



citycounty insurance services  
www.cisoregon.org

## Request for Proposal (RFP)

### Online Enrollment & Benefits Administration System

CIS (Citycounty Insurance Services)  
1212 Court Street NE  
Salem, OR 97301  
(503) 763-3800

RFP Schedule	
Issuance of RFP:	June 6, 2016
Submission of Questions about the RFP:	June 10, 2016, 5:00 p.m. (PDT)
Proposal Due:	July 6, 2016, 5:00 p.m. (PDT)
Anticipated Contract Award:	September 1, 2016

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A membership service of:



**REQUEST FOR PROPOSAL  
FOR  
ONLINE ENROLLMENT & BENEFITS ADMINISTRATION SYSTEM**

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## **I. INTRODUCTION**

### **A. PURPOSE**

The purpose of this Request for Proposal (RFP) is to solicit offers from qualified vendors to select an online enrollment and benefits administration system that will be used to administer the benefits of employees of Member Employers that participate in CIS Benefits.

### **B. BACKGROUND**

CIS (Citycounty Insurance Services) is a public entity that provides insurance and risk management services to Oregon cities and counties and other public entities created by these cities and counties. Based in Salem, CIS was formed in 1981 by its parent organizations, the League of Oregon Cities and Association of Oregon Counties. The majority of cities and counties in Oregon participate in one or more CIS programs (property, liability, workers' compensation, and health benefits). These participating entities are considered CIS members.

A component of CIS is its employee benefits program, which is called CIS Benefits. Approximately 270+ public Member Employers enroll 12,000 active employees and retirees and cover approximately 14,000 dependents in some combination of medical, dental, vision, life, voluntary life and disability coverage. Due to the number of Member Employers, and the number of plans and rates, over 2,500 plan combinations are possible (**See Appendix D**). These Member Employers may range in size from 1 up to 600 employees and many are subject to collective bargaining. In addition to insurance products, CIS Benefits offers its members an extensive health risk management/wellness program, sponsored flexible spending account/pre-tax programs, COBRA and retiree administration, and related services. Additional background information, including plan designs, rates and policies, is available at [www.cisoregon.org/General/CISBenefits.aspx](http://www.cisoregon.org/General/CISBenefits.aspx).

CIS Benefits is seeking a new vendor to provide an online enrollment and benefits administration system. CIS may alternatively choose to retain the vendor in place since 2012, Morneau Shepell/SBC Systems.

CIS Benefits' plan year begins in January of each year. The selected vendor will be expected to go live as the system of record during the open enrollment process in October 2017.

The goal is to make a final selection soon after finalist interviews have concluded. An official award of the contract will require the approval of CIS' Board of Trustees.

CIS Benefits will invite selected vendor finalists to participate in two work sessions with CIS staff to observe how they use the current system and processes. This will occur during the final phase of our selection process. These vendors will be expected to incorporate recommendations based on their observations into their final presentation to CIS.

## C. PROGRAM ELIGIBILITY

The CIS Benefits program is available to all cities and counties in Oregon that are members of the League of Oregon Cities or the Association of Oregon Counties. Other governmental entities may participate if they qualify as an associate member of either LOC or AOC, as defined in the CIS Trust Agreement and by those organizations.

Prior to initially receiving coverage, and prior to January 1st each year thereafter, the Member Employer must complete a request for coverage (RFC) in a form specified by CIS (**See Appendix C**). The entity must certify that it is, and will continue to be, in compliance with the CIS Trust Agreement, bylaws, rules, and state and federal laws throughout the term of its CIS Benefits coverage. The data collected through this process is used to define the plans available to each group of Member Employees.

## II. SCOPE OF WORK

The successful vendor will provide an online system that allows CIS to carry out the functions described in **Appendix B, Workflow Diagrams**, including management of employee benefit enrollment, Member Employer eligibility and plan set up, invoicing and reporting.

Below is a list of functions that the online system must perform to be considered as a finalist.

1. Manage the medical, dental, life, disability, Long Term Care (LTC) and FSA plans, rates and eligibility criteria specific to each Member Employer.
2. CIS Benefits staff logins should allow them to administer all functions of the enrollment system. Limited administrative access should be able to be created for Member Employers to allow them to administer their own employees and not be able to view or edit other employers.
3. Provide single entry and initial and ongoing mass import processes for Member Employer enrollment, plans, rates and eligibility.
4. Provide required notices and tracking of COBRA-eligible individuals and participants.
5. Provide invoice processing and importing capabilities for monthly billing to Member Employers, COBRA and retiree participants.
6. Allow on-demand customization of reporting and tracking tools for entire CIS population or individual Member Employers.
7. Provide inter-departmental data transfers (i.e., accounting) in prescribed format.
8. Provide secure, automated electronic file feeds to vendor partners based on varying schedules.
9. Provide a process for employees and/or employers to manage employee demographics, work information and benefit enrollment.
10. Provide an online process for employees to make annual open enrollment changes or ongoing status changes (i.e., marriage, birth, divorce).

