



April 2020

## **A renewal presentation for City Of Coppell**

Presented to Holmes Murphy & Associates  
by Chris Caplinger



A UnitedHealthcare Company

# Renewal Services

Customer Name : City Of Coppel  
Plan Renewal Date : 10/1/2020

**All fees shown as per employee per month (PEPM) unless otherwise noted**

**Proposed renewal fees assume all existing products and services written with UMR will be retained throughout the renewal period. New products and services may be added however proposed fees are subject to change and/or and/or additional fees may apply if any existing products or services are discontinued.**

Administration and access fees	Subscribers	Current Fees	Renewal Fees 10/1/2020	Renewal Fees 10/1/2021
Medical claims	381	\$20.81	\$20.36	\$20.97
Medical client advisor commission		Net	Net	Net
Required stop loss interface fee	381	Included	Included	Included
Stop loss interface - If a non-preferred vendor is selected, this surcharge fee will also apply	381	\$2.55	\$2.55	\$2.63
UnitedHealthcare Choice Plus ® network - access fee	381	\$16.87	\$16.87	\$16.87
COBRA administration	381	\$1.05	\$1.05	\$1.08
Utilization and case management (includes NurseLine) - per employee per month savings of \$1.15	381	\$3.50	\$3.50	\$3.64
Interactive Reporting	381	Included	Included	Included
Incentive Solutions: Rewards - Health Incentive Account (HIA) Deposits (PPPM)	381	Included	Included	Included
Health reimbursement account - per participating employee per month	381	Included	Included	Included
Retiree billing - ACH debit	7	\$4.25	\$4.25	\$4.38
Medical Insured Carve Out Coordination Fee	381	Included	Included	Included
Advanced Claim Review - specialized review of high-cost targeted claims and medical records - % of savings	381	30%	30%	30%
CRS Benchmark Program – Multiplan's Complementary Network, Fee Negotiation and Data iSight - % of savings	381	22%	22%	22%
Wellness Credit - \$5,000 Annually				

UnitedHealthcare Choice Plus assumes that the benefit plans will meet the steerage requirements of the networks proposed or will be changed to meet the requirements, including but not limited to: deductible, out-of-pocket, coinsurance and plan limitations. Usage of the Choice Plus network requires employer participation in Value Based Contracting payment methodologies.

External PBM Vendors are subject to prior approval and may require additional fees. For groups with less than 100 subscribers, OptumRx is required.

# Additional Services

Customer Name : City Of Coppell  
Plan Effective Date : 10/1/2020

*All renewal fees are good for one year and are shown as per employee per month (PEPM) unless otherwise noted*

Plan Administration	Current Fees	Renewal Fees 10/1/2020
Actuarial Services (Certified Reserving & Custom Pricing)	Pricing available upon request	Pricing available upon request
Customized ID cards	\$150.00 per hour	\$150.00 per hour
ID card mailing charge - employee residence	Included with medical administration	Included with medical administration
Mail special packets to homes	Billed at cost for postage only	Billed at cost for postage only
Service Fee to Remit to Outside Vendors	Waived	Waived
New York surcharge filing and administration - annual fee	Included with medical administration	Included with medical administration
Claim reprocessing - per claim	\$25.00	\$25.00
Electronic eligibility on other formats	Fee waived	Fee waived
Subrogation - percent of recoveries	33%	33%
Run out claims after termination	3 months of base fees plus NAF for 12 mos of runout	3 months of base fees plus NAF for 12 mos of runout
Federal external review for appeals - for non-grandfathered plans for adverse benefit determinations that involve medical judgment or a rescission of coverage.	Up to 5 included, then \$500.00 per review	Up to 5 included, then \$500.00 per review
Full/Partial Summary of Benefits and Coverage (SBC) creation with data UMR has on file (includes initial SBC plus one amendment, electronic version only provided to employer)	Included with medical administration	Included with medical administration
Translation of SBC into non-English text	Cost of translation	Cost of translation
Print and ship SBCs to employer at open enrollment (approval required)	Cost plus postage	Cost plus postage
Inclusion of outside vendor data in SBC in UMR standard format, e.g. carved out benefits (approval required)	\$1,000 per SBC per benefit plan	\$1,000 per SBC per benefit plan
Two or more SBC requests per year	\$500.00 per SBC per benefit plan	\$500.00 per SBC per benefit plan
<b>COBRA</b>		
COBRA outside vendor - per line	\$0.05	\$0.05
<b>Reporting</b>		
Ad hoc reports and analysis - per hour (2 hours included with medical administration)	\$100.00	\$100.00
<b>Banking</b>		
Customer-maintained banking - positive pay agreement annual fee - supported file	\$1,000	\$1,000

