

**Notice Inviting Proposals For
Group Health Insurance**

November 14, 2011

The Housing Authority of the City of Shreveport (HACS) herewith requests proposals for Group Health Insurance. Please contact the Assistant Executive Director for copies of the Request for Proposals. Qualified applicants are invited to submit one original and five copies of your proposal as described below.

A .pdf version of the entire proposal is available on the HACS website at shvhousauth.com.

Proposals are to be addressed to:

Travis Bogan, Assistant Executive Director
Housing Authority of the City of Shreveport
2500 Line Avenue
Shreveport, LA 71104

318.698.3615 – Office
318.227.9733 – Fax
318.773.7713 – Mobile
travisb@shvhousauth.com

Proposals must be received no later than 4:00 pm January 6, 2012.

Proposals will be reviewed, and those firms whose proposals most appropriately meet the Housing Authority's needs will be considered.

Request for Proposals
for
Group Health Insurance

Housing Authority of the City of Shreveport
2500 Line Avenue
Shreveport, LA 71104
318.227.8174

Issue Date: November 14, 2011
Proposal Due Date: January 6, 2012

REQUEST FOR PROPOSALS

FOR

Group Health Insurance

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I. **Summary**

The Housing Authority of the City of Shreveport (HACS) establishes policy and reviews operations of subsidized housing in Shreveport LA. The HACS is soliciting qualified firms through this Request for Proposals (RFP) that provide group health insurance benefits (health, dental, vision, life). The HACS currently provides group medical benefits for its employees and their families and pays a minimum of 90% of the employees' and families' premiums. HACS employs approximately 70 full time staff members. All full time staff members and dependents are eligible for group benefits the first day of the month following the first full calendar month of employment.

II. **Proposal Submission**

Please submit one original and five copies of your proposal no later than 4:00 pm, Friday January 6, 2012 to:

Travis Bogan, Assistant Executive Director
Housing Authority of the City of Shreveport
2500 Line Avenue
Shreveport, LA 71104

Office: 318.698.3615
Fax: 318.227.9733
Email: travisb@shvhousauth.com

Packages must be marked: Request for Proposal – Group Health Insurance

No changes or corrections will be allowed after proposals are opened. Any questions concerning this RFP should be directed to the HACS Assistant Executive Director.

Proposals received after the deadline will not be considered.

The HACS reserves the right to reject any or all proposals submitted and to re-solicit for proposals.

Proposals may NOT be withdrawn for a period of ninety (90) days from the submission deadline date.

During the evaluation process, the HACS reserves the right, where it may serve the HACS's best interest, to request additional information or clarifications from carriers or to allow corrections of errors or omissions. At the discretion of the HACS, firms submitting proposals may be requested to make oral presentations as part of the evaluation process.

All proposals submitted become the property of the HACS. Submission of a proposal indicates acceptance by the firm of the conditions contained in this RFP, unless clearly stated and specifically noted in the proposal submitted and confirmed in the contract between the HACS and the firm selected.

III. Scope of Services

Established in 1940, the HACS was created by the City of Shreveport in accordance with enabling legislation enacted through the State of Louisiana Housing Authorities Law. The HACS is a public body, corporate and politic' which is governed by a five member Board of Commissioners. The Department of Housing and Urban Development (HUD) provides guidelines, regulations and funding for the Agency's operation.

The mission of HACS is to provide decent, safe and affordable housing to low and moderate income families and individuals in Shreveport and to create opportunities for our customers to achieve self-sufficiency. The HACS owns, operates, and maintains a variety of housing units within the City of Shreveport. In addition, the HACS provides rental assistance for residents through various federally subsidized rental assistance programs.

Therefore, it is desirable that the HACS staff and their families have access to quality health insurance, at an affordable cost. It should also be understood that, whereas it is the intent of the HACS to provide access to health insurance, it is not a mandatory requirement for employees to participate with respect to themselves or dependent coverage. **An award does not guarantee that all HACS employees will enroll in any plan.**

The HACS is interested in receiving fully insured proposals for HMO's, PPO's, and HSA plans. HACS will also entertain alternate proposals to review, including partially self-funded programs.