#### Other Required Services:

1. Provide an online centralized eligibility and enrollment system/database to support open enrollment, new hire enrollment, life event changes, terminations and transfers.
2. Eligibility (EDI) data interfaces to carriers and/or other 3<sup>rd</sup> party service providers (number of files will be outlined via File Requirements)
3. Payroll deduction reports from the enrollment system for each Member Employer
4. Billing and financial reporting, including:
  - a. Reporting to support creation of carrier self-bills
  - b. Reporting broken down by employee group for each Member Employer
  - c. Billing for each plan by Member Employer
  - d. Billing for COBRA participants and retirees
  - e. Billing must be broken out by premium, administrative fees and carrier fees
5. Single sign-on and/or web services integration between enrollment system and the client's internal active directory (IF NEEDED)
6. Enrollment system programming to support dependent verification process (to allow HR to manage within the enrollment system)
7. Corporate HR training by Member Employer and support
8. Ad hoc and/or custom reporting
9. Verification services for Evidence of Insurability (including collection of documents)
10. Confirmation statements
11. Mobile capabilities
12. Easy access to view active rates by member, as well as COBRA and retiree rates
13. Administration for ACA eligible individuals who don't meet standard eligibility requirements
14. Provide 1095-Bs for all small employers covered by the self-insured medical plan, along with all COBRA participants and retirees
15. Approve EOIs mid-year or during open enrollment with January 1<sup>st</sup> effective dates
16. Ability to easily administer mid-year events, for example: a new member joining CIS, a new employee group joining/leaving CIS, plan changes due to collective bargaining
17. Mass uploads for salary updates, hours change, premium deduction cycles, as well as bulk uploads of all the employees of a new Member Employer
18. Ability to require documentation for new or newly-married employees covering a spouse, divorce decree, adoption, domestic partners
19. System can accommodate listing all dependents, or only those who are to be enrolled, as long as it is clear who is enrolled in the plan
20. Self-service process for forgotten UserID/password for employees and employers
21. Link on employee portal for enrollment instructions
22. The ability to support someone currently in the system as a dependent, as a current employee with another employer, or as a former employee, who needs to be enrolled with another employer
23. Ability to search by dependent name
24. Customizable employee portal homepage

25. Flexibility in working with carriers on file specifications
26. Customizable fields for alternate IDs, Carrier IDs, and policy numbers
27. Ability to change an employee group name, e.g., Staff to AFSCME and Non-Union
28. Dual Enrollments in which an employee is enrolled simultaneously at two different Member Employers or in two different employee groups, for example: Active & Active; Active & Volunteer; Active & Retiree; Retiree & Volunteer
29. Ability to store CIS or vendor forms on system
30. Ability to make changes retroactively so that all fees are applied correctly when making retroactive changes
31. Ability to upload payment information to show any balances on the following month as it applies to members and retiree/COBRA

### III. SCHEDULE AND SUBMITTAL

#### A. RFP AND EVALUATION SCHEDULE

Issuance of RFP:	<b>June 6, 2016</b>
Deadline to submit written questions about the RFP:	<b>June 10, 2016, 5:00 p.m. PDT</b>
Answers to questions posted at CIS website:	<b>June 17, 2016, 5:00 p.m. PDT</b>
Proposal due date:	<b>July 6, 2016, 5:00 p.m. PDT</b>
Evaluation of proposals, finalists selected:	<b>July 27, 2016</b>

#### B. CIS CONTACT PERSON

Jane Perlas  
The Partners Group  
Email: [jperlas@tpgrp.com](mailto:jperlas@tpgrp.com)  
Phone: (503) 726-5746 Fax: (503) 726-5747

#### C. WRITTEN QUESTIONS SUBMITTAL AND DEADLINE

If proposers have questions about the RFP, they are encouraged to submit them as soon as possible, but no later than the **5:00 p.m. (PDT) on June 10, 2016**. Questions must be in writing and may be e-mailed, or faxed to the contact person above. CIS will not be obligated to answer any questions received after the deadline, or any questions submitted in a manner other than as instructed above.

Answers to RFP questions will be compiled and posted to the CIS website ([www.cisoregon.org/about/rfs](http://www.cisoregon.org/about/rfs)) by **5:00 p.m (PDT) on June 17, 2016**.

## **D. PROPOSAL SUBMITTAL**

### **1. General**

Proposals must be received by **5:00 p.m. (PDT) on July 6, 2016**. Any proposal received after this date and time will not be considered.

Delivery of proposals by the specified deadline is the sole responsibility of the Proposer. CIS will not be responsible for, nor accept as a valid excuse, any delay in mail service or other method of delivery used by the Proposer except where it can be established that CIS was the sole cause of the late receipt.

