Request for Proposal
UK-1871-19
Proposal Due Date - 7/27/18

Medicare Advantage
REQUEST FOR PROPOSAL (RFP)

ATTENTION: This is not an order. Read all instructions, terms and conditions carefully.

PROPOSAL NO.: UK-1871-19
Issue Date: 6/28/2018
Title: Medicare Advantage
Purchasing Officer: John E. Deans, C.P.M.
Phone: 859-257-6759

RETURN ORIGINAL COPY OF PROPOSAL TO:
UNIVERSITY OF KENTUCKY
PURCHASING DIVISION
411 S LIMESTONE
ROOM 322 PETERSON SERVICE BLDG.
LEXINGTON, KY 40506-0005

IMPORTANT: PROPOSALS MUST BE RECEIVED BY: 7/27/2018 3 P.M., LEXINGTON, KY TIME.

NOTICE OF REQUIREMENTS
1. The University’s General Terms and Conditions and Instructions to Bidders, viewable at www.uky.edu/Purchasing/terms.htm, apply to this RFP. When the RFP includes construction services, the University’s General Conditions for Construction and Instructions to Bidders, viewable at www.uky.edu/Purchasing/cophome.htm, apply to the RFP.
2. Contracts resulting from this RFP must be governed by and in accordance with the laws of the Commonwealth of Kentucky.
3. Any agreement or collusion among offerors or prospective offerors, which restrains, tends to restrain, or is reasonably calculated to restrain competition by agreement to bid at a fixed price or to refrain from offering, or otherwise, is prohibited.
4. Any person who violates any provisions of KRS 45A.325 shall be guilty of a felony and shall be punished by a fine of not less than five thousand dollars nor more than ten thousand dollars, or be imprisoned not less than one year nor more than five years, or both such fine and imprisonment. Any firm, corporation, or association who violates any of the provisions of KRS 45A.325 shall, upon conviction, be fined not less than ten thousand dollars or more than twenty thousand dollars.

AUTHENTICATION OF BID AND STATEMENT OF NON-COLLUSION AND NON-CONFLICT OF INTEREST
I hereby swear (or affirm) under the penalty for false swearing as provided by KRS 523.040:
1. That I am the offeror (if the offeror is an individual), a partner, (if the offeror is a partnership), or an officer or employee of the bidding corporation having authority to sign on its behalf (if the offeror is a corporation);
2. That the attached proposal has been arrived at by the offeror independently and has been submitted without collusion with, and without any agreement, understanding or planned common course of action with, any other Contractor of materials, supplies, equipment or services described in the RFP, designed to limit independent bidding or competition;
3. That the contents of the proposal have not been communicated by the offeror or its employees or agents to any person not an employee or agent of the offeror or its surety on any bond furnished with the proposal and will not be communicated to any such person prior to the official closing of the RFP;
4. That the offeror is legally entitled to enter into contracts with the University of Kentucky and is not in violation of any prohibited conflict of interest, including, but not limited to, those prohibited by the provisions of KRS 45A.330 to .340, and 164.390;
5. That the offeror, and its affiliates, are duly registered with the Kentucky Department of Revenue to collect and remit the sale and use tax imposed by Chapter 139 to the extent required by Kentucky law and will remain registered for the duration of any contract award;
6. That I have fully informed myself regarding the accuracy of the statement made above.

SWORN STATEMENT OF COMPLIANCE WITH CAMPAIGN FINANCE LAWS
In accordance with KRS45A.110 (2), the undersigned hereby swears under penalty of perjury that he/she has not knowingly violated any provision of the campaign finance laws of the Commonwealth of Kentucky and that the award of a contract to a bidder will not violate any provision of the campaign finance laws of the Commonwealth of Kentucky.

CONTRACTOR REPORT OF PRIOR VIOLATIONS OF KRS CHAPTERS 136, 139, 141, 337, 338, 341 & 342
The contractor by signing and submitting a proposal agrees as required by 45A.485 to submit final determinations of any violations of the provisions of KRS Chapters 136, 139, 141, 337, 338, 341 and 342 that have occurred in the previous five (5) years prior to the award of a contract and agrees to remain in continuous compliance with the provisions of the statutes during the duration of any contract that may be established. Final determinations of violations of these statutes must be provided to the University by the successful contractor prior to the award of a contract.

CERTIFICATION OF NON-SEGREGATED FACILITIES
The contractor, by submitting a proposal, certifies that he/she is in compliance with the Code of Federal Regulations, No. 41 CFR 60-1.8(b) that prohibits the maintaining of segregated facilities.

SIGNATURE REQUIRED: This proposal cannot be considered valid unless signed and dated by an authorized agent of the offeror. Type or print the signatory's name, title, address, phone number and fax number in the spaces provided. Offers signed by an agent are to be accompanied by evidence of his/her authority unless such evidence has been previously furnished to the issuing office.

DELIVERY TIME: NAME OF COMPANY: DUNS #
PROPOSAL FIRM THROUGH: ADDRESS: Phone/Fax:
PAYMENT TERMS: CITY, STATE & ZIP CODE: E-MAIL:
SHIPPING TERMS: F. O. B. DESTINATION PREPAID AND ALLOWED TYPED OR PRINTED NAME: WEB ADDRESS:
FEDERAL EMPLOYER ID NO.: SIGNATURE: DATE:

Revised 2-12-2018
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1.0 DEFINITIONS

The term "addenda" means written or graphic instructions issued by the University of Kentucky prior to the receipt of proposals that modify or interpret the RFP documents by additions, deletions, clarifications and/or corrections.

The term "competitive negotiations" means the method authorized in the Kentucky Revised Statutes, Chapter 45A.085.

The terms "offer" or "proposal" mean the offeror’s/offerors’ response to this RFP.

The term "offeror" means the entity or contractor group submitting the proposal.

The term "contractor" means the entity receiving a contract award.

The term "purchasing agency" means the University of Kentucky, Purchasing Division, Room 322 Peterson Service Building, Lexington, KY 40506-0005.

The term "purchasing official" means the University of Kentucky’s appointed contracting representative.

The term "responsible offeror" means a person, company or corporation that has the capability in all respects to perform fully the contract requirements and the integrity and reliability that will assure good faith performance. In determining whether an offeror is responsible, the University may evaluate various factors including (but not limited to): financial resources; experience; organization; technical qualifications; available resources; record of performance; integrity; judgment; ability to perform successfully under the terms and conditions of the contract; adversarial relationship between the offeror and the University that is so serious and compelling that it may negatively impact the work performed under this RFP; or any other cause determined to be so serious and compelling as to affect the responsibility of the offeror.

The term "solicitation" means RFP.

The term "University" means University of Kentucky.
2.0 GENERAL OVERVIEW

2.1 Intent and Scope

The University of Kentucky (UK, client) is pursuing a Request for Proposal to provide information and quotes for a national passive PPO Group Medicare Advantage Plan through a coalition arrangement explicitly for Public Sector groups and their Medicare eligible retiree lives. The goal of the Coalition will be to offer member groups with competitive pricing and contract terms. UK will be the initial group in the Coalition. The Medicare Advantage (MA) plan will be offered to Medicare eligible retirees for an effective date of January 1, 2019. The Coalition will be open to new membership in the first plan year and will adhere to Centers for Medicare & Medicaid Services (CMS) guidelines for MA open enrollment and effective dates. We request that each response identify underwriting criteria and strategy for onboarding new groups into the Coalition. We would like each proposer to quote an MA plan for UK. UK reserves the right to not award a contract under this procurement if it is determined that the savings and/or cost / benefit does not merit further consideration.

2.2 Background Information

The University of Kentucky is issuing an RFP for Medicare Advantage (MA) coverage for its retiree population. Currently UK provides coverage through a self-funded Medicare Supplement policy. It has become apparent in the last several years that the MA market has stabilized and become competitive. The termination of the Insurance Industry Fee and positive CMS call letter for 2019, the further closure of the coverage gap point to the competitiveness of MA plans into the future. Within this RFP UK would like to explore a coalition model for MA and MAPD plans for Public Sector entities in KY. Included in the UK mission is providing help and assistance to other public sector entities within KY. It is believed that UK along with other public sector entities in KY can leverage buying power to obtain superior pricing and contract terms. Through this RFP process UK would like the offeror to submit proposals for an MA plan with optional Coalition pricing and contract terms.

2.3 University Information

Since his arrival, President Eli Capilouto has set forth an ambitious agenda to extend and enhance our role as Kentucky's land-grant and flagship research university. By focusing on infrastructure growth and improvement; creating opportunities for innovative teaching, learning, and academic excellence; fostering a robust research and creative scholarship enterprise; providing life-saving subspecialty care; empowering communities through service and outreach; and encouraging a transparent and shared dialogue about institutional priorities; the University of Kentucky will ensure a new century of promise for the people we impact.

Founded in 1865 as a land-grant institution adjacent to downtown Lexington, UK is nestled in the scenic heart of the beautiful Bluegrass Region of Kentucky. From its early beginnings, with only 190 students and 10 professors, UK’s campus now covers more than 918 acres and is home to more than 30,000 students and approximately 14,500 employees, including more than 2,300 full-time faculty. UK is one of a small number of universities in the United States that has programs in agriculture, engineering, a full complement of health colleges including medicine and pharmacy, law and fine arts on a single campus, leading to groundbreaking discoveries and unique
interdisciplinary collaboration. The state’s flagship university consists of 17 academic and professional colleges where students can choose from more than 200 majors and degree programs at the undergraduate and graduate levels. The colleges are Agriculture, Food and Environment; Arts and Sciences; Business and Economics; Communication and Information; Dentistry; Design; Education; Engineering; Fine Arts; Graduate School; Health Sciences; Law; Medicine; Nursing; Pharmacy; Public Health; and Social Work. These colleges are supported by a modern research library system.

Research at the University of Kentucky is a dynamic enterprise encompassing both traditional scholarship and emerging technologies, and UK’s research faculty, staff and students are establishing UK as one of the nation’s most prolific public research universities. UK’s research enterprise attracted $285 million in research grants and contracts from out-of-state sources, which generated a $580 million impact on the Kentucky economy. Included in this portfolio is $153 million in federal awards from the National Institutes of Health, non-NIH grants from the Department Health and Human Services, the National Science Foundation, Department of Energy, Department of Agriculture and NASA, among others. The National Science Foundation ranks UK’s research enterprise 44th among public institutions.

With more than 50 research centers and institutes, UK researchers are discovering new knowledge, providing a rich training ground for current students and the next generation of researchers, and advancing the economic growth of the Commonwealth of Kentucky. Several centers excel in the services offered to the public. The Gluck Equine Research Center is one of only three facilities of its kind in the world, conducting research in equine diseases.

The Center for Applied Energy Research is pursuing groundbreaking discovery across the energy disciplines. CAER staff are pioneering new ways to sustainably utilize Kentucky natural resources through carbon-capture algae technology, biomass/coal to liquid products and the opening of UK’s first LEED-certified research lab to support the development of Kentucky’s growing alternative energy industry. Among the brightest examples of UK’s investment in transformative research is the Markey Cancer Center. As a center of excellence and distinction at UK, Markey’s robust research and clinical enterprise is the cornerstone of our commitment to Kentucky – fundamental to our success in uplifting lives through our endeavors and improving the general health and welfare of our state – burdened by the nation’s highest rate of cancer deaths per 100,000 people. In 2013, Markey earned the prestigious National Cancer Institute-designation (NCI) – one of 68 nationally and the only one in Kentucky.

The University of Kentucky was awarded a $20 million Clinical Translational Sciences Award (CTSA) from the National Institutes of Health (NIH). As one of only 60 institutions with this research distinction, UK was awarded the CTSA for its potential in moving research and discovery in the lab into practical field and community applications. The CTSA and NCI are part of a trifecta of federal research grants that includes an Alzheimer’s Disease Center. UK is one of only 22 universities in the country to hold all three premier grants from NIH.

Established in 1957, the medical center at UK is one of the nation’s finest academic medical centers and includes the University’s clinical enterprise, UK HealthCare. The 569-bed UK Albert B. Chandler Hospital and Kentucky Children’s Hospital, along with 256 beds at UK Good Samaritan Hospital, are supported by a growing faculty and staff providing the most advanced subspecialty care for the most critically injured and ill patients throughout the Commonwealth and beyond. Over the last several years, the number of patients served by the medical enterprise has increased from roughly 19,000 discharges to more than 36,000 discharges in 2014.
UK Chandler Hospital includes the only Level 1 Trauma Center for both adult and pediatric patients in Central and Eastern Kentucky. In addition, UK HealthCare recently opened one of the country's largest robotic hybrid operating rooms and the first of its kind in the region. While our new patient care pavilion is the leading healthcare facility for advanced medical procedures in the region, our talented physicians consult with and travel to our network of affiliate hospitals so Kentucky citizens can receive the best health care available close to their home and never need to leave the Bluegrass for complex subspecialty care.

UK’s agenda remains committed to accelerating the University’s movement toward academic excellence in all areas and gain worldwide recognition for its outstanding academic programs, its commitment to students, its investment in pioneering research and discovery, its success in building a diverse community and its engagement with the larger society. It is all part of the University’s fulfillment of our promise to Kentucky to position our state as a leader in American prosperity.
3.0 PROPOSAL REQUIREMENTS

3.1 Key Event Dates

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<td>6/28/18</td>
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<td>Deadline for Written Questions</td>
<td>3 p.m. Eastern Time on 7/10/18</td>
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<td>RFP Proposals Due</td>
<td>3 p.m. Eastern Time on 7/27/18</td>
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<td>Offeror Presentations*</td>
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*projected dates

3.2 Offeror Communication

To ensure that RFP documentation and subsequent information (modifications, clarifications, addenda, Written Questions and Answers, etc.) are directed to the appropriate persons within the offeror's firm, each offeror who intends to participate in this RFP is to provide the following information to the purchasing officer. Prompt, thorough compliance is in the best interest of the offeror. Failure to comply may result in incomplete or delayed communication of addenda or other vital information. Contact information is the responsibility of the offeror. Without the prompt information, any communication shortfall shall reside with the offeror.