HACS currently provides fully insured health insurance coverage to all full time staff and their dependents on the first day of the month following the first full calendar month of employment. Current plan coverage year is from March 1 to February 28. Currently, HACS coverage is through United States Fire Insurance Company.

The selected vendor shall at all times, during the course of the study period, guarantee access by the HACS, HUD, Comptroller General of the United States, or any of their duly authorized representatives, to any books, documents, papers, and records of the vendor, which are directly pertinent to this specific contract for the purpose of making audit, examination, excerpts and transcriptions.

The selected vendor shall be required to retain all pertinent records for a period not less than three (3) years after final payment has been made.

In submitting a response, the Respondent acknowledges that the HACS shall not compensate the Respondent for any costs related to submission of a response, including costs of preparation. It is essential that the vendor selected has the necessary knowledge, skills and experience to implement all aspects of the work. All work is to be performed with the highest degree of professional standards, in compliance with HUD regulations, HACS procedures, criteria and requirements, and State and local laws and regulations.

IV. Policy on Small Businesses and Businesses Owned by Women and Minorities

It is the policy of the HACS to contribute to the establishment, preservation and strengthening of small businesses and businesses owned by women and minorities and to encourage their participation in HUD activities. The HACS encourages contractors to provide for the participation of small businesses and businesses owned by women and minorities through partnerships, joint ventures, subcontracts, or other contractual opportunities. Submission of a report of past efforts to utilize the goods and services of such businesses is required. Proposer must also state any plans to utilize such businesses and the manner in which they may be utilized, if applicable.

V. Proposal Content

The purpose of the proposal is to demonstrate the qualifications, competence and capacity of the proposer to undertake the responsibilities of providing the services outlined in this RFP to the HACS.

The following specific information should be included in your proposal:

1. All proposals, including the current carrier, shall complete the proposal forms:
 - a. Attachment A - Questionnaire
 - b. Attachment B - Proposal Submission Form
 - c. Attachment C - References (for groups approximately the size of the HACS)
 - d. Attachment D - Terminations (within the past year)
 - e. Attachment E - Declaration of Compliance
2. **All proposal forms submitted must be signed by an authorized official that has the authority to bind the bidder. Failure to complete the proposal forms may result in the proposal being disqualified.** Proposals are **required** to provide a minimum 13-month rate guarantee, with a contract period of March 1, 2012 through March 31, 2013.
3. Since there are important considerations involved in selecting a carrier in addition to rates, the HACS will not be required to accept the lowest bid. In addition to gross premium and retention charges, services rendered will also serve as a basis for award of the Contract.
4. The Carrier must submit evidence of ability to service the group without undue requirements of HACS's staff.
5. The HACS reserves the right to reject any and all proposals and to accept any bid deemed advantageous to the HACS. Any variance from these specifications must be stated in detail with complete reference to the bid specification provision from which the deviation is being made.
6. All proposals must be based on exact duplication of the existing plan benefits unless alternate benefits are requested. Any variance of benefits must be explained in writing and attached to the proposal for consideration. (Attachment F)

7. Proposals must be submitted for coverage on all eligible full-time regular employees and their dependents. **Proposals must include dental and vision coverage also.**
8. Actively at work and dependent confined requirements must be waived.
9. Respondents must also complete and submit the following forms, all of which are available on-line.
 - a. Instructions to Offerors (Form HUD-5369-B)
<http://www.hud.gov/offices/adm/hudclips/forms/files/5369-b.pdf>
 - b. Certifications and Representations of Offerors (Form HUD-5369-C)
<http://www.hud.gov/offices/adm/hudclips/forms/files/5369-c.pdf>
 - c. General Conditions for Non-Construction Contracts (Form HUD-5370-C)
<http://www.hud.gov/offices/adm/hudclips/forms/files/5370-C1.pdf>
 - d. Certification Regarding Debarment and Suspension (Form HUD-2992)
<http://www.Shreveportha.org/business/RFPs/HUD2992.pdf>

