

Invitation to Bid

20160318 ON SITE MEDICAL & HEALTH CARE MANAGEMENT SERVICES

Responses to an Invitation to Bid will be received by the Purchasing Supervisor, Sumner County Board of Education, 1500 Airport Road, Gallatin, TN 37066 for 20160318 ON SITE MEDICAL & HEALTH CARE MANAGEMENT SERVICES until 10:00 a.m. CDT March 18, 2016. Bid responses will be opened at that time, taken under advisement and evaluated. Should you have any questions please contact Karen Bishop – Benefits Manager at karen.bishop@sumnerschools.org. All proposals are subject to the Board of Education's conditions and specifications which are available from Vicky Currey, Purchasing Supervisor (615) 451-6560. All bids can be viewed on line at www.sumnerschools.org.

NOTICE TO RESPONDENTS

Responses to an Invitation to Bid will be received by the Purchasing Supervisor in the SUPPORT SERVICE FACILITY CONFERENCE ROOM, Sumner County Board of Education, 1500 Airport Road Gallatin, TN 37066. They will be received until **10:00 A.M. Local Time MARCH 18, 2016** for **20160318 ON SITE MEDIAL & HEALTH CARE MANAGEMENT SERVICES**, at which time the responses will be opened, taken under advisement and evaluated. ***BIDS WILL BE POSTED ON www.sumnerschools.org***

GENERAL REQUIREMENTS AND CONDITIONS

1. The Sumner County Board of Education reserves the right to accept or reject any and/or all responses in whole or in part, and to waive informalities therein.
2. Any responses received after the scheduled closing time for the receipt for responses will not be considered.
3. If a mistake is discovered after the responses are received, only the Sumner County Board of Education may allow the respondent to withdraw the entire response.
4. Partial payments will not be approved unless justification for such payment can be shown. Terms will be net 30 days.
5. Payment will not be made until the said **20160318 ON SITE MEDIAL & HEALTH CARE MANAGEMENT SERVICES** are inspected and approved as meeting all specifications by persons appointed by the Sumner County Board of Education.
6. Responses submitted must be in a sealed envelope and marked on the outside as follows:
RESPONSE: 20160318 ON SITE MEDIAL & HEALTH CARE MANAGEMENT SERVICES
DEADLINE: MARCH 18, 2016 @ 10:00 A.M.
7. Facsimile responses will not be considered.
8. If a successful bidder violates any terms of their bid, the contract, school board policy or any law they may be disqualified from bidding for a period of two years for minor violations or longer for major violations. Bids from disqualified bidders will not be accepted during the period of disqualification.
9. Prices quoted on the response (if any) are to be considered firm and binding until the said **20160318 ON SITE MEDIAL & HEALTH CARE MANAGEMENT SERVICES** are in the possession of the Sumner County Board of Education.
10. No purchase or contract is authorized or valid until the issuance of a Board Purchase Order in accordance with Board Policy. No Board Employee is authorized to purchase equipment, supplies or services prior to the issuance of such a Purchase Order.
11. Any deviation from these stated terms, specifications and conditions must be coordinated with and approved in writing by the Purchasing Supervisor, Vicky Currey (615) 451-6560.
12. All bids that exceed \$25,000 must have the Company Name, License Number, Expiration Date thereof and License Classification of Contractor listed on outside of sealed envelope. As required by State of Tennessee Code Annotated 62-6-119.
13. The awarded bidder will be required to post a performance and payment bond in the amount of 25% of the contract price if it exceeds \$100,000 as stated by State of Tennessee Code Annotated 12-4-201.
14. If the project cost in excess of \$25,000 a performance bond must be secured by the requesting party in an amount equal to the market improvement value.

PROPOSAL REQUEST

NUMBER: 20160318

**TITLE: On-Site Medical and Health Care Management Services
For
Sumner County Government Employees
Sumner County Board of Education Employees,
Their Dependents and Retirees
Enrolled in Medical Plans**



SUMNER COUNTY BOARD OF EDUCATION SUMNER COUNTY, TENNESSEE

Purchasing Staff Contact:
Vicky Currey – Purchasing Department
(615) 451-6560
vicky.currey@sumnerschools.org

Questions/Inquires Contact:
Primary Contact: Karen Bishop – Benefits Manager
karen.bishop@sumnerschools.org
Secondary Contact: Earl Bushong – Benefits Coordinator
earl.bushong@sumnerschools.org

This proposal solicitation document is available in an Adobe Acrobat (pdf) format. Any alterations to this document made by the proposer may be grounds for rejection of proposal, cancellation of any subsequent award, or any other legal remedies available to the Sumner County Board of Education.

Introduction

Sumner County Board of Education and Sumner County Government , or herein known as “Sumner County”, is hereby requesting a proposal for “On-Site Medical and Health Care Management Services for Sumner County Government Employees, Sumner County Board of Education Employees, Their Dependents and Retirees Enrolled in Medical Plans.

General Information

I. Proposal Package

All sealed proposal packages must include all of the following, when applicable. Any sealed proposals shall be rejected as a non-conforming bid if any applicable item is missing.

- Three (3) complete copies of proposal
- Evidence of a valid State of Tennessee Business License and/or Sumner County Business License
- Evidence of compliance with the Sumner County Insurance Requirements, if work is performed on Sumner County Property
- Signed and completed Statement of Non-Collusion (Attachment 1)
- Properly completed Internal Revenue Service Form W-9
- Evidence of a company’s safety program and, if supported, a drug testing program (Attachment 2) Drug-Free Workplace Affidavit
- If bid is in excess of \$25,000, a certification of non-debarment must be completed (Attachment 3) Certification Regarding Debarment, Suspension, and Other Responsibility Matters
- Certification By Contractor (Attachment 4)

NEW VENDORS

1. To comply with Internal Revenue Service requirements, all vendors who perform any type of service are required to have a current IRS Form W-9 on file with the School System. At the time of requisition, the individual requesting a purchase order or disbursement will be informed if it is a new vendor and if a form W-9 is required. If form W-9 is required for a new vendor, the department head shall forward a completed form W -9 to the finance department. It can be obtained from the Internal Revenue Service's website at www.irs.gov.
2. To comply with the Tennessee Lawful Employment Act, non-employees (individuals hired as independent contractors) must have on file any 2 of the following documents.
 - Valid Tennessee driver license or photo ID issued by department of safety
 - Valid out-of-state driver license
 - U.S. birth certificate
 - Valid U.S. passport
 - U.S. certificate of birth abroad
 - Report of birth abroad of a U.S. citizen
 - Certificate of citizenship

- Certificate of naturalization
 - U.S. citizen identification card
 - Valid alien registration documentation or proof of current immigration registration
3. In addition, for all vendors with annual purchases in excess of \$50,000 (if a business license is required), a business license must be on file in the finance department, or the requisitioner must submit a copy with the purchase order requisition form or the payment requisition form, as applicable.

II. Responses

- Proposal must include point-by-point responses to the RFP.
- Proposal must include a list of any exceptions to the requirements.
- Proposal must include the legal name of the vendor and must be signed by a person or persons legally authorized to bind the vendor to a contract.
- If applicable, proposal must include a copy of the contract(s) the vendor will submit to be signed.
- Any and all proposal requirements must be met prior to submission.
- The bidder understands and accepts the non-appropriation of funds provision of the Sumner County.
- If noted in the section “proposal requirements” or later requested, the contractor will be required to provide a reference list of clients that have a current contract for services with their company.

III. Clarification and Interpretation of RFP

The words “must” and “shall” in this Request for Proposal indicate mandatory requirements. Taking exception to any mandatory requirement shall be grounds for rejection of the proposal. There are other requirements that the Sumner County considers important but not mandatory. It is important to respond in a concise manner to each section of this document and submit an itemized list of all exceptions.

In the event that any interested vendor finds any part of the listed specifications, terms, or conditions to be discrepant, incomplete, or otherwise questionable in any respect, it shall be the responsibility of the concerned party to notify Sumner County, via email at vicky.currey@sumnerschools.org, of such matters immediately upon receipt of this Request for Proposal.

IV. Proposal Guarantee

Vendors must guarantee that all information included in their proposal will remain valid for a period of 90 days from the date of proposal opening to allow for evaluation of all proposals.

V. Related Costs

Sumner County is not responsible for any costs incurred by any vendor pursuant to the Request for Proposal. The vendor shall be responsible for all costs incurred in connection with the preparation and submission of its proposal.

VI. Insurance Requirements and Liability

Each bidder or respondent to the RFP who may have employees, contractors, or agents working on Sumner County properties shall provide copies of current certificates for general and professional liability insurance and for workers' compensation of a minimum of \$1,000,000. The owner or principal of each respondent must also be insured by workers' compensation if they perform any of the services on Sumner County properties. There will be no exceptions to the insurance requirement.

VII. Payment Terms

Payment terms shall be specified in the bid response, including any discounts for early payment. All payments, unless agreed upon differently, will be after receipt of service or product and Sumner County approval of conformance with specifications.