- Name of primary contact
- Mailing address of primary contact
- Telephone number of primary contact
- Fax number of primary contact
- E-mail address of primary contact
- Additional contact persons with same information provided as primary contact

This information shall be transmitted via fax or e-mail to:

John E. Deans, C.P.M.
Purchasing Division
University of Kentucky
322 Peterson Service Building
Lexington, KY 40506-0005
Phone: (859) 257-6759
Fax: (859) 257-1951
E-mail: john.deans@uky.edu

All communication with the University regarding this RFP shall only be directed to the purchasing officer listed above.
3.3 **Pre-Proposal Conference**

No Pre-proposal Conference for this RFP.

3.4 **Offeror Presentations**

All offerors whose proposals are judged acceptable for award may be required to make a presentation to the evaluation committee.

3.5 **Preparation of Offers**

The offeror is expected to follow all specifications, terms, conditions and instructions in this RFP.

The offeror will furnish all information required by this solicitation.

Proposals should be prepared simply and economically, providing a description of the offeror's capabilities to satisfy the requirements of the solicitation. Emphasis should be on completeness and clarity of content. All documentation submitted with the proposal should be bound in the single volume except as otherwise specified.

An electronic version of the RFP, in .PDF format only, is available through the University of Kentucky Purchasing Division web site: [www.uky.edu/purchasing/bidlist.htm](http://www.uky.edu/purchasing/bidlist.htm)

3.6 **Proposed Deviations from the RFP**

The stated requirements appearing elsewhere in this RFP shall become a part of the terms and conditions of any resulting contract. Any deviations therefrom must be specifically defined in accordance with the transmittal letter, Section 4.3 (d). If accepted by the University, the deviations shall become part of the contract, but such deviations must not be in conflict with the basic nature of this RFP.

Note: Offerors shall not submit their standard terms and conditions as exceptions to the University's General Terms and Conditions. Each exception to the University's General Terms and Conditions shall be individually addressed.

3.7 **Proposal Submission and Deadline**

Offeror must provide the following materials prior to 3 p.m. (Lexington, KY time) on the date specified in Section 3.1 and addressed to the purchasing officer listed in Section 3.2:

- **Technical Proposal**: Three (3) copies on an electronic storage device (CD or USB) clearly marked with the proposal number and name, firm name and what is included (Technical Proposal) and three (3) printed copies in a single package, separate from the Financial Proposal.

- **Financial Proposal**: Three (3) copies on an electronic storage device (CD or USB) clearly marked with the proposal number and name, firm name and what is included (Financial Proposal).
Proposal) and three (3) printed copies in a single package, separate from the Technical Proposal.

Note: Proposals received after the closing date and time will not be considered. In addition, proposals received via fax or e-mail are not acceptable.

The University of Kentucky accepts deliveries of RFPs Monday through Friday from 8 a.m. to 5 p.m. Lexington, KY time. However, RFPs must be received by 3 p.m. Lexington, KY time on the date specified on the RFP in order to be considered.

Proposals shall be enclosed in sealed envelopes to the above referenced address and shall show on the face of the envelope: the closing time and date specified, the solicitation number and the name and address of the offeror. The technical proposal shall be submitted in a sealed envelope and the financial proposal shall be submitted in a sealed envelope under separate cover. Both sealed envelopes shall have identical information on the cover, with the addition that one will state “Technical Information,” and the other, “Financial Proposal.”

Note: In accordance with the Kentucky Revised Statute 45A.085, there will be no public opening.

3.8 Modification or Withdrawal of Offer

An offer and/or modification of offer received at the office designated in the solicitation after the exact hour and date specified for receipt will not be considered.

An offer may be modified or withdrawn by written notice before the exact hour and date specified for receipt of offers. An offer also may be withdrawn in person by an offeror or an authorized representative, provided the identity of the person is made known and the person signs a receipt for the offer, but only if the withdrawal is made prior to the exact hour and date set for receipt of offers.

3.9 Acceptance or Rejection and Award of Proposal

The University reserves the right to accept or reject any or all proposals (or parts of proposals), to waive any informalities or technicalities, to clarify any ambiguities in proposals and (unless otherwise specified) to accept any item in the proposal. In case of error in extension or prices or other errors in calculation, the unit price shall govern. Further, the University reserves the right to make a single award, split awards, multiple awards or no award, whichever is in the best interest of the University.

3.10 Rejection

Grounds for the rejection of proposals include (but shall not be limited to):

- Failure of a proposal to conform to the essential requirements of the RFP.
- Imposition of conditions that would significantly modify the terms and conditions of the solicitation or limit the offeror’s liability to the University on the contract awarded on the basis of such solicitation.
- Failure of the offeror to sign the University RFP. This includes the Authentication of Proposal and Statement of Non-Collusion and Non-Conflict of Interest statements.

- Receipt of proposal after the closing date and time specified in the RFP.

3.11 Addenda

Any addenda or instructions issued by the purchasing agency prior to the time for receiving proposals shall become a part of this RFP. Such addenda shall be acknowledged in the proposal. No instructions or changes shall be binding unless documented by a proper and duly issued addendum.

3.12 Disclosure of Offeror's Response

The RFP specifies the format, required information and general content of proposals submitted in response to this RFP. The purchasing agency will not disclose any portions of the proposals prior to contract award to anyone outside the Purchasing Division, the University's administrative staff, representatives of the state or federal government (if required) and the members of the committee evaluating the proposals. After a contract is awarded in whole or in part, the University shall have the right to duplicate, use or disclose all proposal data submitted by offerors in response to this RFP as a matter of public record.

Any submitted proposal shall remain valid six (6) months after the proposal due date.

The University shall have the right to use all system ideas, or adaptations of those ideas, contained in any proposal received in response to this RFP. Selection or rejection of the proposal will not affect this right.

3.13 Restrictions on Communications with University Staff

From the issue date of this RFP until a contractor is selected and a contract award is made, offerors are not allowed to communicate about the subject of the RFP with any University administrator, faculty, staff or members of the board of trustees except: the purchasing office representative, any University purchasing official representing the University administration, others authorized in writing by the purchasing office and University representatives during offeror presentations. If violation of this provision occurs, the University reserves the right to reject the offeror's proposal.

3.14 Cost of Preparing Proposal

Costs for developing the proposals and any subsequent activities prior to contract award are solely the responsibility of the offerors. The University will provide no reimbursement for such costs.

3.15 Disposition of Proposals

All proposals become the property of the University. The successful proposal will be incorporated into the resulting contract by reference.
3.16 **Alternate Proposals**

Offerors may submit alternate proposals. If more than one proposal is submitted, all must be complete (separate) and comply with the instructions set forth within this document. Each proposal will be evaluated on its own merits.

3.17 **Questions**

All questions should be submitted by either fax or e-mail to the purchasing officer listed in Section 3.2 no later than the date listed in Section 3.1.

3.18 **Section Titles in the RFP**

Section titles used herein are for the purpose of facilitating ease of reference only and shall not be construed to infer the construction of contractual language.

3.19 **No Contingent Fees**

No person or selling agency shall be employed or retained or given anything of monetary value to solicit or secure this contract, except bona fide employees of the offeror or bona fide established commercial or selling agencies maintained by the offeror for the purpose of securing business. For breach or violation of this provision, the University shall have the right to reject the proposal, annul the contract without liability, or, at its discretion, deduct from the contract price or otherwise recover the full amount of such commission, percentage, brokerage or contingent fee or other benefit.

3.20 **Proposal Addenda and Rules for Withdrawal**

Prior to the date specified for receipt of offers, a submitted proposal may be withdrawn by submitting a written request for its withdrawal to the University purchasing office, signed by the offeror. Unless requested by the University, the University will not accept revisions or alterations to proposals after the proposal due date.
4.0 PROPOSAL FORMAT AND CONTENT

4.1 Proposal Information and Criteria

The following list specifies the items to be addressed in the proposal. Offerors should read it carefully and address it completely and in the order listed to facilitate the University’s review of the proposal.

Proposals shall be organized into the sections identified below. The content of each section is detailed in the following pages. It is strongly suggested that offerors use the same numbers for the following content that are used in the RFP.

- Signed Authentication of Proposal and Statement of Non-Collusion and Non-Conflict of Interest Form
- Transmittal Letter
- Executive Summary and Proposal Overview
- Criteria 1 - Offeror Qualifications
- Criteria 2 - Services Defined
- Criteria 3 - Financial Proposal
- Criteria 4 - Evidence of Successful Performance and Implementation Schedule
- Criteria 5 - Other Additional Information

4.2 Signed Authentication of Proposal and Statements of Non-Collusion and Non-Conflict of Interest Form

The Offeror will sign and return the proposal cover sheet and print or type their name, firm, address, telephone number and date. The person signing the offer must initial erasures or other changes. An offer signed by an agent is to be accompanied by evidence of their authority unless such evidence has been previously furnished to the purchasing agency. The signer shall further certify that the proposal is made without collusion with any other person, persons, company or parties submitting a proposal; that it is in all respects fair and in good faith without collusion or fraud; and that the signer is authorized to bind the principal offeror.

4.3 Transmittal Letter

The Transmittal Letter accompanying the RFP shall be in the form of a standard business letter and shall be signed by an individual authorized to legally bind the offeror. It shall include:

- A statement referencing all addenda and written questions, the answers and any clarifications to this RFP issued by the University and received by the offeror (If no addenda have been received, a statement to that effect should be included.).

- A statement that the offeror’s proposal shall remain valid for six (6) months after the closing date of the receipt of the proposals.

- A statement that the offeror will accept financial responsibility for all travel expenses incurred for oral presentations (if required) and candidate interviews.
• A statement that summarizes any deviations or exceptions to the RFP requirements and includes a detailed justification for the deviation or exception.

• A statement that identifies the confidential information as described in Section 6.23.

4.4 Executive Summary and Proposal Overview

The Executive Summary and Proposal Overview shall condense and highlight the contents of the technical proposal in such a way as to provide the evaluation committee with a broad understanding of the entire proposal.

4.5 Criteria 1 - Offeror Qualifications

The purpose of the Offeror Qualifications section is to determine the ability of the offeror to respond to this RFP. Offerors must describe and offer evidence of their ability to meet each of the qualifications listed below.

A. Minimum Requirements

1. Confirm that you are able to offer a national, passive Medicare Advantage PPO plan on the group basis that provides the same benefit coverage to all Medicare eligible UK retirees regardless of where they live within the U.S. and regardless of their use of in-network vs. out-of-network providers.

2. Experience in providing national, passive Medicare Advantage PPO plans on a group basis with no less than 2,000 Medicare eligible members each.

3. Please list the names of at least 2 clients that the Proposer has contracted with for a national passive PPO Medicare Advantage plan on a group basis with no less than 2,000 Medicare retiree lives. Be sure to identify the size of the group.

B. Organization, Structure, Experience, Compliance, Contractual

1. Please confirm that Proposals proposal is issued in accordance with the specifications / assumptions stated in this Request for Proposal. If there are deviations, please identify them clearly.

2. General Proposer Information:
   a. Proposer Name
   b. Proposer Brand Name
   c. Street Address
   d. City
e. State
f. Zip Code
g. Web Address

Proposer Financial Risk

3. Provide North American Industry Classification (NAIC) code pertaining to Proposer’s proposed plan.

4. Indicate if the risk is held entirely by Proposer organization.
   a. If it is not, indicate the percentage of the risk passed on to other firms.

5. For the entity that will be underwriting this coverage, provide the most recent financial ratings or filings and effective date of the ratings from each of the following agencies. Indicate whether Proposer’s organization has received a financial rating for each of the rating agencies listed below. Do not respond by providing information about proposer organization’s credit ratings.

   a. A.M. Best Financial Rating Status
      Financial Rating (do not report credit rating)
      Financial Rating Modifiers (if applicable)
      Date Rating Effective (if rated; if not financially rated, leave response blank)

   b. Standard & Poor’s: Financial Rating Status
      Financial Rating (do not report credit rating)
      Financial Rating Modifiers (if applicable)
      Date Rating Effective (if rated; if not financially rated, leave response blank)

   c. Moody’s: Financial Rating Status
      Financial Rating (do not report credit rating)
      Financial Rating Modifiers (if applicable)
      Date Rating Effective (if rated; if not financially rated, leave response blank)

   d. Fitch: Financial Rating Status
      Financial Rating (do not report credit rating)
      Financial Rating Modifiers (if applicable)
      Date Rating Effective (if rated; if not financially rated, leave response blank)
6. Proposer’s financial rating changes within the past 12 months:
   a. A.M. Best
   b. Standard & Poors
   c. Moody’s
   d. Fitch

Strategy, Experience, Capabilities

7. Describe your organization’s strategy and key initiatives to ensure that Medicare Advantage will offer UK members a sustainable value proposition. Briefly describe your firm’s CMS Stars quality rating enhancement strategy and timeline. Include a description of the continuous quality improvement initiatives included in this strategy.
   a. Please provide your STAR-rating for 2018 that impacts CMS funding for 2019 rates for the contract that you are proposing for the UK’s Medicare Advantage Plan.
   b. Indicate the number of years that your organization has offered group Medicare Advantage products.
   c. Provide your organization’s year-end Medicare Advantage group membership for the past five years (year by year from January 2014 to January 2018).
   d. How many new group Medicare Advantage members did your organization add in the last three years (year by year 2015 through 2017)?
   e. What percentage of your 2017 total group Medicare Advantage membership renewed for the 2018 plan year?
   f. Describe any CMS program or issue audits related to Part C that have been completed in 2015 – 2017 and CMS’s findings and/or actions.
   g. Describe any significant changes in ownership, business operations, technologies, partnerships, or staffing in the next 24 months that would impact services requested in this RFP or the level of service provided to the UK.

8. Have you been sanctioned by CMS in the past five years? If yes, please explain.

Subcontracted Services

9. Will any other organization provide services that involve direct contact with UK retirees, as a subcontractor?
   a. Please identify and describe the nature of the relationship with outside firms.
   b. Specify how long (years) these relationships existed.
   c. Describe how Proposer guarantees the quality of their service delivery.
10. For any organization providing services to Proposer on a sub-contracted basis, that is a new sub-contracting relationship in 2018 and later, provide name of sub-contractor, how long Proposer has sub-contracted with them, and type of service that they are providing to Proposer.