VI. Deadline for Written Questions

Respondents may submit questions in writing to the Housing Authority of the City of Shreveport, 2500 Line Avenue, Shreveport LA 71104, Attention: Travis Bogan, Assistant Executive Director, by email to travisb@shvhousauth.com, or by fax to 318.227.9733. Such written questions must be received by the HACS by **3:00 p.m. (C.S.T.) on Friday, December 9, 2011.**

An Addendum will be issued to reply to all written questions and will be posted on the HACS website and distributed to all Respondents who provide the HACS with a fax number or email address no later than **5:00 p.m. Wednesday, December 14, 2011.**

In order to maintain a fair and impartial competitive process, the HACS can answer questions only in response to written questions received, within the specified time frame. HACS must avoid private communication with the prospective Respondents during the evaluation period. The written questions will be the only opportunity for Respondents to ask questions as to form and content.

Please respect this policy and do not attempt to query the HACS staff or members of its Board of Commissioners regarding this RFP, except through written questions submitted in the manner and within the time frame indicated above.

VII. Evaluation/Acceptance/Rejection

Proposals will be reviewed by the HACS Board of Commissioners, the Executive Director and other staff as required. The HACS reserves the right to seek additional information and/or clarification from any proposer, the right to reject any and all responses received, with or without cause, the right to negotiate with any proposer that submits a response and also to waive any irregularity, if deemed to be in the best interest of the HACS.

The HACS specifically may choose other than the lowest cost proposal in order to provide the requisite services under terms and conditions that, in its sole judgment, are deemed to be in the best interest of HACS.

VIII. Proposal Qualifications

All companies submitting proposals must be licensed by the State of Louisiana and be permitted to contract with the State or any of its subdivisions. Further, it is preferred that companies be recommended in the latest edition of Best's Life Insurance Reports with a general policyholder's rating of at least an A, or in the case of casualty companies, have a rating of at least an A in the latest annual edition of Best's Key Rating Guide.

IX. Plan Administration

1. The HACS Responsibility: HACS will provide for payroll deductions of premiums and advise the Carrier of additions/deletions from the coverage. HACS will assist in the logistics of the enrollment process.
2. Selected Carrier's Responsibility: The Carrier will provide employee booklets outlining the benefits and instructions on filing a claim, identification cards, enrollment and orientation materials, and other appropriate communication materials deemed necessary by the HACS. Selected Carrier is liable for all claims incurred as of the effective date through the termination date. The Carrier will provide the following quarterly claim reports:
 - a. Summary of Paid Claims vs. Paid Premiums
 - b. Upon request of HACS, furnish a Summary of Claims in excess of \$10,000, including diagnoses and prognosis for the previous 24 months

X. Compensation

The HACS wishes to contract directly with Carrier and not through Broker/Agent of Record. Therefore, proposals shall be submitted **NET of commissions**.

XI. Evaluation Criteria

Proposals will be evaluated by a HACS selection committee. The Selection Committee will present its recommendations to the HACS Board of Commissioners, who will make the final selection.

Proposals will be evaluated using the Evaluation Criteria outlined below. After the initial scoring of proposals, those deemed by the Selection Committee to be within the competitive range will become the finalists and may be invited to make a formal presentation to the Selection Committee.

After the formal presentations, the HACS Selection Committee will enter into negotiations with the Carrier selected the most highly qualified to provide the specified services. If negotiations prove unsuccessful, the next most qualified Firm will be contacted.

The HACS reserves the right to accept or reject in part, or reject all proposals and to re-solicit new proposals. The HACS may also reject any proposals that are incomplete or non-responsive and any proposals that are submitted after the deadline.