# Conditions

**Customer Name : City Of Coppell**  
**Plan Effective Date : 10/1/2020**

This renewal proposal is valid until 30 days before the effective date and does not bind coverage or obligate UMR.

The information contained in this response to the request for proposal is considered confidential and proprietary. We are providing this information with the understanding that it will not be used for any purpose other than to evaluate our capabilities to provide the services requested. In addition, this information will not be disclosed to person(s) or entity(s) other than those who are involved in the process of evaluating our response. Written permission must be obtained from UMR prior to any exceptions of these obligations in order to maintain the confidentiality of our responses.

No carrier with a competing network or affiliated with an entity with a competing network may write Stop Loss coverage (individual or aggregate) on top of a UnitedHealthcare network.

All quoted product fees assume UMR administers the medical plan.

UMR assumes all services provided will be handled according to our standard format and procedures, unless otherwise specifically addressed within this proposal. Specialized services will be priced as necessary.

Fees proposed are based on the plan of benefits as submitted but does not assume duplication of benefits or provisions. Fees proposed assume a standard PPO plan design with no referral administration and no primary care physician tracking. Proposal assumes that the benefit plans will meet the steerage requirements of the networks proposed or will be changed to meet the requirements, including but not limited to; deductible, out of pocket, coinsurance and plan limitations. Plan design changes may impact a Grandfathered Health Plan status. Usage of the Choice Plus network requires employer participation in Value Based Contracting payment methodologies. Access to the UnitedHealthcare Choice Plus and Options PPO network does not include telemedicine services (i.e. 'Virtual Visits'). Please refer to the financial commentary tab for information on Teladoc services and

The Plan or its sponsor is responsible for state or federal surcharges, assessments, or similar taxes or fees imposed by governmental entities or agencies on the Plan, Plan Sponsor, or us, including but not limited to those imposed pursuant to the Patient Protection and Affordable Care Act of 2010 (PPACA), as amended from time to time. This includes responsibility for determining the amount due, funding, and remitting the PPACA PCORI reinsurance fee which is remitted to the government (federal and/or state).

The fees quoted do not include state or federal surcharges, assessments, or similar taxes/fees imposed by governmental entities or agencies on the Plan, Plan Sponsor, or UnitedHealthcare. We reserve the right to adjust the rates (i) in the event of any changes in federal, state or other applicable legislation or regulation; (ii) in the event of any changes in plan design or procedures required by the applicable regulatory authority or by the sponsor; (iii) any taxes, surcharges, assessments or similar changes being imposed by a governmental entity on the Plan or UnitedHealthcare; or, (iv) as otherwise permitted in our Administrative Service Agreement.

UMR reserves the right to adjust fees in the event of (i) any changes in federal, state or other applicable law or rules; (ii) changes in plan design required by the applicable regulatory authority (e.g. mandated benefits) or by the customer; or (iii) any taxes, surcharges, assessments or similar charges being imposed by a governmental entity on the plan or UMR.

To comply with the Department of Labor's (DOL) claims regulations, we encourage pre-notification of at least 60 calendar days prior to the effective date of this contract. In the event that a 60-day notice is not feasible, UMR does not guarantee, but will make every reasonable effort, to have new plan(s) programmed quickly so claims can be processed within the required DOL timelines.

Fees proposed assume one billing, reporting, eligibility feed, stop loss and banking arrangement.

Do not cancel in-force plan(s) and/or policy(ies) until final approval is received.

UMR is not bound by any typographical errors and/or omissions contained herein.