### **2. Method of Submittal**

The proposal must be submitted in electronic form in an email to Jane Perlas ([jperlas@tpgrp.com](mailto:jperlas@tpgrp.com)).

### **3. Evaluation Criteria**

All proposals received in accordance with the RFP instructions will be evaluated to determine if they are complete and meet the requirements specified in this RFP. Finalists whose proposals are judged to be advantageous to CIS will be selected. CIS expressly reserves the right to reject all proposals and make no award under this RFP.

The following criteria will be considered in evaluating the proposals:

- Demonstrated success implementing the proposed system in a multiple employer environment similar to CIS’;
- Ability to interface with CIS’ current vendor partners and systems. CIS currently works with the following carriers: Regence BCBS, Express Scripts, The Hartford, Kaiser, Reliant Behavioral Health, Prudential, VSP, Delta Dental, ASI Flex, and Willamette Dental. Systems include, but may not be limited to, Sage Accpac accounting software and CIS’ own SQL databases;
- Ability of system to help educate employees on plan options;
- Quality of the proposal, including an expressed understanding of CIS’ requirements;
- Ability of the system to allow CIS to complete the tasks shown in the Workflow diagrams with a limited amount of manual or custom intervention;
- Qualifications and experience, particularly with similar implementations;
- System flexibility and user customization options;
- References;
- Organization & Experience;
- Staffing;
- Implementation Process & Technical Capability;
- Pricing;

- Miscellaneous, including exceptions/deviations.

## **IV. GENERAL INSTRUCTIONS**

### **A. ORAL COMMUNICATIONS**

Any oral communication by CIS' contact person(s) or designee concerning this RFP is not binding and shall in no way modify the RFP or the obligations of CIS, a proposer or selected firm(s).

### **B. CHANGES TO RFP**

If it is necessary to make material changes to the RFP, TPG will e-mail written RFP addenda to all recipients of record of the original RFP and CIS will post such addenda on CIS' website ([www.cisoregon.org/about/rfs](http://www.cisoregon.org/about/rfs)). Recipients of record are those parties that CIS directly sent a copy of the RFP. Responses to written questions received by the specified deadline will be incorporate in an RFP addendum.

It is the responsibility of the proposer to inquire of CIS as to any addenda issued. This may be done by calling Jane at 503-726-5746 prior to the proposal submittal deadline. All addenda issued shall become part of the RFP.

### **C. EXCEPTIONS / DEVIATIONS**

Any exceptions to or deviations from the requirements set forth in this RFP, must be declared in the proposal submitted by the Proposer. Such exceptions or deviations must be segregated as a separate element of the proposal under the heading "Exceptions and Deviations."

### **D. AUTHORIZATION TO DO BUSINESS**

The Proposer must be authorized to do business in the State of Oregon and in the local jurisdiction in which it is located or where the work will be performed.

### **E. PRE-CONTRACTUAL EXPENSES**

CIS shall not be liable for pre-contractual expenses incurred by a proposer in the preparation of its proposal and proposers shall not include any such expenses in their offers. Pre-contractual expenses are defined as expenses incurred by the Proposer to: (1) prepare and submit its proposal to CIS; (2) negotiate with CIS on any matters related to this RFP; and (3) any other expenses incurred by the Proposer prior to the date of award, if any.



Issuance of this RFP and receipt of proposals does not commit CIS to award a contract. CIS reserves the right to postpone the award for its own convenience, to accept or reject any or all proposals received in response to this RFP, to negotiate with more than one proposer simultaneously, or to cancel all or part of this RFP.

#### **F. WITHDRAWAL; PROPOSAL IRREVOCABLE FOR 90 DAYS**

A Proposer may withdraw its proposal at any time prior to the submittal deadline by sending CIS a request in writing from the same person who signed the submitted proposal. As of the deadline for submittal, any proposal received by CIS and not withdrawn becomes an irrevocable offer available for acceptance by CIS immediately and for ninety (90) days thereafter. The Proposer is responsible for the accuracy of the proposal submitted, and no allowance will be made for errors or price increases that the Proposer later alleges are retroactively applicable.

#### **G. DISPOSITION OF PROPOSALS**

All materials submitted in response to this RFP become the property of CIS, except for information identified by the Proposer as being proprietary. A blanket statement that all contents of the proposal are proprietary will not be honored by CIS. Please note that as a public entity, CIS is subject to Oregon public records law, which may require the disclosure of information regarding proposals or a subsequent contract.

#### **H. IMMATERIAL DEFECTS IN PROPOSAL**

CIS may waive any immaterial deviation or defect in a proposal. CIS' waiver shall in no way modify the RFP documents or excuse the Proposer from full compliance with the RFP if awarded the contract.

