

STOP LOSS INSURANCE FOR CITY OF ORLANDO
REQUEST FOR PROPOSALS
PLAN EFFECTIVE DATE JANAUARY 1, 2015
ATTACHMENT “A” - PROPOSAL WORKSHEET SUMMARY

A. Company Information					
	Amwins (MGU representing proposals for ACE American, Everest, SSLICNY)	HCC	Symetra	UnitedHealthcare	Voya
Company Name	Stop Loss Insurance Services, Inc.	HCC Life Insurance Company	Symetra Life Insurance Company	UnitedHealthcare	Voya Financial, Inc.
Company Location	Worcester, MA	225 TownPark Dr., Suite 350, Kennesaw, GA 30144	Norcross, GA	Maitland, Florida	Minneapolis, Minnesota
Primary Contact for Questions	Karen M. Rosati	Cory Rodgers (Marketing and Sales) and Catrice Ford (Underwriting)	Murphy Head, Regional Group Manager	Varian C. Brandon	Brian Dillion
Contact Person Address	100 Front St., Suite 610, Worcester, MA 01608	225 TownPark Dr., Suite 350, Kennesaw, GA 30144	Norcross, GA	495 North Keller Rd.	1715 North West Shore Blvd., Ste. 300, Tampa, FL 33607
E-mail Address	karen.rosati@amwins.com	crodders@hcclife.com ; cford@hcclife.com	Murphy.head@symetra.com	varian_c_brandon@uhc.com	Brian.Dillion@voya.com
Telephone	800-944-7659, ext. 3006	Cory: 770-693-6562; Catrice: 770-693-6523	800-746-6246	407-659-6972	(813) 281.3772
Agent Information if an agent or agency is included	Karen M. Rosati		The Crowne Group – Roxane Herbstsommer	N/A	Not Applicable

B. Minimum Requirements															
Please answer all questions below. If you answer “No” to any questions, please provide a detailed explanation.															
	Amwins			HCC			Symetra			UnitedHealthcare			Voya		
Issue	Yes	No	If No, Please Explain	Yes	No	If No, Please Explain	Yes	No	If No, Please Explain	Yes	No	If No, Please Explain	Yes	No	If No, Please Explain
1. Does your Company agree to the terms as specified in the RFP? If no, you must list any deviations.		X	See carrier contingencies	X			X			X			X		
2. Has your Company issued medical stop loss insurance policies for at least the past five (5) years?	X			X			X			X			X		
3. Does your Company have an A. M. Best financial rating of A or better (Not A-)?			ACE American A+ Everest A+ SSLICNY A-	X			X			X			X		

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4. Does your Company recognize United Healthcare as an approved claims administrators for stop loss coverage?	X			X			X			X			X		
5. Will all eligible members of the City of Orlando’s health plan, as defined in the attached Summary Plan Descriptions (SPD’s), be included in the stop loss insurance policy of your Company?	X			X			X			X			X		COVERED PERSON means a person enrolled in the Employee Benefit plan who is entitled to receive benefits under that Plan while this Policy is in force. A Covered Person includes: A. Legally employed covered employees of Yours; B. Participating COBRA beneficiaries; and C. Retirees, as defined by the Employee Benefit Plan, may be Covered Persons if they are included on the Excess Risk Schedule.
6. Will your Company accept all members of City of Orlando’s health plan without any members being lasered?		X	See carrier contingencies		X	Pending medical review.	X				X	Victoria Potter is lasered at \$1,000,000	X		
7. Do you confirm that you will base the stop loss coverage on the “Eligible Expenses” defined in the attached SPD’s?	X			X			X			X			X		ELIGIBLE EXCESS RISK EXPENSES means either Eligible Aggregate Excess Risk Expenses or Eligible Individual Excess Risk Expenses.
8. Do you accept the City of Orlando health Coverage Provisions, found in the attached SPD’s, as covered services under your stop loss contract?		X	See sample policies			See attached policy.	X			X			X		

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9. Are there any other coverage exclusions or limitations in your stop loss contract beyond those outlined in the attached SPD's? If yes, you must list any deviations.		X	See sample policies			See attached policy.		X			X		X		(see below)
10.													Exclusions and Limitations: Eligible Excess Risk Expenses shall not include the following, whether or not such expenses are covered under the Employee Benefit Plan, unless otherwise specifically included in the Excess Risk Schedule: Any portion of an expense which You are not obligated to pay under the Employee Benefit Plan, or which is reimbursable to You pursuant to or because: 1. Another group health benefit program; or 2. The Covered Person or Covered Dependent is covered under, or eligible for, Medicare, the Railroad Retirement Program, Worker's Compensation, or any similar federal, state or local program or statute; or 3. Any coordination of benefits or non-duplication of benefits provision of the Employee Benefit Plan; Benefits Paid under the Employee Benefit Plan which are in excess of Usual and Customary charges; Expenses associated with the administration of the Employee Benefit Plan including, but not limited to, claim payment fees, PPO access fees, premium functions, medical review and consultant fees unless otherwise payable under the Reimbursement of Certain Fees provision; Expenses Paid by You or the Claim Administrator relating to any litigation concerning the Employee Benefit Plan, including, but not limited to, attorneys' fees, legal or investigative expenses, expert fees,		

