

Q&A

The following questions/requests have been submitted concerning RFP 111101 – INDIVIDUAL SPECIFIC STOP-LOSS INSURANCE. None of the questions (below) received indicated a need for a change to the RFP document. Thus, no Addenda will be issued.

1. “Please provide a copy of this group's current stop loss contract and/or the rates that they are currently being charged. This will aid our underwriters so that they can be sure we are developing a quote with corresponding plan designs and provisions.”

Please see Attachment A.

2. “Though it may be too early to have received them, please provide us with this group's purposed stop loss renewal rates. If available, please provide these figures so we know how competitive our needed preliminary rates are.”

In the opinion of the District providing this information would impede us from obtaining the best possible rates. This information will not be provided.

3. “Lastly, so that our quote includes network data specific to this group, please provide a network savings report showing what type of network discounts Escambia Co School employees are receiving within their current United network. These reports typically show billed charges, network savings, and net amount paid. They also show the % discounts for inpatient, outpatient, physicians and total discounts expressed as a percentage attained by utilizing the network.”

Please see Attachments B & C.

4. “Can the District provide a census?”

A census is posted at http://old.escambia.k12.fl.us/adminoff/finance/purchasing/current_bid_activity.html

5. “What is the current stop-loss insurance rate? And if available, the UHC renewal?”

The current rate is \$14.04. UHC was asked to provide the renewal through the Bid process.

6. “What is the contract basis requested?”

We are requested the quote to be based on a Paid contract.

7. “Are there to be commission included in the rates?”

All rates are to be net of commissions, overrides, and additional commissions. Gallagher Benefit Services is paid through a consulting services agreement and cannot accept any commissions relating to this or other employee benefit insurance products.

8. “Can the District provide additional reporting on Network Discounts?”

Please see Attachments B & C.

United HealthCare Insurance Company

A Stock Company

450 Columbus Boulevard, Hartford, Connecticut

Phone: 1-800-357-1371

AMENDMENT NO. 1

Amendment to be attached to and made a part of Group Policy No. GA-202948AL, issued by United HealthCare Insurance Company (herein called "Company") to The School District of Escambia County (herein called "Policyholder").

It is agreed by and between the Company and the Policyholder that

- 1. The page entitled "Schedule Of Benefits" as contained in the Policy is hereby replaced with the attached page entitled "Schedule Of Benefits".
- 2. This Amendment will hereby be effective as of January 1, 2010.

United HealthCare Insurance Company



Allen J. Sorbo, President



Michael J. McDonnell, Secretary

ACCEPTED BY: _____

Title: _____

Date: _____

ACCEPTED BY: _____

Title: _____

Date: _____

United HealthCare Insurance Company

A Stock Company

450 Columbus Boulevard, Hartford, Connecticut

Phone: 1-800-357-1371

SCHEDULE OF BENEFITS

This Schedule of Benefits is only applicable to Excess Loss Insurance provided by the Company during the Policy Period shown below.

Policyholder: The School District of Escambia County

Policy Number: GA-202948AL

Original Effective Date: January 1, 2009

Subsequent Policy Period Effective Date: January 1, 2010

Administrator: United HealthCare Insurance Company

Coverage specified herein is applicable only during the Policy Period from January 1, 2010 through December 31, 2010, and is further subject to all terms and conditions of this Policy.

SPECIFIC EXCESS LOSS INSURANCE

Benefit Period: Covered Expenses Paid from January 1, 2010 through December 31, 2010.

Specific Deductible per Covered Person: \$275,000

Specific Percentage Reimbursable: 100%

Maximum Specific Benefit per Covered Person: \$2,000,000 per lifetime

Specific Excess Loss Insurance includes:

- Medical

Specific Excess Loss Premium: \$14.04 per subscriber per month

ENDORSEMENTS TO POLICY

706804 (12/09)

