

**CITY OF EL PASO, TEXAS
AGENDA ITEM
DEPARTMENT HEAD'S SUMMARY FORM**

DEPARTMENT: Human Resources

AGENDA DATE: November 28, 2017

CONTACT PERSON/PHONE: Linda B. Thomas, HR Director, 915-212-1240
Bruce D. Collins, Purchasing Director, 915-212-1181

DISTRICT(S) AFFECTED: All

STRATEGIC GOAL: NO. 6: Set the Standard for Sound Governance and Fiscal Management

SUBJECT:

Discussion and action on the award of Solicitation No. 2017-1357R Self-Funded Comprehensive Health Plan Administration, Stop Loss, Employee Assistance Program, and Fully Insured Supplemental Benefit Plans to Aetna Life Insurance Company, Deer Oaks EAP Services, LLC, Metropolitan Life Insurance Company, Dearborn National Life Insurance Company, and Trustmark Voluntary Benefit Solutions, Inc. a division of Trustmark Insurance Company for a total estimated award of \$141,316,692.12. The award is to include a two two-year option amount of \$188,422,256.16 for a total seven (7) year award of \$329,738,948.28. These figures represent the estimated total value of all services. Employees through payroll deductions pay portions of these expenses.

BACKGROUND / DISCUSSION:

The City of El Paso combined Solicitation No. 2017-1357R to afford vendors the opportunity of submitting bundled or unbundled services. Thereby, the City expected more competitive pricing and streamlined solutions to benefit options and benefit administration. The components of the solicitation are outlined as follows:

1. The City of El Paso offers self-funded group medical and prescription drug benefits to its eligible employees and dependents. Self-funded dental and vision benefits are included for its collectively bargained employees (Police and Fire Association members) and dependents.
2. City offers Flexible Spending Arrangements (FSA), Health Savings Accounts (HSA), and COBRA continuation benefits.
3. The City provides an employer paid Employee Assistance Program to all of its non-uniformed eligible employees and dependents.
4. The City purchases Stop Loss Reinsurance for its self-funded group medical and prescription drug plans to protect the plans from catastrophic losses.
5. The City also provides employer paid group term life to eligible employees and dependents, and accidental death and dismemberment insurance to its eligible employees.
6. The City makes available the following fully insured voluntary benefits to its eligible employees and dependents on a voluntary (100% contributory, employee paid) basis:
 - Dental Insurance
 - Vision Insurance
 - Supplemental Term Life Insurance
 - Dependent Life Insurance
 - Short Term Disability Insurance (eligible employees only)

The current contracts with the suppliers of these services expire on December 31, 2017. The City began preparing for this benefit solicitation in early Spring of 2017, with goals and objectives for the various programs identified in the solicitation.

Evaluation Committee included representation from Office of Management and Budget, Fire Association, El Paso Water, and Human Resources.

Vendor	Recommended Award
Aetna Life Insurance Company	Self-insured Medical, Pharmacy, Dental and Vision network and Third Party Administration, HSA, FSA and COBRA Administration, Stop Loss, and fully insured PPO dental.
Deer Oaks EAP Services, LLC	Employee Assistance Program
Metropolitan Life Insurance Company	Fully Insured Dental DHMO
Dearborn National Life Insurance Company	Fully Insured PPO Vision, Employee Basic Life, Dependent Life, and Accidental Death and Dismemberment
Trustmark Voluntary Benefit Solutions, Inc. a division of Trustmark Insurance Company	Fully Insured Short-Term Disability (STD)

SELECTION SUMMARY:

Solicitation was advertised on June 27, 2017 and July 4, 2017. The solicitation was posted on City website on June 27, 2017. The email (Purmail) notification was sent out on June 29, 2017. There was a total number of fifty-six (56) A total of fifteen (15) proposals were solicited; zero (0) being local A total of 16 bids were received; one (1) being a local vendor.

Purchasing & Strategic Sourcing and Human Resources Departments recommends GPCA, Inc. be deemed non-responsible because the proposer does not have a certificate of authority to act as a third party administrator. Therefore, the proposer is not capable of performing the services that the City is requesting.

PROTEST

☒ No protest received for this requirement.

COUNCIL REPRESENTATIVE BRIEFING:

Was a briefing provided? ☐ Yes or ☐ No

If yes, select the applicable districts.

- ☐ District 1
- ☐ District 2
- ☐ District 3
- ☐ District 4
- ☐ District 5
- ☐ District 6
- ☐ District 7
- ☐ District 8
- ☐ All Districts

PRIOR COUNCIL ACTION:

VENDOR	Contract#	Date Awarded	1st Extension	2nd Extension
Aetna	2012-256R	10/23/2012	12/22/2015	N/A
Aetna (stop loss)	2015-386R	1/27/2015	N/A	N/A
Payflex (Cobra)	2012-256R	10/23/2012	12/22/2015	N/A
Payflex (FSA/HSA)	2012-256R	10/23/2012	12/22/2015	N/A
Express Scripts	2012-256R	10/23/2012	12/22/2015	N/A
Deer Oaks	2012-256R	10/23/2012	12/22/2015	N/A
Standard	2009-262R	10/27/2009	10/22/2013	12/22/2015
Superior Vision	2009-262R	10/27/2009	10/22/2013	12/22/2015
Concordia	2009-262R	10/27/2009	10/22/2013	12/22/2015
Metlife	2009-262R	10/27/2009	10/22/2013	12/22/2015
Trustmark	2009-262R	10/27/2009	10/22/2013	12/22/2015

