$2,103,829.96	\$923,707.01	\$3,027,536.97
	Oct 16	\$1,905,607.90	\$695,897.81	\$2,601,505.71
	Nov 16	\$2,106,324.96	\$701,533.83	\$2,807,858.79
	Dec 16	\$1,970,830.74	\$908,160.76	\$2,878,991.50
	Jan 17	\$2,124,171.90	\$681,718.56	\$2,805,890.46



of Tennessee

Date: 05-16-2017

Feb 17	\$1,779,265.84	\$743,175.28	\$2,522,441.12
Mar 17	\$2,507,102.62	\$849,246.15	\$3,356,348.77
Apr 17	\$1,947,636.74	\$691,873.22	\$2,639,509.96
Totals:	\$52,984,829.32	\$20,970,723.17	\$73,955,552.49



of Tennessee

Date: 05-16-2017

## Report Parameters

Parameter	Parameter Selected Value
Medical Group(s):	115599 - City of Chattanooga, 130440 - City of Chattanooga, 90777 - City of Chattanooga
Medical Subgroup(s):	No Filter Selected
Medical Plan ID(s):	No Filter Selected
Medical Department(s):	No Filter Selected
Claim Date Type:	Paid Dates Only
Claims Lag:	N/A
Begin Date:	01/01/2015
End Date:	04/30/2017
Parent:	00013
Group By:	Group Level



# City of Chattanooga

Effective Date: 7/1/2016

Network: P&S

Option/Quote: PPO

## Benefit Summary

Benefit Plan Features:	Your Cost In-Network	Your Cost Out-Of-Network <sup>[1]</sup>
<b>Annual Deductible</b>		
Individual/Family	\$1000/\$2000	\$2000/\$4000
<b>Annual Out-of-Pocket Maximum</b>		
Individual/Family	\$3000/\$6000	\$6000\$12000
<b>4th Quarter Carry-over</b>	Excluded	
<b>Covered Services</b>		
<b>Preventive Care Services</b> <sup>[2]</sup> (see page 3 for a list)		
Well Child Care Services	Covered at 100%	Not Covered
Well Care Services <sup>[2]</sup>	Covered at 100%	Not Covered
Annual Well Women Exam, Mammogram	Covered at 100%	Not Covered
<b>Practitioner Office Services</b>		
Primary Care Office Visits	\$30 Copay	40% after Deductible
Specialist Office Visits	\$40 Copay	40% after Deductible
Routine Diagnostic Lab, X-Ray & Injections	No Additional Copay	40% after Deductible
Advanced Radiological Imaging <sup>[3] [5] [7]</sup>	20% 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>	20% after Deductible	40% after Deductible
Outpatient Surgery <sup>[4] [5] [6]</sup>	20% after Deductible	40% after Deductible
Routine Diagnostic Services - Outpatient	100% (no Deductible)	40% after Deductible
Advanced Radiological Imaging - Outpatient <sup>[3] [5] [7]</sup>	20% after Deductible	40% after Deductible
Other Outpatient Services <sup>[8]</sup>	20% after Deductible	40% after Deductible
Emergency Care Services <sup>[9]</sup>	\$250 ER Copay	\$250 ER Copay
Emergency Care Advanced Radiological Imaging <sup>[7]</sup>	20% after Deductible	20% after Deductible
<b>Medical Equipment</b> <sup>[4]</sup>		
Durable Medical Equipment	20% after Deductible	40% after Deductible
Prosthetics	20% after Deductible	40% after Deductible
Orthotic Appliances	20% after Deductible	40% after Deductible
Hearing Aids (under age 18)	20% after Deductible	40% after Deductible
<b>Behavioral Health</b>		
Inpatient: Unlimited days per annual benefit period <sup>[3] [5]</sup>	20% after Deductible	40% after Deductible
Outpatient: Unlimited visits per annual benefit period	\$30 Copay	40% after Deductible
<b>Therapy Services</b> <sup>[10]</sup>		
Limited to 60 visits per annual benefit period	20% after Deductible	40% after Deductible
<b>Skilled Nursing Facility &amp; Rehabilitation Facility Services</b> <sup>[3] [5]</sup>		
Limited to 60 days combined	20% after Deductible	40% after Deductible
<b>Home Health Care Services</b> <sup>[3]</sup>		
Limited to 100 visits per annual benefit period	Covered 100% after Deductible	40% after Deductible