VIII. Deadline

Sealed proposals will be accepted until March 18, 2016 @ 10:00 A.M. Proposals received after that time will be deemed invalid and returned unopened to the vendor. Vendors mailing proposal packages must allow sufficient time to ensure receipt of their package by the time specified. There will be no exceptions.

IX. Withdrawal or Modification of Proposal

A withdrawn proposal may be resubmitted up to the time designated for the receipt of proposals provided that it fully conforms to the same general terms and requirements.

X. Package

The package containing the proposal must be sealed and clearly marked "ON SITE MEDICAL AND HEALTH CARE MANAGEMENT SERVICES" on the outside of the package. Responses may be hand delivered or mailed to the following address.

Sumner County Board of Education
Attn: Purchasing Supervisor
1500 Airport Road
Gallatin, TN 37066

XI. Right to Seek a New Proposal

Sumner County reserves the right to accept or reject any and all proposals for any reason.

Proposals will be awarded to the best overall respondent as determined by that which is in the best interests of Sumner County.

XII. Procedures for Evaluating Proposals and Awarding Contract

In comparing the responses to this RFP and making awards, Sumner County may consider such factors as quality and thoroughness of a proposal, the record of experience, the references of the respondents, and the integrity, performance, and assurances in the proposal in addition to that of the proposal price.

- Proposals will be examined for compliance with all requirements set forth herein.
- Proposals that do not comply shall be rejected without further evaluation.
- Proposals will be subjected to a technical analysis and evaluation.
- Oral presentations and written questions for further clarifications may be required of some or all vendors.

XIII. Discussions

Discussions may be conducted with the vendors which have submitted proposals determined to be reasonably likely of being considered for selection to assure a full understanding of and responsiveness to the RFP requirements. Every effort shall be afforded to assure fair and equal treatment with respect to the opportunity for discussion and/or revision of their respective proposals. Revisions may be permitted after the submission and prior to the award for the purpose of obtaining the best offers.

XIV. Open Records

After the bid is awarded, all proposals will be subject to the Tennessee Open Records Act, and the proposals will be available to the public upon written request.

Summary information on bids submitted will be posted on the School System website at <http://www.sumnerschools.org> under "Bids" link.

XV. Assignment

Neither the vendor nor Sumner County may assign this agreement without prior written consent of the other party.

XVI. Liabilities

The vendor shall indemnify Sumner County against liability for any suits, actions, or claims of any character arising from or relating to the performance under this contract by the vendor or its subcontractors.

Sumner County has no obligation for the payment of any judgment or the settlement of any claim made against the vendor or its subcontractors as a result of obligations under this contract.

XVII. Tax Status

Sumner County is tax exempt.

XVIII. Invoicing

Invoices are to be submitted to:

Sumner County Board of Education
695 East Main Street
Gallatin, TN 37066

Sumner County Government
355 N Belvedere Drive
Gallatin, TN 37066

The vendor must provide an invoice(s) detailing the terms and amounts due and the dates due. All invoices shall indicate payment terms and any prepayment discounts.

XIX. Contract Nullification

Sumner County may, at any time, nullify the agreement if, in the judgment of Sumner County, the contractor(s) has failed to comply with the terms of the agreement. In the event of nullification, any payment due in arrears will be made to the contractor(s), but no further sums shall be owed to the contractor(s). The agreement between Sumner County and the contractor(s) is contingent upon an approved annual budget allotment, and is subject, with thirty (30) days notification, to restrictions or cancellation if budget adjustments are deemed necessary by Sumner County.

I. Applicable Law

Sumner County, Tennessee is an equal opportunity employer. Sumner County does not discriminate towards any individual or business on the basis of race, sex, color, age, religion, national origin, disability or veteran status.

The successful contractor(s) agrees that they shall comply with all local, state, and federal law statutes, rules, and regulations including, but not limited to, the Rehabilitation Act of 1973 and the Americans with Disabilities Act.

In the event that any claims should arise with regards to this contract for a violation of any such local, state, or federal law, statues, rules, or regulations, the provider will indemnify and hold Sumner County harmless for any damages, including court costs or attorney fees, which might be incurred.

Any contract will be interpreted under the laws and statutes of the state of Tennessee.

Sumner County does not enter into contracts which provide for mediation or arbitration.

Any action arising from any contract made from these specifications shall be brought in the state courts in Sumner County, Tennessee or in the United States Federal District Court for the Middle District of Tennessee.

Additionally, it is a violation of state statutes to purchase materials, supplies, services, or any other item from a vendor that is a commissioner, official, employee, or board member that has any financial or beneficial interest in such transaction.

Specific Information

Sumner County is seeking proposals from experienced and qualified firms (“Respondents”) to provide onsite medical clinic services to their employees, dependents and retirees covered on the medical plans. The purpose of this RFP is to offer qualified firms an opportunity to submit written proposals for the Sumner County’s consideration. The scope of required services and responsibilities are more fully described in Section 3 of this RFP.

Sumner County is exploring the feasibility of an **Onsite Medical Clinic** to achieve the following:

1. Provide improved access to primary care
2. Minimize the cost of some prescription drugs
3. Minimize cost by steerage to efficient and high quality providers including labs, imaging, specialty and inpatient/outpatient services
4. Improve employee satisfaction with medical services
5. Enhance quality of care by improved adherence to evidence-based medicine and referrals to high quality physician specialists and hospitals
6. Provide coordination, management, and reporting of a clinic based wellness program that impacts medical risk factors and lifestyle choices

About Sumner County

1. Sumner County offices are located in Gallatin, Tennessee
2. Sumner County Board of Education has approximately 2,900 EE’s and 201 retirees participating in their medical plans with approximately 4,850 covered dependents. Sumner County Government has approximately 513 EE’s and 5 retirees participating in their medical plans with approximately 1,025 covered dependents.

Current Healthcare Programs

Sumner County Government and Sumner County Board of Education operate two separate self-funded medical trusts for their respective employees. BCBS of TN is the administrator for both. The schedule of benefits and other information for the current health plan is provided in attachments as outlined in Section 5.

Current Wellness Program

Sumner County has been offering a formal wellness program to Staff and Faculty. That program consists of incentivizing physicals or biometric screens. The program incentivizes achieving specific biometric values for Blood Pressure, Lipids, Nicotine or Blood Sugar results. If a person is unable to achieve the “goal” values, they are able to still earn the incentive by participating in the current onsite clinic vendor’s wellness coaching program or work with their physician.

General Terms and Information

1. Onsite clinic services are currently administered by CareHere, LLC.
2. Sumner County currently offers services in six locations. Three are medical clinics located in the schools and three are located at a stand-alone locations. The clinics and space are made available by Sumner County. The need to maintain all 6 clinics is currently being reviewed. While the medical plans are separate between the two entities, they share onsite clinics.
3. Current Clinic Hours by Location (subject to change based on utilization):

Hendersonville – 114 Dunn St; Hendersonville, TN 37075

Mon: 7am – 6pm, Tue: 7:40am – 6pm, Wed: 7am – 6pm, Thu: 8am-5pm, Fri: 7am – 6pm, Sat: Closed

Gallatin-Shafer - 240 Albert Gallatin Avenue; Gallatin, TN 37066

Mon: 7:30am-7pm, Tue: 6:30am-5:00pm, Wed: 6:30am-6pm, Thu: 7am-6pm, Fri: 6:30am-5:30pm, Sat: 7am-12pm

Westmoreland - 4128 Hawkins Drive; Westmoreland, TN 37186

Mon: 7am-4pm, Tue: 7am-4pm, Wed: 7am-5pm, Thu: Closed, Fri: 7am-11am, Sat: Closed

Portland - 932 South Broadway, Suite B; (Porter Professional Building) Portland, TN 37148

Mon: 6am-5pm, Tue: 6am-4pm, Wed: 6am-5pm, Thu: 6am-5:50pm, Fri: 7am-5pm, Sat: 7am-12pm

Hunt Club - 1531 Hunt Club Blvd St 304; Gallatin TN 37066

Mon: 6:30am-6pm, Tue: 6:30am – 6pm, Wed: 6:30am-6pm, Thu: 6:30am-5:00pm, Fri: 6:30am-5:00pm, Sat: Closed

White House- 111 Meadows Rd; White House, TN 37188

Mon: Closed, Tue: Closed, Wed: Closed, Thu: 9am-6pm, Fri: 8am-3:30pm, Sat: Closed

4. The initial term of this Agreement will be effective on or about (January 2017) and shall be for a term of one (1) year with up to four (4) renewals.
5. If any provisions of this Agreement are found to be in violation of local, state, or federal rule, law or regulation, this Agreement shall be changed to comply with such law, rule or regulation.
6. The Respondent shall at all times comply with applicable local, state or federal law, rules and regulations. Should any such law or regulation require a change in scope of the services provided, the parties shall negotiate a mutually agreeable amendment to this Agreement.