#### **I. WRITTEN AGREEMENT**

The Proposer selected for contract award through this RFP shall be required to enter into a written agreement with CIS governing the provision of professional services to CIS members and other eligible entities. The agreement will include pertinent terms and conditions set forth in this RFP and will reflect the Proposer's offer or the outcome of contract negotiations. The agreement will also include, to the extent applicable, the provisions described in Appendix A and any terms or conditions added by addendum.

It is anticipated that the Proposer may enter into separate agreements with subcontractors to fulfill the terms of this contract. CIS will not be a party to those separate agreements, nor in any fashion a guarantor or indemnitor of them.

## **J. TERM OF CONTRACT**

If a contract is awarded through this RFP, it will be effective upon full execution of the agreement, which CIS expects to be on or about September 1, 2016. No agreement with CIS shall be in effect until a contract has been approved by the CIS Board of Trustees, and has been signed by both parties.

## **K. NEWS RELEASES**

News releases pertaining to any award resulting from this RFP may not be issued without the prior written approval of CIS.

## **V. PROPOSAL FORMAT AND CONTENT**

The proposal submitted in response to this RFP must contain the information required in Sections A through E below. Brevity is preferred. If you intend to use any subcontractors in fulfillment of services, information should be furnished for both your firm and the subcontractors where appropriate.

Submitting general marketing materials about your firm in lieu of providing specific answers to questions will not be acceptable. If you wish to submit marketing materials, you should do so as a separate addendum rather than as part of the formal response.

### **A. COVER LETTER**

All proposals must include a cover letter addressed to the contact person in Section III, B above. At a minimum, the cover letter must contain the following:

- Identification of the Proposer, including business name, address and telephone number.
- Name, title, address, telephone number, fax number, and e-mail address of a contact person during the period of proposal evaluation.
- Acknowledgment of RFP addenda received, if any.
- A statement that the proposal shall remain valid for a period of not fewer than **ninety (90)** days from the due date for proposals.
- Any exceptions to any specified criteria in this RFP.
- Identification of any information contained in the proposal which the Proposer deems to be confidential or proprietary and wishes to be withheld from disclosure. A blanket statement that all contents of the proposal are confidential or proprietary will not be honored by CIS.

- Signature of a person authorized to bind the offering firm to the terms of the proposal.

## **B. QUALIFICATIONS, RELATED EXPERIENCE AND REFERENCES**

1. Furnish background information about your firm, including date of founding, legal form (i.e., sole proprietorship, partnership, LLC, corporation/state of incorporation), number and location of offices, principal lines of business, number of employees, days/hours of operation and other pertinent data. Disclose any conditions (e.g., bankruptcy or other financial problems, pending litigation, planned office closures, impending merger) that may affect your ability to perform contractually. Certify that the firm is not debarred, suspended or otherwise declared ineligible to contract by any federal, state, or local public agency.
2. Describe your firm's experience and qualifications for providing the required services to CIS. Specifically highlight those qualifications that distinguish you from your competitors. The focus should be on recent experience within the last **five (5)** years that is relevant to the scope of work outlined in this RFP.
3. Provide an overview of your system. Provide a link, screen shots and additional information with as much detail as possible.
4. Provide an overview of your current client base and industries you serve.
5. Provide case studies for a maximum of three (3) existing clients similar to CIS, including details of how your product met their needs, issues that came up in transition and how the issues were resolved.
6. Provide references for a maximum of three (3) of your current customers, with a preference for clients similar to CIS.
7. Has your company worked with public entities? If yes, describe.
8. Has your company been involved in a merger, acquisition or sale within the past 36 months? If not, does your company have any plans to merge with, acquire or sell to other companies?
9. What percentage of your company's revenue is derived from online enrollment and benefits administration services? If this figure is not 100%, please provide the source of the non-applicable percentage.
10. Have you replaced the Morneau Shepell/SBC System when implementing a new client?

11. What is your company's product development/enhancement process for the product you are proposing to CIS? How does your company involve customers in the product development process?
12. Based on the description of CIS, what do you anticipate to be the biggest challenge for your company if you are awarded the contract? Where should the focus be for CIS in changing enrollment and benefit administration systems to make sure the process is successful?

### **C. STAFFING AND PROJECT ORGANIZATION**

1. Identify the key personnel from your firm who would be assigned to this project. Include a brief description of the number of years with your firm, qualifications, professional certifications, job functions, current caseload, and office location(s). Designate an Engagement Manager who would be ultimately responsible for the relationship and a Project Manager who would provide day-to-day direction of the required work. Furnish brief resumes (not more than two (2) pages long) for all key personnel; include these as an appendix, not in the body of the proposal.
2. It is very important to CIS to maintain continuity between the implementation team and transfer to ongoing service. CIS strongly prefers that the ongoing service team includes members of the implementation team. How will your company address this need?
3. Describe the implementation team and include a description of the role each member plays. Include a simple organizational chart that delineates communication and reporting relationships among the project staff.
4. Describe the ongoing service team and include a simple organizational chart that clearly delineates communication and reporting relationships among the project staff. This question can be skipped if the ongoing service team will be the same as the implementation team.
5. What is the annualized staff turnover rate for the department(s) where members of the implementation team and service team are located? How is this measured? For the employees in the department(s), include the average length of service in the department and with your company.
6. What is your customer retention rate, and how is this measured?