AMOUNT AND SOURCE OF FUNDING:**Self Insurance Fund, Insurance and Benefits****3500-209-14045-P1414****Three Year Total**

521120	HEALTH CARE PROVIDERS SERVICES	\$	72,234,822.72
521370	STOP LOSS INSURANCE	\$	14,338,222.08
521380	PRESCRIPTION BENEFIT PAYMENTS	\$	37,131,065.28
522000	BENEFITS ADMINISTRATORS (TPA0	\$	7,057,813.20
521180	DENTAL PREMIUM	\$	4,246,927.28
521190	OPTICAL PREMIUM	\$	1,059,590.16
521200	LIFE PREMIUM	\$	4,648,780.74
521410	PHARMACEUTICAL ADMIN		
521420	EAP BENEFIT ADMINISTRATOR	\$	178,139.52

Non-Departmental**999-9999-99999-621053**

DISABILITY	\$	421,330.72
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BOARD / COMMISSION ACTION:

N/A

*****REQUIRED AUTHORIZATION*****

DEPARTMENT HEAD:*Claudia Lujan* 11/22/17

**COUNCIL PROJECT FORM
(RFP)**

*******POSTING LANGUAGE BELOW*******

Please place the following item on the **REGULAR** agenda for the Council Meeting of **NOVEMBER 28, 2017**.

STRATEGIC GOAL: NO 6: Set the Standard for Sound Governance and Fiscal Management

Discussion and action on the award of Solicitation No. 2017-1357R Self-Funded Comprehensive Health Plan Administration, Stop Loss, Employee Assistance Program, and Fully Insured Supplemental Benefit Plans to Aetna Life Insurance Company, Deer Oaks EAP Services, LLC, Metropolitan Life Insurance Company, Dearborn National Life Insurance Company, and Trustmark Voluntary Benefit Solutions, Inc. a division of Trustmark Insurance Company for a total estimated award of \$141,316,692.12. The award is to include a two two-year option amount of \$188,422,256.16 for a total seven (7) year award of \$329,738,948.28.

Department:	Human Resources
Award to: Vendor 1:	Aetna Life Insurance Company Hartford, CT
Items:	Groups E, F, G, H, I, J1, J2, L1
Option:	Two two-year options
Annual Estimated Award:	\$44,801,266.57
Initial Term Estimated Award:	\$134,403,799.70 (3 Years)
Option Total:	\$179,205,066.27 (4 Years)
Total Estimated Award:	\$313,608,865.97 (7 Years)

Award to: Vendor 2:	Deer Oaks EAP Services, LLC San Antonio, TX
Items:	Group K
Option:	Two two-year options
Annual Estimated Award:	\$59,379.84
Initial Term Estimated Award:	\$178,139.52 (3 Years)
Option Total:	\$237,519.36 (4 Years)
Total Estimated Award:	\$415,658.88 (7 Years)

Award to: Vendor 3:	Metropolitan Life Insurance Company Dallas, TX
Items:	Group L2
Option:	Two two-year options
Annual Estimated Award:	\$201,683.76
Initial Term Estimated Award:	\$605,051.28 (3 Years)
Option Total:	\$806,735.04 (4 Years)
Total Estimated Award:	\$1,411,786.32 (7 Years)

Award to: Vendor 4: Dearborn National Life Insurance Company
Downers Grove, IL
Items: Groups M, N
Option: Two two-year options
Annual Estimated Award: \$1,902,790.30
Initial Term Estimated Award: \$5,708,370.90 (3 Years)
Option Total: \$7,611,161.20 (4 Years)
Total Estimated Award: \$13,319,532.10 (7 Years)

Award to: Vendor 5: Trustmark Voluntary Benefit Solutions, Inc.
a division of Trustmark Insurance Company
Lake Forest, IL
Items: Group O
Option: Two two-year options
Annual Estimated Award: \$140,443.57
Initial Term Estimated Award: \$421,330.72 (3 Years)
Option Total: \$561,774.29 (4 Years)
Total Estimated Award: \$983,105.01 (7 Years)

Total Annual Estimated Award: \$47,105,564.04
Total Initial Term Estimated Award: \$141,316,692.12 (3 Years)
Total Option: \$188,422,256.16 (4 Years)
Total Estimated Award: \$329,738,948.28 (7 Years)
Account No: 3500 – 521120 – 209 – 14045 – P1414
3500 – 521370 – 209 – 14045 – P1414
3500 – 521380 – 209 – 14045 – P1414
3500 – 522000 – 209 – 14045 – P1414
3500 – 521180 – 209 – 14045 – P1414
3500 – 521190 – 209 – 14045 – P1414
3500 – 521200 – 209 – 14045 – P1414
3500 – 521410 – 209 – 14045 – P1414
3500 – 521420 – 209 – 14045 – P1414

Funding Source: Self-Insured Fund – Healthcare Providers Services, Stop Loss Insurance,
Benefit Payments, Benefits Administrators (TPA), Dental Premium, Optical
Premium, Life Premium, Life Premium, Pharmaceutical Admin, EAP Benefit
Administrator

Districts: All

This is a Request for Proposal, service contract.