GENERAL INSTRUCTIONS TO RESPONDENTS

Contact/Inquiries

All communications concerning this RFP must be addressed via email to:

Primary Contact: Karen Bishop – Benefits Manager; karen.bishop@sumnerschools.org

Secondary Contact: Earl Bushong – Benefits Coordinator; earl.bushong@sumnerschools.org

Written Questions

Written questions from potential Respondents will be accepted via email only to the contact information above. Telephone inquiries will not be accepted, nor will answers be provided by telephone.

Official Responses

On or about **March 4, 2016** we will issue responses to all questions timely received. Sumner County will deliver the responses (as an addendum) to all Respondents.

Receipt of Proposals

Proposals are due on March 18, 2016 @ 10:00 a.m. Please submit 1 original copy, 2 extra copies and an electronic version to the Purchasing Department at the following address:

**Sumner County Board of Education
Attn: Purchasing Supervisor
1500 Airport Road
Gallatin, TN 37066**

Schedule of Events (subject to change)

Activity	Date
Notice to possible Respondents	February 19, 2016
Deadline for Questions – 5:00 P.M. CST	February 26, 2016
Release of Official Response to Questions	March 4, 2016
Proposals Due – 10:00 A.M. CST	March 18, 2016
Oral Presentations for Selected Finalist	2-3 weeks later
Best & Final Pricing based on Agreed Scope	1-2 weeks later
Go no Go decision from Committee and Recommended Vendor	September 1, 2016
Contract Effective Date (on or about)	January 1, 2017

Restrictions on Contacting the Sumner County

Upon the issuance of this RFP, all contact with the Sumner County **must** be made through the contact person listed above. The Respondent **must** limit communication with the designated contact to the means specified in this document.

Addendum

Sumner County may modify the Request for Proposal at any time prior to the proposal due date by issuance of a written addendum.

No verbal or written information which is obtained other than by information in this document or by addendum to this RFP will be binding on Sumner County.

SECTION 2: COMPANY INFORMATION

2.1 General Information

1. Name of your organization and corporate headquarters address.
2. Name and background company principals, explaining corporate structure and oversight.
3. Name and information of the individual who will serve as Account Manager (the person who will serve as the primary contact for Sumner County once the On-Site clinic is operational).
4. Provide a brief history of your organization. Include the number of years you have been in the business of providing employer sponsored onsite medical clinics.
5. How long have you been operating onsite clinics?
6. How many TN based clinics do you manage?
7. How many full-time employees do you have that are devoted solely to onsite clinic business?
8. The Client may be interested in providing access to the Onsite Clinic to other employers in the community. Are you willing to participate in this kind of arrangement? Please describe how you administer that option.
9. Provide the names and contact information for three companies that would be willing to serve as a reference for your services:
10. Provide the contact information of the individual authorized to answer any questions related to this inquiry and response.

Name:

Title:

Address:

Phone Number:

Fax Number:

Email Address:

SECTION 3: OPERATIONAL DETAILS

3.1 Performance Standards and Quality Assurance

1. Describe your Company's approach to effective onsite clinic services.
2. Describe your Company's performance standards with respect to:
 - a. employee inquiries (both written and telephonic),
 - b. wait time,
 - c. patient satisfaction surveys,
 - d. Engagement of target individuals in programs.
3. Describe your company's quality assurance programs.
4. Do you employ a MD as a medical director? What are his/her credentials? Describe their scope of service and responsibilities.
5. Describe your process and the timing of complaints sent for medical review.

3.2 Privacy

1. Are patient medical records stored in a HIPAA compliant method? Please describe.
2. How do you insure the privacy of records and information?
3. How is your privacy policy communicated to participants?
4. What practices do you have in place to protect the confidentiality of individual information when electronically transferring or storing information?
5. Describe your policy relative to sharing, selling, or otherwise utilizing member usage and other member data.
6. Describe how you share information with an individual's other providers.
7. Have you ever had a "HIPAA violation"? If yes, please explain and describe what corrective action was taken.
8. What records would belong to the client upon contract termination?

3.3 Staffing

1. Based on the hours of operations description of the Sumner County in Section 1, how would you propose staffing to meet the Sumner County's needs? Please indicate the primary care volumes that would be handled by each primary care provider FTE. Please complete the grid provided in Section 4.1
2. What are the degrees and credentials of each person who would be providing care to the Sumner County's employees?
3. Please describe the process you utilize to staff your clinics including the involvement of the client in staffing selections.
4. Are the medical professionals your employees or independent contractors?
5. Who manages the staff and assures proper ongoing credentialing?
6. Which staff members are responsible for:
 - a. Follow up on medical encounters
 - b. Communication to a person's current primary care provider, if one is assigned, about any potential treatment plan changes.
 - c. Follow up to check on compliance to prescribed medicines
 - d. Follow up to monitor adherence to disease management or health promotion recommendations.

7. Please note the medical malpractice and liability coverage your organization has in place and note any employer coverage needed as a result of providing an Onsite Clinic.

3.4 IT Capabilities

1. Do you have a system in place to accept electronic eligibility files?
2. How often do you require eligibility files be submitted to you?
3. Describe the following features and capabilities of your hardware and software systems:
 - a. Health promotion and general program features
 - b. Appointment scheduling
 - c. Electronic medical records.
 - d. Wellness program specifics including:
 - i. Tracking and illustrating individual incentives
 - ii. Online wellness actions including activity tracking, nutrition tracking, chronic disease education
 - iii. Reporting individual incentive achievement for reward distribution
 - iv. Secured messaging to participants on health information
4. Do you have a web site for participants for health information?
5. Sumner County has implemented a data warehouse. Are you capable and willing to export clinical data such as biometric values, incentives earned, participation in wellness programs, encounter, lab and Rx information? Are there any additional fees for that service?
6. Is your organization willing to integrate the predictive modeling, population stratification, gaps in care tracking and risk stratification results from Sumner County's data warehouse into the operation of your clinic?
7. Explain how you can accept payment at the clinic for non-preventive services and submit these claims to (carrier) for individual out of pocket credit.

3.5 Coordination with Outside Physicians, Other Medical Services, and Health Plan Administrators

1. How do you communicate with a person's primary care provider if they have one?
2. Do you integrate workers comp through the clinic?
3. How do you handle referrals to specialists?
4. Please note the scope and method of interfacing with the Health Plan Administrator for the Sumner County.
5. Please note your capabilities regarding reporting encounter data.

3.6 Site Information

1. What are your minimum requirements (space, specific-use rooms, services, etc.) for an on-site clinic? Since there are existing facilities, what considerations will you have in order to assure you can successfully operate out of those locations?
2. What are typical employer-provided infrastructure and technology requirements?
3. Please outline your recommended start-up time line for the on-site clinic if you assume these existing clinics.

3.7 Services Offered

1. Please provide a sample scope of services contract. We are particularly interested in the following :

- a. Employee education regarding the clinic and its programs/benefits
 - b. Full physicals
 - c. Broad primary care physician services (including episodic care and basic women's health)
 - d. Lab services
 - e. Chronic disease management program
 - f. On-site medication distribution services
 - g. Wellness program oversight and analysis
 - h. Health Risk Assessments and Evaluations
 - i. Follow up care for abnormal screening results
 - j. Diagnostic testing services
 - k. Minor First-Aid
 - l. Care for work-related injuries
2. Please provide samples of all employee reports (Clinic utilization, health risk assessment, biometric screening, and wellness program).
 3. Please provide samples of all employer reports and discuss the frequency of employer reports. If there is a charge, please state. Please also describe the timeline to receive those reports and your preferred process to deliver those reports.
 4. Describe your typical process for promoting that an onsite clinic that has changed operation policies or administrators.
 5. Please discuss what type of on-going employee communications services you provide once the clinic is operational. Also, what are your expectations from the Sumner County?

3.8 Pharmacy and Lab Services

1. With whom do you partner to provide discounted pharmaceuticals?
2. How many drugs are typically included in your formulary for your current clinics and what information do you need to determine the most appropriate formulary for the group?
3. What are the basic pharmaceutical contracted terms (admin. fees, mail order discount from AWP, number of drugs included in MAC pricing schedule, etc.)?
4. Is your formulary flexible enough to allow select drugs that your client may want included?
5. If the clinics continue to be shared, can you manage different formularies for each employer or will there need to be one formulary for the clinic?
6. Describe what lab services you currently offer at your current clinics? How are lab only visits scheduled and with which staff level?
7. Please provide your lab costs for your top 50 lab procedures- the list of labs to be included in this response are in attached documents.
8. Please provide the following information for the top 50 drugs likely to be utilized by this client-the list of the top 50 medications to include in this response are included in the attached documents.

<u>Drug Name</u>	<u>Quantity</u>	<u>Strength</u>	<u>Price</u>
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3.9 Wellness

For the purposes of this RFP:

1. Health Risk Assessment (HRA) refers to a questionnaire that gathers information regarding a participants health behaviors and risk factor analysis

2. Biometric screening refers to a blood draw tests including lipid profile, A1c, blood pressure, cotinine, height and weight, plus other screening services agreed to.

Sumner County's goal is to have a truly integrated wellness / medical clinic service offering. The ideal goal is to contract with a vendor that provides a comprehensive wellness program that is integrated into the medical clinics operational system.