Client References

11. Please provide three of Proposer’s employer client references of similar size that have your group Medicare Advantage (MA or MAPD). Please be sure to include in your response (electronic and hard copy) the completed reference form for each provided in the section labeled “Reference Form”.

   a. Reference #1
      Company Name
      Contact Person
      Title
      Phone Number
      Fax Number
      E-Mail Address
      MA Members Enrolled

   b. Reference #2
      Company Name
      Contact Person
      Title
      Phone Number
      Fax Number
      E-Mail Address
      MA Members Enrolled

   c. Reference #3
      Company Name
      Contact Person
      Title
      Phone Number
      Fax Number
      E-Mail Address
      MA Members Enrolled

12. Please provide three of Proposer’s terminated employer clients of similar size that had your group MA or MAPD coverage.

   a. Reference #1
      Company Name
      Contact Person
      Title
      Phone Number
      Fax Number
      E-mail Address
      MA Members Enrolled Just Prior to Termination
      Program Termination Date – and brief reason why
b. Reference #2
   Company Name
   Contact Person
   Title
   Phone Number
   Fax Number
   E-mail Address
   MA Members Enrolled Just Prior to Termination
   Program Termination Date – and brief reason why

c. Reference #3
   Company Name
   Contact Person
   Title
   Phone Number
   Fax Number
   E-mail Address
   MA Members Enrolled Just Prior to Termination
   Program Termination Date – and brief reason why

13. If the offeror has had a contract terminated for default in the last five (5) years, describe such incident. Termination for default is defined as notice to stop performance due to the Offeror’s non-performance or poor performance. The issue of performance was either (a) not litigated due to inaction on the part of the Offeror, or (b) litigated and such litigation determined that the Offeror was in default.

Systems – General

14. Are all of Proposer’s internal systems integrated (e.g. claims payment, eligibility, and customer service)?

15. The claims system maintains on-line eligibility files that are updated at least weekly.

16. In the event of a data breach that resulted from a non-UK member error, what efforts would your firm undertake to cover this risk for impacted members and for the UK?

17. Do you anticipate making any major changes to the claim payment system or implementing a new system before / after implementation date? If yes, please describe the changes.

Legal and Compliance

18. Provide copies of any additional forms that Proposer will require to have signed prior to the notice to proceed (e.g., HIPAA, Business Associate Agreement, Medicare Advantage with Medicare Part D EGWP Agreement). Along with the forms, please include the specific law or regulation that mandates the form. Name the file: [Your Organization’s Name]_Standard Forms, labeled Attachment C1.

19. If you are not willing or unable to comply with any aspect of the following requirements, please provide a reason. Unless noted otherwise, Aon will assume that you can and will comply with the requirements in this section.
a. The insurer must provide coverage on a discontinuance and replacement basis (sometimes referred to as a no loss / no gain basis) for eligible employees participating in the current plans on the effective date and to unconditionally provide continuous coverage to all participants enrolled on the program effective date.

b. Proposer will accept all members deemed eligible by the UK, including retiree members who come back to the UK during open enrollment or a qualified status change.

c. Proposer will accept all disabled under 65 members on Medicare A and Medicare B under this contract, including those with ESRD.

d. Proposer and Proposer subcontractors will comply with all CMS, HIPAA and DOL regulations, as applicable, around member services, complaints, appeals, timeliness of responses and confidentiality. Any fines related to non-compliance will be Proposer sole responsibility.

e. Proposer will notify the UK member of any HIPAA violations. Proposer agrees to report any breach of unsecured PHI to the UK within 3 business days of discovery and to provide necessary support in notifying affected members and remediating any actual or potential damage incurred.

f. Proposer will provide support for class action settlements and notify the UK of litigation against Proposer organization.

g. Proposer is fully compliant with the Genetic Information Nondiscrimination Act (GINA).

h. The expected file layout for enrollment and eligibility information is the standard HIPAA 834 layout. Proposer agrees that they are able to receive data in this format.

i. The UK shall have the right, in their sole and absolute discretion and without the payment of any penalty, to terminate the contract in whole or in part at any time during the thereof upon 90 days prior written notice to Proposer.

j. Upon expiration of this contract, Proposer will provide all necessary documentation, claims files, prescription history, and other data needed for the successful transition of the program, to the appointed Proposer, within a mutually agreed upon reasonable timeframe and at no additional cost. This includes, but is not limited to, all open mail order and specialty pharmacy refills (to the extent permissible by law), prior authorization histories, accumulators used in all plan options and at least six months of historical claims data.

k. The proposer must agree to transfer to the UK, within 30 days of notice of termination, all required data and records necessary to administer the plans subject to state and federal confidentiality considerations. The transfer may be made electronically, in a file format to be determined based on the mutual agreement between the UK and the provider of services.
I. Proposer has complied with all state insurance department filing requirements for all plans / products being offered in this quote in each state in which the UK has retirees. Comment: Be sure to review the census file submitted with this RFP.

m. If the answer to the preceding question is “No”, for all plans / products quoted in this RFP for which the required state insurance department filing requirements have not been met, please specify the applicable plan / product and corresponding state.

n. Proposer is bonded.

o. Proposer maintains a fidelity bond as required by ERISA.

p. The health plan agrees to assume claim fiduciary responsibilities including appeals and defense of “utilization review” decisions. Proposer will be designated as the final claims appeal fiduciary for the plans. If not, describe why you would be unwilling to agree to this request.

q. Liability insurance covers:
   i. Medical management decisions
   ii. Professional malpractice
   iii. Provider contracting

r. The Proposer maintains executed contracts with all providers participating in the network.

s. The Proposer provides contracts do not provide for any type of remuneration to your organization, such as commission, finder’s fee, rebate, or other financial benefit.

t. Your organization is not a creditor of any provider in the network.

4.6 Criteria 2 – Services Defined
Services should include but not be limited to the services requested and identified in section 7.1.

4.7 Criteria 3 – Financial Proposal
The Financial Summary Form is for the complete financial offer made to the University using the format contained in Section 8.0. This will aid in the evaluation process. All financial information is to be submitted in a sealed envelope under separate cover.
4.8 **Criteria 4 – Evidence of Successful Performance and Implementation Schedule**

**Performance Guarantees**

1. Client is seeking performance guarantees to encourage the selected bidder to provide superior service. Proposer failure to meet the performance guarantee(s) would result in a financial penalty. Please indicate Proposer concurrence below.

   a. Proposer agrees that the guarantees will be measured and reconciled on a quarterly basis within 45 days from the close of the quarter, with the exception of annual guarantees which will be measured and reconciled within 45 days from the close of the year. All performance guarantees will be audited on a scheduled basis.

   b. Proposer agrees that penalties will automatically be paid annually within 90 days of the close of the measurement period without any written request requirement.

   c. Will you offer any performance guarantees to client? If yes, please attach a copy of your guarantees for the UK as Performance Guarantees.

   d. If yes, indicate below the types of guarantees provided:

      i. Implementation

      ii. Ongoing Service

      iii. For MAPD, Pharmacy Network Access

      iv. Provider Network Access

      v. Claims, timeliness of processing and response

      vi. For MAPD, Mail order turnaround time for prescription drugs

      vii. For MAPD, Mail order dispensing accuracy

      viii. Claims processing accuracy

      ix. Member service telephone response time

      x. Member service call abandonment rate

      xi. Member service first call resolution

      xii. Member service written inquiry (paper or electronic mail) response time

      xiii. Member satisfaction

      xiv. Plan design changes implemented

      xv. Overall account management satisfaction guarantee

      xvi. Annual benefit plan review
xvii. Timeliness of reporting

xviii. Eligibility processing

xix. Plan management meetings

e. % of Premium at Risk

2. Please provide the transition plan and timeline with complete details for MA plan communication and enrollment necessary for completion with an effective date of 1-1-2019.

4.9 **Criteria 5 – Other Additional Information**

We would like the offeror to answers questions regarding the Coalition in section 8.2

The offeror may present any creative approaches that might be appropriate. The offeror may also provide supporting documentation that would be pertinent to this RFP.
5.0 EVALUATION CRITERIA PROCESS

A committee of University officials appointed by the Director of Purchasing will evaluate proposals and make a recommendation to the Director of Purchasing. The evaluation will be based upon the information provided in the proposal, additional information requested by the University for clarification, information obtained from references and independent sources and oral presentations (if requested).

The evaluation of responsive proposals shall then be completed by an evaluation team, which will determine the ranking of proposals. Proposals will be evaluated strictly in accordance with the requirements set forth in this solicitation, including any addenda that are issued. The University will award the contract to the responsible offeror whose proposal is determined to be the most advantageous to the University, taking into consideration the evaluation factors set forth in this RFP.

The evaluation of proposals will include consideration of responses to the list of criteria in Section 4.0. Offerors must specifically address all criteria in their response. Any deviations or exceptions to the specifications or requirements must be described and justified in a transmittal letter. Failure to list such exceptions or deviations in the transmittal letter may be considered sufficient reason to reject the proposal.

The relative importance of the criteria is defined below:

**Primary Criteria**

- Offeror Qualifications
- Services Defined
- Financial Proposal
- Evidence of Successful Performance and Implementation

**Secondary Criteria**

- Other Additional Services

The University will evaluate proposals as submitted and may not notify offerors of deficiencies in their responses.

Proposals must contain responses to each of the criteria, listed in Section 4 even if the offeror’s response cannot satisfy those criteria. A proposal may be rejected if it is conditional or incomplete in the judgment of the University.
6.0 SPECIAL CONDITIONS

6.1 Contract Term

The contract resulting from this RFP shall be effective 1-1-19 through 12-31-20 and is renewable for up to 3 additional one-year renewal periods. Annual renewal shall be contingent upon the University’s satisfaction with the services performed.

6.2 Effective Date

The effective date of the contract shall be the date upon which the parties execute it and all appropriate approvals, including that of the Commonwealth of Kentucky Government Contracts Review Committee, have been received.

6.3 Competitive Negotiation

It is the intent of the RFP to enter into competitive negotiation as authorized by KRS 45A.085.

The University will review all proposals properly submitted. However, the University reserves the right to request necessary modifications, reject all proposals, reject any proposal that does not meet mandatory requirement(s) or cancel this RFP, according to the best interests of the University.

Offeror(s) selected to participate in negotiations may be given an opportunity to submit a Best and Final Offer to the purchasing agency. All information received prior to the cut-off time will be considered part of the offeror’s Best and Final Offer.

The University also reserves the right to waive minor technicalities or irregularities in proposals providing such action is in the best interest of the University. Such waiver shall in no way modify the RFP requirements or excuse the offeror from full compliance with the RFP specifications and other contract requirements if the offeror is awarded the contract.

6.4 Appearance Before Committee

Any, all or no offerors may be requested to appear before the evaluation committee to explain their proposal and/or to respond to questions from the committee concerning the proposal. Offerors are prohibited from electronically recording these meetings. The committee reserves the right to request additional information.

6.5 Additions, Deletions or Contract Changes

The University reserves the right to add, delete, or change related items or services to the contract established from this RFP. No modification or change of any provision in the resulting contract shall be made unless such modification is mutually agreed to in writing by the contractor and the Director of Purchasing and incorporated as a written modification to the contract. Memoranda of understanding and correspondence shall not be interpreted as a modification to the contract.
6.6 **Contractor Cooperation in Related Efforts**

The University reserves the right to undertake or award other contracts for additional or related work to other entities. The contractor shall fully cooperate with such other contractors and University employees and carefully fit its work to such additional work. The contractor shall not commit or permit any act which will interfere with the performance of work by any other contractor or by University employees. This clause shall be included in the contracts of all contractors with whom this contractor will be required to cooperate. The University shall equitably enforce this clause to all contractors to prevent the imposition of unreasonable burdens on any contractor.

6.7 **Entire Agreement**

The RFP shall be incorporated into any resulting contract. The resulting contract, including the RFP and those portions of the offeror’s response accepted by the University, shall be the entire agreement between the parties.

6.8 **Governing Law**

The contractor shall conform to and observe all laws, ordinances, rules and regulations of the United States of America, Commonwealth of Kentucky and all other local governments, public authorities, boards or offices relating to the property or the improvements upon same (or the use thereof) and will not permit the same to be used for any illegal or immoral purposes, business or occupation. The resulting contract shall be governed by Kentucky law and any claim relating to this contract shall only be brought in the Franklin Circuit Court in accordance with KRS 45A.245.

6.9 **Kentucky’s Personal Information Security and Breach Investigation Procedures and Practices Act**

To the extent Company receives Personal Information as defined by and in accordance with Kentucky’s Personal Information Security and Breach Investigation Procedures and Practices Act, KRS 61.931, 61.932 and 61.933 (the “Act”), Company shall secure and protect the Personal Information by, without limitation: (i) complying with all requirements applicable to non-affiliated third parties set forth in the Act; (ii) utilizing security and breach investigation procedures that are appropriate to the nature of the Personal Information disclosed, at least as stringent as University’s and reasonably designed to protect the Personal Information from unauthorized access, use, modification, disclosure, manipulation, or destruction; (iii) notifying University of a security breach relating to Personal Information in the possession of Company or its agents or subcontractors within seventy-two (72) hours of discovery of an actual or suspected breach unless the exception set forth in KRS 61.932(2)(b)2 applies and Company abides by the requirements set forth in that exception; (iv) cooperating with University in complying with the response, mitigation, correction, investigation, and notification requirements of the Act; (v) paying all costs of notification, investigation and mitigation in the event of a security breach of Personal Information suffered by Company; and (vi) at University’s discretion and direction, handling all administrative functions associated with notification, investigation and mitigation.
6.10 **Termination for Convenience**

The University of Kentucky, Purchasing Division, reserves the right to terminate the resulting contract without cause with a thirty (30) day written notice. Upon receipt by the contractor of a “notice of termination,” the contractor shall discontinue all services with respect to the applicable contract. The cost of any agreed upon services provided by the contractor will be calculated at the agreed upon rate prior to a “notice of termination” and a fixed fee contract will be pro-rated (as appropriate).