Benefit Plan Features:	Your Cost In-Network	Your Cost Out-Of-Network <sup>[1]</sup>
<b>Hospice Services</b>		

Inpatient <sup>[3]</sup>	20% after Deductible	40% after Deductible
Outpatient	Covered at 100%	40% after Deductible
Ambulance Service	20% after Deductible	20% after Deductible
Prescription Drugs <sup>[4]</sup>		
Prescription Contraceptives <sup>[16]</sup>	Covered at 100%	40% after Deductible
Retail RX04 Network up to 30 day supply		
Generic <sup>[13] [15] [17]</sup>	\$10.00	40% after Deductible
Preferred <sup>[13] [15] [17]</sup>	\$40.00	40% after Deductible
Non-Preferred <sup>[13] [15] [17]</sup>	\$65.00	40% after Deductible
Plus90 or Home Delivery Network up to 90 day supply		
Generic <sup>[14] [15]</sup>	\$30.00	40% after Deductible
Preferred <sup>[14] [15]</sup>	\$120.00	40% after Deductible
Non-Preferred <sup>[14] [15]</sup>	\$195.00	40% after Deductible
Self-Administered Specialty Drugs <sup>[11] [12] [15]</sup>		
Specialty Pharmacy Network - up to 30 day supply	\$10/\$40/\$65	Not Covered

**Notes:**

1. 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.
2. Services include: annual physical, childhood immunizations, recommended adult immunizations, vision and hearing screenings performed by the physician during the preventive health exam.
3. Requires prior authorization.
4. Certain procedures, medication and equipment may require prior authorization.
5. If prior authorization is required, when using network providers outside Tennessee for physician and outpatient services and all services from out-of-network providers, benefits will be reduced by 10% based on out-of-network if prior authorization is not obtained and services are medically necessary. If services are not medically necessary, no benefits will be provided.
6. 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).
7. CT scans, PET scans, MRIs, nuclear medicine and other similar technologies.
8. Includes services such as chemotherapy, radiation therapy and renal dialysis.
9. Copay, if applicable, waived if admitted to hospital.
10. Physical, speech, manipulative, occupational therapies, and Cardiac and pulmonary rehabilitative are limited to 60 visits combined for all therapy type per annual benefit period.
11. Visit [bcbst.com](http://bcbst.com) for the Specialty Drug List.
12. You have a distinct arrangement for Self-administered Specialty Drugs. To receive benefits, you must use a Specialty Pharmacy Network provider. Visit [bcbst.com](http://bcbst.com) for a list of providers in the Specialty Pharmacy Network. Specialty drugs are limited to a 30-day supply.
13. Copay per prescription, up to 30 day supply.
14. 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 [bcbst.com](http://bcbst.com) to find a list of pharmacies in the Plus90 network.
15. 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.
16. 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 [bcbst.com](http://bcbst.com) for a complete list of covered prescription contraceptive drugs.
17. Vaccines administered at the pharmacy are covered at 100%.

**Limitations and Exclusions.** 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.

## Summary of 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:**

- One-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

BlueCross BlueShield of Tennessee (BlueCross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BlueCross does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

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(1) qualified interpreters and (2) written information in other formats, such as large print, audio and accessible electronic formats.
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If you need these services, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711).