1. Describe in detail, how the following wellness programs are integrated into your clinic model. Also, explain how specific services are billed to Sumner County.
 - a. Health Risk Assessment (if utilized)
 - b. Biometric Screening
 - c. Behavior Change Programs
 - d. Chronic Disease Programs
 - e. Health Maintenance Programs (for employees with no identified health risks)
 - f. Individualized Wellness Portals including activity trackers, nutrition trackers etc.
2. Explain your experience tracking and reporting incentive programs.

3.10 Miscellaneous

1. How do your current clinics handle walk-in appointments?
2. What is the average time allotted for each person who visits the clinic?
3. Can the clinic serve both employees and their dependents?
4. If dependents can utilize the clinic, is there a minimum age for children?
5. How do you calculate provider utilization and clinic utilization? Please provide the formulas used in your analysis.

SECTION 4: Pricing

4.1 Pricing

1. Please provide a cost estimate for expenses related to taking over an existing clinic. Include all of your assumptions and information you would need in order to determine if further investment is required.
2. Please complete the following chart regarding the estimated monthly costs for the operation of each onsite clinic location and the entire employer program:

Description of Service	Assumed Monthly Hours	Monthly Costs	PEPM
Primary Physician Cost			
Nurse Practitioner or Physician's Assistant			
Health Coach			
Medical Assistant			
Description of Service	Monthly Costs with description of assumptions		PEPM
Web Portal			
Technology Costs			
Wellness Program Administration			
Medical Supplies			
Lab Costs			
Pharmacy Costs			
Misc.			
Subtotal			
Management Fee			
Total Monthly Costs			

3. Please provide any further explanation for the costs noted above.
4. If your program cost structure is typically in a different format, please provide the format you prefer.

4.2 ROI Analysis and Performance Metrics

1. Please provide your return on investment analysis for your proposed onsite clinic. Describe how you differentiate your impact from other resources provided to these employer groups.
2. Please outline the Performance Metrics you propose for this onsite clinic to assist Sumner County in evaluating year to year impact/performance of your proposed onsite clinic.
3. Sumner County will develop performance guarantees for these services. Clearly outline what performance guarantees you would propose for Sumner County. Include all services and results you are willing to guarantee and the dollars you are willing to put at risk.
4. Would you be willing to consider Sumner County's performance guarantees if you are accepted as the provider?

Section 5 Outline of Attached Information

1. Current medical plan summaries for both the Sumner County Government and Sumner County Board of Education
2. List of labs to be considered for direct contracting
3. List of Medications to be considered for direct contracting

**SUMNER COUNTY EMPLOYEES
INSURANCE TRUST FUND**

Options 1 and 2

**Health Benefit Plan
Summary of Material
Modification**



NOTICE

PLEASE READ THIS SUMMARY OF MATERIAL MODIFICATION (SMM) CAREFULLY AND KEEP IT IN A SAFE PLACE FOR FUTURE REFERENCE. IT EXPLAINS YOUR BENEFITS AS ADMINISTERED BY BLUECROSS BLUESHIELD OF TENNESSEE, INC. THIS SMM IS EFFECTIVE JANUARY 1, 2015.

THE EOC YOU RECEIVED IS MODIFIED BY:

- **UNDER THE HEADING "ADDITIONAL BENEFIT" THE FOLLOWING HAS BEEN DELETED:**

Benefits will be available up to \$200, for vision cost incurred beginning January 1st and ending December 31st of each calendar year, for routine vision care, including examinations, glasses, contacts, and frames. There are no restrictions, as long as the items listed are utilized. There is no network or list of providers; however, the Member should shop wisely to hold down any additional cost they may incur above the \$200 cap. Unused portions of this benefit will NOT be rolled to the next year.

- **THE HEARING AID BENEFIT HAS BEEN MODIFIED AND READS AS FOLLOWS:**

Hearing Aids (for anyone over the age of 19) Limited to \$6,000 every 3 years.	80%	60%
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- **UNDER THE PRESCRIPTION DRUG PROGRAM, THE GRID CURRENTLY SHOWN IN THE EOC HAS BEEN REPLACED WITH THE FOLLOWING:**

PRESCRIPTION DRUG PROGRAM-Option 2 Only

	One month supply (Up to 30 days)	Two months supply (31 to 60 days)	Three months supply (61 to 90 days)
	Generic Drug/Preferred Brand Drug/Non-Preferred Brand Drug	Generic Drug/Preferred Brand Drug/Non-Preferred Brand Drug	Generic Drug/Preferred Brand Drug/Non-Preferred Brand Drug
RX04 retail network	10% with a max of \$60/25% with a max of \$140/35% with a max of \$240 Or actual cost of drug whichever is less	10% with a max of \$120/25% with a max of \$280/35% with a max of \$480 Or actual cost of drug whichever is less	10% with a max of \$180/25% with a max of \$420/35% with a max of \$720 Or actual cost of drug whichever is less
Home Delivery Network	10% with a max of \$60/25% with a max of \$140/35% with a max of \$240 Or actual cost of drug whichever is less	10% with a max of \$120/25% with a max of \$280/35% with a max of \$480 Or actual cost of drug whichever is less	10% with a max of \$180/25% with a max of \$420/35% with a max of \$720 Or actual cost of drug whichever is less
Plus90 Network	10% with a max of \$60/25% with a max of \$140/35% with a max of \$240 Or actual cost of drug whichever is less	10% with a max of \$120/25% with a max of \$280/35% with a max of \$480 Or actual cost of drug whichever is less	10% with a max of \$180/25% with a max of \$420/35% with a max of \$720 Or actual cost of drug whichever is less
Compound Drugs	35% with a max of \$240	35% with a max of \$480	35% with a max of \$480
Out-of-Network	You pay all costs, then file a claim for reimbursement.		

**IF YOU HAVE ANY QUESTIONS ABOUT THIS SMM OR ANY OTHER MATTER
RELATED TO YOUR MEMBERSHIP IN THE PLAN, PLEASE WRITE OR CALL US
AT:**

**CUSTOMER SERVICE DEPARTMENT
BLUECROSS BLUESHIELD OF TENNESSEE, INC.,
ADMINISTRATOR
1 CAMERON HILL CIRCLE
CHATTANOOGA, TENNESSEE 37402
(800) 565-9140**



**BlueCross BlueShield
of Tennessee**

1 Cameron Hill Circle
Chattanooga, Tennessee
37402

www.bcbst.com

BENEFIT QUESTIONS?

**Call the Customer Service
Number on the membership I.D. Card**

SELF-FUNDED EOC (9/01)

**BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association
® Registered marks of the BlueCross BlueShield Association, an Association of Independent BlueCross BlueShield Plans**

**SCHEDULE OF BENEFITS -
Sumner County Employees Insurance Trust Fund**

**Group Number: 88230
Benefits Effective: July 1, 2014**

Benefits Available

A Member is entitled to benefits for Covered Services as specified in this Schedule of Benefits. Benefits shall be determined according to the ASA terms in effect when a service is received. Benefits may be amended at any time in accordance with applicable provisions of the ASA. Under no circumstance does a Member acquire a vested interest in continued receipt of a particular benefit or level of benefit.

Calculation of Coinsurance

As part of the efforts to contain health care costs, BCBST has negotiated agreements with Hospitals under which BCBST receives a discount on Hospital bills. In addition to such discounts, BCBST also has some agreements with Hospitals under which payment is based upon other methods of payment (such as flat rates, capitation or per diem amounts).

Your Coinsurance will be based upon the same dollar amount of payment that BCBST uses to calculate its portion of the claims payment to the Hospital, regardless of whether our payment is based upon a discount or an alternative method of payment.

Member's Responsibility

Prior Authorization may be required for certain services. Please have Your Physician contact BCBST at the telephone number shown on Your identification card before services are provided. Otherwise, Your benefits may be reduced or denied.

A Clinical Trial is a prospective biomedical or behavioral research study of human subjects that is designed to answer specific questions about biomedical or behavioral interventions (vaccines, drugs, treatments, devices, or new ways of using known drugs, treatments, or devices). Clinical Trials are used to determine whether new biomedical or behavioral interventions are safe, efficacious, and effective. **Routine patient care associated with an approved Clinical Trial will be Covered under the Plan's benefits in accordance with the Plan's medical policies and procedures.**

The Dependent Child Limiting Age will be to age 26. (Dependent coverage will end on the first full day after reaching the Dependent Child Limiting Age.) When a Dependent's coverage terminates for reasons other than the Limiting Age, the Subscriber will be responsible for notifying BCBST to obtain a letter of Creditable Coverage.

DEDUCTIBLE

Deductible to be applied to:	Network Provider	Out-of-Network Provider
All Covered Services (unless otherwise specified)	\$1,125	\$1,725
Family Deductible Maximum	\$3,375	\$5,175

COINSURANCE:

Coinsurance percentages will be applied to the lesser of the negotiated fee or other basis for our reimbursement for Covered Services.

