

City of Weslaco

GROUP HEALTH INSURANCE

RFP NO. 2014-15-31

Due: September 4, 2015 @ 3:00pm

Executive Summary Notice Request for Proposals (RFP)

General Information:

1. The purpose of this Executive Notice is to highlight the key requirements of the Request for Proposal (RFP).
2. City of Weslaco is requesting proposals from qualified firms to provide Fully Funded Group Health Insurance.
3. Where applicable, all companies submitting proposal must be licensed by the Texas Department of Insurance and be permitted to contract with the State or any of its subdivisions. All insurance carriers must be rated by AM Best Company. Proposers who fall under the guidelines of the Interlocal Cooperation Act, Chapter 791, Title 7, Government Code, will be acceptable.
4. City of Weslaco may award to contract to the bidder who provides goods or services at the best value for the City in determining the best value for the City, the City may consider:
 - (1) the purchase price;
 - (2) the reputation of the bidder and of the bidder's goods or services;
 - (3) the quality of the bidder's goods or services;
 - (4) the extent to which the goods or services meet the City's needs;
 - (5) the bidder's past relationship with the City;
 - (6) the impact on the ability of the City to comply with laws and rules relating to contracting with historically underutilized businesses and nonprofit organizations employing persons with disabilities;
 - (7) the total long-term cost to the City to acquire the bidder's goods or services; and
 - (8) any relevant criteria specifically listed in this request for bids or proposals
5. Term of this contract is for one (1) year with two (2) optional one year terms.
6. Formal communications such as requests for clarifications and/or information concerning this solicitation shall be submitted in writing no later than **August 31, 2015 at 3:00pm**, local time and directed to Homer Rhodes, Purchasing Agent, at the address reflected in the solicitation or by email at hrhodes@weslacotx.gov. Any form of contact by an offeror or potential offeror regarding this RFP, at any time during the solicitation process from initial advertisement through award, with the Commissioners or any person employed by the City of Weslaco, other than through the communication channels stipulated in the Request for Proposal, or as subsequently instructed by the City of Weslaco through the solicitation process, will constitute grounds for rejection of their Proposal.
7. Public sector employers are not allowed, under current state law, to execute a document containing a Hold Harmless/Indemnification Clause causing the employer to be responsible for other parties' liability. Therefore, your documents should not contain any such clauses.
8. Since the City of Weslaco is interested in limiting costs associated with the acquisition process, offerors not intending to continue with the RFP are requested to submit a letter requesting they be taken off the mailing list for this solicitation. City of Weslaco reserves the right to reject any or all proposals, waive technicalities and to award the contract in the best interest of the City. Price alone will not be the sole determining criteria in the selection process.
9. Offerors will submit one (1) original and (2) copies clearly marked of their proposal.

City of Weslaco

Fully Funded Group Health Insurance

Section 1:

General Information

General Requirements, Instructions and
Conditions

Section 2:

Proposer Questionnaires

Fully Funded Health Insurance

Section 3:

Benefit Exhibits

Current Medical Plan Summary

Census and Enrollment

Medical Claims History

Section 4:

Forms

Anti-Collusion Certification

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Section

1

General Information

City of Weslaco Group Health Insurance

GENERAL REQUIREMENTS AND INSTRUCTIONS

A. Information

1. The information contained in these specifications is confidential and is to be used only in connection with preparing a proposal for the following insurance services or insurance coverages:

Group Health Insurance

2. The City of Weslaco reserves the right to accept or reject all or any part of the proposals, waive minor technicalities, and award the proposal to best serve their interest. The City of Weslaco also reserves the right to waive or dispense with any of the formalities contained herein.
3. Proposals are to be submitted on the basis of the specifications contained herein. Alternate proposals will also be considered, provided the alternatives are clearly explained. All deviations from the specifications must be clearly identified and explained.
4. The information contained herein is believed to be accurate and up-to-date, but is not intended to be an express or implied warranty.
5. Valley Risk Consulting, Inc will be evaluating all proposals and will make a recommendation to the City Manager.
6. No telephone or fax proposals will be accepted. Proposals will only be accepted if delivered by U.S. Postal Services, Federal Express, UPS, or hand delivered. The City of Weslaco and Valley Risk Consulting or its representatives will not be responsible for missing, lost, or late mail. Any proposals received after the specified deadline will be returned to the proposer unopened.