### **D. WORK PLAN / TECHNICAL APPROACH**

1. Describe in detail what information, documents, staff assistance, facilities or other resources you would require from CIS or its members to complete your work; declare any critical assumptions upon which your work plan is based. Please see Technical Services and Capabilities Questionnaire located in **Appendix E**.
2. Describe succinctly how your firm would accomplish the work and satisfy CIS' objectives described in this RFP. If appropriate, divide the work into segments or tasks to represent milestones for measuring progress.
3. Describe the work products and other deliverables you would provide to CIS and our members. State the purposes for which the work products could be used and any limitations your firm would impose on their usage.

## **E. REQUIRED ATTACHMENTS**

**Please note that all information indicated below must be included for your proposal to be considered.**

1. Standard contract
2. Formal pricing proposal
3. Standard Service level agreement/performance guarantees for implementation, open enrollment and ongoing day to day service
4. Latest Audit Reports (or other external audit reports), including:
  - a. SSAE 16 (Type I and/or II) (Include Issue Date and Type)
  - b. Financial Audits by Public Accountants resulting in an opinion (Include Issue Date, and opinion type issued....Clean, Qualified, or Adverse)
5. Sample reporting package (including billing and financial reports by Member Employer) and listing of all reports available
6. Implementation timelines and other implementation documentation
7. Security, privacy policies and procedures, as well as, all insurance coverage including name of carrier and coverage level
8. System generated communication samples
  - a. Enrollment instructions
  - b. Confirmation statement
9. Any other materials you believe are relevant

## **F. FINALIST DEMONSTRATION AND CONTENT**

Proposers chosen as finalists will be required to demonstrate their enrollment system at a scheduled meeting with CIS staff as a part of the finalist interview.

### **1. Demonstration**

CIS will provide the Proposer with demographics for two Member Employers along with their individual benefit selections and required data fields for file transmission and reporting purposes. The Proposer will also be required to load each of the Member Employer's employee data to include personal demographics, dependents and enrollment status. The Proposer will be required to present a live demonstration using the CIS data provided, when applicable, and to perform each of the functions listed on the Demonstration Checklist). In addition, the Proposer will be required to show sample reports and generate ad hoc reports used by CIS. The Proposer should direct any questions about the data that was provided to the RFP Contact Person.

### **2. Interview and Finalist Presentation**

In addition to the demonstration, finalists should be prepared to present an overview of their proposal and establish why their offering is a match for the specific needs of CIS. It will be very important to provide evidence that the Proposer has a thorough understanding of CIS during the finalist interview.

## APPENDIX A – CIS CONTRACT CONSIDERATIONS

CIS contracts will be subject to the following standards. These are not exclusive and other contract clauses and provisions will obviously be applicable as well. However, these are areas respondents to CIS RFPs should be aware of in considering and preparing responses.

### A. MANDATORY PROVISIONS:

1. Indemnity Provision. There shall be no provision requiring CIS to indemnify contractor for contractor's acts or omissions. Indemnity provisions should be mutual and reciprocal. Our standard indemnity clause is as follows:

**Contractor agrees to hold harmless, indemnify, and defend CIS, and its officers and employee from and against all claims, suits, actions, losses, damages, liabilities, costs, and expenses of any nature resulting from, arising out of, or related to the acts or omissions of Contractor or its officers, employees, subcontractors, or agents in performance of services pursuant to this Contract. CIS agrees to hold harmless, indemnify, and defend Contractor and its officers and employees from and against all claims, suits, actions, losses, damages, liabilities, costs and expenses of any nature resulting from, arising out of, or related to the acts or omissions of CIS or its officers, employees, subcontractors, or agents pursuant to this Contract.**

2. Independent Contractor Status. The following shall be included in CIS contracts:

**Contractor shall perform the required services as an independent contractor and not as an "officer, employee, or agent" of CIS as those terms are used in ORS 30.260 through 30.300. Although CIS reserves the right to evaluate the quality of the service provided by Contractor, CIS will not control the means or manner of Contractor's performance.**

3. Governing Law and Venue. CIS contracts shall subject to the laws of Oregon and venue for any disputes arising out of the contractual relationship. The contract shall include the following clause or the substantial equivalent:

**This contract shall be governed by the laws of the State of Oregon without regard to principles of conflicts of law. Any claim, action, suit or proceeding between CIS and Contractor arising from or related to this contract shall be brought and conducted in the Circuit Court of Marion County for the State of Oregon; provided, however, if a claim must be brought in a federal forum, then it shall be brought in the U.S. District Court for the State of Oregon.**

4. Insurance. Except under special circumstances, and with the approval and consent of CIS Executive Director, the following minimum insurance provisions shall be specified in the contract:

During the term of this contract, Contractor shall maintain in force insurance coverage compliant with the requirements listed below:

- a. Workers' Compensation insurance in compliance with ORS Chapter 656, if Contractor employs "subject workers".
- b. Comprehensive General Liability insurance applicable to the services provided to CIS, with a combined single limit, or the equivalent, of not less than \$1,000,000 each occurrence for Bodily Injury, Personal Injury, and Property Damage, including contractual liability coverage applicable to the indemnity provided under this contract.
- c. Automobile Liability insurance applicable to the operation of Contractor's trucks or automobiles with a combined single limit of not less than \$1,000,000 each accident for Bodily Injury and Property Damage, including coverage for owned, non-owned, and hired vehicles, as applicable.
- d. Notice of Cancellation or Change. There shall be no cancellation, material change, reduction of limits without 30 days prior written notice from the Contractor or its insurer(s) to CIS.
- e. Certificates of Insurance. As evidence of the insurance coverages required by this contract, the Contractor shall provide acceptable insurance certificates to CIS as soon as practicable upon written request by CIS. If requested, complete copies of insurance policies, shall be provided to CIS.

#### **B. OTHER CONTRACT CONSIDERATIONS:**

1. Limitations on Liability and Warranties. Responses to RFP's should include a description of any limitations on liability to either CIS or purported third party liability limitations contractor would propose to include in a contract with CIS. These provisions are disfavored and will be a consideration in our review and comparison of RFP responses.
2. Termination. While termination provisions are negotiable, any provision that would not permit CIS to terminate the contract with a reasonable notice period, without further obligation, would be strongly disfavored and allowed only with the consent of the Executive Director. Our preferred termination provision is as follows:
  - a. This contract may be terminated at any time by mutual written consent of the Parties.
  - b. CIS may, at its sole discretion, terminate this contract, in whole or in part, upon 30 days written notice to contractor. In the event of such a



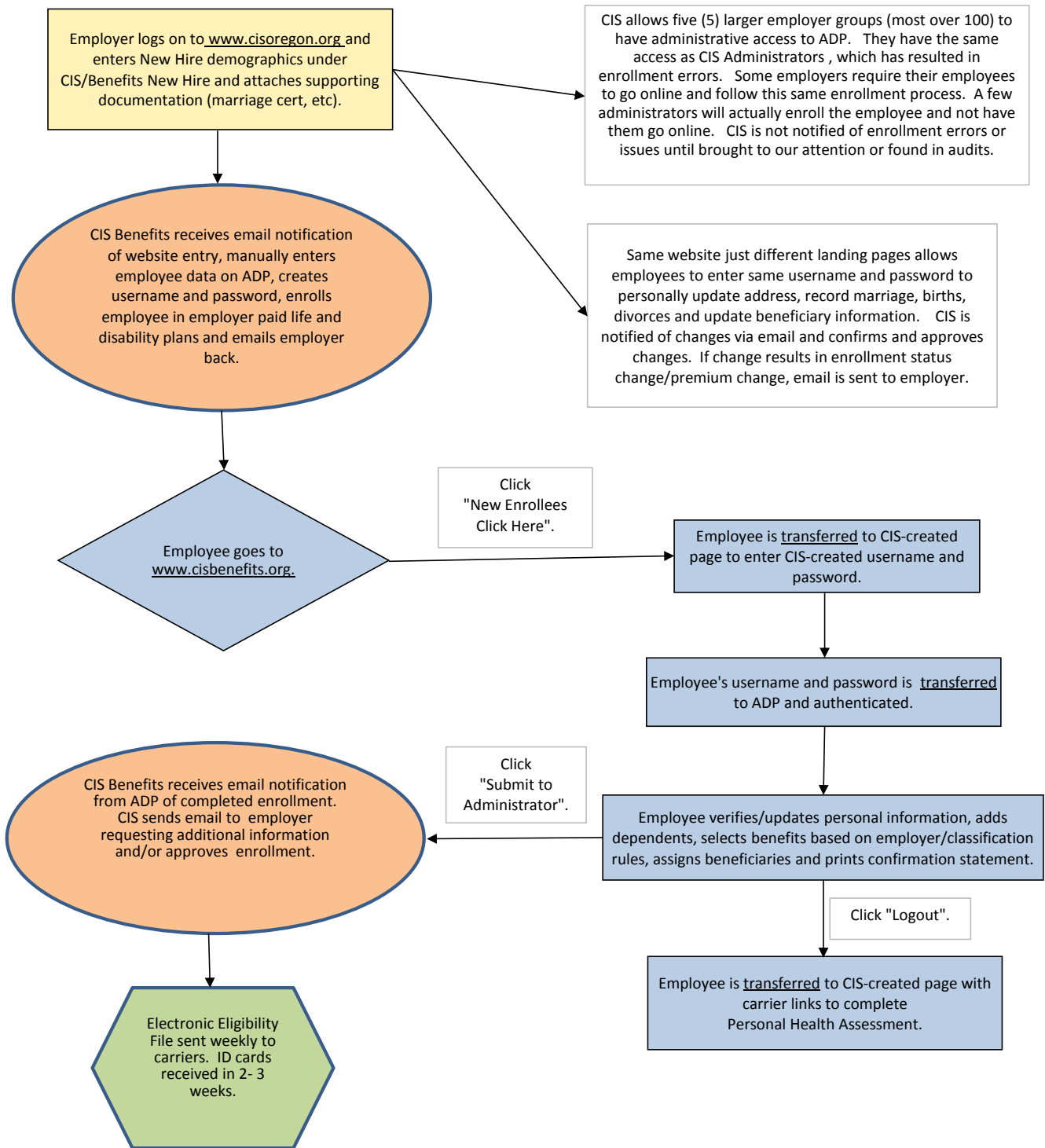
termination, CIS agrees to pay Contractor the fees and expenses reasonably incurred prior to such termination.