The Purchasing & Strategic Sourcing and Human Resources Departments recommend award as indicated to Aetna Life Insurance Company, Deer Oaks EAP Services, LLC, Metropolitan Life Insurance Company, Dearborn National Life Insurance Company, and Trustmark Voluntary Benefit Solutions, Inc. a division of Trustmark Insurance Company, the highest ranked proposer based on evaluation factors established for this procurement. In accordance with this award, the City Manager or designee is authorized to exercise future options if needed.

Purchasing & Strategic Sourcing and Human Resources Departments recommends GPCA, Inc. be deemed non-responsible because the proposer does not have a certificate of authority to act as a third party administrator. Therefore, the proposer is not capable of performing the services that the City is requesting.

Additionally, it is requested that the City Attorney's Office review and that the City Manager be authorized to execute any related contract documents and agreements necessary to effectuate this award.



SELF INSURED PLANS:

Group E. Medical and/or Dental and Vision Administration and Management Services

Group F: Medical and/or Dental and Vision Provider Network

Group H. Stop Loss

EVALUATION CRITERIA

COMMITTEE SCORE SHEET

Request for proposal

Self-Funded Comprehensive Health Plan Administration, Stop Loss,
Employee Assistance Program, and Fully Insured Supplemental Benefit Plans

2017-1357

A. COST

Group E, F, and H

Estimated 3 Year Total Cost

WEIGHT	MAX POINTS	AETNA LIFE INSURANCE COMPANY	BLUECROSS BLUESHIELD OF TEXAS A DIVISION OF HEALTH CARE SERVICE CORPORATION A MUTUAL LEAGAL RESERVE COMPANY	CIGNA HEALTH AND LIFE INSURANCE COMPANY (CHLIC)	HEALTHSCOPE BENEFITS
35%	35	34.45	35.00	34.98	33.03
		\$ 93,581,784.42	\$ 92,122,934.52	\$ 92,174,685.73	\$ 97,617,736.86
		34.45	35.00	34.98	33.03

B. TECHNICAL SOLUTIONS

This will be evaluated on the extent to which the services offered meet the described Scope of Work, responsiveness to the terms, conditions, and specifications contained in this RFP, the willingness and ability of the Proposer to work well with any other awarded Proposers, customer service representation and support, software and support tools, and the capabilities of the Proposer to accommodate the future needs or requests of the City El Paso.

35%	35	33.00	31.50	27.75	30.25
	35	33.00	31.50	27.75	30.25

SUBTOTAL EVALUATION FACTOR B:

15%	15	14.50	13.25	12.25	13.00
5%	5	4.75	4.75	4.60	4.85
	20	19.25	18.00	16.85	17.85

C. QUALITY OF RESPONSE TO SPECIFICATION

A. Readability, completeness, understanding of project scope

B. Adherence to response format requirements

SUBTOTAL EVALUATION FACTOR C:

5%	5	5.00	5.00	5.00	5.00
	5	5.00	5.00	5.00	5.00

D. FINANCIAL STABILITY

Offeror shall provide evidence of the ability to finance and undertake the monetary commitments required to meet all contract specifications

SUBTOTAL EVALUATION FACTOR D:

5%	5	4.33	0.00	2.67	5.00
	5	4.33	0.00	2.67	5.00

E. RESPONSE AND QUALITY OF REFERENCES TO OFFEROR'S ABILITY

A. Complete projects on time and within budget

B. Communicates and interacts with all staff levels and produces high quality results

SUBTOTAL EVALUATION FACTOR E:

100%	100	96.04	89.50	87.25	91.13
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Grand Total



SELF-FUNDED PLAN:
Group G. Pharmacy Benefit Management

COMMITTEE SCORE SHEET

Request for proposal
Self-Funded Comprehensive Health Plan Administration, Stop Loss,
Employee Assistance Program, and Fully Insured Supplemental Benefit Plans