B. Legal

All parties submitting proposals are expected to comply with federal, state and local insurance laws and regulations relative to the preparation and submissions of insurance proposals. Specifically, the services to be provided are expected to be in compliance with the Americans with Disabilities Act (ADA), Family Medical Leave Act (FMLA), Health Insurance Portability and Accountability Act (HIPAA), insurance laws and insurance regulations. All proposals that are submitted will be presumed to be in compliance with all applicable laws.

C. Communication and Time Frame

1. Requests for information must be in writing by email to: hrhodes@weslacotx.gov or faxed to 956-968-9164 no later than August 31, 2015 by 3:00pm.
2. Requests from vendors by phone, email or correspondence to the City of Weslaco or the agencies consultant to check the status of the proposal will not be permitted.
3. Copies of all correspondence relevant to this assignment will be distributed to all interested participants.

City of Weslaco Group Health Insurance

4. The RFP specifications will be available to interested parties on or after **August 22, 2015** at 4 pm, via email at <http://www.weslacotx.gov>.

5. Submittals shall include one *(1) original and one (2) copies* sealed in an envelope clearly labeled “**Group Health Insurance RFP No. 2014-15-31**” by no later than **September 4, 2015 at 3:00 PM** local time and addressed to:

**Homer Rhodes, Purchasing Agent
Weslaco City Hall Purchasing Office
255 S. Kansas Ave.
Weslaco, TX 78596**

6. Agreement effective date will be determined by the Commissioners’ of the City of Weslaco

D. Proposals

1. Proposals must be clearly explained and identified. All costs, including optional programs, must be clearly stated and summarized. Exceptions to or deviations from the specifications **must** be explicitly identified.
2. Multiple proposals from the same carrier/insurance company will not be accepted. Carriers/insurance companies may submit an attached list of agent/agencies requesting consideration.
3. Each party submitting a proposal is asked to screen their designated proposals for correctness and compliance with the specifications. They shall include an inventory list of products submitted attached to each proposal.
4. Proposal is to be based on duplication of the existing Plan of Benefits. Any deviations must be clearly identified and explained. All proposals will be assumed to have been submitted without any deviations unless clearly noted.
5. The amount of agent’s commission and service work to be provided by the agent is to be included as part of the submitted proposal.
6. The contents of the proposals shall be kept confidential during the process of negotiations. After the insurance agreement is awarded, all proposals will be available for public inspection.

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E. Disqualification and Rejection of Proposals

Failure to comply with the requirements or the procedures set forth herein, or to satisfy the insurance and servicing criteria as set forth in the specifications, may result in disqualification. It is not intended that exceptions to the specifications will, in and of themselves, result in disqualification.

F. Selection of Vendor

City of Weslaco reserves the right to reject any or all of the proposals, in whole or in part; to waive any informality in any proposal, and to accept the proposal which, in its discretion, is in their best interest of the City. The insurance consulting firm, Valley Risk Consulting, will review Proposals for completeness and for compliance with bid specifications. Eligible vendors should be available for questions and answers by telephone or personal appearance at the Consultant's or City Staff's request. The Commissioners' of the City of Weslaco will make the final decision of award.

G. Terms of Agreements

The City of Weslaco is seeking a contract for a primary term to commence upon award by the Commissioners' of City of Weslaco for an initial one year term with the option to renew the agreement for two (2) additional one (1) year terms. **The agreement will not commence prior to October 1, 2015.**

The City of Weslaco reserves the right to terminate the agreement at the expiration of the budget period, during the term of the agreement or at the end of the one year anniversary date on a sixty (60) days' notice. The agreement will be for current revenues only in accordance with Local Government Code Section 271.903 to terminate the agreement.

The agreement is to contain cancellation provision that provides for sixty (60) days' notice of cancellation (except for non-payment) and sixty (60) days' notice for non-renewal or material change.

The City of Weslaco reserves the right to terminate the agreement at any time for any or no reason.

Authorized Signature

All proposal forms must be signed by persons who have legal authority to bind the insurer and administrator to the services that are proposed.

H. Enrollment

The selected Provider will be expected to provide knowledgeable licensed agents to explain benefit provisions during enrollment meetings to be conducted during the month of enrollment. The selected Providers will also be responsible for providing enrollment materials prior to the employee benefit enrollment meetings.

Group Health Insurance

City of Weslaco currently provides medical benefits through a fully funded benefit program. The City's current group insurance carrier is **Blue Cross Blue Shield**.