Benefits available for Covered Services received from a Out-of-Network Provider will be significantly less than benefits available for services received from a Network Provider. For services received from a Out-of-Network Provider, the Member must pay the applicable Coinsurance, as well as the difference between the Out-of-Network Provider's Billed Charges and the Maximum Allowable Charge.

Coinsurance to be applied to:	Network Provider	Out-of-Network Provider
All Facility Covered Services after Deductible has been satisfied (unless otherwise specified)	70%	50%
Professional Provider Covered Services* after Deductible has been satisfied (unless otherwise specified)	70%	50%
*Professional Provider Covered Services include all Covered Services provided at the Provider's office for routine Office Visits and/or Consultations (if Consultations are not considered on the same basis as a routine Office Visit).		
Emergency Room Services*	70%, subject to the Deductible and a \$250 Copayment	70%, subject to the Deductible and a \$250 Copayment
*The \$250 Copayment is waived if admitted to the Hospital as a bed patient and will not apply to any other Deductible or Out-of-Pocket Maximum.		
All Other Covered Services after Deductible has been satisfied (unless otherwise specified)	70%	50%
Preventive Services		Preventive Services are not available
Physical Exams (6 years and older)	100%	
Routine Pap Smear, and Prostate Exam	100%	
Mammograms	100%	Preventive Services are not available
Hearing Aids Limited to \$6,000 every 3 years for all ages. Will pay up to \$3,000 per ear for the benefit	70%	50%
Coinsurance percentages will be applied to the lesser of the negotiated fee or other basis for our reimbursement of Covered Services.		

OUT-OF-POCKET MAXIMUM:

Maximum to be applied to:	Network Provider	Out-of-Network Provider
Individual	\$7,725	unlimited
Family	\$23,175	unlimited

Behavioral Health Maximums	Network Provider	-Out-of-Network Provider
Inpatient Benefits payable per Benefit Period	70%	50%
Outpatient* Benefits payable per Benefit Period	70%	50%

Organ Transplant Services

Organ Transplant Services, all transplants except kidney	In-Transplant Network benefits: 70% after Network Deductible, Network Out-of-Pocket Maximum applies.	Network Providers not in Our Transplant Network: 70% of Transplant Maximum Allowable Charge (TMAC) after Network Deductible, Network Out-of-pocket Maximum applies; amounts over TMAC do not apply to the Out-of-Pocket Maximum and are not covered.	Out-of-Network Providers: 50% of Transplant Maximum Allowable Charge (TMAC), after Out-of-Network Deductible, Out-of-Network Out-of-Pocket Maximum applies, amounts over TMAC do not apply to the Out-of-Pocket and are not covered.
Organ Transplant Services, kidney transplants	Network Providers: 70% after Network Deductible; Network Out-of-Pocket Maximum applies.		Out-of-Network Providers: 50% of Maximum Allowable Charge (MAC), after Out-of-Network Deductible, Out-of-Network Out-of-Pocket Maximum applies, amounts over MAC do not apply to the Out-of-Pocket and are not covered.

Network Providers not in our Transplant Network include Network Providers in Tennessee and BlueCard PPO Providers outside Tennessee.

The Maximum Amount Payable for Network and/or Non-Network Provider Services is unlimited.

OTHER PROVISIONS

The waiting period before benefits are payable for a Pre-existing Condition will be 12 months. This period may be reduced by any Creditable Coverage.

- Employees who are new enrollees, have loss of other Coverage, or are participating in open enrollment to the Sumner County Employees Insurance Trust Benefit Plan on or after January 1, 2006, must participate in the CareHere Health Risk Assessment before health Coverage becomes effective.
- The limitations for a Pre-Existing Condition will be waived for conditions that are identified during the new Employee Health Risk Assessment conducted at one of the CareHere on-site clinics.

~~ADDITIONAL BENEFITS - Insert with change~~

~~Benefits will be available up to \$200, for vision cost incurred beginning January 1st and ending December 31st of each calendar year, for routine vision care, including examinations, glasses, contacts, and frames. There are no restrictions, as long as the items listed are utilized. There is no network or list of providers; however, the Member should shop wisely to hold down any additional cost they may incur above the \$200 cap. Unused portions of this benefit will NOT be rolled to the next year.~~

~~When a Network Provider furnishes the following services the Deductible will not apply. Benefits will be provided at 100% of the Maximum Allowable Charge:~~

- ~~• Pre-admission Testing Expenses~~
- ~~• Second Surgical Opinion Consultation Expenses within three months of the first opinion~~
- ~~• Home Health Care Agency Expenses~~
- ~~• Skilled Nursing Facility Expenses~~
- ~~• Hospice Home Care~~

SPECIAL PROVISIONS

Benefits are available for Positron Emission Tomography (PET) scan when performed:

- as a follow-up evaluation of brain tumors to assess the possibility of malignant degeneration; or
- in epilepsy cases, as a pre-surgical evaluation of chronic refractory seizures believed to be partial seizures.

PRESCRIPTION DRUG PROGRAM

	One month supply (Up to 30 days)	Two months supply (31 to 60 days)	Three months supply (61 to 90 days)
	Generic Drug/Preferred Brand Drug/Non-Preferred Brand Drug	Generic Drug/Preferred Brand Drug/Non-Preferred Brand Drug	Generic Drug/Preferred Brand Drug/Non- Preferred Brand Drug
RX04 retail network	10% with a max of \$60/25% with a max of \$140/35% with a max of \$240 Or actual cost of drug whichever is less	10% with a max of \$60/25% with a max of \$140/35% with a max of \$240 Or actual cost of drug whichever is less	10% with a max of \$60/25% with a max of \$140/35% with a max of \$240 Or actual cost of drug whichever is less

Home Delivery Network	10% with a max of \$60/25% with a max of \$140/35% with a max of \$240 Or actual cost of drug whichever is less	10% with a max of \$60/25% with a max of \$140/35% with a max of \$240 Or actual cost of drug whichever is less	10% with a max of \$60/25% with a max of \$140/35% with a max of \$240 Or actual cost of drug whichever is less
Plus90 Network	10% with a max of \$60/25% with a max of \$140/35% with a max of \$240 Or actual cost of drug whichever is less	10% with a max of \$60/25% with a max of \$140/35% with a max of \$240 Or actual cost of drug whichever is less	10% with a max of \$60/25% with a max of \$140/35% with a max of \$240 Or actual cost of drug whichever is less
Compound Drugs	35% with a max of \$240	35% with a max of \$240	35% with a max of \$240
Out-of-Network	You pay all costs, then file a claim for reimbursement.		

Prescriptions are filled in 30-day supplies at all network retail pharmacies; 90-day supplies are available through the Mail Order Network and the Plus90 Network.

If You have a Prescription filled at an Out-of-Network Pharmacy, You must pay all expenses and file a claim for reimbursement with the administrator. You will be reimbursed based on the Maximum Allowable Charge, less any applicable Drug Deductible, Coinsurance, and/or Drug Copayment amount.

2. Covered Services

- a. Prescription Drugs prescribed when You are not confined in a hospital or other facility. Prescription Drugs must be:
 - prescribed on or after Your Coverage begins;
 - approved for use by the Food and Drug Administration (FDA);
 - dispensed by a licensed pharmacist;
 - listed on the Preferred Formulary; and
 - not available for purchase without a Prescription.
- b. Treatment of phenylketonuria (PKU), including special dietary formulas while under the supervision of a Practitioner.
- c. Injectable insulin, and insulin needles/syringes, lancets, alcohol swabs and test strips for glucose monitoring upon Prescription.
- d. Prescription and over-the-counter (OTC) nicotine replacement therapy and aids to smoking cessation including, but not limited to, patches.
- e. any Prescription Drugs or medications used for the treatment of sexual dysfunction, including but not limited to erectile dysfunction (e.g. Viagra), delayed ejaculation, anorgasmia and decreased libido.
- f. Medically Necessary Prescription Drugs used during the induction or stabilization/dose-reduction phases of chemical dependency treatment.

3. Limitations

**SCHEDULE OF BENEFITS -
Sumner County Employees Insurance Trust Fund**

**Group Number: 88230
Benefits Effective: July 1, 2015**

Benefits Available

A Member is entitled to benefits for Covered Services as specified in this Schedule of Benefits. Benefits shall be determined according to the ASA terms in effect when a service is received. Benefits may be amended at any time in accordance with applicable provisions of the ASA. Under no circumstance does a Member acquire a vested interest in continued receipt of a particular benefit or level of benefit.

Calculation of Coinsurance

As part of the efforts to contain health care costs, BlueCross has negotiated agreements with Hospitals under which BlueCross receives a discount on Hospital bills. In addition to such discounts, BlueCross also has some agreements with Hospitals under which payment is based upon other methods of payment (such as flat rates, capitation or per diem amounts).

Your Coinsurance will be based upon the same dollar amount of payment that BlueCross uses to calculate its portion of the claims payment to the Hospital, regardless of whether our payment is based upon a discount or an alternative method of payment.

Member's Responsibility

Prior Authorization may be required for certain services. Please have Your Physician contact BlueCross at the telephone number shown on Your identification card before services are provided. Otherwise, Your benefits may be reduced or denied.