6.11 **Termination for Non-Performance**

**Default**

The University may terminate the resulting contract for non-performance, as determined by the University, for such causes as:

- Failing to provide satisfactory quality of service, including, failure to maintain adequate personnel, whether arising from labor disputes, or otherwise any substantial change in ownership or proprietorship of the Contractor, which in the opinion of the University is not in its best interest, or failure to comply with the terms of this contract;

- Failing to keep or perform, within the time period set forth herein, or violation of, any of the covenants, conditions, provisions or agreements herein contained;

- Adjudicating as a voluntarily bankrupt, making a transfer in fraud of its creditors, filing a petition under any section from time to time, or under any similar law or statute of the United States or any state thereof, or if an order for relief shall be entered against the Contractor in any proceeding filed by or against contractor thereunder. In the event of any such involuntary bankruptcy proceeding being instituted against the Contractor, the fact of such an involuntary petition being filed shall not be considered an event of default until sixty (60) days after filing of said petition in order that Contractor might during that sixty (60) day period have the opportunity to seek dismissal of the involuntary petition or otherwise cure said potential default; or

- Making a general assignment for the benefit of its creditors, or taking the benefit of any insolvency act, or if a permanent receiver or trustee in bankruptcy shall be appointed for the Contractor.

**Demand for Assurances**

In the event the University has reason to believe Contractor will be unable to perform under the Contract, it may make a demand for reasonable assurances that Contractor will be able to timely perform all obligations under the Contract. If Contractor is unable to provide such adequate assurances, then such failure shall be an event of default and grounds for termination of the Contract.

**Notification**

The University will provide ten (10) calendar days written notice of default. Unless arrangements are made to correct the non-performance issues to the University’s satisfaction within ten (10)
calendar days, the University may terminate the contract by giving forty-five (45) days notice, by registered or certified mail, of its intent to cancel this contract.

6.12 Funding Out

The University may terminate this contract if funds are not appropriated or are not otherwise available for the purpose of making payments without incurring any obligation for payment after the date of termination, regardless of the terms of the contract. The University shall provide the contractor thirty (30) calendar days' written notice of termination under this provision.

6.13 Prime Contractor Responsibility

Any contracts that may result from the RFP shall specify that the contractor(s) is/are solely responsible for fulfillment of the contract with the University.

6.14 Assignment and Subcontracting

The Contractor(s) may not assign or delegate its rights and obligations under any contract in whole or in part without the prior written consent of the University. Any attempted assignment or subcontracting shall be void.

6.15 Permits, Licenses, Taxes

The contractor shall procure all necessary permits and licenses and abide by all applicable laws, regulations and ordinances of all federal, state and local governments in which work under this contract is performed.

The contractor must furnish certification of authority to conduct business in the Commonwealth of Kentucky as a condition of contract award. Such registration is obtained from the Secretary of State, who will also provide the certification thereof. However, the contractor need not be registered as a prerequisite for responding to the RFP.

The contractor shall pay any sales, use, personal property and other tax arising out of this contract and the transaction contemplated hereby. Any other taxes levied upon this contract, the transaction or the equipment or services delivered pursuant hereto shall be the responsibility of the contractor.

The contractor will be required to accept liability for payment of all payroll taxes or deductions required by local and federal law including (but not limited to) old age pension, social security or annuities.

6.16 Attorneys’ Fees

In the event that either party deems it necessary to take legal action to enforce any provision of the contract and in the event that the University prevails, the contractor agrees to pay all expenses of such action including attorneys' fees and costs at all stages of litigation.
6.17 **Royalties, Patents, Copyrights and Trademarks**

The Contractor shall pay all applicable royalties and license fees. If a particular process, products or device is specified in the contract documents and it is known to be subject to patent rights or copyrights, the existence of such rights shall be disclosed in the contract documents and the Contractor is responsible for payment of all associated royalties. To the fullest extent permitted by law the Contractor shall indemnify, hold the University harmless, and defend all suits, claims, losses, damages or liability resulting from any infringement of patent, copyright, and trademark rights resulting from the incorporation in the Work or device specified in the Contract Documents.

Unless provided otherwise in the contract, the Contractor shall not use the University’s name nor any of its trademarks or copyrights, although it may state that it has a Contract with the University.

6.18 **Indemnification**

The contractor shall indemnify, hold and save harmless the University, its affiliates and subsidiaries and their officers, agents and employees from losses, claims, suits, actions, expenses, damages, costs (including court costs and attorneys’ fees of the University’s attorneys), all liability of any nature or kind arising out of or relating to the Contractor’s response to this RFP or its performance or failure to perform under the contract awarded from this RFP. This clause shall survive termination for as long as necessary to protect the University.

6.19 **Insurance**

The successful Contractor shall procure and maintain, at its expense, the following minimum insurance coverages insuring all services, work activities and contractual obligations undertaken in this contract. These insurance policies must be with insurers acceptable to the University.

<table>
<thead>
<tr>
<th>COVERAGES</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workers’ Compensation</td>
<td>Statutory Requirements (Kentucky)</td>
</tr>
<tr>
<td>Employer’s Liability</td>
<td>$500,000/$500,000/$500,000</td>
</tr>
<tr>
<td>Commercial General Liability including</td>
<td>$1,000,000 each occurrence</td>
</tr>
<tr>
<td>operations/completed operations, products</td>
<td>(BI &amp; PD combined) $2,000,000 Products</td>
</tr>
<tr>
<td>and contractual liability (including defense</td>
<td>and Completed Operations Aggregate</td>
</tr>
<tr>
<td>and investigation costs), and this contract</td>
<td></td>
</tr>
<tr>
<td>Business Automobile Liability covering</td>
<td>$1,000,000 each occurrence</td>
</tr>
<tr>
<td>owned, leased, or non-owned autos</td>
<td>(BI &amp; PD combined)</td>
</tr>
<tr>
<td>Cyber Liability Coverage</td>
<td>$2,000,000 Per Occurrence</td>
</tr>
</tbody>
</table>

The successful contractor agrees to furnish Certificates of Insurance for the above described coverages and limits to the University of Kentucky, Purchasing Division. The University, its trustees and employees must be added as additional insured on the Commercial General Liability policy with regard to the scope of this solicitation. Any deductibles or self-insured retention in the above-described policies must be paid and are the sole responsibility of the contractor. Coverage is to be primary and non-contributory with other coverage (if any) purchased by the University. All of these required policies must include a Waiver of Subrogation (except Workers’ Compensation) in favor of the University, its trustees and employees.
6.20 **Method of Award**

It is the intent of the University to award a contract to the qualified offeror whose offer, conforming to the conditions and requirements of the RFP, is determined to be the most advantageous to the University, cost and other factors considered.

Notwithstanding the above, this RFP does not commit the University to award a contract from this solicitation. The University reserves the right to reject any or all offers and to waive formalities and minor irregularities in the proposal received.

6.21 **Reciprocal Preference**

In accordance with KRS 45A.494, a resident offeror of the Commonwealth of Kentucky shall be given a preference against a nonresident offeror. In evaluating proposals, the University will apply a reciprocal preference against an offeror submitting a proposal from a state that grants residency preference equal to the preference given by the state of the nonresident offeror. Residency and non-residency shall be defined in accordance with KRS 45A.494(2) and 45A.494(3), respectively. Any offeror claiming Kentucky residency status shall submit with its proposal a notarized affidavit affirming that it meets the criteria as set forth in the above reference statute.

6.22 **Reports and Auditing**

The University, or its duly authorized representatives, shall have access to any books, documents, papers, records or other evidence which are directly pertinent to this contract for the purpose of financial audit or program review.

6.23 **Confidentiality**

The University recognizes an offeror’s possible interest in preserving selected information and data included in the proposal; however, the University must treat such information and data as required by the Kentucky Open Records Act, KRS 61.870, et seq.

Information areas which normally might be considered proprietary, and therefore confidential, shall be limited to individual personnel data, customer references, formulae and company financial audits which, if disclosed, would permit an unfair advantage to competitors. If a proposal contains information in these areas and the offeror declares them to be proprietary in nature and not available for public disclosure, the offeror shall declare in the Transmittal Letter the inclusion of proprietary information and shall noticeably label as confidential or proprietary each sheet containing such information. Proposals containing information declared by the offeror to be proprietary or confidential, either wholly or in part, outside the areas listed above may be deemed non-responsive and may be rejected.

The University’s General Counsel shall review each offeror’s information claimed to be confidential and, in consultation with the offeror (if needed), make a final determination as to whether or not the confidential or proprietary nature of the information or data complies with the Kentucky Open Records Act.
6.24 Conflict of Interest

This Request for Proposal and resulting Contract are subject to provisions of the Kentucky Revised Statutes regarding conflict of interest and the University of Kentucky's Ethical Principles and Code of Conduct (www.uky.edu/Legal/ethicscode.htm). When submitting and signing a proposal, an offeror is certifying that no actual, apparent or potential conflict of interest exists between the interests of the University and the interests of the offeror. A conflict of interest (whether contractual, financial, organizational or otherwise) exists when any individual, contractor or subcontractor has a direct or indirect interest because of a financial or pecuniary interest, gift or other activities or relationships with other persons (including business, familial or household relationships) and is thus unable to render or is impeded from rendering impartial assistance or advice, has impaired objectivity in performing the proposed work or has an unfair competitive advantage.

Questions concerning this section or interpretation of this section should be directed to the University purchasing officer identified in this RFP.

6.25 Extending Contract

The offeror’s response to this RFP must state whether or not the offeror will permit the use of this contract by other Universities, state agencies, public and private institutions in the Commonwealth of Kentucky. An answer to this issue must be submitted within the response.

6.26 Personal Service Contract Policies

Pursuant to the Kentucky Model Procurement Code (Code), the Government Contract Review Committee (GCRC) of the Kentucky General Assembly may establish policies that govern personal service contracts. Under the Code, a personal service contract is an agreement whereby an individual, firm, partnership or corporation is to perform certain services requiring professional skill or professional judgment for a specified period of time at an agreed upon price.

A. Professional Service Rate Schedules:

The GCRC has established rate schedules for certain professional services and may impact any contract established under the Code. These rate schedules are located on the GCRC website at www.lrc.ky.gov/statcomm/Contracts/homepage.htm.

B. Invoicing of Personal Service Contracts:

The Kentucky Model Procurement Code was recently amended to establish conditions for invoicing for fees for personal service contracts. It states, “No payment shall be made on any personal service contract unless the individual, firm, partnership, or corporation awarded the personal service contract submits its invoice on a form established by the committee.” The Government Contract Review Committee has adopted a personal service contract invoice form that must be submitted as a condition of payment. A copy of the form is located on the GCRC website at www.lrc.ky.gov/statcomm/contracts/PSC%20INVOICE%20form.pdf.
6.27 **Copyright Ownership and Title to Designs and Copy**

The contractor and University intend this RFP to result in a contract for services, and both consider the products and results of the services to be rendered by the contractor hereunder to be a work made for hire. The contractor acknowledges and agrees that the work and all rights therein, including (without limitation) copyright, belongs to and shall be the sole and exclusive property of the University. For any work that is not considered a work made for hire under applicable law, title and copyright ownership shall be assigned to the University.

Title to all dies, type, cuts, artwork, negatives, positives, color separations, progressive proofs, plates, copy and any other requirement not stated herein required for completion of the finished product for use in connection with any University job shall be the property of and owned by the University. Such items shall be returned to the appropriate department upon completion and/or delivery of work unless otherwise authorized by the University. In the event that time of return is not specified, the contractor shall return all such items to the appropriate University department within one week of delivery.

6.28 **University Brand Standards**

The contractor must adhere to all University of Kentucky Brand Standards. University Brand Standards are maintained by the University Public Relations Office (UKPR) and can be viewed at [http://www.uky.edu/pmarketing/brand-standards](http://www.uky.edu/pmarketing/brand-standards). Non-adherence to the standards can have a penalty up to and including contract cancellation. Only the UKPR Director or designee can approve exceptions to the University standards.

Graphics standards for the UK HealthCare areas are governed by UK HealthCare Clinical Enterprise Graphic Standards, found at: [https://ourbrand.ukhealthcare.org](https://ourbrand.ukhealthcare.org).

Contractor warrants that its products or services provided hereunder will be in compliance with all applicable Federal disabilities laws and regulations, including without limitation the accessibility requirements of Section 255 of the Federal Telecommunications Act of 1996 (47 U.S.C. § 255) and Section 508 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794d), and its implementing regulations set forth at Title 36, Code of Federal Regulations, Part 1194. For purposes of clarity, updated regulations under Section 508 standards now incorporate WCAG 2.0, and for purposes of this agreement WCAG 2.0 Level AA compliance is expressly included. Contractor agrees to promptly respond to, resolve and remediate any complaint regarding accessibility of products or services in a timely manner and provide an updated version to University at no cost. If deficiencies are identified, University reserves the right to request from Contractor, a timeline by which accessibility standards will be incorporated into the products or services provided by Contractor and shall provide such a timeline within a commercially reasonable duration of time. Failure to comply with these requirements shall constitute a material breach of this Agreement and shall be grounds for termination of this Agreement.

Where any customized web services are provided, Contractor represents that it has reviewed the University’s Web Policy and all products or services will comply with its published standards.

Contractor will provide University with a current Voluntary Product Accessibility Template (VPAT) for any deliverable(s). If none is available, Vendor will provide sufficient information to reasonably assure the University that the products or services are fully compliant with current requirements.
6.29 **Printing Statutes**

The purchase of printing services for all state agencies is governed by Chapter 57 of the Kentucky Revised Statutes. Specifically, all printing must be awarded to the lowest responsive bidder and approved by the Governor of Kentucky. In compliance with these statutes, all printing must be provided by a contract established by the Purchasing Division.
7.0 SCOPE OF SERVICES

7.1 Detailed Services Defined

Retiree Services and Plan Administration

Eligibility

1. Based on the eligibility data Proposer receives, Proposer will:
   a. Process member data for submission to CMS within 48 hours of receipt of eligibility data
   b. Update member information (e.g., address changes) within 48 hours of receipt of eligibility data
   c. Notify appropriate party of eligibility file issues within 24 hours of receipt of eligibility data
   d. Accept and process changes directly from retirees, including drops in coverage, address changes, age-in applications, and notify the UK upon acceptance of such changes.
   e. Provide online access to all eligibility files.