If you believe that BlueCross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance ("Nondiscrimination Grievance"). For help with preparing and submitting your Nondiscrimination Grievance, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711). They can provide you with the appropriate form to use in submitting a Nondiscrimination Grievance. You can file a Nondiscrimination Grievance in person or by mail, fax or email. Address your Nondiscrimination Grievance to: Nondiscrimination Compliance Coordinator; c/o Manager, Operations, Member Benefits Administration; 1 Cameron Hill Circle, Suite 0019, Chattanooga, TN 37402-0019; (423) 591-9208 (fax); [Nondiscrimination\\_OfficeGM@bcbst.com](mailto:Nondiscrimination_OfficeGM@bcbst.com) (email).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



## City of Chattanooga

Effective Date: 7/1/2016

Network: P&S

Option/Quote: HDHP

### Benefit Summary

Benefit Plan Features:	Your Cost In-Network	Your Cost Out-Of-Network <sup>[1]</sup>
<b>Annual Deductible</b> <sup>[19]</sup>		
Individual/Family	\$2000/\$4000	\$4000/\$8000
<b>Annual Out-of-Pocket Maximum</b>		
Individual/Family	\$4000/\$8000	\$8000/\$16000
<b>4th Quarter Carry-over</b>	Excluded	
<b>Covered Services</b>		
<b>Preventive Care Services</b> <sup>[2]</sup> (see page 3 for a 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 Women Exam, Mammogram	Covered at 100%	40% after Deductible
<b>Practitioner Office Services</b>		
Primary Care Office Visits	20% after Deductible	40% after Deductible
Specialist Office Visits	20% after Deductible	40% after Deductible
Office Surgery <sup>[4] [5] [6]</sup>	20% after Deductible	40% after Deductible
Routine Diagnostic Lab, X-Ray & Injections	20% after Deductible	40% after Deductible
Advanced Radiological Imaging <sup>[3] [5] [7]</sup>	20% after Deductible	40% after Deductible
Provider-Administered Specialty Drugs <sup>[11]</sup>	20% after Deductible	40% after Deductible
<b>Services Received at a Facility</b> (includes professional and facility charges)		
Inpatient Services <sup>[3] [5]</sup>	20% after Deductible	40% after Deductible
Outpatient Surgery <sup>[4] [5] [6]</sup>	20% after Deductible	40% after Deductible
Routine Diagnostic Services - Outpatient	20% after Deductible	40% after Deductible
Advanced Radiological Imaging - Outpatient <sup>[3] [5] [7]</sup>	20% after Deductible	40% after Deductible
Other Outpatient Services <sup>[8]</sup>	20% after Deductible	40% after Deductible
Emergency Care Services <sup>[9]</sup>	20% after Deductible	20% after Deductible
Emergency Care Advanced Radiological Imaging <sup>[7]</sup>	20% after Deductible	20% after Deductible
<b>Medical Equipment</b> <sup>[4]</sup>		
Durable Medical Equipment	20% after Deductible	40% after Deductible
Prosthetics	20% after Deductible	40% after Deductible
Orthotic Appliances	20% after Deductible	40% after Deductible
Hearing Aids (under age 18)	20% after Deductible	40% after Deductible
<b>Behavioral Health</b>		
Inpatient: Unlimited days per annual benefit period <sup>[3] [5]</sup>	20% after Deductible	40% after Deductible
Outpatient: Unlimited visits per annual benefit period	20% after Deductible	40% after Deductible
<b>Therapy Services</b> <sup>[10]</sup>		
Limited to 20 visits per annual benefit period	20% after Deductible	40% after Deductible
<b>Skilled Nursing Facility &amp; Rehabilitation Facility Services</b> <sup>[3] [5]</sup>		
Limited to 60 days combined	20% after Deductible	40% after Deductible
<b>Home Health Care Services</b> <sup>[3]</sup>		
Limited to 60 visits per annual benefit period	20% after Deductible	40% after Deductible