A Clinical Trial is a prospective biomedical or behavioral research study of human subjects that is designed to answer specific questions about biomedical or behavioral interventions (vaccines, drugs, treatments, devices, or new ways of using known drugs, treatments, or devices). Clinical Trials are used to determine whether new biomedical or behavioral interventions are safe, efficacious, and effective. **Routine patient care associated with an approved Clinical Trial will be Covered under the Plan's benefits in accordance with the Plan's medical policies and procedures.**

The Dependent Child Limiting Age will be to age 26. (Dependent coverage will end on the first full day after reaching the Dependent Child Limiting Age.)

DEDUCTIBLE

Deductible to be applied to:	Network Provider	Out-of-Network Provider
All Covered Services (unless otherwise specified)	\$375	\$575
Family Deductible Maximum	\$1,125	\$1,725

COINSURANCE:

Coinsurance percentages will be applied to the lesser of the negotiated fee or other basis for our reimbursement for Covered Services.

Benefits available for Covered Services received from a Out-of-Network Provider will be significantly less than benefits available for services received from a Network Provider. For services received from a Out-of-Network Provider, the Member must pay the applicable Coinsurance, as well as the difference between the Out-of-Network Provider's Billed Charges and the Maximum Allowable Charge.

Coinsurance to be applied to:	Network Provider	Out-of-Network Provider
All Facility Covered Services after Deductible has been satisfied (unless otherwise specified)	90%	70%
Professional Provider Covered Services* after Deductible has been satisfied (unless otherwise specified)	90%	70%
*Professional Provider Covered Services include all Covered Services provided at the Provider's office for routine Office Visits and/or Consultations (if Consultations are not considered on the same basis as a routine Office Visit).		
Emergency Room Services*	90%, subject to the Deductible and a \$200 Copayment	70%
*The \$200 Copayment is waived if admitted to the Hospital as a bed patient and will not apply to any other Deductible or Out-of-Pocket Maximum.		
All Other Covered Services after Deductible has been satisfied (unless otherwise specified)	80%	60%
Preventive Services Physical Exams (6 years and older) Routine Pap Smear, and Prostate Exam	100% 100%	Preventive Services are not available
Mammograms	100%	Preventive Services are not available
Hearing Aids for Members under age 18 Limited to \$1,000 per ear every 3 years (as determined by Your Annual Benefit Period)	80%	60%
Coinsurance percentages will be applied to the lesser of the negotiated fee or other basis for our reimbursement of Covered Services.		

OUT-OF-POCKET MAXIMUM:

Maximum to be applied to:	Network Provider	Out-of-Network Provider
Individual	\$2,575	\$7,575
Family	\$7,725	\$15,150

Behavioral Health	Network Provider	-Out-of-Network Provider
Inpatient Benefits payable per Benefit Period	90%	70%
Outpatient* Benefits payable per Benefit Period	90%	70%

Organ Transplant Services

Organ Transplant Services, all transplants except kidney	In-Transplant Network benefits: 90% after Network Deductible, Network Out-of-Pocket Maximum applies.	Network Providers not in Our Transplant Network: 90% of Transplant Maximum Allowable Charge (TMAC) after Network Deductible, Network Out-of-pocket Maximum applies; amounts over TMAC do not apply to the Out-of-Pocket Maximum and are not covered.	Out-of-Network Providers: 70% of Transplant Maximum Allowable Charge (TMAC), after Out-of-Network Deductible, Out-of-Network Out-of-Pocket Maximum applies, amounts over TMAC do not apply to the Out-of-Pocket and are not covered.
Organ Transplant Services, kidney transplants	Network Providers: 90% after Network Deductible; Network Out-of-Pocket Maximum applies.		Out-of-Network Providers: 70% of Maximum Allowable Charge (MAC), after Out-of-Network Deductible, Out-of-Network Out-of-Pocket Maximum applies, amounts over MAC do not apply to the Out-of-Pocket and are not covered.

Network Providers not in our Transplant Network include Network Providers in Tennessee and BlueCard PPO Providers outside Tennessee.

The Maximum Amount Payable for Network and/or Non-Network Provider Services is unlimited.

OTHER PROVISIONS

- Employees who are new enrollees, have loss of other Coverage, or are participating in open enrollment to the Sumner County Employees Insurance Trust Benefit Plan on or after January 1, 2006, must participate in the CareHere Health Risk Assessment before health Coverage becomes effective.

ADDITIONAL BENEFITS

When a Network Provider furnishes the following services the Deductible will not apply. Benefits will be provided at 100% of the Maximum Allowable Charge:

- Pre-admission Testing Expenses
- Second Surgical Opinion Consultation Expenses within three months of the first opinion
- Home Health Care Agency Expenses
- Skilled Nursing Facility Expenses
- Hospice Home Care

SPECIAL PROVISIONS

Benefits are available for Positron Emission Tomography (PET) scan when performed:

- as a follow-up evaluation of brain tumors to assess the possibility of malignant degeneration; or
- in epilepsy cases, as a pre-surgical evaluation of chronic refractory seizures believed to be partial seizures.

PRESCRIPTION DRUG PROGRAM

1. Benefit Payment

Generic Drugs: 10% with maximum of \$30 or actual cost of drug, whichever is less, Drug Copayment per 34 day supply.

Preferred Brand Drugs: 25% with maximum of \$70 or actual cost of drug, whichever is less, Drug Copayment per 34 day supply.

Non-Preferred Brand Drugs: 35% with maximum of \$120 or actual cost of drug, whichever is less, Drug Copayment per 34 day supply.

Subject to a Calendar Year Out-of-Pocket Maximum of:-Unlimited.

No Drug Deductible, Drug Copayment or maximum amounts apply to satisfying any Deductible, Coinsurance or maximums in the Plan.

Benefit payment for Covered Services will be determined as follows:

Exhibit 1 – Sumner County Board of Education



CDHP Benefits at a Glance – BCBS TN

Services that Require Coinsurance - Deductibles and Out-of-Pocket Coinsurance Maximums

Services in this table **ARE** subject to a deductible and eligible expenses **ARE** applied to the annual out-of-pocket coinsurance maximum.

	In-Network	Out-of-Network ^[1]
PREVENTIVE CARE		
Office Visits - Well-baby, well-child visits as recommended by the Centers for Disease Control and Prevention (CDC) - Adult annual physical exam - Annual well woman exam - Immunizations as recommended by CDC - Annual hearing and non-refractive vision screening - Screenings including colonoscopy, prostate, mammogram, and colorectal, Pap smears, labs, bone density scans, nutritional guidance, tobacco cessation counseling and other services as recommended by the US Preventive Services Task Force	No charge	40% coinsurance
OUTPATIENT SERVICES		
Primary Care Office Visit - Family practice, general practice, internal medicine, OB/GYN and pediatrics - Nurse practitioners, physician assistants and nurse midwives (licensed healthcare facility only) working under the supervision of a primary care provider - Including surgery in office setting and initial maternity visit	20% coinsurance	40% coinsurance
Specialist Office Visit Including surgery in office setting	20% coinsurance	40% coinsurance
Mental Health and Substance Abuse ^[2]	20% coinsurance	40% coinsurance
X-Ray, Lab and Diagnostics Including reading, interpretation, and results (not including advanced x-rays, scans, and imaging)	20% coinsurance	40% coinsurance
Allergy Injection	20% coinsurance	40% coinsurance
Allergy Injection with Office Visit	20% coinsurance	40% coinsurance
Chiropractors	20% coinsurance	40% coinsurance

PHARMACY		
30-Day Supply	20% coinsurance	40% coinsurance
90-Day Supply (90-day network pharmacy or mail-order)	20% coinsurance	40% coinsurance
URGENT CARE		
Convenience Clinic or Urgent Care Facility	20% coinsurance	
EMERGENCY CARE		
Emergency Room Visit (waived if admitted)	20% coinsurance	



CDHP Benefits at a Glance - BCBS TN

	In-Network	Out-of-Network ^[1]
Hospital/Facility Services - Inpatient care ^[3] - Outpatient surgery ^[3] - Inpatient mental health and substance abuse ^[2] ^[3]	20% coinsurance	40% coinsurance
Maternity Global billing for labor and delivery and routine services beyond the initial office visit	20% coinsurance	40% coinsurance
Home Care ^[3] - Home health - Home infusion therapy	20% coinsurance	40% coinsurance
Rehabilitation and Therapy Services - Inpatient ^[3]; outpatient - Skilled nursing facility ^[3]	20% coinsurance	40% coinsurance
Ambulance Air and ground	20% coinsurance	
Hospice Care ^[3] Through an approved program	20% coinsurance	40% coinsurance
Equipment and Supplies ^[3] - Durable medical equipment and external prosthetics - Other supplies (i.e., ostomy, bandages, dressings)	20% coinsurance	40% coinsurance

Dental Certain limited benefits (extraction of impacted wisdom teeth, excision of solid-based oral tumors, accidental injury, orthodontic treatment for facial hemiatrophy or congenital birth defect)	20% coinsurance	40% coinsurance
Advanced X-Ray, Scans and Imaging - Including MRI, MRA, MRS, CT, CTA, PET, and nuclear cardiac imaging studies [3] - Reading and interpretation	20% coinsurance	40% coinsurance
Out-of-Country Charges Non-emergency and non-urgent care	Prior arrangements must be made	Prior arrangements must be made
Deductible		
Employee Only	\$2,000	\$4,000
Family	\$4,000	\$8,000
Out-of-Pocket Maximum (includes the deductible)		
Employee Only	\$4,500	\$9,000
Family	\$9,000	\$18,000
H.S.A. Contribution		
Employee Only	\$500	
Family	\$1,000	

Only the amount you pay for in-network covered expenses counts toward your in-network deductible. The amount you pay for out-of-network covered expenses counts toward both your in-network and out-of-network deductibles. All eligible family members contribute towards the family plan deductible. Once the family deductible has been met, the plan will pay each eligible family member's covered expenses based on the coinsurance level specified by the plan. This plan includes a combined medical/pharmacy plan deductible. Retail and home delivery pharmacy costs contribute to the combined medical/pharmacy deductible. Only eligible expenses will apply toward the deductible and out-of-pocket maximum. Charges for non-covered services and amounts exceeding the maximum allowable charge will not be counted.