2. For new retirees who “age-in” to the Medicare program, the UK requires the following processes:
   a. Proposer will accept a file / notice from the UK every month with a list of pre-Medicare retiree members who will turn 65, such file / notice provided by the UK three months in advance of these retire members turning age 65.
   b. Proposer will be responsible for sending out all communications on enrollment on a timely basis, including paper applications, and processing enrollments received directly from age-in retiree members.
   c. Proposer will provide a supply of age-in enrollment communications to be used in case a retiree visits the HR / benefits department to get a replacement enrollment packet.
   d. Proposer will make outbound calls to retiree members to verify incomplete / missing information on an application for enrollment, and not rely on the UK (except in non-responsive situations – i.e. after 3 attempts to contact the retiree member) to make those phone calls to obtain the missing information.

3. Proposer will send an enrollment change report, every 2 weeks, that outlines new enrollments, terminations from coverage, deaths, and address changes
   a. Proposer will send a weekly enrolled member report to the UK.
4. Proposer will conduct all facets of retire premium billing for the retiree’s portion of the fully-insured premium, and will invoice the UK for their portion, based on subsidy data provided to Proposer by the UK.

   a. Proposer will drop a retiree member from the medical and Rx plan as soon as possible and in accordance with CMS rules, based on its record of non-payment of premium, without UK involvement in communicating the drop in coverage.

   b. Proposer will provide online access to retiree member and client invoicing to the UK.

Customer / Member Service

5. Proposer has a single, toll-free customer service telephone number for addressing claims payment, member services and any appeals related to medical or Rx.

6. Representatives must be trained in both Medicare specific programs and working with Medicare recipients.

   a. Proposer will have a toll-free customer service telephone number that is operational 24 hours a day, 7 days a week.

   b. Indicate hours, time zones, and days during which client members can reach a live customer service representative, during open enrollment and outside of open enrollment if different.

   c. How will Proposer assist the UK with members who call the UK’s benefits department with questions concerning the transition from the current carrier?

   d. Would Proposer be willing to dedicate account members to accompany client on all open enrollment group meetings held each year at Proposer’s expense?

   e. Would Proposer be willing to dedicate account members to accompany client on periodic wellness and clinical focus retiree group meetings held during each year at Proposer’s expense?

   f. How many wellness and clinical group meeting days are included in your proposal?

   g. Would your company be willing to assign two (2) dedicated account team members to specifically work on TRS operational needs?

   h. What services would Proposer provide to the UK for new member orientation to a Medicare Advantage Plan?

   i. Proposer will have available in its call center multi-lingual speaking service representatives, including Spanish.

7. Is some or all of Proposer’s customer service support provided offshore?

   a. If so, provide the following statistics on Proposer’s offshore calls:

      i. # handled offshore:
ii. % handled offshore:

8. List the location(s) of Proposer service centers that would be servicing the UK’s Medicare eligible retiree members.

9. What is Proposer contingency plan in the event that the proposed customer service center is off-line / down?

Quality

10. Service Quality

   a. Describe how at-risk members (e.g., nonresponding case management patients) who call customer service for non-care related management issues (e.g., benefit design or claims payment status) are routed to the appropriate care management unit.

   b. Do you provide compliance / gaps messaging to members?

   c. Do you provide compliance / gaps messaging to physicians?

11. Customer Service

   a. Is gap messaging available to members in Spanish? Other languages?

   b. Does your organization provide a member and customer service infrastructure that is totally dedicated to serving its Medicare Advantage members and customers? If yes, provide a detailed description of the dedicated services and the number of employees dedicated to providing these services.

   c. Do you offer one, centralized customer service unit for all member calls?

   d. How will your organization assist an employer with members who call their benefits department with questions concerning the transition from the current carrier?

   e. Would you company be willing to offer a call service center as described in the tab labeled “Telephonic Customer Intake?”

   f. Would your company be willing to cobrand materials and ID cards?

   g. Would your company be willing to assign two (2) dedicated account team members to specifically work on the UK’s operational needs?

   h. Would your company be willing to dedicate account members to accompany the UK on all open enrollment group meetings held each year at vendor’s expense?

   i. What services does your organization provide for new member orientation to a Medicare Advantage Plan?

12. Senior Focused Transparency Tools
a. Does your organization provide direct links to the CMS cost and quality transparency tools for seniors? Do you provide links to any other third-party tools specifically designed for seniors?

b. Confirm that customized UK Medicare Advantage customer satisfaction surveys will be conducted annually.

c. Do your senior-focused transparency tools contain any of the following features?

   i. The ability for seniors to complete a patient survey about their experience with a physician that includes ratings and an opportunity to leave comments? If yes, is this survey endorsed by the American Board of Medical Specialties?

   ii. The ability for seniors to specify the most important traits they desire in a physician and then display the best matching physicians in order of how well they meet their criteria (i.e., by displaying the % match score for easy identification of the best match)?

   iii. The ability to display photos of physicians?

   iv. The ability to guide seniors to the appropriate physician / specialist by allowing them to visually select a body part and symptom?

   v. The ability to perform a side-by-side comparison of physicians?

   vi. The ability to display US News and World Report rankings on the medical schools attended by each physician?

   vii. The ability to display US News & World Report rankings on the attending and training hospitals (i.e., residency and fellowship training) for each physician?

   viii. The ability to display professional appointments received by each physician?

   ix. The ability to display awards and national professional recognitions for each physician?

   x. The ability to display research studies and publications completed by each physician?

   xi. The ability for physicians to leave personal notes about his / her practice and interests in order to allow seniors to better match with a physician who is in tune with their specific needs and lifestyle preferences?

   xii. A visual map that notes the approximate location of each physician office so that seniors can easily find the most convenient location for them?

   xiii. A link to directions that enables seniors to secure door-to-door driving instructions to the physician office?

13. Data transparency and education to empower members to make high-value provider choices
a. Preference sensitive care: Describe formal programs offered to members to guide decisions regarding surgery and medical treatment options for conditions such as back pain, knee and hip replacement, and breast cancer.

14. Service to the UK: Quality and frequency of data transparency

a. Confirm that you agree to provide the CMS Monthly Membership Report (MMR) to the UK on a monthly basis, a Transaction Reply Report on a weekly basis, a Termination Report on a weekly basis, and a Discrepancy Report on a monthly basis.

15. Scope, Timeliness, and Interoperability of Data Shared

Do your senior-focused transparency tools contain any of the following features:

a. The ability for seniors to complete a patient survey about their experience with a physician that includes ratings and an opportunity to leave comments? If yes, is this survey endorsed by the American Board of Medical Specialties?

b. The ability to perform a side-by-side comparison of physicians?

c. The ability to display professional appointments received by each physician?

d. The ability to display awards and national professional recognitions for each physician?

e. A visual map that notes the approximate location of each physician office so that seniors can easily find the most convenient location for them?

f. A link to directions that enables seniors to secure door-to-door driving instructions to the physician office?

16. Medicare retiree members will have access to a web-based application, which allows them to review:

a. Claims history

b. Deductible and out-of-pocket expenses year-to-date in comparison to required annual amounts

c. Plan design

d. Doctor, hospital, and pharmacy locator

e. For MAPD, alternative drug therapies (i.e., formulary status, generic alternatives available, etc.) and cost of each.

f. For MAPD, compare price of a medication at retail versus mail order.

g. For MAPD, price a medication (including comparative retail pricing from local retail pharmacies)
17. For the MAPD Plan, Medicare retiree members will have online access to the Part D Rx formulary, with drug lookup capabilities (not just a list of formulary drugs).

18. For the MAPD Plan, Medicare retiree members will have online access to request mail order refills.

19. Does Proposer have a free downloadable mobile app for smartphones?

20. Provide screenshots of the most utilized parts of Proposer online MA and MAPD tools by Medicare retirees. Label them: [Proposer’s Name] Retiree Website Screenshots as Attachment C2.

Other Information

21. Please provide the following information in electronic format and name the file as specified:
   a. Current member enrollment materials (for a group passive MA and MAPD enrollment) that the health plan feels would be of assistance to the client in evaluating Proposer program. Name the file: [Proposer Name] Enrolment Materials as Attachment C3.
   b. Sample ID Card (MA and MAPD) and description of elements that may be customized. Name the file: [Proposer Name] ID Card as Attachment C3.

C. Account Management, Reporting, Implementation

Account Management

3. Identify key personnel that will directly support this contract, and whose performance appraisal is impacted by their performance on this contract with the UK. Be sure to include at a minimum, the Strategic Account Manager, Day-to-Day Account Specialist, Implementation Manager. Also, please indicate years of experience within Proposer’s organization servicing clients similar (size of Medicare retiree population, public entity) to the UK, number of similar clients with number of Medicare retiree members serviced, and years of experience in the retiree healthcare industry by completing the form labeled “Account Team Breakdown”. Label the form [Proposer Organization’s Name] Account Team as Attachment C4.

4. Proposer will provide educational materials in a variety of formats (e.g., print, webinar, video) for open enrollment and other needs

5. Proposer agrees to assign a dedicated contact person for enrollment, retiree billing and claims issues.

6. Please confirm Proposer’s responsibility for distributing all required communication per CMS rules, and not required communications, including but not limited to:
   a. Pre-Notification mailing of pending group enrollment and ability to opt-out
   b. Exhibit and Event Letters
   c. Welcome Kit Package
d. Transition Supply Services

e. Formulary Changes (for MAPD)

f. Formulary 60-day notice (for MAPD)

g. CMS Excluded Provider

h. Medication Therapy Management (MTM) – for MAPD

i. Evidence of Coverage (EOC)

j. Summary of Benefits (SOB)

k. Targeted mailing 45 days prior to initial plan effective date to members who will experience negative formulary change (based on utilization data obtained from current PBM) – for MAPD

l. Annual Notice of Change (ANOC)

m. Explanation of Benefits (EOB)

7. Proposer agrees that no external communications material that mentions the client’s benefit plans may be circulated without written approval from the client.

8. Describe the training Proposer will provide UK staff who could take calls from Medicare retired members.

9. Will the Proposer’s staff taking calls from Medicare retired members be specifically dedicated to MA and MAPD plans?

10. Attach a description of premium billing and retiree billing procedures. Include information on the timing of billing, billing-payment reconciliations and ability to provide for client self-billing if client decides to institute that type of billing procedure. Name the file: [Proposer’s Name]_Client Premium / Fee Billing.

11. The client requires a 45 – 60 day billing grace period. Please confirm that you are willing to accommodate.

12. Please confirm that you are willing to distribute open enrollment materials other than CMS required materials on behalf of the client. If yes, are there additional costs associated with distribution of open enrollment communications? Answer Yes or No only in your response here to the additional cost question, and enter the additional cost in your Cost Proposal and identify as such.

13. For the Medicare Advantage plan will you agree to share a monthly claim file with Aon for all UK members for purposes of data analytics?

**Reporting**

Please indicate Proposer’s willingness to provide reports to client and to comply with the following reporting requirements for this contract. Each report must reflect claims and enrollment (members)
by lines of coverage (Medicare Advantage medical and Part D Rx), and by plan, plus a total for all activity.

14. Proposer agrees to production of promised reports and data on agreed upon dates.

15. Proposer agrees to analyze client member’s claims utilization and cost data and meet with them on at least a semi-annual basis to review emerging trends and account servicing.
   a. Proposer will provide detailed Rx utilization statistics on at least a semi-annual basis and meet with client to review emerging trends and account servicing.
   b. Proposer will provide information on formulary changes before they occur and are announced to retiree members, including information on impacted users, and alternative drugs available.

16. Proposer will provide client with access to a web-based reporting platform.
   a. Employer reports can be exported into a csv or excel format.

17. Monthly reporting for this contract contains at least the following information:
   a. Paid claims
   b. Subsidies received for Part D, separately for each type of subsidy
   c. Subsidies received for Medicare Advantage medical
   d. CMS average risk score for the group, separately for Medicare Advantage medical and Part D Rx.
   e. Premiums (insured programs)
   f. Large Claims Report (>25,000)
   g. Monthly enrollment counts (members)
   h. Eligibility reporting to validate data, including full and changes only reports

18. General / Management –type claim utilization reports for this contract will be provided annually or on an as-needed basis by plan identifying at a minimum:
   a. Medicare Advantage medical subsidies from federal government
   b. Benefits paid
   c. Subsidies received for Part D, separately for each type of subsidy

19. These utilization management reports will also include actual utilization and average cost statistics and measures compared to Proposer’s book of business or industry-specific benchmarks, such as:
   a. ALOS
b. Days / 1,000

c. ER visits

d. Office visits

e. Trend

f. Other standard utilization measures and benchmarks

20. CMS reports for the full calendar year will be provided to client and to its designated consultant at the end of each contract year:

a. CMS Monthly Membership Report (MMR)

b. CMS Monthly Output Report (MOR)

21. If the relationship is terminated, do you have the ability to provide the client with a detailed report of the status of each participant, to transition these participants to another health plan?

22. What are your standard reports that would be provided to Client at no additional cost?

23. Attach one sample of all standard reports that would be provided to the client. Name the file: [Proposer's Name]_Standard Reports

24. Will the client's specific results be compared to national averages, your book of business and/or industry averages?

Implementation Support

25. Proposer will provide a designated implementation team for client that will include an implementation manager and the Strategic Account Manager; they will provide assistance during the transition / implementation process and participate in regularly scheduled status meetings (at least weekly by phone or in person) with client.

a. Proposer will maintain an implementation project plan and issue log documenting all implementation issues, actions, due dates, at risk tasks and responsible parties. Implementations must be supported year round as required by client.

b. Please provide a copy of an Implementation plan assuming a kickoff meeting in late July / early August 2018. Name the file [Proposer's Name]_Implementation Plan.