The proposals will be evaluated using the following weighted criteria:

EVALUATION CRITERIA	MAXIMUM RATING (POINTS)
Cost	30
Benefits	20
Ability to Service	20
Comprehensive Response to RFP	15
References	15
Total Initial Points	100

XII. Withdrawals of Proposals

Proposals may **NOT** be withdrawn for ninety (90) days from the submission deadline date.

XIII. Mistakes in Proposals

If a mistake in a proposal is suspected or alleged, the proposal may be corrected or withdrawn during any negotiations that are held. If negotiations are not held, or if best and final offers have been received, the Respondent may be permitted to correct a mistake in the proposal and the intended correct offer may be considered, based on the conditions that follow:

1. The mistake and the intended correct offer are clearly evident on the face of the proposal.
2. The Respondent submits written evidence which clearly and convincingly demonstrates both the existing offer and such correction would not be contrary to the fair and equal treatment of other Respondents.

Mistakes after award shall not be corrected unless the HACS Executive Director makes a written determination that it would be disadvantageous to the HACS not to allow the mistake to be corrected. The approval or disapproval of requests of this nature shall be in writing by the HACS's Executive Director.

XIV. Conflicts of Interest

The Respondent warrants that to the best of his/her knowledge and belief and except as otherwise disclosed, he/she does not have any organizational conflict of interest.

Conflict of interest is defined as a situation in which the nature of work under this Contract and the Respondent's organizational, financial, contractual or other interests are such that:

- Award of the Contract may result in an unfair competitive advantage; or
- The Respondent's objectivity in performing the contract work may be impaired. In the event the Respondent has an organizational conflict of interest as defined herein, the Respondent shall disclose such conflict of interest fully in the proposal submission.
- The Respondent agrees that if after award he or she discovers an organizational conflict of interest with respect to this Contract, he or she shall make an immediate and full disclosure in writing to the Executive Director which shall include a description of the action which the Respondent has taken or intends to take to eliminate or neutralize the conflict. The HACS may, however, terminate the Contract if it is in its best interest.
- In the event the Respondent was aware of an organizational conflict of interest before the award of this Contract and intentionally did not disclose the conflict to the Executive Director, the HACS may terminate the Contract for default.
- The provisions of this clause shall be included in all subcontracts and consulting agreements wherein the work to be performed is similar to the service provided by the Respondent. The Respondent shall include in such subcontracts and consulting agreements any necessary provisions to eliminate or neutralize conflicts of interest.
- No member of or delegate to the U.S. Congress or HACS Board of Commissioners shall be allowed to share any or part of this Contract or to derive any benefit to arise there from. This provision shall be construed to extend to this Contract if made with a corporation for its general benefit.
- No member, officer, or employee of HACS, no member of the governing body of the locality in which the project is situated, no member of the governing body in which the HACS was activated, and no other public official of such locality or localities who exercises any functions or responsibilities with respect to the project, shall, during his or her tenure, or for two years thereafter, have any interest, direct or indirect, in this Contract or the proceeds thereof.
- The HACS reserves total discretion to determine the proper treatment of any conflict of interest disclosed under this provision.

XV. Incurred Costs in Preparing Proposals

Respondents will be responsible for all costs incurred in preparing a response to this RFP. All material and documents submitted by Respondents will become the property of the HACS and will not be returned. Brokerage firms selected for further negotiations, as well as

Brokerage firms ultimately selected to enter into a contractual agreement with the HACS, will be responsible for all costs incurred negotiations.

XVI. Awards

A contract shall be awarded in accordance with the terms and conditions of this RFP to the Respondent whose proposal is most advantageous to the HACS, considering price, technical and other factors as specified in this RFP. The HACS reserves the right to negotiate and award any element of this RFP, to reject any or all proposals, or to waive any minor irregularities or technicalities in proposals received, as is in the best interest of the HACS.

XVII. Contract/ Award

The Contract for Group Health Insurance as requested in this RFP document will be subject to the approval of the HACS's Board of Commissioners.