Benefit Plan Features:	Your Cost In-Network	Your Cost Out-Of-Network <sup>[1]</sup>
<b>Hospice Services</b>		
Inpatient <sup>[3]</sup>	20% after Deductible	40% after Deductible
Outpatient	20% after Deductible	40% after Deductible
<b>Ambulance Service</b>	20% after Deductible	20% after Deductible
<b>Prescription Drugs</b> <sup>[4]</sup>		
<b>Prescription Contraceptives</b> <sup>[16]</sup>	Covered at 100%	40% after Deductible
<b>Retail RX03 Network - up to 30 day supply</b>		
Generic <sup>[13] [15] [17]</sup>	20% after Deductible	40% after Deductible
Preferred <sup>[13] [15] [17]</sup>	20% after Deductible	40% after Deductible
Non-Preferred <sup>[13] [15] [17]</sup>	20% after Deductible	40% after Deductible
<b>Plus90 or Home Delivery Network - up to 90 day supply</b>		
Generic <sup>[14] [15]</sup>	20% after Deductible	40% after Deductible
Preferred <sup>[14] [15]</sup>	20% after Deductible	40% after Deductible
Non-Preferred <sup>[14] [15]</sup>	20% after Deductible	40% after Deductible
<b>Self-Administered Specialty Drugs</b> <sup>[11] [12] [15]</sup>		
Specialty Pharmacy Network - up to 30 day supply	20% after Deductible	Not Covered

**Notes:**

1. 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.
2. Services include: annual physical, childhood immunizations, recommended adult immunizations, vision and hearing screenings performed by the physician during the preventive health exam.
3. Requires prior authorization.
4. Certain procedures, medication and equipment may require prior authorization.
5. If prior authorization is required, when using network providers outside Tennessee for physician and outpatient services and all services from out-of-network providers, benefits will be reduced by 50% based on out-of-network if prior authorization is not obtained and services are medically necessary. If services are not medically necessary, no benefits will be provided.
6. 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).
7. CT scans, PET scans, MRIs, nuclear medicine and other similar technologies.
8. Includes services such as chemotherapy, radiation therapy and renal dialysis.
9. Copay, if applicable, waived if admitted to hospital.
10. Physical, speech, manipulative, and occupational therapies are limited to 20 visits per therapy type per annual benefit period. Cardiac and pulmonary rehabilitative therapies are limited to 20 visits per therapy type per annual benefit period.
11. Visit [bcbst.com](http://bcbst.com) for the Specialty Drug List.
12. You have a distinct arrangement for Self-administered Specialty Drugs. To receive benefits, you must use a Specialty Pharmacy Network provider. Visit [bcbst.com](http://bcbst.com) for a list of providers in the Specialty Pharmacy Network. Specialty drugs are limited to a 30-day supply.
13. Copay per prescription, up to 30 day supply.
14. 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 [bcbst.com](http://bcbst.com) to find a list of pharmacies in the Plus90 network.
15. 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.
16. 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 [bcbst.com](http://bcbst.com) for a complete list of covered prescription contraceptive drugs.
17. Vaccines administered at the pharmacy are covered at 100%.
18. If more than one person is covered under the group health plan, the full family deductible must be satisfied before benefits will be paid for the employee or any covered family members.

**Limitations and Exclusions.** 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.

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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 further information, please see website:

[https://www.tn.gov/assets/entities/generalservices/cpo/attachments/List\\_of\\_persons\\_pursuant\\_to\\_Tenn.\\_Code\\_Ann.\\_12-12-106,\\_Iran\\_Divestment\\_Act-July.pdf](https://www.tn.gov/assets/entities/generalservices/cpo/attachments/List_of_persons_pursuant_to_Tenn._Code_Ann._12-12-106,_Iran_Divestment_Act-July.pdf)

## **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 that 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 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. During the term of all construction contracts or subcontracts in excess of \$10,000 to be performed for the City of Chattanooga, the following non-discriminatory hiring practices shall be employed to provide employment opportunities for minorities and women:
  - a. All help wanted ads placed in newspapers or other publications shall contain the phrase "Equal Employment Opportunity Employer".
  - b. Seek and maintain contracts with minority groups and human relations organizations as available.
  - c. Encourage present employees to refer qualified minority group and female applicants for employment opportunities.
  - d. Use only recruitment sources which state in writing that they practice equal opportunity. Advise all recruitment sources that qualified minority group members and women will be sought for consideration for all positions when vacancies occur.

5. Minority statistics are subject to audit by City of Chattanooga staff or other governmental agency.
6. The Contractor agrees to notify the City of Chattanooga of any claim or investigation by State or Federal agencies as to discrimination.

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(Signature of Contractor)

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(Title and Name of Company)

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(Date)