- [1] Subject to maximum allowable charge (MAC). The MAC is the most a plan will pay for a service from an in-network provider. For non-emergent care from an out-of-network provider who charges more than the MAC, you will pay the copay or coinsurance PLUS between the MAC and actual charge. .
- [2] The following behavioral health services are treated as "inpatient" for the purpose of determining member cost-sharing: residential treatment, partial hospitalization, and intensive outpatient therapy. Prior authorization (PA) is required for psychological testing and electroconvulsive therapy.
- [3] Prior authorization (PA) required. When using out-of-network providers, benefits for medically necessary services will be reduced by half if PA is required but not obtained, subject to the maximum allowable charge. If services are not medically necessary, no benefits will be provided. (For DME, PA only applies to more expensive items.)
- [4] Applies to certain antihypertensives; oral diabetic medications, insulin and diabetic supplies; statins.



PPO – Benefits at a Glance - BCBS TN

Services that Require Copays:

In-Network services in this table **ARE NOT** subject to a deductible and costs **DO NOT APPLY** to the annual out-of-pocket coinsurance maximum

	In-Network	Out-of-Network [1]
PREVENTIVE CARE		
Office Visits - Well-baby, well-child visits as recommended by the Centers for Disease Control and Prevention (CDC) - Adult annual physical exam - Annual well woman exam - Immunizations as recommended by CDC - Annual hearing and non-refractive vision screening - Screenings including colonoscopy, prostate, mammogram, and colorectal, Pap smears, labs, bone density scans, nutritional guidance, tobacco cessation counseling and other services as recommended by the US Preventive Services Task Force	No charge	40% coinsurance
OUTPATIENT SERVICES		
Primary Care Office Visit * - Family practice, general practice, internal medicine, OB/GYN and pediatrics - Nurse practitioners, physician assistants and nurse midwives (licensed healthcare facility only) working under the supervision of a primary care provider - Including surgery in office setting and initial maternity visit	\$35 copay	40% coinsurance
Specialist Office Visit * Including surgery in office setting	\$50 copay	40% coinsurance
Mental Health and Substance Abuse * [2]	\$35 copay	40% coinsurance
X-Ray, Lab and Diagnostics Including reading, interpretation, and results (not including advanced x-rays, scans, and imaging)	100% covered after office copay, if applicable	40% coinsurance
Allergy Injection	100% covered	40% coinsurance
Allergy Injection with Office Visit *	\$35 copay primary; \$50 copay specialist	40% coinsurance
Chiropractors*	\$35 copay	40% coinsurance
PHARMACY		

30-Day Supply	\$5 copay generic; \$50 copay preferred brand; \$90 copay non-preferred brand	Copay plus amount exceeding MAC
90-Day Supply (90-day network pharmacy or mail-order)	\$10 copay generic; \$95 copay preferred brand; \$175 copay non-preferred brand	Copay plus amount exceeding MAC
90-Day Supply (certain maintenance medications from 90-day network pharmacy or mail order) [4]	\$10 copay generic; \$45 copay preferred brand; \$180 copay non-preferred	Copay plus amount exceeding MAC
URGENT CARE		
Convenience Clinic or Urgent Care Facility*	\$50 copay	
EMERGENCY CARE		
Emergency Room Visit (waived if admitted) * and **	\$200 copay	

* **Out-of-Pocket Copay Maximum – per individual** (applies to **in-network** office visits for primary care, specialist care and mental health and substance abuse treatment, emergency room, urgent care and chiropractors); **\$900** ** Services subject to coinsurance may be extra



PPO – Benefits at a Glance - BCBS TN

Services that Require Coinsurance – Deductibles & Out-of-Pocket Maximums:

Services in this table **ARE** subject to deductible and eligible expenses **CAN BE APPLIED** to the annual out-of-pocket coinsurance maximum

	In-Network	Out-of-Network [1]
Hospital/Facility Services - Inpatient care [3] - Outpatient surgery [3] - Inpatient mental health and substance abuse [2] [3]	15% coinsurance	40% coinsurance
Maternity Global billing for labor and delivery and routine services beyond the initial office visit	15% coinsurance	40% coinsurance
Home Care [3] - Home health - Home infusion therapy	15% coinsurance	40% coinsurance

Rehabilitation and Therapy Services • Inpatient [3]; outpatient • Skilled nursing facility [3]	15% coinsurance	40% coinsurance
Ambulance • Air and ground	15% coinsurance	
Hospice Care [3] • Through an approved program	100% covered up to MAC (even if deductible has not been met)	
Equipment and Supplies [3] • Durable medical equipment and external prosthetics • Other supplies (i.e., ostomy, bandages, dressings)	15% coinsurance	40% coinsurance
Dental • Certain limited benefits (extraction of impacted wisdom teeth, excision of solid-based oral tumors, accidental injury, orthodontic treatment for facial hemiatrophy or congenital birth defect)	15% coinsurance	40% coinsurance
Advanced X-Ray, Scans and Imaging • Including MRI, MRA, MRS, CT, CTA, PET, and nuclear cardiac imaging studies [3] • Reading and interpretation	15% coinsurance	40% coinsurance
	100% covered	40% coinsurance
Out-of-Country Charges • Non-emergency and non-urgent care	Prior arrangements must be made	Prior arrangements must be made
Deductible		
Employee Only	\$550	\$900
Employee + Child(ren)	\$900	\$1,450
Employee + Spouse	\$1,100	\$1,800
Employee + Spouse + Child(ren)	\$1,450	\$2,350
Out-of-Pocket Maximum (includes deductible)		
Employee Only	\$1,750	\$3,100
Employee + Child(ren)	\$2,800	\$5,000
Employee + Spouse	\$3,500	\$6,200
Employee + Spouse + Child(ren)	\$4,450	\$8,100

No single family member will be subject to a deductible or out-of-pocket maximum greater than the "employee only" amount. Once two or more family members (depending on premium level) have met the total deductible and/or out-of-pocket maximum, it will be met by all covered family members. Only eligible expenses will apply toward the deductible and out-of-pocket maximum. Charges for non-covered services and amounts exceeding the maximum allowable charge will not be counted.

- [1] Subject to maximum allowable charge (MAC). The MAC is the most a plan will pay for a service from an in-network provider. For non-emergent care from an out-of-network provider who charges more than the MAC, you will pay the copay or coinsurance PLUS difference between the MAC and actual charge. .
- [2] The following behavioral health services are treated as "inpatient" for the purpose of determining member cost-sharing: residential treatment, partial hospitalization, and intensive outpatient therapy. Prior authorization (PA) is required for psychological testing and electroconvulsive therapy.
- [3] Prior authorization (PA) required. When using out-of-network providers, benefits for medically necessary services will be reduced by half if PA is required but not obtained, subject to the maximum allowable charge. If services are not medically necessary, no benefits will be provided. (For DME, PA only applies to more expensive items.) [4] Applies to certain antihypertensives; oral diabetic medications, insulin and diabetic supplies; statins.