This RFP will result in a fixed-fee contract, the terms of which will be negotiated between HACS and the selected Respondent. The Contract shall commence on the date specified therein and shall terminate upon completion of all services required pursuant to the Contract unless terminated as provided therein.

XVIII. Miscellaneous

- Responses should be prepared simply and economically, and should be both straightforward and concise.
- Proposers must be in full compliance with federal, State, Parish, and local laws, ordinances, rules and regulations that in any manner affect the items covered herein. Lack of knowledge by the proposer shall in no way be cause for relief from responsibility.
- Submit six copies of your response.
- Proposals may NOT be withdrawn for ninety (90) days from the submission deadline date.

XIX. Attachment A - Questionnaire

1. Address of your company's home office.

2. Briefly describe your Company. (Date established, number of employees, number of insured)

3. What is your company's most current Best Rating?

4. Is your company licensed to do business in the State of Louisiana?

5. How many open complaints are on file against your company with the Louisiana Department of Insurance?

6. Is your company currently involved in any litigation as a defendant over any benefits or services being proposed in response to this RFP? _____

If yes, please provide a brief description of each suit and the amount involved.

7. Where do you propose to pay claims for this account?

8. Does your company provide professional negotiation services for non-network providers?

9. Do you agree to a no-loss/no-gain takeover on all benefits for all employees (*continuation of coverage to retirees, council or governing body*) and dependents?

10. What is your time frame for providing renewal rates to the Plan holder?

11. Do you have a toll-free telephone number for handling inquiries from employees? _____
If so, is there an additional charge? _____
12. Is the cost of providing employee booklets and identification cards included in the quoted rates? _____ If no, what is the additional charge? _____
13. Will your company provide quarterly claim reports as specified in the plan administration qualifications?

14. Will your company provide on-site enrollment assistance? _____
If yes, is there a charge? _____
15. Are the rates your company quoted guaranteed for 13 months?

XX. Attachment B - Proposal Submission Form

The undersigned, as Respondent, does hereby declare that they have read the specifications for Group Medical Insurance for the HACS employees, and with full knowledge of the requirements, does hereby agree to furnish the administrative services in full accordance with the specifications and requirements. The Respondent also agrees to duplicate present coverage and if not, will attach itemized detail of any differences.

Medical Rates PPO Monthly

Employee Only _____

Employee/Child(ren) _____

Employee/Spouse _____

Family _____

Medical Rates HMO Monthly

Employee Only _____

Employee/Child(ren) _____

Employee/Spouse _____

Family _____

Medical Rates HSA Monthly

Employee Only _____

Employee/Child(ren) _____

Employee/Spouse _____

Family _____

Enclose with your Proposal, complete underwriter notes:

Name of Respondent: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____ Date: _____

Signature: _____ Title: _____

XXI. Attachment C - References

Please provide the Policyholder with three references that have been insured with your company for at least three years that are comparable in size to our agency.

Company Name: _____
Name of Bidder: _____
Contact Person: _____ Title: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____ # of Employees: _____

Company Name: _____
Name of Bidder: _____
Contact Person: _____ Title: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____ # of Employees: _____

Company Name: _____
Name of Bidder: _____
Contact Person: _____ Title: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____ # of Employees: _____

XXII. Attachment D - Terminations

Please provide the Policyholder with three references that have terminated with your company in the past year.

Company Name: _____
Name of Bidder: _____
Contact Person: _____ Title: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____ # of Employees: _____

Company Name: _____
Name of Bidder: _____
Contact Person: _____ Title: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____ # of Employees: _____

Company Name: _____
Name of Bidder: _____
Contact Person: _____ Title: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____ # of Employees: _____

XXIII. Attachment E - Declaration of Compliance

The undersigned does hereby declare that they have read the Request for Proposals on which they are submitting a proposal with full knowledge of the requirements, and does hereby agree to furnish all services in full accordance with the requirements outlined in the Request for Proposals.