City of Weslaco

Group Health Insurance

CONDITIONS:

1. At completion of enrollment, City of Weslaco is to be provided with a census list that includes age, benefit amount and premium for both employee and dependent, if applicable.
2. Renewal rates must be explicitly explained and received by City of Weslaco sixty (60) days prior to the renewal date of October 1st.
3. The Insurance Company must have an A.M. Best rating of A- or better.
4. Tentative effective date is dependent on award date.
5. Under the provisions of the Patient Protection and Affordable Care Act (PPACA), City of Weslaco elected not to remain grandfathered, therefore, all the provisions under the Act apply.

City of Weslaco

Group Health Insurance

Description of Plan **must** be in the labeled format below and include the following:

Section A – Questionnaire (Attached)

Section B - Schedule of Rates

Section C - Complete Description of Benefits

Section D - Complete Description of All Limitations & Exclusions

Section E - Signed Conflict of Interest Disclosure Statement (<http://www.weslacotx.gov/Bids.htm>)

Section F – Completed and signed Anti-Collusion Certification Form (Attached)

Section G – Completed and signed W-9 Form (Attached)

Company Name

Address

Agent Name

Authorized Signature

Type Signatory's Name and Title

Telephone Number

Fax Number

- 7 The Provider will provide a wellness program for employees? Yes No
- 8 Will the carrier provide specifications on COBRA and will provide a Conversion of Benefits for separating employees provided the conversion does not add to the overall cost of those employees and dependents insured remaining in the program? Yes No
- 9 Will the carrier provide insurance that limits the amount of out-of-pocket expenses to the employee and provides and provides a responsive billing or accounting process? Yes No
- 10 The City's medical plan is "Non-Grandfathered". Will your proposal reflect that? Yes No
- 11 Will you allow the City to carve out benefits to reduce premium? Yes No
- 12 Will agent services be included in your proposal? Yes No
- 13 Will employees have access to your company website to review pending claims? Yes No
- 14 If agent services are used, how is compensation paid? Describe services to be performed by Agent. If multiple agents/agencies, the servicing agent should be selected by the carrier/company. Include name, address, and copy of agents E&O Insurance Certificate.

Company Name

Authorized Signature

Address

Type/print Signatory's Name

Telephone

Agent Name

Fax

Section

3

Exhibits

- Exhibit No. 1 Current Medical Plan Summary
- Exhibit No. 2 Census and Enrollment
- Exhibit No. 3 COBRA Census
- Exhibit No. 4 Medical Claims History

Section

4

Forms

NON-COLLUSION STATEMENT & SIGNATURE SHEET

The undersigned affirms that he/she is duly authorized to execute this contract, that this company, corporation, firm, partnership or individual has not prepared this proposal in collusion with any other Offeror, 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.

Further, I affirm that prior to or after the opening of this proposal, I (or any representative of my company) will not discuss the contents of this proposal with any person affiliated with CITY OF WESLACO, other than ROGER GARZA, CONSULTANT VALLEY RISK CONSULTING, INC., prior to the awarding of this proposal. I understand that failure to observe this procedure may cause my proposal to be rejected.

I also affirm that no officer or stockholder of the offeror (bidder) is a member of the staff, or related to any employee or Commissioner of the City of Weslaco **except** as noted herein _____

By signing this proposal, vendor makes the assurance that vendor has not been debarred or suspended from conducting business with the U. S. Government according to Executive Order 12549 entitled "Debarment and Suspension."

I, _____, fully understand the proposal's requirements and *(Print/Type Name of Company Officer)*

Specifications.

I have represented the truth concerning the felony conviction notification. I have checked off one of the three statements on the attached felony conviction notification form. I have also signed the form.