2017-1357

EVALUATION CRITERIA

	WEIGHT	MAX POINTS	AETNA LIFE INSURANCE COMPANY	BLUECROSS BLUESHIELD OF TEXAS A DIVISION OF HEALTH CARE SERVICE CORPORATION A MUTUAL LEAGAL RESERVE COMPANY	CIGNA HEALTH AND LIFE INSURANCE COMPANY (CHLIC)	EXPRESS SCRIPTS, INC	HEALTHSCOPE BENEFITS
A. COST							
Estimated 3 Year Total Cost	35%	35	31.37	33.42	33.05	35.00	32.83
			\$ 37,131,065.28	\$ 34,848,537.45	\$ 35,240,066.09	\$ 33,275,798.32	\$ 35,473,482.34
SUBTOTAL EVALUATION FACTOR A:		35	31.37	33.42	33.05	35.00	32.83
B. TECHNICAL SOLUTIONS							
This will be evaluated on the extent to which the services offered meet the described Scope of Work, responsiveness to the terms, conditions, and specifications contained in this RFP, the willingness and ability of the Proposer to work well with any other awarded Proposers, customer service representation and support, software and support tools, and the capabilities of the Proposer to accommodate the future needs or requests of the City El Paso.	35%	35	33.25	32.00	27.50	30.75	28.50
SUBTOTAL EVALUATION FACTOR B:		35	33.25	32.00	27.50	30.75	28.50
C. QUALITY OF RESPONSE TO SPECIFICATION							
A. Readability, completeness, understanding of project scope	15%	15	14.50	13.75	11.75	13.75	12.50
B. Adherence to response format requirements	5%	5	4.75	4.85	4.10	4.20	4.18
SUBTOTAL EVALUATION FACTOR C:		20	19.25	18.60	15.85	17.95	16.68
D. FINANCIAL STABILITY							
Offeror shall provide evidence of the ability to finance and undertake the monetary commitments required to meet all contract specifications	5%	5	5.00	5.00	5.00	4.00	5.00
SUBTOTAL EVALUATION FACTOR D:		5	5.00	5.00	5.00	4.00	5.00
E. RESPONSE AND QUALITY OF REFERENCES TO OFFEROR'S ABILITY							
A. Complete projects on time and within budget	5%	5	4.33	0.00	2.67	5.00	5.00
B. Communicates and interacts with all staff levels and produces high quality results							
SUBTOTAL EVALUATION FACTOR E:		5	4.33	0.00	2.67	5.00	5.00
Grand Total	100%	100	93.20	89.02	84.07	92.70	88.01



GROUP I. COBRA & INITIAL NOTICES

COMMITTEE SCORE SHEET

Request for proposal
Self-Funded Comprehensive Health Plan Administration, Stop Loss,
Employee Assistance Program, and Fully Insured Supplemental Benefit Plans

2017-1357

EVALUATION CRITERIA

	<u>WEIGHT</u>	<u>MAX POINTS</u>	AETNA LIFE INSURANCE COMPANY	BLUECROSS BLUESHIELD OF TEXAS A DIVISION OF HEALTH CARE SERVICE CORPORATION A MUTUAL LEAGAL RESERVE COMPANY	CIGNA HEALTH AND LIFE INSURANCE COMPANY (CHLIC)	E2S STRATEGIES, LLC	HEALTHSCOPE BENEFITS	TML MULTISTATE INTERGOVERNMENTAL EMPLOYEE BENEFITS POOL
A. COST	35%	35	32.56 \$2,115.60	30.21 \$2,280.00	17.32 \$3,978.00	0.23 \$299,862.00	35.00 \$1,968.00	6.20 \$11,106.00
SUBTOTAL EVALUATION FACTOR A:		35	32.56	30.21	17.32	0.23	35.00	6.20
B. TECHNICAL SOLUTIONS This will be evaluated on the extent to which the services offered meet the described Scope of Work, responsiveness to the terms, conditions, and specifications contained in this RFP, the willingness and ability of the Proposer to work well with any other awarded Proposers, customer service representation and support, software and support tools, and the capabilities of the Proposer to accommodate the future needs or requests of the City El Paso.	35%	35	33.80	27.00	31.00	19.00	24.60	19.00
SUBTOTAL EVALUATION FACTOR B:		35	33.80	27.00	31.00	19.00	24.60	19.00
C. QUALITY OF RESPONSE TO SPECIFICATION A. Readability, completeness, understanding of project scope B. Adherence to response format requirements	15% 5%	15 5	14.80 4.80	12.80 4.00	13.20 4.20	9.40 3.80	12.20 4.20	9.40 3.40
SUBTOTAL EVALUATION FACTOR C:		20	19.60	16.80	17.40	13.20	16.40	12.80
D. FINANCIAL STABILITY Offeror shall provide evidence of the ability to finance and undertake the monetary commitments required to meet all contract specifications	5%	5	5.00	5.00	5.00	1.00	5.00	5.00
SUBTOTAL EVALUATION FACTOR D:		5	5.00	5.00	5.00	1.00	5.00	5.00
E. RESPONSE AND QUALITY OF REFERENCES TO OFFEROR'S ABILITY A. Complete projects on time and within budget B. Communicates and interacts with all staff levels and produces high quality results	5%	5	4.33	0.00	2.67	1.63	5.00	5.00
SUBTOTAL EVALUATION FACTOR E:		5	4.33	0.00	2.67	1.63	5.00	5.00
Grand Total	100%	100	95.29	79.01	73.38	35.06	86.00	48.00



COMMITTEE SCORE SHEET

Request for proposal
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J1: Health Saving Account (HSA)

J2: Flexible Spending Arrangement (FSA) and other Section 125

EVALUATION CRITERIA

A. COST

Health Savings Account (HSA)

Flexible Spending Arrangement (FSA) and other Section 125

SUBTOTAL EVALUATION FACTOR A:

WEIGHT	MAX POINTS	AETNA LIFE INSURANCE COMPANY	BLUECROSS BLUESHIELD OFTEXAS A DIVISION OF HEALTH CARE SERVICE CORPORATION A MUTUAL LEAGAL RESERVE COMPANY	CIGNA HEALTH AND LIFE INSURANCE (CHLIC)	HEALTHSCOPE BENEFITS POOL
35%	35	35.00	26.78	31.33	33.24
		\$46,958.40	\$61,380.00	\$52,460.00	\$49,440.00
	35	35.00	26.78	31.33	33.24

B. TECHNICAL SOLUTIONS

This will be evaluated on the extent to which the services offered meet the described Scope of Work, responsiveness to the terms, conditions, and specifications contained in this RFP, the willingness and ability of the Proposer to work well with any other awarded Proposers, customer service representation and support, software and support tools, and the capabilities of the Proposer to accommodate the future needs or requests of the City El Paso.