26. For each of the following, provide a “yes” answer if Proposer agrees to each provision without condition. Answer “no” if Proposer does not agree, or if there are stipulations. List any stipulations and/or conditions.

a. Be able to implement plan in 120 days and meet deadlines set forth in an agreed upon implementation schedule.

b. Production and distribution of ID cards prior to effective date with accuracy equal to data provided by the client.
c. Appropriate members of account team to perform a service and operational audit for the client within the first three months of the program.

d. Meet or exceed the client subjective assessment of satisfaction with program implementation.

27. For MAPD, you agree to accept and load all open mail order and specialty pharmacy refills, prior authorization histories, and at least six months of historical claims data at no additional cost to the client during the implementation process.

28. For MAPD, you can provide alternative approaches to minimize the need for members to request new prescriptions during transition.

29. Confirm that you will fully fund (up to $50,000) a pre-implementation audit focusing on your phone and claims system, and will have any issues identified during the audit resolved prior to January 1, 2018.

D. Medicare Risk Adjustment (MRA) Data / Processes

1. Transition Plan
   a. Describe your risk adjustment transition plan for the employer’s Medicare-eligible retiree population. Indicate the activities that will take place before, during, and after the effective date.

2. Member Data
   a. How does your organization track Medicare member risk scores?
   b. What controls does your organization have in place to ensure all required data is sent to the Centers for Medicare and Medicaid Services (CMS) for each data collection period?
   c. What process is in place to ensure that pended claims / encounters are worked for timely submission of MRA data to CMS?

3. MRA Data Analytics
   a. What metrics are in place to evaluate the submission of trends?
   b. What kind of data analysis does your organization perform to identify risk adjustment trends compared to other trends? Medical Expense ratio (MER)? Dual eligible? Low Income Subsidy (LIS)? Etc.?

4. What efforts does your organization take to identify and collect complete and accurate risk adjustment data for submission to CMS?

5. What process is in place to reconcile your organization’s member risk scores with the risk scores on file for the member at CMS?

6. What process is in place to ensure that the correct CMS capititated premium was paid based on the most accurate risk score?
7. What process is used to track the financial impact of risk adjusted data?

8. Does your organization’s MRA effort include a clinical analysis component?

9. Does your organization’s MRA group work with disease management, case management, etc.?

10. What have been your audit findings on your MRA submission process with CMS?

11. How does your company propose to work with TRS members to obtain the most accurate MRA score possible?

E. Plan Design, Clinical and Wellness, Provider Networks, Formulary Disruption

Plan Design

1. Client is requesting a national, passive PPO Medicare Advantage employer group plan – Medical Only, that for medical services has no benefit differential in-network and out-of-network. See attached Plan Design for the requested plan design. Please list any deviations on the plan design sheet (PPO Plan Design Deviations) in this document. Design deviation should be detailed in the Plan Design Deviation page. Also include an attachment labeled Plan Designs a detailed summary of your proposed benefit plan design.

2. For the proposed national passive PPO plan proposal, if a member moves from one network area to another network area, or moves from a network area to a non-network area or vice versa, will there be a new ID card and CMS required communication issued to the member, or will this move appear seamless to the member?

3. Are there any CMS filing limitations that would impact benefit coverage levels for any benefit design elements in the requested plan design? If yes, please explain.

4. Explain the process for submitting emergency claims incurred outside of the U.S.

5. TRS currently covers members that are eligible for Part B Medicare Coverage only. Confirm that your company can include the Part B only group for fully insured coverage. Members must be covered on the Medicare Advantage PPO with a Part B only waiver.

6. Confirm whether coverage is extended to any portion of hospitalization that occurs prior to the effective date of coverage under your plan.

7. Confirm whether the entire hospitalization charge is covered under your plan where a member terminates coverage and is hospitalized prior to the termination date and remains hospitalized subsequent to the coverage termination date.

8. Provide a description of skilled nursing facility services coverage.

Clinical Programs

9. Please provide a listing and brief description in electronic format and name the file as specified:
a. Clinical programs available under Proposer Medicare Advantage program offer to client, including how Proposer identifies eligible members, and how Proposer engages such members and keep them engaged in Proposer programs. Name the file: [Proposer Name]_Clinical Program, and provide descriptions of these programs for retirees as an attachment.

b. Wellness programs available to members under Proposer Medicare Advantage and Part D Rx program offer to client. Name the file: [Proposer Name]_Wellness Programs, and provide descriptions of these programs for retirees as an attachment.

10. Are your MA and PD clinical programs designed specifically for seniors?

   a. Do your MA and PD clinical teams support retirees only?

11. Identify any outsourced Proposers that are utilized for senior-focused clinical programs.

12. Describe your transition plan for the client’s Medicare-eligible retiree population who currently participate in clinical programs with the incumbent vendor. Indicate the activities and/or communication with impacted members that will take place before, during, and after the effective date.

13. How does your organization’s Medicare case management program identify members with home safety issues or environmental concerns that impact a member’s overall health and well-being and that cannot be identified telephonically? Does your organization have a process established for assessing members in their home environment?

14. How are members with both medical and behavioral concern identified? How are members with both medical and behavioral health issues / conditions managed by your organization? Who manages these members? Does your organization have a process for collaboratively managing members with both medical and behavioral health problems?

15. How is your organization leveraging data and technology to engage physicians in better compliance with evidence-based medicine and getting a broader view of their patient’s health status and healthcare experiences?

16. Describe your radiology benefit management program, including details of any services that are subcontracted.

17. Provide a concise description of how this health plan covers transitional conditions, such as chemotherapy, etc., if a new member is receiving treatment from a non-participating provider (assuming no passive PPO).

18. Provide a description of any advanced illness or end-of-life programs available to the UK members.

19. TRS currently maintains an ESRD CMS waiver. Can your company provide and ESRD waiver and work with CMS to maintain such a waiver?

20. Provide a listing of all clinical programs offered to members to include any disease management programs, programs to enhance STAR ratings, etc. Complete the form labeled “Clinical Programs.”
21. What percentage of your organization’s diabetic population is managed by a case management program? Describe your organization’s strategy for managing your diabetic membership.

22. Does your organization use predictive scoring to identify high risk, high need retirees that require outreach or more aggressive case management?

23. Briefly describe your firm’s CMS Stars quality rating enhancement strategy and timeline. Include a description of the continuous quality improvement initiatives included in this strategy.

24. Describe your clinical transition plan for the employer’s Medicare-eligible retiree population. Indicate the activities that will take place before, during, and after the effective date.

25. Are your clinical programs designed specifically for seniors? Do your clinical teams support both active employees and retirees?

26. How does your organization’s Medicare case management program identify members with home safety issues or environmental concerns that impact a member’s overall health and well-being and that cannot be identified telephonically? Does your organization have a process established for assessing members in their home environment?

27. How are members with both medical and behavioral concerns identified? How are members with both medical and behavioral health issues / conditions managed by your organization? Who manages these members? Does your organization have a process for collaboratively managing members with both medical and behavioral health problems?

28. Describe the holistic management of the over 65 member and how you identify, engage, and assist the members. Provide your outcomes and ROI for these activities. Include what interventions you have for social, behavioral, medical, functional, financial, and community integration for the members.

29. How does your organization identify the frail elderly? What programs are available for the frail elderly and those that have complex illness and multiple co-morbidities?

30. How does your organization stratify your population to optimize the balance between intensive disease management and a population-based approach?

31. How does your organization use pharmacy data in identifying high risk, high need populations? If we have a carve-out PBM, can your organization take our data and use it for mining and potential referrals? What, if any, PBM’s do you have relationships with where this is currently being done?

32. Are clinical outcomes being tracked? If yes, how is the clinical outcome used? What programs are impacted?

33. Are you willing to send a monthly claim and eligibility file for the purpose of data analytical tracking by UK members? Is there a fee for this service?
34. Describe your organization’s strategy and key initiatives to ensure that Medicare Advantage will offer UK members a sustainable value proposition. Provide three specific examples of each initiative and an up-to-date summary of results by initiative.

**Access, Provider Network**

35. Provide disruption analysis using the Provider Disruption sheet. Label it clearly.

   a. Would client be able to nominate physicians to be included in the network?

   b. Will the proposer actively pursue physicians nominated by client retirees to participate in the network?

   c. How will you notify plan members if their selected provider is no longer in the network?

**Compliance with minimum access requirements (i.e., sufficiently comprehensive coverage across specialties and services that meet the geographic access requirements)**

36. Identify your geographic operating area.

37. Understanding that the UK currently utilizes a passive PPO model the importance of strength of PPO network is critical to competitive pricing. With that in mind, we will assess provider strength of network based on the more common distance-to-provider standard. Please complete the access standards in the sheet labeled “access standards.”

   a. Access Standard for Kentucky / UK: Provide the total number of providers for the practice specialties listed in the table on the form labeled “Access Standards – UK KY”. The table should be recreated for each of your proposed networks, with your number of in-network providers listed in place of the percentages indicated in the table.

   b. Please provide a complete list of the hospitals in each proposed network in the state of Kentucky. Name the attachment – “In-Network Hospitals – UK KY”

38. Access Standards Outside of Kentucky UK: Perform a match of retirees against participating providers in your networks. Prepare the following GeoAccess reports for each network being proposed:

   a. PPO Network

   b. Other Networks (e.g., tiered, high-performance)

   c. The report should show hospital and provider availability by physician specialty for each zip code. Report output is required for those with access and those without access, based upon the stipulated parameters. The report output should show the average distance to each provider group. In addition to the hardcopy report, the data must be supplied in electronic format that has read/write capabilities (e.g., Excel). Do not send the data in a read only file. Use only physicians accepting new patients in your GeoAccess provider file.
d. Please indicate in which of the 50 states your organization is licensed to offer employer-sponsored PPO network-based Medicare Advantage solutions that are filed and approved by CMS.

e. For this analysis, proposers should use ZIP code data from the file labeled “Census” to obtain a count of retirees by ZIP code. The standards to provide your report are included on the sheet labeled “Access Non-KY”.

39. Does your company employ providers to directly provide care to members? If yes, identify those in Kentucky.

40. Do you own the networks proposed for the UK? If not, specify those locations that are not owned and the vendor with whom you associate.

41. Demonstrate your ability to pass the “nexus test” by demonstrating more than 50% of retirees reside in the service areas for your PPO plan.

42. Provide disruption analysis and label the attachment “UK Disruption Analysis”.

43. Fully describe your available service area.

44. Confirm your ability to administer Medicare Advantage PPO on a national basis.

45. Indicate any areas where your network access does not meet the CMS standard access requirements.

46. Is there a strategy for negotiating provider reimbursements that would be below Medicare fee schedule payments? If yes, has your company determined disruption since employing this strategy? What has the disruption been over the last 6 months?

7.2 Optional Services

F. Coalition Strategy

1. Is your company willing to price and administer a coalition program for Medicare Advantage (MA) and Medicare Advantage Prescription Drug Plans (MAPD) for public sector entities? The initial plans offered will be for MA only with drug plan carved out. Is your company able to offer both an MA and MAPD option for Coalition members that may join in the future?

2. Please provide your underwriting strategy for new groups coming into the Coalition. Please provide your renewal underwriting strategy for the Coalition. Because of CMS involvement (risk score, subsidy, stars, etc.), will each Coalition member group be rated separately and administered separately?

3. How does your company envision the contract structure for member groups under the coalition?

4. Provide your company’s opinion of a Coalition strategy for MA and MAPD. What do you deem is your company’s added value to each member group from a Coalition-style approach?
5. How will existing groups within the Coalition structure be protected from adverse claim experience from new members groups entering the Coalition? How do you see the CMS Risk score and associated subsidy mitigating impact of a group with adverse risk?

6. Can each member group of the Coalition maintain a separate plan design? What are limitations on differences in plan design, if any, for member groups? Can each member group be administered separately?

7. Is there an opportunity / structure to combine risk and experience for all member groups? Can your company administer a shared risk program? What are the benefits or issues of this type of structure?

8. Does your company have a strategy to provide coverage for pre-65 retirees? If so, what is the strategy or program? Would your company be willing to offer a program to provide coverage to pre-65 Coalition members?
8.0 FINANCIAL OFFER SUMMARY

Offerors are to provide a fixed price for the MA services offered.

G. Financial Questionnaire

Financial – Proposals Provided

1. Please confirm that you have completed the sheet labeled “MA Proposed Rates” for a fully-insured MA only plan.

Financial – Underwriting Requirements / Fully Insured Premium Quotation

2. Provide the detailed development calculation for the Projected Medicare Advantage Medical Rate including all assumptions in the projection, including the trend assumptions Offeror used for the fully insured offer in an attachment, [Your Organization] _ Fully Insured Offer Projected Cost Assumptions for Medicare Advantage Medical.

3. Please indicate your willingness to comply with the following renewal requirements and services:
   a. For fully-insured coverages requested, renewal underwriting of rates is to be completed annually with any adjustments effective on the contract anniversary date, unless an alternate date is mutually agreed to in advance by the client.
   b. Proposer will provide routine underwriting – and actuarial-related contract services.
   c. The proposer will provide a complete description of the methodology inherent in the renewal work up and any changes in the fees / rates, to include a step-by-step calculation of the renewal rates.
   d. The proposer will provide a definition of all terms and an itemization of all assumptions used including projected claims, trend factors and the formula involved, plus a complete explanation of the logic inherent in the final renewal rate / fee package.
   e. For fully-insured coverages requested, can proposer provide a single national rate regardless of where retirees reside?

4. The proposer will pay for printing and mailing costs for:
   a. ID cards
   b. CMS Required communications
   c. Targeted mailings as agreed to with client

5. Reporting requested in the Technical proposal will be provided for at no additional charge.

6. Ad-hoc reporting will be provided for no additional charge.

7. There are no other programs for which the Plan will be charged that is not disclosed as “Other Program Fee(s) / Cost(s)” in the MA only tab.
8. You will agree to invoice the client monthly for any additional professional services fees. Please list what those fees would be.

9. Please describe your banking arrangements for the fully-insured MA plan.

10. Your organization is held accountable for the integrity of the financial transactions.

11. All disbursements must be supported by a claim for payment event.

12. Please confirm that there will not be a minimum deposit requirement. If there is, please state the amount.

13. Please disclose your current Medical Loss Ratio for your Medicare Advantage business in KY.

H. Fully Insured Rate Quote – Medicare Advantage – Medical Only

Please provide the following components of the quoted premium on a PMPM basis. Assume ESRD members are enrolled at initial enrollment.