COMPANY _____ EMPLOYER I. D. No. _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

TELEPHONE/FAX () _____ / _____ EMAIL ADDRESS _____

SIGNATURE TITLE DATE

EXHIBIT 1
CURRENT MEDICAL PLAN SUMMARY



BlueCross BlueShield of Texas

BUY-UP PLAN

CORE PLAN

BENEFIT	IN NETWORK	OUT OF NETWORK
Calendar Year Deductible	\$2,500 Ind / \$5,000 Family	\$7,500 Ind / \$15,000 Family
Out of Pocket Maximum	\$4,000 Ind / \$8,000 Family	\$13,500 Ind / \$27,000 Family
Coinsurance	100%	70%
Primary Care Copayment	\$20	
Specialty Care Copayment	\$40	
Urgent Care Center Copay	\$75	
Emergency Room Copay	\$200	\$200
Accidental Injury & Emergency Care	100% of allowed amount after deductible and \$200 Copayment Amount	
NON Emergency Care	100% of allowed amount after \$200 copayment (copayment amount is waived if admitted, Inpatient Hospital Expenses will apply)	70% of allowed amount after \$200 copayment (copayment amount is waived if admitted, Inpatient Hospital Expenses will apply)
Inpatient Hospital Expenses	100% of allowed amount after \$250 per-admission deductible	70% of allowed amount after deductible and \$1000 per-admission deductible
Outpatient Services	100% of allowed amount after deductible	70% of allowed amount after deductible
Preventive Care	100% of allowed amount	70% of allowed amount
Retail Pharmacy (copayment amounts are based on a 30 day supply)	\$15/\$30/\$50	70% of allowed amount minus copayment amount
Mail Order (Copayments are based on a 30 day supply. With appropriate prescription order, up to 90 day supply is available.)	\$15/\$30/\$50	

BENEFIT	IN NETWORK	OUT OF NETWORK
Calendar Year Deductible	\$1,500 Ind / \$3,000 Family	\$7,500 Ind / \$15,000 Family
Out of Pocket Maximum	\$6,350 Ind / \$12,700 Family	\$17,500 Ind / \$35,000 Family
Coinsurance	70%	50%
Primary Care Copayment	\$35	
Specialty Care Copayment	\$55	
Urgent Care Center Copay	\$75	
Emergency Room Copay	\$200	\$200
Accidental Injury & Emergency Care	70% of allowed amount after deductible and \$200 Copayment Amount	
NON Emergency Care	70% of allowed amount after deductible and \$200 copayment (copayment amount is waived if admitted, Inpatient Hospital Expenses will apply)	50% of allowed amount after deductible and \$200 copayment (copayment amount is waived if admitted, Inpatient Hospital Expenses will apply)
Inpatient Hospital Expenses	70% of allowed amount after \$250 per-admission deductible	50% of allowed amount after \$1000 per-admission deductible
Outpatient Services	70% of allowed amount after deductible	50% of allowed amount after deductible
Preventive Care	100% of allowed amount	70% of allowed amount
Retail Pharmacy (copayment amounts are based on a 30 day supply)	\$15/\$35/\$60	70% of allowed amount minus copayment amount
Mail Order (Copayments are based on a 30 day supply. With appropriate prescription order, up to 90 day supply is available.)	\$15/\$35/\$60	

EXHIBIT 2
CENSUS AND ENROLLMENT

City of Weslaco

CENSUS

Gender	DateOfBirth
F	10/06/1981
M	02/26/1978
M	04/18/1992
F	03/06/1993
M	11/15/1989
M	06/20/1981
M	05/21/1973
M	08/28/1999
F	07/03/2013
M	02/19/1986
F	02/19/2015
M	02/11/1989
M	09/20/1990
M	04/06/1987
M	10/04/1985
M	12/12/1956
M	01/19/1959
M	08/30/1978
M	09/26/1986
M	08/01/1972
M	08/25/1992
M	06/19/1994
M	01/10/1973
M	05/09/1964
F	11/25/1994
F	02/20/1993
M	05/29/1990
F	12/06/1992
M	02/02/1991
M	01/07/1972
F	07/22/1982
M	10/14/1981
M	08/01/1990
F	04/13/1991
F	03/25/1967
M	10/12/1986
M	09/23/1991
M	03/18/1984
F	11/12/1983
M	02/23/1952
F	08/20/1979

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M	05/24/1984
F	05/19/1979
M	12/28/1984
M	12/10/1963
M	07/18/1986
M	06/26/1994
F	03/08/1991
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F	03/28/2014
M	04/26/1983
M	02/15/1979
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M	05/23/1995
M	07/03/1968
M	05/17/1977
F	10/07/1990
F	11/05/1955
M	12/01/1963
M	09/07/1971
F	05/15/1993
M	11/20/2001
M	08/27/1965
F	11/27/1981
F	06/24/1999
M	01/25/1979
M	10/27/2009
M	10/21/1977
M	04/12/2001
F	11/13/2006
M	05/21/2009
M	09/10/1993
M	09/27/1971
F	03/29/2001
M	11/02/1994
F	02/01/1948
M	07/26/1942
M	07/26/1994
M	08/31/1964
F	04/24/1996
F	07/26/1962
F	01/03/1976
F	07/24/2010
M	09/10/1979
F	07/24/2010
M	06/11/1972
M	04/24/2007
F	06/02/2011
F	11/03/1997
M	08/14/1983
M	04/09/1957
M	05/06/1963
M	11/20/1963
F	10/25/1996
F	12/22/1966
M	08/27/2001