Fees proposed assume utilization and case management services are provided through UMR in order to access UnitedHealthcare

Fees proposed are subject to change if a division, subsidiary or affiliated company is added or deleted from the plan, if the number of covered employees changes by fifteen percent (15%) or more; or if the average contract size, defined as the total number of enrolled Participants divided by the total number of enrolled Employees, varies by 15% or more from the assumed average contract size. Any new fee required by such change will be effective as of the date the changes occur, even if that date is retroactive.

# Conditions

Claim reprocessing due to situations, such as retroactive benefit or eligibility changes, may require additional fees.

UMR will share raw claims and eligibility data, however, we reserve the right to exclude data elements deemed proprietary by our carved out.

UMR provides an ERISA DOL appeals process. UMR does not participate in Grievance Review Panel Hearings.

UMR requires that all qualified high-deductible plan designs meet federal regulatory requirements. Our coordination of benefits (COB) process will meet the requirements for Preservation COB processing.

Administration of plans requiring integrated deductible and out of pocket to comply with the Essential Health Benefits provision of Health Care Reform, qualified high deductible health plan or the like, assumes the use of service providers (pharmacy benefits manager (PBM), dental, vision, etc.) that are currently integrated with UMR. Utilizing these service providers may require additional fees. Please refer to your representative to identify integrated service providers.

FSA fees: HCA assumes a minimum of 20% of medical employees participating; DCA assumes a minimum of 20% of the HCA population participating.

Health reimbursement account assumes 20% participation rate.

If multiple accounts can be administered on a single debit card, only one debit card fee is applicable.

Care management bundled discount - fees assume all care management products listed on care management bundled discount line are selected. Discount will change if services selected change.

UMR does not administer statutory disability benefits.

HSA trustees bill directly for HSA services.

UMR cannot support the drug data requirements for Medicare Part D subsidy submission of plans where the pharmacy claims are paid under the medical plan. We recommend these pharmacy benefits be provided by a pharmacy benefits manager.



# Wellness Credit

**Customer Name : City Of Coppel**  
**Plan Effective Date : 10/1/2020**

UMR has provided an annual \$5,000 wellness credit, to be used during the contract period from 10/1/2020 to 9/30/2022 for implementing wellness

## Conditions:

- Requires a three year agreement. Early termination is subject to the early termination penalty outlined below.
- Any unused credit dollars at the end of the specified term are forfeited by the group.
- Reimbursement or payment will not be made directly to any person or vendor.
- Approved wellness credit expenses are credited to the ASO fees on the monthly bill.
- Assumes an enrolled subscriber count within 15% of the quoted subscriber count of 381.

## Early termination penalty\*:

*Termination prior to 10/1/2021 = 100% of Wellness Credit*

*Termination prior to 10/1/2022 = 50% of Wellness Credit*

*Termination prior to 10/1/2023 = 25% of Wellness Credit*

\* - penalty amount will not exceed actual amount credited as of the cancellation date.

## Wellness Program Guidelines

UMR recommends the following building blocks for establishing a successful wellness program that is specific to your organization's unique needs and

Visible senior-level support for wellness programming

Programming tied directly to improving health or wellness within your member population

Wellness initiatives supported by a communication program

Environment supportive of healthy behaviors

Collaboration with the strategic account executive (SAE) to incorporate initiative into a three-year strategic plan to maximize the effectiveness of the

## UMR Eligible Services for a Wellness Credit

The following items are eligible services covered by a wellness credit:

- UMR Health and Wellness - Clinical Health Risk Assessments (CHRA's) and Health coaching
- Biometric screenings
- Real Appeal
- UMR Disease Management program
- UMR Maternity Management program
- Incentives provided to encourage participation in wellness programs, for example gift cards for CHRA, biometric and/or Health and Wellness or Disease Management coaching completion.
- Biometric screenings using UMR's preferred vendor or an external vendor
- Flu shots
- Onsite health fair services- osteoporosis screening, skin cancer screening, nutritional consulting/education, mobile mammography or cardiovascular screening
- Onsite health clinic preventive services
- Wellness related consultative services from physicians, licensed therapists, registered dieticians and other health care professionals
- Dedicated onsite health and wellness coordinator service (program management)
- Health and wellness onsite educational classes from an external vendor or speaker (i.e. stress management, ergonomics, nutrition, cooking demo, etc.)
- Onsite behavioral change classes: Weight Watchers, smoking cessation, anger management
- Smoking cessation programs and therapy (i.e. nicotine replacement therapy)
- Onsite exercise: Walking, pedometer program, stair climbing, water aerobics, swimming, cycling, aerobics, personal training, stretching, gym memberships or onsite gym services, acupuncture, alternative/holistic services
- Exercise equipment: Gym equipment – onsite and offsite
- Relaxation: Massage chairs, massage therapy, yoga
- Lactation: Services associated with accommodating onsite mother's room – couch, table, lighting
- Executive physical exams
- Ergonomic equipment: Work stations, chairs, keyboards, back supports
- Online activity tracking and reward administration

Example: Paying a health and wellness vendor to track employee participation. Reward would include a gift card or monthly activity fee paid.

- Other: Various incentives related to health and wellness that are provided to encourage participation in wellness programs

Example: Entry fees to a wellness event (race), attire/gear for a wellness event, rental of equipment for wellness activity.

- The fees for generating out of company data extracts that are explicitly used to support wellness programs
- Printing expenses/materials for a health and wellness event: Costs directly related to the promotion of the eligible wellness program or service (printing expenses or required materials for event)

Note: Contribution based incentives such as contributions to HSA and HRA are not covered under this program.

UMR account management will consult with the customer to develop a plan to use wellness credits. Expenses not listed above are subject to prior

# Proposed Optional Services

**Customer Name : City Of Coppell**  
**Plan Effective Date : 10/1/2020**  
**Subscribers : 381**

UMR is pleased to provide the following proposal describing our services. Although the final terms of the arrangement will be reflected in the contracts between City Of Coppell and UMR, this document will provide supplemental information to the Administrative Services.

The quotation presented in the Financial Exhibits was based on the assumptions outlined in this document. *The information contained in this proposal is confidential.* This proposal requires a minimum lead time from notice of sale to the plan effective date for implementation. This will depend upon plan complexity and group size.

The following is a list of the standard administrative services offered by UMR with year-one fees only listed. In addition to our standard services, we have indicated those additional services that may be offered at an additional fee. Any service not specifically listed within this document or confirmed in the RFP response is assumed to be excluded from quoted fees.

# Proposed Optional Services

## Care Management - Additional Services

	Included in Fee Provided	Comments/Fees
<b>HW transactional:</b>		
Real Appeal - Year-long weight loss program	No	Session costs paid through medical claims (Contact your UMR representative for further information.)
• Promotional/communication assistance and materials		
• Initial welcome session		
• Weekly, Web-based group session		
• Ongoing, Web-based (face-to-face) individual coaching		
• Success kit (mailed to participant's home) - program success guide, nutrition guide and fitness guide, blender, body weight scale, food scale, workout DVDs, fitness band and more		
• Online/mobile tools to track nutrition and physical activity		
• Standard reports		

## Network Services

	Included in Fee Provided	Comments/Fees
Premium Designation Network	Yes	No additional charge, Plan Advisor is recommended.

## Teladoc Health - Telemedicine/Expert Medical Services

	Fee Shown on Renewal	Comments/Fees
<b>Service</b>		
Telemedicine (Teladoc) services:	No	Additional charge: \$1.25 PEPM
• Access to Teladoc physician network		
• Telephonic and web-based video medical consultations delivered at one low flat fee (substantially less than an office visit)		
• Teladoc ID card		
• Portable electronic health record		
• Communications materials (pdf format)		
Behavioral Health:	No	Additional charge: 1st year: no charge. 2nd year: \$0.30 PEPM
• Available as a <b>buy-up</b> to standard Teladoc program		
• Provides ongoing access to behavioral health practitioners via phone or video conference		
• Members schedule appointments with psychiatrist or masters level therapists or psychotherapists		
• Visit cost dependent on the behavioral health practitioner's license		