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															extra-contractual damages, compensatory damages and punitive damages; Benefits Paid for expenses Incurred outside of the U.S. except in emergency situations. Emergency situations are defined as instances of a serious injury, the onset of a serious condition which requires immediate medical intervention to prevent death, or a serious impairment of health. Emergencies do not include elective care or care of minor illness or injury; Expenses which are Experimental or Investigational; Benefits Paid under the Employee Benefit Plan for individuals who should have been, but were not, included in the most recent Disclosure Agreement
11. Will your Company waive any “actively at work” provision?		X	Actively-at- Work will be waived upon receipt, review and acceptance of a signed Disclosure Statement.	X			X			X			X		Yes, but Continuity of Coverage does apply.
12. Will your Company agree that Premium rates are to be quoted on a Composite per Employee per Month basis?	X			X			X			X			X		
13. Does your Company agree to monthly self- billing by the City of Orlando for the premiums due?	X			X			X			X			X		Our Stop Loss product is typically a self-administered bill. Bills are produced around the 20th of each month for the coming month and are due the 1st of each month with a standard grace period of 45 days. We do not charge late fees, but we do use an automated lapsing system. A premium payment reminder letter will produce 17 days after the due date, and if payment is not received by the end of

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															the grace period the coverage will lapse. Requests for reinstatement are reviewed by our Underwriting department. Depending on your Claims Administrator (TPA), the amount and types of reports will vary.
14. Is the medical stop loss insurance premium proposal for the 2015 Plan Year guaranteed based on the benefit and claims information provided with this RFP and not subject to additional claims information?		X	Upon receipt, review and acceptance of carrier contingencies and a signed Disclosure Statement.		X		X			X			X		
15. Will premium renewals factor in the City of Orlando's favorable experience?	X			X			X			X			X		
16. Will premium renewals be guaranteed no later than September of each year?			9 months of current year data required.	X			X			X			X		Voya Financial™ will provide preliminary rates up to 120 days prior to the effective date. However, the rates cannot be locked in until 90 days prior to the effective date provided the disclosure information has been submitted, reviewed, and approved.
17. Is your Company willing to negotiate renewals with potential changes to premium, deductibles, and contract periods (i.e. strictly paid in 12 versus 24/12) in order to offer the most favorable renewal to the City of Orlando?	X			X			X			X			X		

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18. Will eligible claims be processed and reimbursement sent to the City of Orlando within 30 days of receipt of all required claim information?	X			X			X			X			X		
19. Is your Company HIPAA compliant and do you agree to all applicable security and data confidentiality requirements?	X			X			X			X			X		
20. Will you comply with all applicable laws and regulations including any applicable regulations subsequently promulgated during the term of the contracts by State or Federal authorities including health care reform laws?	X			X			X			X			X		
21. Do you have an aggregating/corridor deductible option available that represents a dollar for dollar premium off-set as a means to share risk?	X			X			X			X			X		Voya™ can provide an Aggregating Individual Deductible option. This option allows for an additional corridor of risk to be assumed by the group in exchange for savings on the annual premium.
22. Has your Company included a sample contract that will be used with the City of Orlando if your proposal is selected?	X			X		See attachment.	X				X	The City has the actual contract that's in force and would continue.	X	.	Please refer to the attachment labeled 2013 Non-NY Excess Risk Sample Contract

Provide a list of three (3) employee groups with 4,000 or more subscribers (public sector preferred).

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Employee Group	Location	Number of Years Served	Employee Group	Location	Number of Years Served	Employee Group	Location	Number of Years Served	Employee Group	Location	Number of Years Served	Employee Group	Location	Number of Years Served
Frederick County Public Schools	Frederick, MD	Seven (7)	Board of Supervisors of Louisiana State University	Baton Rouge, LA	6	Pasco County Schools	Land O' Lakes, FL	6	City of Tampa	Tampa		Manatee County BOCC	Bradenton, FL	2+ years
Austin ISD	Austin, TX	Three (3)	City of Virginia Beach	Virginia Beach, VA	8+	Polk County Schools	Bartow, FL	8	Pinellas County Government	Tampa		Watsco, Inc. & Carrier Enterprises, LLC	Coconut Grove, FL	1 year
Pasadena ISD	Pasadena, TX	Six (6)	City of Birmingham	Birmingham, AL	5	Citrus County Schools	Inverness, FL	5	City of Orlando	Orlando		Palm Beach County Fire Fighters Employee Benefits Fund	West Palm Beach, FL	4+ years