M	07/28/1966
M	02/01/1968
F	05/20/1970
M	08/31/2005
M	09/06/1979
F	06/13/2013
M	05/13/1962
M	06/12/1996
M	09/19/1955
F	02/27/1999
M	02/09/1981
M	09/07/1999
M	11/02/1965
F	02/13/1995
M	10/30/2009
M	02/01/2005
M	12/31/1977
M	05/07/1976
M	10/16/1944
M	07/15/2003
M	03/17/1974
F	10/14/2008
F	05/24/2012
M	09/27/2007
M	03/11/1964
M	12/22/1975
M	01/13/1976
M	03/06/1977
M	05/19/2011
F	04/03/2008
F	08/11/1997
M	08/25/2007
F	01/28/2002
M	01/27/1976
F	08/02/1980
M	06/05/2000
M	08/19/1961
M	01/11/1962
F	06/03/2015
F	07/18/2013
F	09/14/1980
F	03/28/1958
M	12/19/1997
M	10/16/1977
M	12/07/2012
M	05/27/2011
M	07/26/2010

M	04/30/2009
F	04/01/1975
M	01/04/1956
F	11/06/1953
M	08/10/1952

CITY OF WESLACO - 000153396
Legislative Report - Tier 1 Totals by Month

Plan: Texas
 Group Number(s): 000153396
 Paid Period: 08-2014 to 07-2015

Month	Contracts				Members				Billed Premium	Total Payments
	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family		
July 2015	187	10	64	19	187	20	218	84	\$128,146	\$196,697
June 2015	190	9	64	19	190	18	218	84	\$127,956	\$119,588
May 2015	187	9	62	20	187	18	202	89	\$127,250	\$157,757
April 2015	184	9	64	20	184	18	205	88	\$127,007	\$96,400
March 2015	179	10	64	19	179	20	204	85	\$125,212	\$91,874
February 2015	173	10	64	19	173	20	205	85	\$123,058	\$82,758
January 2015	177	10	65	19	177	20	209	85	\$125,065	\$185,621
December 2014	175	11	65	18	175	22	210	80	\$123,882	\$100,188
November 2014	174	10	65	18	174	20	211	80	\$122,883	\$42,136
October 2014	176	10	65	18	176	20	212	80	\$123,795	\$25,783
									\$1,254,254	\$1,098,803
										87.61%

This report includes all payments for health, pharmacy, dental and capitation.

Blue Cross Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Fees for ASO and Cost Accounts not reflected in Billed Premium. This Report is intended for Fully Insured accounts.

Friday, August 14, 2015
 Userid:u135877

EXHIBIT 3
COBRA CENSUS

City of Weslaco

COBRA CENSUS

DATE OF BIRTH	SEX
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12/28/1977	F
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EXHIBIT 4
MEDICAL CLAIMS HISTORY

Rolling Paid - Original Claims: Stop Loss Report - Rolling 12, Paid >= \$15,000 (DO NOT ADD OR MODIFY FILTERS)

