

ORIGINAL

Proposal for

City of Coppell

Medical Stop Loss Insurance:

RFP# 176

Date July 31, 2020

Proposed by



SA Benefit Services, LLC
5616 Lone Star Pkwy, Suite 102
San Antonio, TX 78253
Business Phone: (210) 996-2191
www.sabenefitservices.com
Email: schtata@sabenefitservices.com



July 31, 2020

City of Coppell
Procurement Services Department
255 Parkway Blvd.
Coppell, Texas 75019

Reference: Medical Stop Loss Insurance RFP#176

Dear To Whom It May Concern,

SA Benefit Services, LLC formally submits proposals for consideration in the selection process for the Medical Stop Loss Insurance RFP#176 for the plan year starting on October 1, 2020. We are the incumbent carrier and have issued a firm proposal if confirmation is received no later than August 11, 2020 of the acceptance of the firm offer being issued in response to this RFP. If acceptance is not received by August 11, 2020 then July claims will need to be reviewed to determine if proposal will change.

SA Benefit Services, LLC understands and accepts the proposal specifications, requirements, and terms and conditions and has a commitment to provide the services required by the group. The required documents as noted in the RFP have been included in the proposal. SA Benefit Services, LLC has not had any litigation cases or outstanding regulatory issues. We have been in business since 2011.

SA Benefit Services, LLC is a licensed agency and reinsurance broker. Our staff has a proven record of accomplishment while working with municipalities, school districts, and other large and small groups since 2011, but executive experience over 60 years.

Thank you,

Stephanie Chtata, MHA, MBA
SA Benefit Services, LLC
President

SA Benefit Services, LLC
5616 Lone Star Pkwy, Suite 102
San Antonio, TX 78253
Phone (210) 996-2191
Email: Schtata@sabenefitservices.com



Medical Stop Loss Insurance RFP#176

Stop Loss Proposal ONLY

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CITY OF COPPELL BID AFFIDAVIT (REQUIRED)

The undersigned certifies that they are a duly authorized officer/agent and authorized to execute the foregoing on behalf of the bidder. The bid prices contained in this bid has been carefully reviewed and is submitted as correct. Bidder further certifies and agrees to furnish any and all services upon the acceptance of the final proposal (after any amendments or negotiation) and upon the conditions contained in the Specifications of the REQUEST FOR PROPOSAL, specifically, the initial renewal must be delivered to the City no later than August 4, 2020 and firm and final no for an October 1, 2020 effective date.

I hereby certify that the foregoing bid has not been prepared in collusion with any other Bidder or individual(s) engaged in the same line of business prior to the official opening of this bid. Further, I certify that the Bidder is not now, nor has been for the past six (6) months, directly or indirectly concerned in any pool, agreement or combination thereof, to control the price of services/commodities bid on, or to influence any individual(s) to bid or not to bid.

Bids provided (check all that apply):

☒ Medical – Specific and Aggregate Stop Loss Reinsurance

Company Name	SA Benefit Services, LLC
Company Address (street, town, state, zip)	5616 Lone Star Pkwy, Suite 102 San Antonio, TX 78253
Telephone Number	210-996-2191
E-mail address	schtata@sabenefitservices.com
Fax Number	210-996-2195
Contact Name	Stephanie Chtata
Title	President
Authorized Signature	
Date	07/31/2020

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with local governmental entity.

SA Benefit Services, LLC

2 ☐ Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of local government officer about whom the information is being disclosed.

Name of Officer

4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

SA Benefit Services does not have a relationship that is known with any government officer of family member of City of Coppell.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

☐ Yes ☒ No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

☐ Yes ☒ No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

6 ☐ Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7

Signature of vendor doing business with the governmental entity

07/31/2020

Date



References

Current Clients

1) City of Plano
1520 K Avenue, 1st Floor, Suite 130
Plano, Texas 75074
andreac@plano.gov
2372 Lives
Services: Stop Loss

2) Brazoria County
111 East Locust
Angleton, TX 77515
Contact: Lesa Guirouard
lesag@brazoria-county.com
1316 Lives
Services: Stop Loss

3) City of Beaumont
801 Main Street
Beaumont, TX 77704
Phone: 409-880-3741
Employee Benefits Coordinator
Contact: Karen Satterly
Ksatterly@beaumonttexas.gov
1550 Lives
Services: Stop Loss

SA Benefit Services, LLC
5616 Lonestar Pkwy, Suite 102
San Antonio, TX 78253
Business Phone (210) 996-2190