1. Medical Plan
   a. Star Rating
   b. PMPM Rate (less ACA Insurance Industry Fee)
   c. ACA Insurance Industry Fee (if it were applicable)
   d. Total Client Premium
   e. # of Medicare Enrolled Retiree Members
   f. Monthly Cost
   g. Annual Cost

2. Hourly Rate for Additional Professional Services
   a. Hourly Rate

3. Rate Cap / Increase Guarantee for 2020
   a. Rate Increase
      b. If yes, provide the basis for your cap and/or guarantee

4. Rate Cap / Increase Guarantee for 2021
a. Rate Increase

b. If yes, provide the basis for your cap and/or guarantee

5. Describe the terms and conditions under which you have the right to modify the rates.

a. Minimum enrollment assumptions
b. Minimum employer contribution levels
c. Enrollment deviations +/- 15%
d. Multi-line discount
e. Rate Caveats
f. Confirm rates include commission. If applicable, specify commission amount

Other Program Fees

Please provide the following components of the quoted premium on a PMPM basis.

6. All required communication per CMS rules, and not required communications, including but not limited to:

a. Pre-Notification mailing of pending group enrollment and ability to opt-out
b. Exhibit and Event Letters
c. Welcome Kit Package
d. Transition Supply Services
e. Formulary Changes
f. Formulary 60-Day Notice
g. CMS Excluded Provider
h. Medication Therapy Management (MTM)
i. Evidence of Coverage (EOC)
j. Summary of Benefits (SOB)
k. Targeted mailing 45 days prior to initial plan effective date to members who will experience negative formulary change (based on utilization data obtained from current PBM)
l. Annual Notice of Change (ANOC)
m. Explanation of Benefits (EOB)
n. Customized Messages
o. Checks / Remittance / Processing Charge (unless indicated otherwise)
p. Charges for on-line adjudication (paid, reversed, and denied claims)
q. Mail order claims integration
r. Specialty pharmacy claims integration
s. Toll-free numbers for participants, pharmacies, and providers
t. Member welcome packages including ID card production with medical vendor information for each member and delivery to household
u. Replacement ID cards (production and delivery to household)
v. Eligibility maintenance and support, including manual eligibility updates as needed
w. Hard copy of network listing when requested
x. Account management team and support
y. Designated implementation team and support
z. Support for open enrollment benefit fairs
   aa. Plan design set-up and maintenance

7. Clinical Programs:
   a. Concurrent Drug Utilization Review (CDUR)
   b. Drug utilization review, Retrospective (RDUR)
   c. Controlled substance excessive use programs
   d. Formulary management
   e. Medication adherence programs (e.g. refill reminders)
   f. Communications to participants about lower cost alternatives (generics, mail, etc.) when available
   g. Member access to web-based drug information
   h. Member access to web-based patient claims history records
   i. Appeals (first level, second level and urgent)
   j. Prior authorization
k. Quantity duration / level limits

l. Step therapy protocols

m. Disease management programs

n. Fraud and abuse program

o. Other:

8. Wellness Programs:
   a. Senior Fitness
   b. Healthy Rewards
   c. Smoking cessation program (including counseling)
   d. Other:

9. Data Reporting:
   a. Access charge
   b. Access to web-based reporting
   c. Hardware / software access fees
   d. Member profiling
   e. Pharmacy profiling
   f. Physician profiling
   g. Standard reporting package
   h. Adhoc reports

10. Member-Directed Materials:
   a. Claim Forms (e.g., direct member reimbursement, homoe delivery pharmacy, etc.)
   b. Hard copy of formulary (or preferred drug list)
   c. Communication and marketing materials
   d. Other:

11. Other:
8.1 **Mandatory Services (Section 7.1)**

Please complete and attach Section 7.1 to provide support for your firm fixed price bid.

8.2 **Optional Services (Section 7.2)**

Offerors must provide a bid on the optional services detailed in Section 7.2. The University shall, at its sole discretion, make the determination as to whether the optional service will be undertaken.

Please submit your bid on optional services by completing Section 7.2.

8.3 **Alternate Pricing**

In addition to the above financial offer, the offeror may submit alternative financial proposals, however the information requested above must be supplied and will be used for proposal evaluation purposes.

8.4 **Additional Financial Commitment**

In addition to the financial offers, please propose a financial commitment to assist the University. Options may include a signing bonus, scholarships, internships, committee to hire University Graduates or a (%) percentage rebate.
## Form A: Reference Survey

### Section 1

<table>
<thead>
<tr>
<th></th>
<th>From:</th>
<th>Reference Respondent Information</th>
<th>Company:</th>
<th>Due Date:</th>
<th>Phone #:</th>
<th>Total Pages: 1</th>
<th>Fax #:</th>
<th>Phone #:</th>
<th>Fax #:</th>
<th>Email:</th>
<th>Bidder/Proposer email:</th>
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</table>

### Section 2

<table>
<thead>
<tr>
<th>Proposer Name:</th>
<th>Enter Proposer Name Here -- carried into subsequent tabs</th>
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</table>

### Section 3

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did this company have the proper resources and personnel by which to get the job done?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Were any problems encountered with the company’s work performance?</td>
<td></td>
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<tr>
<td>3. Were changes in the program during the year(s) after implementation, if applicable, handled properly and on a timely basis?</td>
<td></td>
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<tr>
<td>4. Was the implementation completed on time per the schedule agreed upon by you and the Proposer?</td>
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<tr>
<td>5. Were you satisfied with the implementation of the program, and the takeover from your prior insurer if applicable?</td>
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<tr>
<td>6. Were you satisfied with the customer service provided to your retirees</td>
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<tr>
<td>7. Were you satisfied with the resolution of escalated issues?</td>
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<tr>
<td>8. On a scale of one to ten, ten being best, how would you rate the overall work performance, considering professionalism; final product; personnel; resources.</td>
<td></td>
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<tr>
<td>9. If the opportunity were to present itself, would you rehire this company?</td>
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</tr>
<tr>
<td>10. Please provide additional comments pertinent to this company and the work performed for you:</td>
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</tbody>
</table>

### Section 4

<table>
<thead>
<tr>
<th>Reference Name (Print)</th>
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| Reference Signature |
Form B: Account Team Breakdown

<table>
<thead>
<tr>
<th><strong>Strategic Account Manager</strong></th>
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</thead>
<tbody>
<tr>
<td>Years with Proposer Servicing Similar Size Medicare Clients</td>
</tr>
<tr>
<td>Years Working in Retiree Health Benefits</td>
</tr>
<tr>
<td>Number of Similar Sized Medicare Clients</td>
</tr>
<tr>
<td># of Medicare Retiree Lives Serviced</td>
</tr>
<tr>
<td>Services Retiree Only Clients? (Yes or No)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Day-to-Day Account Specialist</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Years with Proposer Servicing Similar Size Medicare Clients</td>
</tr>
<tr>
<td>Years Working in Retiree Health Benefits</td>
</tr>
<tr>
<td>Number of Similar Sized Medicare Clients</td>
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<tr>
<td># of Medicare Retiree Lives Serviced</td>
</tr>
<tr>
<td>Services Retiree Only Clients? (Yes or No)</td>
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</tbody>
</table>

<table>
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<tr>
<th><strong>Implementation Manager</strong></th>
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<tbody>
<tr>
<td>Years with Proposer Servicing Similar Size Medicare Clients</td>
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<tr>
<td>Years Working in Retiree Health Benefits</td>
</tr>
</tbody>
</table>

<p>| <strong>Executive Sponsor</strong> |</p>
<table>
<thead>
<tr>
<th>Years with Proposer Servicing Similar Size Medicare Clients</th>
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</table>

<table>
<thead>
<tr>
<th>Years Working in Retiree Health Benefits</th>
</tr>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

### Number of Accounts Currently Servicing

#### Strategic Account Manager

<table>
<thead>
<tr>
<th>Number of Accounts</th>
<th>&lt;200 Medicare Lives</th>
<th>200 but &lt;500 Medicare Lives</th>
<th>500 but &lt;1,000 Medicare Lives</th>
<th>1,000 but &lt;2,000 Medicare Lives</th>
<th>2,000+ Medicare Lives</th>
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</table>

#### Day-to-Day Account Specialist

<table>
<thead>
<tr>
<th>Number of Accounts</th>
<th>&lt;200 Medicare Lives</th>
<th>200 but &lt;500 Medicare Lives</th>
<th>500 but &lt;1,000 Medicare Lives</th>
<th>1,000 but &lt;2,000 Medicare Lives</th>
<th>2,000+ Medicare Lives</th>
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</table>
Form C: Clinical Programs

This sheet describes the current Clinical Programs in place on the Medicare Advantage Plan. Please describe the clinical program that your company offers that most closely matches the current program. If there are additional fees or charges for certain programs, those charges must be clearly stated.

<table>
<thead>
<tr>
<th>Clinical Program</th>
<th>Description of Current Program</th>
<th>Description of Your Most Closely Matched Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Risk Assessments</td>
<td>Health Risk Assessments (HRAs) are used to assess the consumer’s medical conditions, including chronic conditions, medications, general health, utilization, mental health and the need for psychosocial services or help at home. HRAs are tools used to meet the initial and annual assessment requirement for Centers for Medicare and Medicaid Services (CMS) and also include medical and mental health history.</td>
<td></td>
</tr>
<tr>
<td>NurseLine</td>
<td>NurseLine empowers members to make better health care decisions. Serving as a referral point, NurseLine’s registered nurses provide services 24 hours a day, every day. They focus on our four basic value pillars of right care, right provider, right medications and right lifestyle. Our staff helps members to identify an appropriate, high-quality provider and to schedule an appointment.</td>
<td></td>
</tr>
<tr>
<td>Solutions for Caregivers</td>
<td>Solutions for Caregivers is a comprehensive management program designed to support family caregivers in helping aging family members to stay healthy, function as independently as possible and live with dignity. Simultaneously, the program helps caregivers to maintain their own health, mitigate stress and caregiver burnout and maximize available community resources and support.</td>
<td></td>
</tr>
<tr>
<td><strong>Reminders</strong></td>
<td>The Reminders program targets members who have missed specific, high-priority preventive services recommended by sources such as the United States Prevention Services Task Force, the American Diabetes Association and the Centers for Disease Control and Prevention. We identify such members based on claims and other administrative data. We contact targeted members through a combination of mailings and/or telephonic IVR technologies to encourage them to seek appropriate services.</td>
<td></td>
</tr>
</tbody>
</table>
| **SilverSneakers / Steps Programs** | SilverSneakers® is a fitness program that includes group exercise classes, workouts, health education seminars, social events and much more. More than 1 million members nationwide already enjoy SilverSneakers.

SilverSneakers Steps is a personalized fitness program for members who do not have a SilverSneakers location nearby. After registering as a Steps member, members receive a kit with tools for getting fit, including resistance bands, an exercise DVD and “how-to” material.

SilverSneakers offers an innovative blend of physical activity, healthy lifestyle education and socially-oriented programming that enable members to take greater control of their health. |
| **Medicare Advantage Rewards** | One way members stay healthy is by identifying health issues before they become problematic and begin to interfere with their quality of life. As a result, we have implemented a program called the Medicare Advantage Rewards Program for members that have been identified with certain gaps in care. Members receive incentives for completing preventive services, including mammogram, colon cancer screen, wellness exam and glaucoma screening. For example, members receive a gift card and/or coupons once a service is completed and proof by claim or physician attestation is received. |
| **Annual Preventive Visit** | We have initiated a targeted outreach to all members to assist with scheduling their annual physical exam. This initiative includes |
| **Congestive Heart Failure** | Our Congestive Heart Failure (CHF) program helps members manage their illness through a unique combination of home biometric monitoring, education outreach and care coordination. We use various integrated data referral sources to identify eligible participants, including predictive modeling, health assessments, direct referrals (self, physician, etc.), inpatient and outpatient notifications, nurse triage, claims data (medical, pharmacy, lab) and case management. Once identified, participants are stratified and offered appropriate levels of engagement and intervention. |
| **Diabetes** | Our Diabetes program addresses diabetes and related co-morbidities. Focusing on those with common co-morbidities who are at greatest need, the program addresses members’ comprehensive clinical and prevention needs and helps them to achieve optimal care. We use predictive modeling systems and claims data to identify possible gaps in care such as missing lab tests, prescription medications and screenings. Participants may also be identified through health risk assessments, our care management process, inpatient and outpatient notification, direct referral and through NurseLine (our 24-hour medical advice line). |
| **Kidney Resource Services (End-Stage Renal Disease)** | We deliver a comprehensive approach for managing members with end-stage renal disease (ESRD) prior to starting dialysis, during dialysis treatment and through transplant. Kidney Resource Services Program nurses engage members before they initiate dialysis to educate them about therapy options, assist them in managing comorbidities more effectively and help them avoid unplanned and costly hospitalizations. |
| **Transplant Resources Program** | Our Transplant Resources program addresses the complex needs of Medicare members who are facing transplants. Our specialized nurse consultants work with members to provide condition-specific education and care coordination services for |
those seeking selected high-cost and treatment-variable transplant procedures. By empowering members with information about our transplant Centers of Excellence as well as preparing for, and recovering from, transplant surgery, we drive superior clinical outcomes. We also validate members’ decisions and maximize economic value through operational efficiencies and cost avoidance for both the customer and the member.

| Treatment Decision Support | Treatment Decision Support addresses health conditions for which there are significant treatment variations resulting in compromised quality and efficiency outcomes. Members receive information about their medical conditions, treatment options and the clinical and cost ramifications of treatment choices. They also receive help selecting appropriate treatments and accessing cost-effective care. Through the program, registered nurses with specialized training about targeted conditions and treatment options help members make care decisions that are informed, evidence-based and preference-sensitive. This program helps with health conditions that have more than one treatment option. |

| Chronic Obstructive Pulmonary Disease | The Chronic Obstructive Pulmonary Disease (COPD) program provides real-time, in-home biometric condition monitoring, condition education and support of self-management skills to help members prevent acute episodes and significant disease progression. The program is designed to reduce unnecessary hospitalizations and emergency room visits while improving quality of life. Tools available to assess the member’s medical conditions, including: chronic conditions, medications, general health, utilization, mental health and the need for psychosocial services or help at home. |

| Cancer Support Program | Through education and support, our Cancer Support Program improves quality of care and quality of life for members during cancer treatment. Based on the member’s individual needs, we provide clinical consulting services from short-term education |
and empowerment through intensive, ongoing case management.