The proposer affirms that, to the best of their knowledge, the proposal has been arrived at independently and is submitted without collusion to obtain information or gain any favoritism that would in any way limit competition or give unfair advantage over other proposers.

The undersigned hereby declares that they have the authority to represent the proposer in submitting this proposal at the unit prices and level of services herein after notice of proposal award.

Company Name _____
Address _____
City, State, Zip Code _____
Contact Person/Agent _____
Area Code & Phone Number _____

Authorized Signature _____
Typed Name of Signatory _____
Title of Signatory _____
Date _____

XXIV. Attachment F – Current Plan Benefits

**Housing Authority of the City of Shreveport
Employee Benefit Plan & Trust**

Attachment #1
Attachment F

SCHEDULE OF BENEFITS

MEDICAL BENEFITS – Change maximum lifetime benefit amount and skilled nursing room rate. Remove limit on skilled nursing, jaw joint/TMJ and other preventative care. No other changes to this section.

	NETWORK PROVIDERS	NON-NETWORK PROVIDERS
MAXIMUM LIFETIME BENEFIT AMOUNT		Unlimited
<p>Note: The maximums listed below are the total for Network and Non-Network expenses. For example, if a maximum of 60 days is listed twice under a service, the Calendar Year maximum is 60 days total which may be split between Network and Non-Network providers.</p>		

DEDUCTIBLE, PER CALENDAR YEAR		
Per Covered person	\$2,000	\$4,000
Per Family Unit	\$6,000	\$12,000
<p>The Calendar Year deductible is waived for the following Covered Charges:</p> <ul style="list-style-type: none"> - Out-of-Area Emergency Services - Hospital Emergency Room/Urgent Care Center - Preventative Care 		

COPAYMENTS		
Physician visits	\$20	N/A
<p>The Physician visit copayment is for all services rendered in physician office for each day of service including diagnostic radiology and laboratory services ordered by the network physician at an outside facility. Services provided in physician office by General Practitioner, Family Medicine, Internal Medicine, Doctor of Osteopathy, Pediatrician and OB/GYN will fall under the above copayment. If any service is provided by a Specialist, the below copayment will be applicable.</p>		
Specialist visits	\$40	N/A
<p>The Specialty Physician visit copayment is for all services rendered in physician office for each day of service including diagnostic radiology and laboratory services ordered by the network physician at an outside facility. Services provided in the office by all other Physicians (other than Physicians listed above) will fall under the Specialty Physician copayment.</p>		
Out-of-Area Emergency Services	\$50	\$50
Hospital Emergency Room/Urgent Care Center	\$100	\$100
<p>The Emergency room copayment is waived if the patient is admitted to the Hospital on an emergency basis. The utilization review administrator, must be notified within 2 days of the admission, even if the patient is discharged within 2 days of the admission.</p>		

MAXIMUM OUT-OF-POCKET, PER CALENDAR YEAR, EXCLUDING CALENDAR YEAR DEDUCTIBLE		
Per Covered Person	\$2,000	\$5,000
Per Family Unit	\$6,000	\$15,000
<p>The Plan will pay the designated percentage of Covered Charges until out-of-pocket amounts are reached at which time the Plan will pay 100% of the remainder of Covered Charges for the rest of the Calendar Year unless stated otherwise.</p>		
<p>The following charges do not apply toward the out-of-pocket maximum and are never paid at 100%.</p> <ul style="list-style-type: none"> Deductible(s) Cost containment penalties Copayments <p>Charges for benefits paid at 100% do not apply toward the out-of-pocket maximum.</p>		