SUBTOTAL EVALUATION FACTOR B:

35%	35	34.25	29.50	25.25	31.00
	35	34.25	29.50	25.25	31.00

C. QUALITY OF RESPONSE TO SPECIFICATION

A. Readability, completeness, understanding of project scope

B. Adherence to response format requirements

SUBTOTAL EVALUATION FACTOR C:

15%	15	14.25	13.75	11.75	13.00
5%	5	4.75	4.75	4.00	4.13
	20	19.00	18.50	15.75	17.13

D. FINANCIAL STABILITY

Offeror shall provide evidence of the ability to finance and undertake the monetary commitments required to meet all contract specifications

SUBTOTAL EVALUATION FACTOR D:

5%	5	5.00	5.00	5.00	5.00
	5	5.00	5.00	5.00	5.00

E. RESPONSE AND QUALITY OF REFERENCES TO OFFEROR'S ABILITY

A. Complete projects on time and within budget

B. Communicates and interacts with all staff levels and produces high quality results

SUBTOTAL EVALUATION FACTOR E:

5%	5	4.33	0.00	2.67	5.00
	5	4.33	0.00	2.67	5.00

Grand Total

100%	100	97.58	79.78	80.00	91.37
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K. Employee Assistance Program EAP

COMMITTEE SCORE SHEET

Request for proposal
Self-Funded Comprehensive Health Plan Administration, Stop Loss,
Employee Assistance Program, and Fully Insured Supplemental Benefit Plans

2017-1357

EVALUATION CRITERIA

A. COST

3 Visit

5 Visit

SUBTOTAL EVALUATION FACTOR A:

B. TECHNICAL SOLUTIONS

This will be evaluated on the extent to which the services offered meet the described Scope of Work, responsiveness to the terms, conditions, and specifications contained in this RFP, the willingness and ability of the Proposer to work well with any other awarded Proposers, customer service representation and support, software and support tools, and the capabilities of the Proposer to accommodate the future needs or requests of the City El Paso.

SUBTOTAL EVALUATION FACTOR B:

C. QUALITY OF RESPONSE TO SPECIFICATION

- A. Readability, completeness, understanding of project scope
- B. Adherence to response format requirements

SUBTOTAL EVALUATION FACTOR C:

D. FINANCIAL STABILITY

Offeror shall provide evidence of the ability to finance and undertake the monetary commitments required to meet all contract specifications

SUBTOTAL EVALUATION FACTOR D:

E. RESPONSE AND QUALITY OF REFERENCES TO OFFEROR'S ABILITY

- A. Complete projects on time and within budget
- B. Communicates and interacts with all staff levels and produces high quality results

SUBTOTAL EVALUATION FACTOR E:

Grand Total - 3 Visit Model

Grand Total - 5 Visit Model

WEIGHT	MAX POINTS	BLUECROSS BLUESHIELD OF TEXAS A DIVISION OF HEALTH CARE SERVICE CORPORATION A MUTUAL LEAGAL RESERVE COMPANY	DEER OAKS EAP SERVICES, LLC
35%	35	35.00 \$162,723.60	31.97 \$178,139.52
		31.38 \$198,694.08	35.00 \$178,139.52
	35		
35%	35	30.38	33.00
	35	30.38	33.00
15%	15	13.75	14.50
5%	5	4.75	4.50
	20	18.50	19.00
5%	5	5.00	5.00
	5	5.00	5.00
5%	5	0.00	5.00
	5	0.00	5.00
100%	100	88.88	93.97
100%	100	85.25	97.00



COMMITTEE SCORE SHEET

Request for proposal
Self-Funded Comprehensive Health Plan Administration, Stop Loss,
Employee Assistance Program, and Fully Insured Supplemental Benefit Plans

2017-1357

L. Dental: PPO and DHMO

EVALUATION CRITERIA

A. COST

PPO

DHMO

WEIGHT	MAX POINTS	AETNA LIFE INSURANCE COMPANY	CIGNA HEALTH AND LIFE INSURANCE COMPANY (CHLIC)	METROPOLITAN LIFE INSURANCE COMPANY
35%	35	34.31	35.00	33.32
		\$ 3,641,876.00	\$ 3,569,795.64	\$ 3,749,356.80
		22.38	35.00	31.84
		\$ 860,752.08	\$ 550,367.64	\$ 605,051.28

B. TECHNICAL SOLUTIONS

This will be evaluated on the extent to which the services offered meet the described Scope of Work, responsiveness to the terms, conditions, and specifications contained in this RFP, the willingness and ability of the Proposer to work well with any other awarded Proposers, customer service representation and support, software and support tools, and the capabilities of the Proposer to accommodate the future needs or requests of the City El Paso.