Network Utilization

ATTACHMENT B

Metrics	Network Benefit Level	Network Benefits - UHG Network			Non-Network Benefits			Neutral Benefits			Total
	UHC Network Provider Status	UHC Network Provider	Non-UHC Network Provider	Total	UHC Network Provider	Non-UHC Network Provider	Total	UHC Network Provider	Non-UHC Network Provider	Total	Total
Prior - Eligible Charges		\$89,834,372	\$2,938,428	\$92,772,801	\$736,003	\$2,692,003	\$3,428,005	\$588,368	\$3,280,136	\$3,868,504	\$100,069,309
Prior - Eligible Charges as % of Total		89.8%	2.9%	92.7%	0.7%	2.7%	3.4%	0.6%	3.3%	3.9%	100.0%
Current - Eligible Charges		\$94,042,681	\$2,301,099	\$96,343,780	\$147,104	\$1,502,741	\$1,649,845	\$72,164	\$3,335,520	\$3,407,683	\$101,401,308
Current - Eligible Charges as % of Total		92.7%	2.3%	95.0%	0.1%	1.5%	1.6%	0.1%	3.3%	3.4%	100.0%
% Change - Eligible Charges		4.7%	(21.7%)	3.8%	(80.0%)	(44.2%)	(51.9%)	(87.7%)	1.7%	(11.9%)	1.3%
Prior - Discounts		\$39,683,299	\$278,691	\$39,961,990	\$491,251	\$129,955	\$621,207	\$192,019	\$7,965	\$199,984	\$40,783,181
Prior - Discounts as % of Total		97.3%	0.7%	98.0%	1.2%	0.3%	1.5%	0.5%	0.0%	0.5%	100.0%
Current - Discounts		\$41,460,337	\$599,344	\$42,059,682	\$80,666	\$65,172	\$145,838	(\$563)	\$6,773	\$6,210	\$42,211,729
Current - Discounts as % of Total		98.2%	1.4%	99.6%	0.2%	0.2%	0.3%	(0.0%)	0.0%	0.0%	100.0%
% Change - Discounts		4.5%	115.1%	5.2%	(83.6%)	(49.9%)	(76.5%)	(100.3%)	(15.0%)	(96.9%)	3.5%
Prior - Discounts as % of Eligible Charges		44.2%	9.5%	43.1%	66.7%	4.8%	18.1%	32.6%	0.2%	5.2%	40.8%
Current - Discounts as % of Eligible Charges		44.1%	26.0%	43.7%	54.8%	4.3%	8.8%	(0.8%)	0.2%	0.2%	41.6%
Prior - Total Net Paid		\$24,786,366	\$2,462,792	\$27,249,159	\$220,297	\$581,320	\$801,616	\$135,869	\$77,721	\$213,591	\$28,264,366
Prior - Net Paid as % of Total		87.7%	8.7%	96.4%	0.8%	2.1%	2.8%	0.5%	0.3%	0.8%	100.0%
Current - Total Net Paid		\$24,681,824	\$1,202,211	\$25,884,035	\$62,633	\$302,273	\$364,906	\$3,925	\$63,028	\$66,953	\$26,315,894
Current - Net Paid as % of Total		93.8%	4.6%	98.4%	0.2%	1.1%	1.4%	0.0%	0.2%	0.3%	100.0%
% Change - Total Net Paid		(0.4%)	(51.2%)	(5.0%)	(71.6%)	(48.0%)	(54.5%)	(97.1%)	(18.9%)	(68.7%)	(6.9%)
Prior - Employer Cost Sharing		49.4%	92.6%	51.6%	90.0%	22.7%	28.6%	34.3%	2.4%	5.8%	47.7%
Current - Employer Cost Sharing		46.9%	70.6%	47.7%	94.3%	21.0%	24.3%	5.4%	1.9%	2.0%	44.5%

Distribution of Discounts

ATTACHMENT C

Healthcare Cost Category Detail	Contracted Discount	Special Negotiated Discount	Shared Savings Discount	Prompt Payment Discount	Customer Specific Discount	Other Discount	Total Discounts
Physician - Primary Care	\$839,095	\$15,210	(\$55)	\$0	\$0	(\$1,725)	\$852,525
Physician - OB/GYN	\$474,647	(\$1,674)	\$0	\$0	\$0	\$135	\$473,109
Physician - Specialty	\$7,545,831	\$159,172	\$1,098	\$0	\$0	(\$310)	\$7,705,791
Allied Health	\$333,431	(\$891)	\$1,631	\$0	\$0	\$0	\$334,170
Facility Inpatient	\$11,936,879	\$1,254,359	\$1,093	\$0	\$0	\$0	\$13,192,331
Facility Outpatient	\$18,758,416	\$720,666	\$9,305	\$0	\$0	\$165,625	\$19,654,011
Medical Pharmacy	(\$208)	\$0	\$0	\$0	\$0	\$0	(\$208)
Total	\$39,888,091	\$2,146,842	\$13,072	\$0	\$0	\$163,725	\$42,211,729