Exhibit 2: Top 50 Labs

CPT Code	Procedure Description	Direct Contract Rate
80048	Metabolic panel total ca	
80051	Electrolyte panel	
80053	Comprehen metabolic panel	
80061	Lipid panel	
80074	Acute Hepatitis Panel	
80076	Hepatic function panel	
81001	Urinalysis auto w/scope	
81003	Urinalysis auto w/o scope	
82040	Assay of serum albumin	
82043	Microalbumin quantitative	
82150	Assay of amylase	
82248	Bilirubin direct	
82306	Vitamin d 25 hydroxy	
82550	Assay of ck (cpk)	
82553	Creatine mb fraction	
82565	Assay of creatinine	
82607	Vitamin B-12	
82626	Dehydroepiandrosterone	
82670	Assay of estradiol	
82728	Assay of ferritin	
82746	Assay of folic acid serum	
82947	Assay glucose blood quant	
83001	Assay of gonadotropin (fsh)	
83036	Glycosylated hemoglobin test	
83525	Assay of insulin	
83540	Assay of iron	
83615	Lactate (LD) (LDH) enzyme	
83690	Assay of lipase	
83721	Assay of blood lipoprotein	
83735	Assay of magnesium	
84144	Assay of progesterone	
84153	Assay of psa total	
84207	Assay of vitamin b-6	
84403	Assay of total testosterone	

CPT Code	Procedure Description	Direct Contract Rate
84436	Assay of total thyroxine	
84439	Assay of free thyroxine	
84443	Assay thyroid stim hormone	
84450	Transferase (AST) (SGOT)	
84460	Alanine amino (ALT) (SGPT)	
84520	Assay of urea nitrogen	
84550	Assay of blood/uric acid	
84590	Assay of vitamin a	
84630	Assay of zinc	
85014	Hematocrit	
85018	Hemoglobin	
85025	Complete cbc w/auto diff wbc	
85610	Prothrombin time	
85652	Rbc sed rate automated	
85660	RBC sickle cell test	
85730	Thromboplastin time partial	

Exhibit 3: Top 50 Medications

*If you would prefer not to offer any of these medications at an onsite clinic please explain why. If there are medications you prefer to include on your formulary that are not listed, please provide the medication name, dose, form and cost to provide those medications, along with why you feel they are important to provide at an onsite clinic.

Medication	Strength	Form	Pkg Size	Price per Script Onsite
Allopurinol	300mg	OR TABS	100 ea	
Amlodipine Besylate	10mg	OR TABS	90 ea	
Amlodipine Besylate	5mg	OR TABS	90 ea	
Amoxicillin (BID)	875mg	OR TABS	20 ea	
Atorvastatin Calcium	20mg	OR TABS	90 ea	
Atorvastatin Calcium	40mg	OR TABS	90 ea	
Atorvastatin Calcium	10mg	OR TABS	90 ea	
Azithromycin	250mg	OR TABS	6 ea	
Azithromycin	500mg	OR TABS	3 ea	
Benazepril HCl	20 mg	OR TABS	90 ea	
Benzonatate	100mg	OR CAPS	30 ea	
Cefdinir	300mg	OR CAPS	20 ea	
Cephalexin	500mg	OR CAPS	30 ea	
Citalopram HBr	20 mg	OR TABS	100 ea	
Clotrimazole/Betamethasone Diprop.	1%/0.05%	EX CREA	15 gm	
Cyclobenzaprine HCL	10mg	OR TABS	30 ea	
Diclofenac Sodium	75mg	OR TBEC	100 ea	
Escitalopram Oxalate	10mg	OR TABS	90 ea	
Fluconazole	150mg	OR TABS	1 ea	
Fluoxetine	20mg	OR CAPS	90 ea	
Furosemide	20mg	OR TABS	100 ea	
Gabapentin	300 mg	OR CAPS	90 ea	
Hydrochlorothiazide	12.5 mg	OR CAPS	100 ea	
Hydrochlorothiazide (HCTZ)	25mg	OR TABS	100 ea	
Levofloxacin	500mg	OR TABS	10 ea	
Levothyroxine Sodium	0.075 mg	OR TABS	90 ea	
Levothyroxine Sodium	0.050 mg	OR TABS	90 ea	

Medication	Strength	Form	Pkg Size	Price per Script Onsite
Lisinopril	10 mg	OR TABS	90 ea	
Lisinopril	20 mg	OR TABS	90 ea	
Lisinopril	40 mg	OR TABS	90 ea	
Losartan Potassium	50 mg	OR TABS	90 ea	
Losartan Potassium	100mg	OR TABS	90 ea	
Meloxicam	15mg	OR TABS	100 ea	
Meloxicam	7.5mg	OR TABS	90 ea	
Metformin ER	500 mg	OR TB24	90 ea	
Metformin HCl	1000 mg	OR TABS	100 ea	
Metformin HCl	500 mg	OR TABS	100 ea	
Methylprednisolone	4mg	OR TABS	21 ea	
Metoprolol Succinate	50 mg	OR TB24	90 ea	
Metoprolol Tartrate	50mg	OR TABS	90 ea	
Montelukast Sodium	10mg	OR TABS	90 ea	
Nitrofurantoin Monohyd Rate/ Macrocrystals	100mg	OR CAPS	14 ea	
Omeprazole	20 mg	OR CPDR	90 ea	
Pantoprazole Sodium	40mg	OR TBEC	90 ea	
Promethazine HCl	25mg	OR TABS	30 ea	
Sertraline HCl	50mg	OR TABS	90 ea	
Sertraline HCl	100mg	OR TABS	90 ea	
Simvastatin	20mg	OR TABS	90 ea	
Simvastatin	40mg	OR TABS	100 ea	
Sulfamethoxazole/Trimethoprim	800/160mg	OR TABS	20 ea	
Vitamin D	50000u	OR CAPS	12 ea	

ATTACHMENT 1

STATEMENT OF NON-COLLUSION

The undersigned affirms that they are dully authorized to execute this contract, that this company, corporation, firm, partnership or individual has not prepared this proposal in collusion with any other respondent, and that the contents of this proposal as to prices, terms or conditions of said proposal have not been communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the official opening of this proposal.

Company _____

Address _____

Phone _____

Fax _____

Respondent (Signature) _____

Respondent (Print Name and Title) _____

Authorized Company Official (Print Name) _____

ATTACHMENT 2

DRUG-FREE WORKPLACE

The Sumner County Board of Education and Sumner County Government is committed to maintaining a safe and productive work environment for its employees and to providing high quality service to its citizens. The goal of this policy is for Sumner County employees and contractors to remain, or become and remain, drug-free. Abuse and dependency on alcohol and/or drugs can seriously affect the health of employees, contractors and citizens, jeopardize personal safety, impact the safety of others and impair job performance.

Drug-Free Workplace Act of 1988 – Sumner County is governed by the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D).

Omnibus Transportation Employee Testing Act of 1991 – Sumner County is governed by the Omnibus Transportation Employee Testing Act of 1991 (Pub. L. 102-143, Title V).

Right to an Alcohol and Drug-Free Workplace - Employees have the right to work in an alcohol and drug-free environment and to work with persons free from the effects of alcohol and/or drugs.

Required Alcohol and Drug Tests - Alcohol and drug testing for safety sensitive employees shall be in accordance with the provisions contained in the Sumner County Alcohol and Drug Policy adopted by departments which have safety sensitive positions.

Contracts – Any contractors providing goods or services to Sumner County must comply with all State and Federal drug free workplace laws, rules and regulations and so certify this compliance by completion of the DRUG-FREE WORKPLACE AFFIDAVIT (attached page 2).

DRUG-FREE WORKPLACE AFFIDAVIT (page 2)

STATE OF _____

COUNTY OF _____

The undersigned, principal officer of _____, an employer of five (5) or more employees contracting with Sumner County Board of Education and Sumner County Government to provide goods or services, hereby states under oath as follows:

1. The undersigned is a principal officer of _____ (hereinafter referred to as the "Company") and is duly authorized to execute this Affidavit on behalf of the Company.
2. The Company submits this Affidavit because it shall be receiving pay pursuant to a contract with the state or any local government to provide goods or services.
3. The Company is in compliance with all State and Federal Laws, Rules and Regulations requiring a drug-free workplace program.

Further affiant saith not.

Principal Officer: _____

STATE OF _____

COUNTY OF _____

Before me personally appeared _____, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who acknowledged that such person executed the foregoing affidavit for the purposes therein contained.

Witness my hand and seal at office this _____ day of _____, 20____.

Notary Public

My commission expires: _____

ATTACHMENT 3

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

The prospective participant certifies, to the best of its knowledge and belief, that it and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in transactions under federal non-procurement programs by any federal department or agency;
2. Have not, within the three year period preceding the proposal, had one or more public transactions (federal, state, or local) terminated for cause or default; and
3. Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) and have not, within the three year period preceding the bid, been convicted or had a civil judgment rendered against it
 - A. For the commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public transaction (federal, state, or local) or a procurement contract under such a public transaction;
 - B. For the violation of federal or state antitrust statutes, including those proscribing price fixing between competitors, the allocation of customers between competitors, or bid rigging; or
 - C. For the commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.

I understand that a false statement on this certification may be grounds for the rejection of this proposal or the termination of the award. In addition, under 18 U.S.C. § 1001, a false statement may result in a fine of up to \$10,000 or imprisonment for up to five years, or both.

Name of Participant Agency

Name and Title of Authorized Representative

Signature of Authorized Representative

Date

_____ I am unable to certify to the above statement. Attached is my explanation.

ATTACHMENT 4

CERTIFICATION BY CONTRACTOR

I, the undersigned, certify that on behalf of Contractor, I am authorized to attest and obligate the above certification and to legally bind Contractor to these terms, conditions and obligations.

_____ Title

_____ Name

_____ Date

_____ Witness