CITY OF WESLACO 000153396: ALL

Reporting Period = Aug '14-Jul '15

Service Category NOT = Dental, Management Services

Stop Loss, Rolling 12, Paid >=\$15,000 = Yes

Subscriber ID	Encrypted Member ID	Relationship	Gender	ICD-9 Diagnostic Category	Paid
000848688003	SVBX-MHQL-PTQM-PUBH-M	Employee	Male	Infectious and Parasitic	\$95,414
				Neoplasms	\$61,950
				Digestive	\$10,501
				Injury & Poisoning	\$5,761
				Symptoms, Signs & Ill-Defined Conditions	\$1,594
				Respiratory	\$1,172
				Rx	\$600
				Endocrine, Nutritional and Metabolic Diseases	\$147
	Summary				\$177,140
000849985083	SWZD-MTQW-ZXOE-PUBH-M	Dependent	Female	Liveborn Infants	\$91,765
				Congenital Anomalies	\$6,212
				Symptoms, Signs & Ill-Defined Conditions	\$1,359
				Genitourinary	\$439
				Health Services: Reproduction and Development	\$241
				Nervous System	\$112
				Injury & Poisoning	\$79
				Blood and Blood-Forming Organs	\$0
				Musculoskeletal and Connective Tissue	\$0
				Rx	\$0
					\$100,206
	SVBX-MHQL-OXGM-PUBH-M	Employee	Female	Complications of Pregnancy, Childbirth, and the Puerperium	\$19,170
				Health Services: Reproduction and Development	\$1,608
				Without Reported Diagnosis	\$321
Rx				\$246	
Respiratory				\$145	
Symptoms, Signs & Ill-Defined Conditions				\$123	
Procreative and Contraceptive Mgmt				\$117	
				\$90	
				\$22	
	Summary				\$21,841
000903670128	SVBX-MHON-PHBE-PUBH-M	Spouse	Female	Congenital Anomalies	\$33,082
				Nervous System	\$3,880
				Symptoms, Signs & Ill-Defined Conditions	\$1,398
				Rx	\$1,100
				Conditions Influencing Health Status	\$277
				Genitourinary	\$202
				Circulatory	\$139
				Mental Health	\$107
				Respiratory	\$83
				Digestive	\$83
	Summary				\$40,351
000848210013	SVBX-MHQL-PXYM-PUBH-M	Employee	Male	Circulatory	\$32,383
				Symptoms, Signs & Ill-Defined Conditions	\$6,260
				Endocrine, Nutritional and Metabolic Diseases	\$82
				Without Reported Diagnosis	\$33
				Respiratory	\$23
				Conditions Influencing Health Status	\$0
				Other Circumstances	\$0
				\$38,781	
	Summary				\$38,781
000846486908	SVBX-MHON-QHBE-PUBH-M	Dependent	Male	Endocrine, Nutritional and Metabolic Diseases	\$25,464
				Rx	\$3,951

				Symptoms, Signs & Ill-Defined Conditions	\$2,487
				Digestive	\$1,539
					\$33,442
	Summary				\$33,442
000839589199	SVBX-MHQL-OUQM-PUBH-M	Employee	Female	Injury & Poisoning	\$10,540
				Digestive	\$6,539
				Skin and Subcutaneous Tissue	\$6,396
				Symptoms, Signs & Ill-Defined Conditions	\$779
				Circulatory	\$72
				Musculoskeletal and Connective Tissue	\$27
				Genitourinary	\$0
				Rx	\$0
					\$24,352
	Summary				\$24,352
00083888709	SVBX-MHQL-PDGM-PUBH-M	Employee	Male	Injury & Poisoning	\$21,534
				Circulatory	\$1,825
				Rx	\$828
				Without Reported Diagnosis	\$73
				Endocrine, Nutritional and Metabolic Diseases	\$0
				Symptoms, Signs & Ill-Defined Conditions	\$0
					\$24,259
	Summary				\$24,259
000847920476	SVBX-MHQL-PTAM-PUBH-M	Employee	Male	Rx	\$18,172
				Symptoms, Signs & Ill-Defined Conditions	\$1,984
				Mental Health	\$1,526
				Musculoskeletal and Connective Tissue	\$836
				Ears and Mastoid Process	\$63
				Skin and Subcutaneous Tissue	\$29
				Injury & Poisoning	\$15
					\$22,627
	Summary				\$22,627
000844386032	SVBX-MHQL-QVGM-PUBH-M	Employee	Male	Eyes	\$9,145
				Endocrine, Nutritional and Metabolic Diseases	\$8,532
				Rx	\$3,491
				Injury & Poisoning	\$730
				Circulatory	\$427
				Respiratory	\$104
				Without Reported Diagnosis	\$83
				Genitourinary	\$0
					\$22,511
	Summary				\$22,511
000846070467	SVBX-MHQL-QTOM-PUBH-M	Employee	Male	Digestive	\$8,640
				Endocrine, Nutritional and Metabolic Diseases	\$5,704
				Rx	\$1,483
				Musculoskeletal and Connective Tissue	\$674
				Skin and Subcutaneous Tissue	\$229
				Without Reported Diagnosis	\$198
				Ears and Mastoid Process	\$83
				Symptoms, Signs & Ill-Defined Conditions	\$0
					\$17,011
	Summary				\$17,011
000848362726	SVBX-MHON-QVBE-PUBH-M	Spouse	Female	Genitourinary	\$12,303
				Rx	\$2,413
				Musculoskeletal and Connective Tissue	\$454
				Symptoms, Signs & Ill-Defined Conditions	\$367
				Digestive	\$266
				Circulatory	\$35
				Potential Health Hazards	\$2
					\$15,840
	Summary				\$15,840
Summary					\$538,362