35%	35	34.08	26.75	32.25
	35	34.08	26.75	32.25

SUBTOTAL EVALUATION FACTOR B:

C. QUALITY OF RESPONSE TO SPECIFICATION

A. Readability, completeness, understanding of project scope

B. Adherence to response format requirements

15%	15	13.50	11.75	13.75
5%	5	4.63	4.10	4.25
	20	18.13	15.85	18.00

SUBTOTAL EVALUATION FACTOR C:

D. FINANCIAL STABILITY

Offeror shall provide evidence of the ability to finance and undertake the monetary commitments required to meet all contract specifications

5%	5	5.00	5.00	5.00
	5	5.00	5.00	5.00

SUBTOTAL EVALUATION FACTOR D:

E. RESPONSE AND QUALITY OF REFERENCES TO OFFEROR'S ABILITY

A. Complete projects on time and within budget

B. Communicates and interacts with all staff levels and produces high quality results

5%	5	4.33	2.67	5.00
	5	4.33	2.67	5.00

SUBTOTAL EVALUATION FACTOR E:

PPO	100%	100	95.85	85.27	93.57
DHMO	100%	100	83.92	85.27	92.09



COMMITTEE SCORE SHEET

Request for proposal
Self-Funded Comprehensive Health Plan Administration, Stop Loss,
Employee Assistance Program, and Fully Insured Supplemental Benefit Plans

2017-1357

M. PPO Vision

EVALUATION CRITERIA

A. COST

SUBTOTAL EVALUATION FACTOR A:

B. TECHNICAL SOLUTIONS

This will be evaluated on the extent to which the services offered meet the described Scope of Work, responsiveness to the terms, conditions, and specifications contained in this RFP, the willingness and ability of the Proposer to work well with any other awarded Proposers, customer service representation and support, software and support tools, and the capabilities of the Proposer to accommodate the future needs or requests of the City El Paso.

SUBTOTAL EVALUATION FACTOR B:

C. QUALITY OF RESPONSE TO SPECIFICATION

A. Readability, completeness, understanding of project scope

B. Adherence to response format requirements

SUBTOTAL EVALUATION FACTOR C:

D. FINANCIAL STABILITY

Offeror shall provide evidence of the ability to finance and undertake the monetary commitments required to meet all contract specifications

SUBTOTAL EVALUATION FACTOR D:

E. RESPONSE AND QUALITY OF REFERENCES TO OFFEROR'S ABILITY

A. Complete projects on time and within budget

B. Communicates and interacts with all staff levels and produces high quality results

SUBTOTAL EVALUATION FACTOR E:

Grand Total

WEIGHT	MAX POINTS	DEARBORN NATIONAL LIFE INSURANCE COMPANY	BLOCK VISION OF TEXAS, INC. DBA SUPERIOR VISION OF TEXAS
35%	35	34.09	35.00
		\$ 1,059,590.16	\$ 1,032,097.68
	35	34.09	35.00
35%	35	34.50	31.60
	35	34.50	31.60
15%	15	14.75	12.50
5%	5	4.50	4.25
	20	19.25	16.75
5%	5	5.00	5.00
	5	5.00	5.00
5%	5	5.00	3.33
	5	5.00	3.33
100%	100	97.84	91.68



COMMITTEE SCORE SHEET

Request for proposal
Self-Funded Comprehensive Health Plan Administration, Stop Loss,
Employee Assistance Program, and Fully Insured Supplemental Benefit Plans

2017-1357

N. Life and Accidental Death and Dismemberment

EVALUATION CRITERIA

A. COST

SUBTOTAL EVALUATION FACTOR A:

B. TECHNICAL SOLUTIONS

This will be evaluated on the extent to which the services offered meet the described Scope of Work, responsiveness to the terms, conditions, and specifications contained in this RFP, the willingness and ability of the Proposer to work well with any other awarded Proposers, customer service representation and support, software and support tools, and the capabilities of the Proposer to accommodate the future needs or requests of the City El Paso.

SUBTOTAL EVALUATION FACTOR B:

C. QUALITY OF RESPONSE TO SPECIFICATION

- A. Readability, completeness, understanding of project scope
- B. Adherence to response format requirements

SUBTOTAL EVALUATION FACTOR C:

D. FINANCIAL STABILITY

Offeror shall provide evidence of the ability to finance and undertake the monetary commitments required to meet all contract specifications

SUBTOTAL EVALUATION FACTOR D:

E. RESPONSE AND QUALITY OF REFERENCES TO OFFEROR'S ABILITY

- A. Complete projects on time and within budget
- B. Communicates and interacts with all staff levels and produces high quality results

SUBTOTAL EVALUATION FACTOR E:

Grand Total

WEIGHT	MAX POINTS	AETNA LIFE INSURANCE COMPANY	ALFAC GROUP	BLOCK VISION OF TEXAS, INC. DBA SUPERIOR VISION OF TEXAS	DEARBORN NATIONAL LIFE INSURANCE COMPANY
35%	35	23.49	20.00	0.00	35.00
		\$ 6,927,755.34	\$ 8,135,366.30	No Bid	\$ 4,648,780.74
	35	23.49	20.00	0.00	35.00
35%	35	31.80	20.00	19.40	32.80
	35	31.80	20.00	19.40	32.80
15%	15	14.20	12.00	8.80	14.40
5%	5	4.30	4.00	2.70	4.40
	20	18.50	16.00	11.50	18.80
5%	5	5.00	5.00	5.00	5.00
	5	5.00	5.00	5.00	5.00
5%	5	4.33	0.00	0.00	5.00
	5	4.33	0.00	0.00	5.00
100%	100	83.12	61.00	35.80	96.60