Firm Stop Loss Proposal



Presented By

Stephanie Chtata, President

(210) 996-2191

schtata@sabenefitservices.com



City of Coppell - Effective:
10/01/2020 - FIRM Proposal

Stop Loss Terms		Current	Option 1	Option 2	Option 3
MGU (If MGU not identified then a direct carrier)					
Stop Loss Carrier		Liberty Insurance	Liberty	Liberty	Liberty
Network		UHC	UHC	UHC	UHC
Months in Contract		12	12	12	12
Specific Terms					
Specific Deductible		\$125,000	\$125,000	\$125,000	\$150,000
Aggregating Specific Deductible		\$50,000	\$50,000	\$0	\$50,000
Maximum Coverage Limit		Unlimited	Unlimited	Unlimited	Unlimited
Contract		24/12	24/12	24/12	24/12
Coverages		Med, Rx	Med, Rx	Med, Rx	Med, Rx
Run-In / Run-Out Limit		N/A	N/A	N/A	N/A
Terminal Liability Provision		No	No	No	No
Renewal Rate Cap (No New Laser)		No	No	No	No
Plan Mirroring Coordination approved		No	No	No	No
Advance Funding		Yes	Yes	Yes	Yes
Aggregate Terms					
Annual Maximum		\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Deductible Corridor		125%	125%	125%	125%
Contract		24/12	24/12	24/12	24/12
Coverages		Med, Rx	Med, Rx	Med, Rx	Med, Rx
Aggregate Accommodation Quoted		No	No	No	No
Terminal Liability Provision Quoted		No	No	No	No
Run-In / Run-Out Limit		N/A	N/A	N/A	N/A
Stop Loss Premium (Fixed)					
Specific Employee	175	\$42.08	\$42.74	\$47.53	\$35.51
Specific Family-2 tier	204	\$132.95	\$136.61	\$152.93	\$115.17
Annual Specific Premium		\$413,830	\$424,175	\$474,186	\$356,507
Aggregate Premium	379	\$5.42	\$5.36	\$5.36	\$6.15
Annual Aggregate Premium		\$24,650	\$24,377	\$24,377	\$27,970
Total Annual Premium		\$438,480	\$448,553	\$498,563	\$384,477
% Increase			2.30%	13.70%	-12.32%
Annual Fixed Cost		\$438,480	\$ 448,552.56	\$ 498,562.92	\$ 384,477.36
Aggregate Claim Liability					
Aggregate Employee	175	\$592.84	\$536.38	\$536.38	\$541.09
Family-2 tier	204	\$1,779.83	\$1,571.31	\$1,571.31	\$1,585.10
Maximum Claim Liability		\$5,601,988	\$4,972,965	\$4,972,965	\$5,016,614
% Increase			-11.23%	-11.23%	-10.45%
Fixed Cost and Maximum Claim Liability		\$6,040,468	\$5,421,517	\$5,471,528	\$5,401,091
% Increase			-10.25%	-9.42%	-10.58%
Qualifications					

1) Quotes are firm as long as disclosure statement is returned by 8/11/2020 in order to remain firm. No lasers are being placed for the 2020-2021 plan year.

2) Please review actual proposal contingencies regarding each quote.

3) SA Benefit Services has a 5% commission and an override into this proposal for stop loss services.



City of Coppell - Effective:
10/01/2020 - FIRM Proposal

Stop Loss Terms		Current	Option 4
MGU (If MGU not identified then a direct carrier)			
Stop Loss Carrier		Liberty Insurance	Liberty
Network		UHC	UHC
Months in Contract		12	12
Specific Terms			
Specific Deductible		\$125,000	\$150,000
Aggregating Specific Deductible		\$50,000	\$0
Maximum Coverage Limit		Unlimited	Unlimited
Contract		24/12	24/12
Coverages		Med, Rx	Med, Rx
Run-In / Run-Out Limit		N/A	N/A
Terminal Liability Provision		No	No
Renewal Rate Cap (No New Laser)		No	No
Plan Mirroring Coordination approved		No	No
Advance Funding		Yes	Yes
Aggregate Terms			
Annual Maximum		\$1,000,000	\$1,000,000
Deductible Corridor		125%	125%
Contract		24/12	24/12
Coverages		Med, Rx	Med, Rx
Aggregate Accomodation Quoted		No	No
Terminal Liability Provision Quoted		No	No
Run-In / Run-Out Limit		N/A	N/A
Stop Loss Premium (Fixed)			
Specific Employee	175	\$42.08	\$40.20
Specific Family-2 tier	204	\$132.95	\$131.58
Annual Specific Premium		\$413,830	\$406,528
Aggregate Premium	379	\$5.42	\$6.15
Annual Aggregate Premium		\$24,650	\$27,970
Total Annual Premium		\$438,480	\$434,498
% Increase			-0.91%
Annual Fixed Cost		\$438,480	\$ 434,498.04
Aggregate Claim Liability			
Aggregate Employee	175	\$592.84	\$541.09
Family-2 tier	204	\$1,779.83	\$1,585.10
Maximum Claim Liability		\$5,601,988	\$5,016,614
% Increase			-10.45%
Fixed Cost and Maximum Claim Liability		\$6,040,468	\$5,451,112
% Increase			-9.76%
Qualifications			

1) Quotes are firm as long as disclosure statement is returned by 8/11/2020 in order to remain firm. No lasers are being placed for the 2020-2021 plan year.