| Smoking Cessation | An advanced tobacco cessation program that focuses on specific measurable and attainable goals, such as establishing a quit date and avoiding triggers that lead to tobacco use. Program is built on the following key principles and integrates with our Wellness Advising Program:

**Stages of Change:** Tailored therapy based on the member’s readiness to change

**Personalization:** A member-first approach designed to enhance self-awareness of root-cause triggers, provide shared goal setting and decision making, leading to self-directed achievements

**Multi-touch therapy:** Uses online and print media, telephonic coaching, and home-delivered, over-the-counter nicotine replacement therapy (NRT) to deliver maximum results

**Integration:** Systems enable coaches to access personal health records, review notes from prior sessions, monitor progress on goals, and review electronic communications

Program includes:
- Up to eight outbound telephonic coaching sessions
- Unlimited inbound calls and secure messaging
- Educational articles, quizzes and progress tracking tools in both print and electronic format
- Home fulfillment of over-the-counter nicotine replacement therapy
- Education and coaching to overcome major hurdles associated with tobacco addiction

| Post-acute Transition Program | The Post-Acute Transition Program (PAT) anticipates and adapts for transitions of care and provides targeted interventions for individuals who transition from hospitals to short-term stays at a skilled nursing facility (SNF). The goal of this individualized, whole-person approach is to reduce the length of stay at the SNF by removing any
<table>
<thead>
<tr>
<th>Service Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transitional Case Management</td>
<td>Transitional Case Management (TCM) is designed to reduce complications by smoothing the transition from hospital to home. Program staff coordinate transitions in care or changes in member health status to avoid potential adverse outcomes and unnecessary readmissions.</td>
</tr>
<tr>
<td>High Risk Case Management</td>
<td>A national telephonic, chronic case management program of nurse care managers providing targeted interventions for members identified with chronic conditions and or frequent hospitalizations. Care managers also monitor general health status, current conditions, mobility, medications and risk for admission. The program supports members by helping them access care, coordinate services and learn to better manage their chronic conditions. Members are “high risk” based on Medicare utilization and a designated risk score. The program supports members by considering their chronic condition and medications, implications for lifestyle and future decision making, and access to services in their home to have efficient use of resources and stabilize the member’s quality of life.</td>
</tr>
<tr>
<td>Advanced Illness</td>
<td>The Advanced Illness care model provides for comprehensive care for individuals facing life-limiting illness generally defined as the last 12 months of life. The model focuses on improving the member’s quality of life by honoring and supporting the individual’s unique traditions, attitudes and beliefs regarding life and health and by addressing issues of physical, emotional and spiritual comfort. A structured approach to educating patients and providers about issues in caring for advanced illness can lead to better communication and a better understanding of patient preferences. As a result, this leads to more realistic expectations, greater satisfaction on the part of patients and families, improved symptom control, better allocation of resources and extended quality of life.</td>
</tr>
<tr>
<td>HouseCalls</td>
<td></td>
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<tr>
<td>------------</td>
<td></td>
</tr>
<tr>
<td>The HouseCalls program is specifically designed to improve member care and has direct impact on a variety of Star Ratings measures. To further leverage the HouseCall home visit for Star Rating impact, a pilot was performed last year in which the Practitioner collected samples to identify potential gaps in care related to C02-Colorectal screening, C03-LDL screening for those with heart disease, C04-LDL screening for those with DM, C17-A1C control (&lt;9%) triple weighted star measure, C18-LDL control (&lt;100) triple weighted star measure. Performing these additional tests and screening could identify early detection of health conditions to allow for earlier member engagement in prevention and management. The lab results are shared with the member and their primary care physician of record via mail. If the member does not have a primary care physician of record, the care management team will assist in finding one for the member. A record of the tests and screenings completed with each member will also be used for star measure tracking purposes.</td>
<td></td>
</tr>
</tbody>
</table>
| Gaps in Care and Outreach Stars Program | The Gaps In Care Outreach Program is another program specifically designed to improve our Star Ratings. The program leverages an integrated telephonic Clinical/Health Coach/Engagement Specialist model to close gaps in care by assisting Medicare members in scheduling appointments, addressing barriers and providing reminders and follow-up calls to confirm gap closures. A clinical escalation path to a Registered Nurse (RN) is available with all interactions. The Outreach Program directly impacts 14 star measures and influences 3 measures.

Impacted measures include: C01 Breast Cancer Screening, C02 Colorectal Cancer Screening, C03 Cardiovascular – Cholesterol Screen, C04 Diabetes-Cholesterol Screen, C05 Glaucoma Testing, C10 BMI, C15 Diabetes-Eye Exam, C16 Diabetes Kidney Disease, C17 Diabetes Blood Sugar, C18 Diabetes Cholesterol, D15 Diabetes Treatment, D16 Medication Adherence, D17 Medication Adherence Hypertension, D18 Medication Adherence Cholesterol, C06 Annual Flu Vaccine, C14 Osteoporosis Management, C20 Rheumatoid |
| Osteoporosis Star Initiative | for women (age 67 and above) who have had a bone fracture and have not received Osteoporosis medication or a bone density test within six months of the fracture (Star Measure C14). This initiative is designed to identify retirees at risk for osteoporosis by conducting an easy to administer, bone density screening in the convenience of their home. If screening indicates signs of osteoporosis, retirees are encouraged to seek additional care from their provider. All results are shared with the retiree’s primary care physician.  
Targeted Star Measure: percent of female plan retirees who have had a bone fracture and got a screening or treatment for Osteoporosis within six months.  
Approach: Contracting with innovative healthcare professionals to provide retirees with an in-home bone density screening. Our provider outreaches to retiree, sets appointment, performs screening and bills the health plan using existing claim processes. They provide a service record and results to the retiree’s physician. |
Form D: Provider Disruption - Top 50 Acute Care Hospitals and Top 100 Other Providers by Number of Members Utilizing

Please attach an Excel file with the following data elements:

<table>
<thead>
<tr>
<th>PROVIDER TAX_ID</th>
<th>NATL_PROV_ID</th>
<th>PROVIDER_NAME</th>
<th>PROVIDER_ADDR_ONE</th>
<th>PROVIDER_ADDR_TWO</th>
<th>PROVIDER_CITY</th>
<th>PROVIDER_STATE</th>
<th>PROVIDER_ZIP</th>
<th>PROVIDER_SPECIALTY</th>
<th># of Members Utilizing in last 12 months</th>
<th>Paid Claims to Provider in last 12 months</th>
<th>In-Network (Yes or No)</th>
<th>Willing Provider* (Yes or No)</th>
</tr>
</thead>
</table>

*Institutional data populated with data collected from incumbent carrier

Provider
Form E: Access Standards – Coalition / KY

Provide the total number of providers for the below practice specialties in each geographic area. The access standards we will look for in each area are listed in the table below. This table should be recreated for each of your proposed networks, with your number of in-network providers listed in place of the percentages below.

Please provide a complete list of the hospitals in each of your networks in Kentucky. Name your attachment "In-Network Hospitals – Coalition KY."

<table>
<thead>
<tr>
<th>Practice / Specialty</th>
<th>Area 1</th>
<th>Area 2</th>
<th>Area 3</th>
<th>Area 4</th>
<th>Area 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Physicians</td>
<td>40%</td>
<td>40%</td>
<td>40%</td>
<td>40%</td>
<td>40%</td>
</tr>
<tr>
<td>Adult Physicians (Family Practice, General Practice, General Internal Medicine)</td>
<td>40%</td>
<td>40%</td>
<td>40%</td>
<td>40%</td>
<td>40%</td>
</tr>
<tr>
<td>Specialists (excluding OB/GYN)</td>
<td>40%</td>
<td>40%</td>
<td>40%</td>
<td>40%</td>
<td>40%</td>
</tr>
<tr>
<td>Pediatricians</td>
<td>40%</td>
<td>40%</td>
<td>40%</td>
<td>40%</td>
<td>40%</td>
</tr>
<tr>
<td>Obstetricians / Gynecologists</td>
<td>40%</td>
<td>40%</td>
<td>40%</td>
<td>40%</td>
<td>40%</td>
</tr>
<tr>
<td>Acute Care Hospitals</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Mental Health Providers</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Psychiatric Hospitals</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
</tbody>
</table>
Form F: Access Standards – Non KY

Provide the total number of providers for the below practice specialties in each geographic area. The access standards we will look for in each area are listed in the table below. This table should be recreated for each of your proposed networks, with your number of in-network providers listed in place of the percentages below.

Please provide a complete list of the hospitals in each of your networks in Kentucky. Name your attachment “In-Network Hospitals – Coalition Non-KY”.

<table>
<thead>
<tr>
<th>Practice / Specialty</th>
<th># of Providers Available</th>
<th>Miles from EE’s Residence (Urban)</th>
<th>Miles from EE’s Residence (Suburban)</th>
<th>Miles from EE’s Residence (Rural)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Physicians</td>
<td>2</td>
<td>8</td>
<td>15</td>
<td>25</td>
</tr>
<tr>
<td>Adult Physicians (Family Practice, General Practice, General Internal Medicine)</td>
<td>2</td>
<td>8</td>
<td>15</td>
<td>25</td>
</tr>
<tr>
<td>Specialists (excluding OB/GYN)</td>
<td>2</td>
<td>8</td>
<td>15</td>
<td>25</td>
</tr>
<tr>
<td>Pediatricians</td>
<td>2</td>
<td>8</td>
<td>15</td>
<td>25</td>
</tr>
<tr>
<td>Obstetricians / Gynecologists</td>
<td>2</td>
<td>8</td>
<td>15</td>
<td>25</td>
</tr>
<tr>
<td>Acute Care Hospitals</td>
<td>1</td>
<td>10</td>
<td>15</td>
<td>25</td>
</tr>
<tr>
<td>Mental Health Providers</td>
<td>1</td>
<td>30</td>
<td>35</td>
<td>45</td>
</tr>
<tr>
<td>Psychiatric Hospitals</td>
<td>1</td>
<td>30</td>
<td>35</td>
<td>45</td>
</tr>
</tbody>
</table>
Form F: PPO Design Deviations

Complete based on what retiree pays (highlight in **bold and red** font deviations from current design requested). Proposers are encouraged to provide benefits above the minimum level requested. Proposers must provide a detailed summary of proposed coverage.

<table>
<thead>
<tr>
<th>#</th>
<th>Description</th>
<th>Minimum Requirements for Medical Plan Coverage</th>
<th>Retiree Pays – Deviations from Minimum Requirements Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Annual Out-of-Pocket Maximum</td>
<td>$3000/$6000 including deductible</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Annual Deductible</td>
<td>$183</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Inpatient (per benefit period)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Hospital Inpatient</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Hospital Inpatient – lifetime max on days</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Professional services</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. Mental Health – partial hospitalization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Skilled Nursing Facility (per benefit period)</td>
<td>20% 100 day per plan year limit</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Days 1 – 100</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Days 101+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Hospice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Physician Visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Primary Care Physician</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Physician Specialist</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Allergy Injections</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Podiatry Services (Medicare Covered)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Vision Exam (Medicare Covered)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Hearing Exam (Medicare covered)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Dental (Medicare covered)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Chiropractic Services (Medicare Covered)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Mental Health / Substance Abuse (outpatient / group)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Description</td>
<td>Percentage</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>-----------------------------------------------------------------------------</td>
<td>------------</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Mental Health / Substance Abuse (outpatient / individual)</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Home Health</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Outpatient / Professional</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Supplies</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Lab / Radiology</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Clinical Lab</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. Radiology Services</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>Outpatient Hospital – Facility</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Complex radiology (CAT, PET, MRI), Radiology, Radiation Therapy</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Surgery</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Non-Surgical: dialysis, chemotherapy, lab services</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. Dialysis – self training</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Physical / Speech / Occupational Therapy</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. CORF (Comprehensive Outpatient Therapy Facility)</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Ambulatory Surgical Center Services, including professional services</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Emergency Services</td>
<td>$100 then 20% deductible does not apply</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Emergency Room</td>
<td>$100 then 20% deductible does not apply</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Urgent Care / Immediate Care</td>
<td>$100 then 20% deductible does not apply</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Ambulance (Medicare Covered)</td>
<td>$100 then 20% deductible does not apply</td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>Durable Medical Equipment (from designated provider)</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>Prosthetics and Orthotics (from designated provider)</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>Part B Drugs and Supplies</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>Blood</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td>Other Services – Not covered by Medicare</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Description</td>
<td>Coverage Percentage</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>--------------------------------------------------</td>
<td>---------------------</td>
<td></td>
</tr>
<tr>
<td>25.</td>
<td>Part B Excess Charges</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>26.</td>
<td>Routine Footcare (6 visits)</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>27.</td>
<td>Vision Exam (routine)</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>28.</td>
<td>Vision Hardware (frames, lenses, contacts)</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>29.</td>
<td>Hearing Exam (routine)</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>30.</td>
<td>Hearing Aids</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>31.</td>
<td>Dental (cleaning)</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>32.</td>
<td>Dental (preventive)</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>33.</td>
<td>Chiropractic Services (routine)</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>34.</td>
<td>Routine &amp; Additional Preventive</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>Physical Exams</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>Pap Smear / Pelvic Exam – lab will take lab cost share</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>Immunizations – Medicare covered</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td>Prostate Cancer Screening Exam</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>e.</td>
<td>Colorectal Screening</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>f.</td>
<td>Bone Mass Measurement</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>g.</td>
<td>Mammography Screening</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>35.</td>
<td>Wigs due to Chemotherapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36.</td>
<td>Organ transplants &amp; travel benefits due to transplants</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>37.</td>
<td>Acupuncture</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>38.</td>
<td>Fitness Program</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>39.</td>
<td>Other</td>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>