COMMITTEE SCORE SHEET

Request for proposal
Self-Funded Comprehensive Health Plan Administration, Stop Loss,
Employee Assistance Program, and Fully Insured Supplemental Benefit Plans

2017-1357

O. Disability (STD)

<u>EVALUATION CRITERIA</u>		<u>WEIGHT</u>	<u>MAX POINTS</u>	AETNA LIFE INSURANCE COMPANY	AFLAC GROUP	TRUSTMARK VOLUNTARY BENEFIT SOLUTIONS, INC. A DIVISION OF TRUSTMARK INSURANCE COMPANY
A. COST		35%	35	11.00 \$ 1,340,597.74	14.00 \$ 1,053,326.80	35.00 \$ 421,330.72
SUBTOTAL EVALUATION FACTOR A:			35	11.00	14.00	35.00
B. TECHNICAL SOLUTIONS This will be evaluated on the extent to which the services offered meet the described Scope of Work, responsiveness to the terms, conditions, and specifications contained in this RFP, the willingness and ability of the Proposer to work well with any other awarded Proposers, customer service representation and support, software and support tools, and the capabilities of the Proposer to accommodate the future needs or requests of the City El Paso.		35%	35	31.40	30.80	30.00
SUBTOTAL EVALUATION FACTOR B:			35	31.40	30.80	30.00
C. QUALITY OF RESPONSE TO SPECIFICATION		15%	15	13.80	14.00	14.40
A. Readability, completeness, understanding of project scope						
B. Adherence to response format requirements		5%	5	4.60	4.40	4.60
SUBTOTAL EVALUATION FACTOR C:			20	18.40	18.40	19.00
D. FINANCIAL STABILITY Offeror shall provide evidence of the ability to finance and undertake the monetary commitments required to meet all contract specifications		5%	5	5.00	5.00	5.00
SUBTOTAL EVALUATION FACTOR D:			5	5.00	5.00	5.00
E. RESPONSE AND QUALITY OF REFERENCES TO OFFEROR'S ABILITY		5%	5	4.33	0.00	0.00
A. Complete projects on time and within budget						
B. Communicates and interacts with all staff levels and produces high quality results						
SUBTOTAL EVALUATION FACTOR E:			5	4.33	0.00	0.00
Grand Total		100%	100	70.13	68.20	89.00



**CITY OF EL PASO
REQUEST FOR PROPOSALS TABULATION FORM
(REVISED)**



Bid Opening Date: AUGUST 16, 2017

Solicitation #: 2017-1357R

**Project Name: SELF-FUNDED COMPREHENSIVE HEALTH
PLAN ADMINISTRATION STOP LOSS EMPLOYEE ASSISTANCE
PROGRAM AND FULLY INSURED SUPPLEMENTAL BENEFIT
PLANS**

Department: HUMAN RESOURCES

AETNA LIFE INSURANCE COMPANY	HARTFORD, CT
AFLAC GROUP	COLUMBIA, SC
AMERITAS LIFE INSURANCE CORP.	LINCOLN, NE
BLOCK VISION OF TEXAS, INC. DBA SUPERIOR VISION OF TEXAS	FORT WORTH, TX
BLUECROSS BLUESHIELD OF TEXAS A DIVISION OF HEALTH CARE SERVICE CORPORATION A MUTUAL LEAGAL RESERVE COMPANY	RICHARDSON, TX
CIGNA HEALTH AND LIFE INSURANCE COMPANY (CHLIC)	BLOOMFIELD, CT
DEARBORN NATIONAL LIFE INSURANCE COMPANY	DOWNERS GROVE, IL
DEER OAKS EAP SERVICES, LLC	SAN ANTONIO, TX

NOTE: The information contained in this RFP tabulation is for information only and does not constitute actual award/execution of contract.

APPROVED: HP
DATE: 11/22/17

**2017-1357R SELF-FUNDED COMPREHENSIVE HEALTH PLAN ADMINISTRATION STOP
LOSS EMPLOYEE ASSISTANCE PROGRAM AND FULLY INSURED SUPPLEMENT BENEFIT PLANS**



**CITY OF EL PASO
REQUEST FOR PROPOSALS TABULATION FORM
(REVISED)**



Bid Opening Date: AUGUST 16, 2017


Solicitation #: 2017-1357R

**Project Name: SELF-FUNDED COMPREHENSIVE HEALTH
PLAN ADMINISTRATION STOP LOSS EMPLOYEE ASSISTANCE
PROGRAM AND FULLY INSURED SUPPLEMENTAL BENEFIT
PLANS**

Department: HUMAN RESOURCES

E2S STRATEGIES, LLC	DALLAS, TX
EXPRESS SCRIPTS, INC	ST. LOUIS, MO
GPCA, INC.	EL PASO, TX
HEALTHSCOPE BENEFITS	LITTLE ROCK, AR
METROPOLITAN LIFE INSURANCE COMPANY	DALLAS, TX
TML MULTISTATE INTERGOVERNMENTAL EMPLOYEE BENEFITS POOL	AUSTIN, TX
TRUSTMARK VOLUNTARY BENEFIT SOLUTIONS, INC. , A DIVISION OF TRUSTMARK INSURANCE COMPANY	LAKE FOREST, IL
UNITED CONCORDIA COMPANIES, INC	HARRISBURG, PA
RFPs SOLICITED: 15 LOCAL RFPs SOLICITED: 0 RFPs RECEIVED: 16 LOCAL RFPs RECEIVED: 1 NO BIDS: 0	

NOTE: The information contained in this RFP tabulation is for information only and does not constitute actual award/execution of contract.