2) Please review actual proposal contingencies regarding each quote.

3) SA Benefit Services has a 5% commission and an override into this proposal for stop loss services.

The actively-at-work for employee and non-confinement for dependent provision has been Waived subject to receipt and review of a Plan Sponsor Disclosure Statement. The Disclosure Statement requires notification of the individuals in the following categories: Individuals who have reached 50% of the deductible (based on unprocessed, pending, denied, and/or paid claims; Individuals who are not actively at work or who are confined in the home, hospital or elsewhere; Individuals who should be reported due to "trigger" diagnosis including date of diagnosis and last date of service; and Individuals who are disabled. All disclosed individuals must include identifiable information such as claimant name and date of birth.

This proposal assumes duplication of the current level of benefits, maintaining the current percentage of employees covered under each Plan if applicable, and that the underlying Plan includes pre-certification/pre-authorization requirement. If you have amended or restated your Plan Document, we require formal executed amendments for any plan changes enacted, including such changes as a result of Health Care Reform. Please outline the changes anticipated so that we can determine if there is any pricing impact.

This proposal is subject to receipt and review of detailed shock information including: name, date of birth, paid/pending/denied amounts, diagnosis, detailed prognosis, current and proposed treatment plans (if ongoing), an estimate of future costs, and any available LCM reports for any claimant (employee or dependent) who has reached or HAS THE POTENTIAL to reach 50% of the specific deductible and/or has a trigger diagnosis. Based on the information provided, further underwriting action may be necessary.

Final enrollment census as of 10/1/2020 must be submitted. If the final enrollment or dependent content varies by more than 10% from the proposed enrollment, or a division is added/terminated, we reserve the right to re-underwrite and may require additional information for underwriting purposes

The PPO network is considered to be UHC. If this is not the case, an adjustment to the quoted rates and factors may be necessary.

Any additional groups that are added regardless of group size, must be reviewed and approved before they can be accepted under the Stop Loss. Either a Disclosure Statement on the group or Proof of Good Health Questionnaire on each individual must be completed and submitted for review prior to the effective date of coverage of the addition.

This proposal is subject to standard policy provisions, limitations, and exclusions, as well as the terms and contingencies outlined in this proposal. This proposal is subject to proof of broker licensing at the time of bind. If these are not satisfied, the collected premium will be returned and the case will be considered never bound

Although we are able to utilize unique identifiers during the new business quoting process, in the event coverage is bound, we will require a report including the names and dates of birth for all claimants reported. If this information is not provided within 20 days of the effective date of coverage, actively at work will not be waived because we will not consider disclosure complete.

A Signed Plan Document is required. A copy of the prior Plan is also required if run-in coverage has been quoted.

If your policy is administered by an ASO, the Policyholder fully understands and acknowledges that the Policyholder will be responsible for obtaining and submitting information and documentation we deem necessary for determination of risk under the Stop Loss Policy, issuance of the Stop Loss Policy, and adjudication of claim reimbursement under the Stop Loss Policy. It is expressly understood that the carrier, regardless of any understanding or Agreement with the Administrator concerning release of information, makes no assurances that necessary information will be made available. Additionally, the Policyholder's responsibilities are independent of any other agreement between the carrier and the Administrator. We shall have no duty to provide coverage or reimburse claims due to the Policyholder's failure to provide information necessary to determine risk, issue the Stop Loss Policy or adjudicate claim reimbursements under the Stop Loss Policy.

Capitation fees and other fees associated with the administration of the Employer's Plan are not eligible for reimbursement under the Specific or Aggregate stop loss coverage.

Even with a good health insurance plan, a serious illness or an accident can take a big toll on employees' finances. With co-pays and deductibles on the rise, employees are often left with steep out-of-pocket costs. **Liberty Mutual offers Voluntary Benefit products including Group Accident, Critical Illness, and Hospital Indemnity** to help bridge the gap between what's covered and what's not, so employees can be better protected. These products provide lump-sum cash payments made directly to employees—so they can decide how to spend it. Employees can use the benefits to cover deductibles and co-pays as well as other needs such as grocery delivery, transportation, and physical therapy. We offer guaranteed issue options and flexible benefit options. Please contact voluntarybenefits@libertymutual.com for a quote or more information.

This proposal is based on an aggregating specific deductible option. Each claimant must satisfy the group's specific deductible. Then the employer must retain an additional risk corridor, equal to the aggregating specific deductible, prior to any specific reimbursements are paid.