	NETWORK PROVIDERS	NON-NETWORK PROVIDERS
COVERED CHARGES		
Hospital Services		
Room and Board	80% after deductible the semiprivate room rate	50% after deductible the semiprivate room rate
Intensive Care Unit	80% after deductible Hospital's ICU Charge	50% after deductible Hospital's ICU Charge
Out-of-Area Emergency Services	100% after copayment	100% after copayment
Hospital Emergency Room/Urgent Care Center	100% after copayment	100% after copayment
Skilled Nursing Facility	80% after deductible the facility's semiprivate room rate	50% after deductible the facility's semiprivate room rate
Physician Services		
Inpatient visits	80% after deductible	50% after deductible
Office visits	100% after copayment	50% after deductible
Surgery	80% after deductible	50% after deductible
Home Health Care	80% after deductible 60 days Calendar Year maximum	50% after deductible 60 days Calendar Year maximum
Hospice Care	80% after deductible	50% after deductible
Ambulance Service	80% after deductible	50% after deductible
Jaw Joint/TMJ	50% after deductible	50% after deductible
Occupational Therapy	80% after deductible	50% after deductible
Speech Therapy	80% after deductible	50% after deductible
Physical Therapy	80% after deductible	50% after deductible
Durable Medical Equipment	80% after deductible	50% after deductible
Prosthetics	80% after deductible	50% after deductible
Orthotics	80% after deductible	50% after deductible
Spinal Manipulation Chiropractic	80% after deductible	50% after deductible
Mental Disorders		
Inpatient	80% after deductible	50% after deductible
Outpatient	80% after deductible	50% after deductible
Office visit	100% after copayment	50% after deductible
Substance Abuse		
Inpatient	80% after deductible	50% after deductible
Outpatient	80% after deductible	50% after deductible
Office visit	100% after copayment	50% after deductible
Preventative Care		
iHealth Scheduled Preventative Care	100%	100%
Includes only the following services/procedures, ordered by the attending physician: adult routine physical exam, mammogram, pap smear, cholesterol testing, prostate screening, and colonoscopy. These procedures are covered under this iHealth Scheduled Preventative Care benefit only. The benefit is for all eligible participants age 18 years or older including dependent children.		
Other Preventative Care	100%	100%
Includes, but is not limited to immunizations/flu shots and routine well child care. Procedures listed under iHealth Scheduled Preventative Care are not covered under this benefit. Also included under this benefit is preventative care as required by law.		
Routine Well Newborn Care	80% after deductible	50% after deductible
Organ Transplants	80% after deductible	50% after deductible
Dialysis	80% after deductible	50% after deductible
All providers, including PPO Network Providers, are considered to be non-network unless there is a rate contracted with AWAC, LLC or charges are approved by AWAC, LLC.		
Pregnancy	80% after deductible	50% after deductible
Global Billing services are not subject to copayment. Dependent daughters not covered.		

PRESCRIPTION DRUG BENEFITS – add Over-the-counter drug coverage. No other change to this section.

Generic Mandate – If the Physician has written the prescription for a brand name drug and indicated "dispense as written" and there is a generic substitute available, or if the Covered Person requests the brand name drug and there is a generic substitute available, the Covered Person is required to pay the difference between the brand name and generic drug in addition to the brand name drug copayment.

Pharmacy Option

*OTC drugs copayment	\$0
Generic drugs copayment	\$0
Single Source Brand Name drugs copayment	\$45
Multi Source Brand Name drugs copayment.....	\$40

Mail Order Prescription Drug Option

Generic drugs copayment	\$10
Single Source Brand Name drugs copayment	\$120
Multi Source Brand Name drugs copayment.....	\$80

*Over-the-Counter Substitutes with a Prescription are allowed at the above copayment. These drugs are Zyrtec, Cetrizine (generic Zyrtec), Zyrtec D, Cetrizine & Pseudoephedrine (generic Zyrtec-D), Claritin, Loratadine, sold under Alavert (generic Claritin) and other names, Claritin-D, Loratadine & Pseudoephedrine (generic Claritin-D), Allegra D, Prilosec, Omeprazole (generic Prilosec), Zantac, Ranitidine (generic Zantac), Pepcid and Prevacid. **The physician's prescription must be for the over-the-counter drug, not the drug for which it substitutes.**