APPROVED: 
DATE: 11/22/17

2017-1357R SELF-FUNDED COMPREHENSIVE HEALTH PLAN ADMINISTRATION STOP
LOSS EMPLOYEE ASSISTANCE PROGRAM AND FULLY INSURED SUPPLEMENT BENEFIT PLANS

ATTN: WAYNE PARKER
AETNA, INC.
151 FARMINGTON AVENUE
HARTFORD, CT 06156

ATTN: KELLY HAIGHT
EYETOPIA INC
1387 SATTLER RD
STTLER, TX 78132

ATTN: BRADLEY MURPHY
THE LINCOLN NATIONAL LIFE INSURANCE
8801 INDIAN HILLS DRIVE
OMAHA, NE 68114

ATTN: KEVIN WARD
SUNLIFE FINANCIAL
ONE SUNLIFE EXECUTIVE PARK
WELLESLEY HILLS, MA 02481

ATTN: KAREN WOODS
UNITED HEALTH GROUP
990 BREN RD EAST
MINNETONKA, MINNESOTA 55343

ATTN: DAN KENNEDY
HEALTHCARE SERVICE CORP
300 EAST RANDOLPH STREE
CHICAGO, ILLINOIS 60601

ATTN: SHERRIE PRUITT
FIRST FINANCIAL GROUP OF AMERICA INC.
11811 NORTH FREEWAY, STE 900
HOUSTON, TEXAS 77060

ATTN: PRESTON JARRELL
METLIFE, INC
200 PARK AVENUE
NEW YOUR, NY 10166-0188

ATTN: LOUIS MAKATURA
BLOCK VISION HOLDING CORPORATION
939 ELKRIDGE LANDING RD STE 200
LINTHICUM, MD 21090

ATTN: TAYLOR ROGERS
UNUM GROUP
2211 CONGRESS STREET
PORTLAND, ME 04122

ATTN: TERRI RAMINODI
BENEFIT ADMINISTRATION SYSTEMS, LLC
17475 JOVANNA DRIVE
HOMewood, IL 60430

HUMANA INC.
CORPORATE HEADQUARTERS
500 W. MAIN ST.
LOUISVILLE, KENTUCKY 40202

ATTN: KATIE DEGELMANN
OCHS
400 ROBERT STREET NORTH
ST PAUL, MN 55101

ATTN: RACHEL SLETZER
SUMITOMO LIFE INSURANCE
1699 KING STREET
ENFIELD, CT 06082
RETURNED TO SENDER

ATTN: MICHAEL SLAZINSKI
VOYA
230 PARK AVENUE
NEW YORK, NY 10169



Request for Proposal Health Care Benefits

Human Resources



Solicitation Includes

Self-Funded

- Comprehensive Medical
- Plan Administration
- Pharmacy
- Stop Loss
- FSA & HSA
- Employee Assistance Program (EAP)

Fully Insured

- Dental
- Vision
- Supplemental Life Insurance
- Short Term Disability



Solicitation Process & Recommended Awardees



Aetna Life Insurance Company

**Medical Network &
Administration,
Stop Loss**

**Dental & Vision for
Public Safety**

**Pharmacy Benefit
Management,
FSA/HSA, COBRA
PPO Dental**



Deer Oaks

- Employee Assistance Program

Metropolitan Life

- Dental DHMO

Dearborn National

- PPO Vision
- Life and Accidental Death & Dismemberment

Trustmark

- Short Term Disability



Favorable Financial Results

- ✓ RFP process did not increase costs
- ✓ Vision & Dental PPO Benefits (**Cost Reduction**)
- ✓ Life, Disability & Dental HM (**Cost Neutral**)
- ✓ Employer Provided Life Insurance (**\$243,780 Cost Reduction**)



Life, Dental, Vision, and Short Term Disability

Dearborn
(Life)

Rate
Decrease

Aetna
Dental

Rate
Decrease

MetLife
(DHMO)

No Rate
Change

Trustmark

No Rate
Change

Dearborn
(Vision)

Rate
Decrease

	DPPO High Plan	DPPO Low Plan	DHMO	Vision
Employee	\$17.13	\$16.32	\$9.20	\$4.73
Employee + One	\$36.37	\$33.61	\$17.00	\$8.29
Employee + Family	\$65.14	\$54.45	\$21.58	\$12.33



Opportunities to Off-set Benefit Premiums

Bloodwork
Discount per Pay
Period
\$25/employee
\$50/employee +
Spouse

Fitness
Membership
Incentive
\$20 Per Month

SIU Incentives
\$50, \$100, \$150
Per Month

2018 Sliding Scale
on RX
Co-pays



Questions?