Exported by: Bailey, Rae

Exported: 18 August 2015 at 10:29 AM

Texas: Top Utilizers Over \$15,000 Request Form

Oklahoma: Top Claims Over \$10,000 Request Form

BCBS Group Number(s): 153396

BCBS Account Number: 153396

BLUE CROSS & BLUE SHIELD

Re: Request for Reporting of Claims Information Under Texas Insurance Code: Chapter 1215 & Oklahoma Statutes Citationized: Title 36, Insurance: Section 4512 - Insured Employer Health Benefit Plan - 50 or More Employees

Texas: Please provide a Top Utilizers report, information pursuant to Texas Insurance Code Sec. 1215.003, which includes a list of claimants for any individual whose total paid claims exceed \$15,000 during the 12-month period preceding the date of the report or the entire coverage period, which ever is shorter.

Oklahoma: Please provide a Top Claims report, information pursuant to Oklahoma Statutes Citationized Title 36, Section 4512 for claims paid exceeding \$10,000 during the 12-month period preceding the date of the report or the entire coverage period, which ever is shorter.

Provide this information in electronic format to the following person:

Name of Recipient: Carlos Tamez Email address of Recipient: tamezfinancialgr@rgv.rr.com

Account requests that a copy of this report go to the Account's Broker of Record.

Statement of Certification for TX Chapter 1215 Reports & OK Section 4512 (SELECT ONLY ONE)

In order for Blue Cross Blue Shield to provide detailed reports of this nature containing Protected Health Information (PHI), the Group Health Plan must provide a HIPAA Certification. We have chosen the following checked option:

- {Enter PLAN SPONSOR NAME - Cannot be an individual}** ("Plan Sponsor") the sponsor of **{Enter GROUP HEALTH PLAN'S NAME - Cannot be an individual nor solely list BCBS}** ("Group Health Plan") Asks that the certification previously provided to BCBS as part of the executed Self-funded Group Health Plan Business Associate Agreement (BAA) or the Insured Group Health Plan Certification documentation be used to provide this report.
- City of Weslaco** ("Plan Sponsor") the sponsor of **City of Weslaco** ("Group Health Plan") hereby certifies that it has complied with the HIPAA Privacy protections and requirements of 45 Code of Federal Regulations § 164.504(f)(2) and that Plan Sponsor will safeguard and limit the use and disclosure of protected health information that the Plan Sponsor may receive from the Group Health Plan to perform the plan administrative functions.

Additional Statements

Plan Sponsor acknowledges that if BCBSTX or BCBSOK releases information, including protected health information, pursuant to this request it is doing so in accordance with Sec. 1215.005 of the Texas Insurance Code or Oklahoma Title 36, Insurance; Insurance Code Article 45 - Group and Blanket Accident and Health Insurance; Section 4512 and as such is not in violation of a standard of care and is not liable for civil damages resulting from, and is not subject to criminal prosecution for, releasing that information.

Group Health Plan and Plans Sponsor are solely responsible for their compliance to HIPAA Privacy and Security Rules. In the event that GROUP HEALTH PLAN fails to fulfill its obligations under HIPAA, including amending Plan Documents pursuant to HIPAA, unauthorized Use or Disclosure of PHI or any material failure in security measures affecting PHI by any person or entity under the GROUP HEALTH PLAN or Plan Sponsor's control, then Plan Sponsor hereby agrees to indemnify and will hold harmless Blue Cross and Blue Shield of Texas (and any of its officers, directors or employees) from and against any claim, cause of action, liability, damage, cost or expense, including attorneys' fees and court or proceeding costs, arising out of or in connection with any such failure on the part of the GROUP HEALTH PLAN or Plan Sponsor.

Signature (Signature of person from the account that has appropriate signature authority): _____

Printed Name (Person signing the form): _____

Title: {Enter Title}

Date: {Enter Date}