- c. CIS may terminate this contract immediately upon notice to Contractor, or at such later date as CIS may establish in such notice, if Contractor commits any material breach or default of any covenant, warranty, obligation or agreement under this contract, or fails to perform in a timely manner the services under this contract, and such breach, default, or failure is not cured within 10 business days after delivery of CIS' notice, or such longer period as CIS may specify in such notice.
  - d. Contractor may terminate this contract upon 10 days' written notice to CIS if CIS fails to pay Contractor pursuant to the terms of this contract and CIS fails to cure within 30 days after receipt of Contractor's written notice, or such longer period as Contractor may specify in such notice.
3. Dispute Resolution. Mandatory arbitration provisions are disfavored. Our position is that alternative dispute resolution is encouraged, but arbitration should be undertaken only when both parties agree to it at the time of the dispute. If arbitration is undertaken, we would not consent to the rules and procedures of the American Arbitration Association. Other standard rules are available, or the parties can simply agree to rules and procedures as they deem appropriate. Provisions requiring mediation as a precedent to other legal action are acceptable.

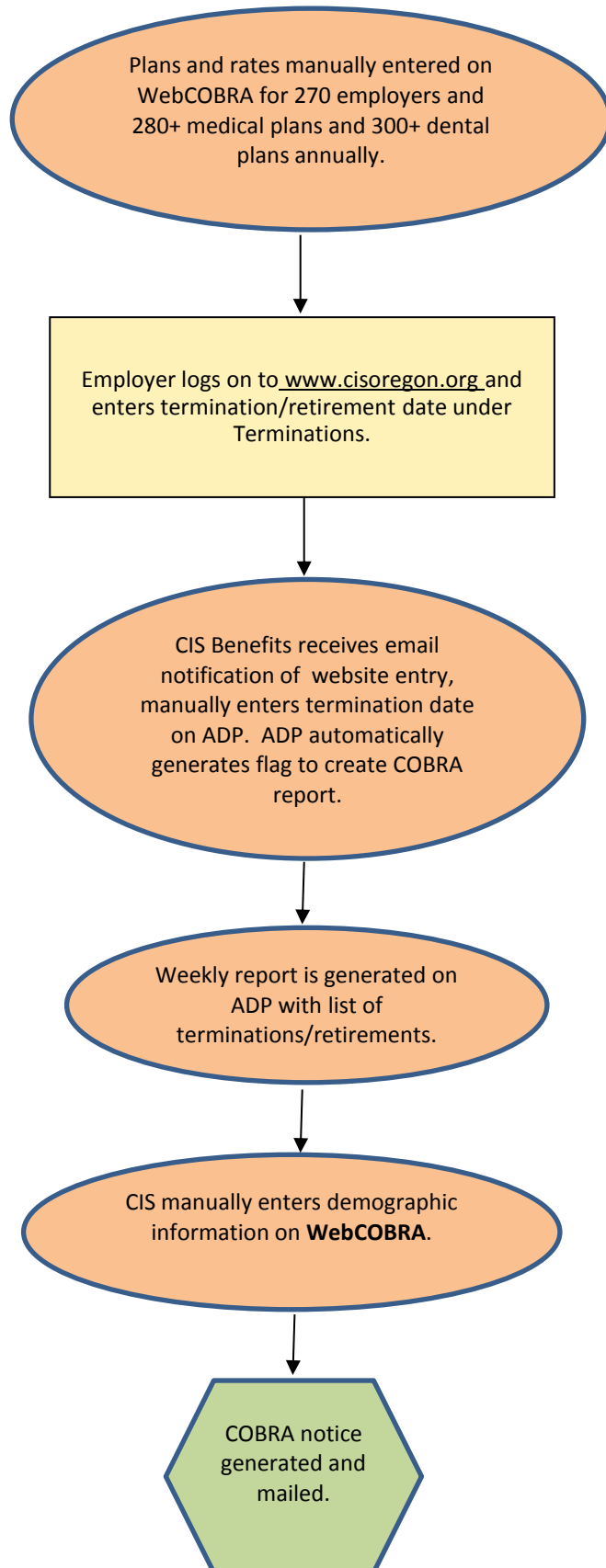
# **APPENDIX B**

## **WORKFLOW DIAGRAMS**

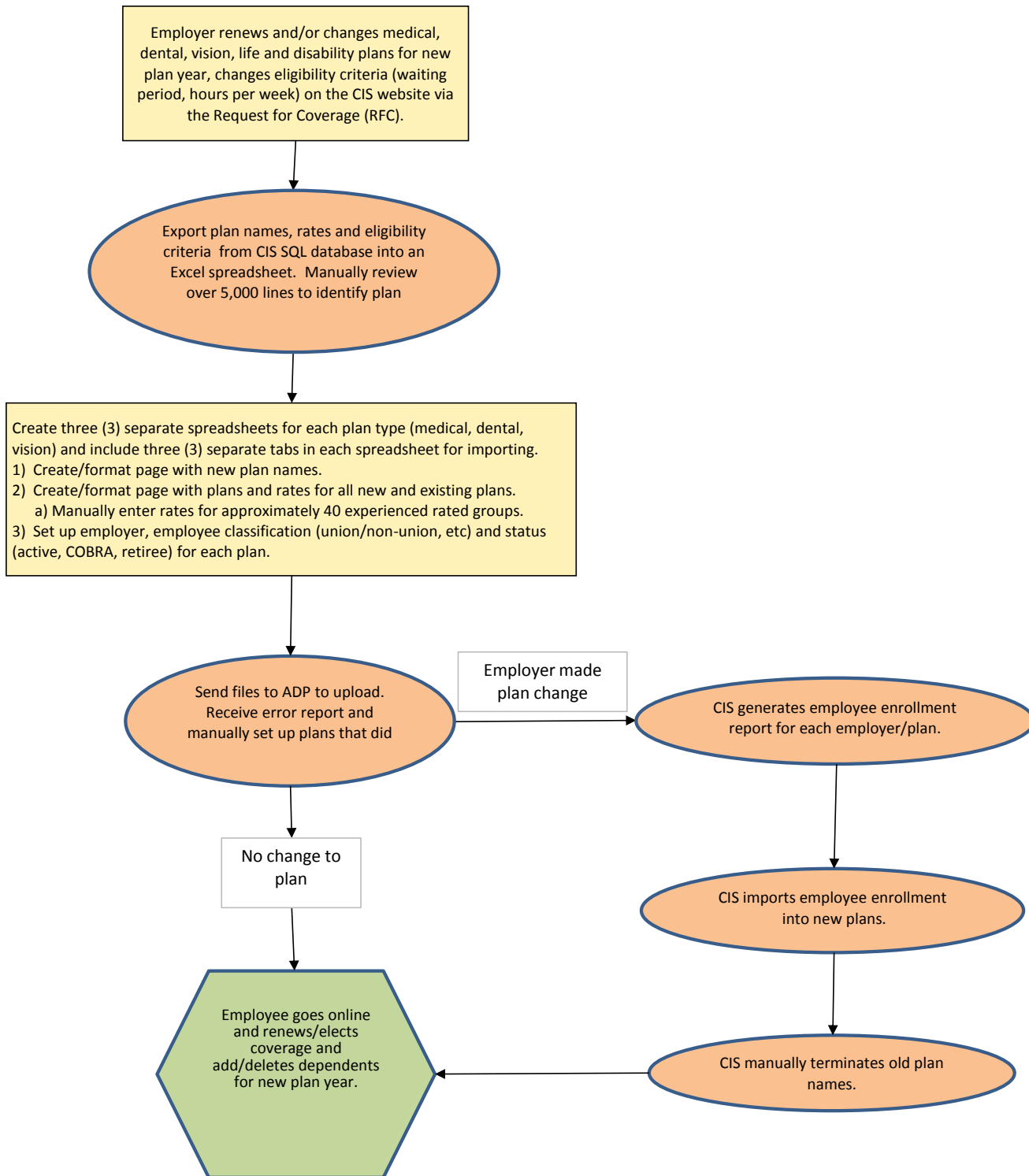
# New Hire Enrollment



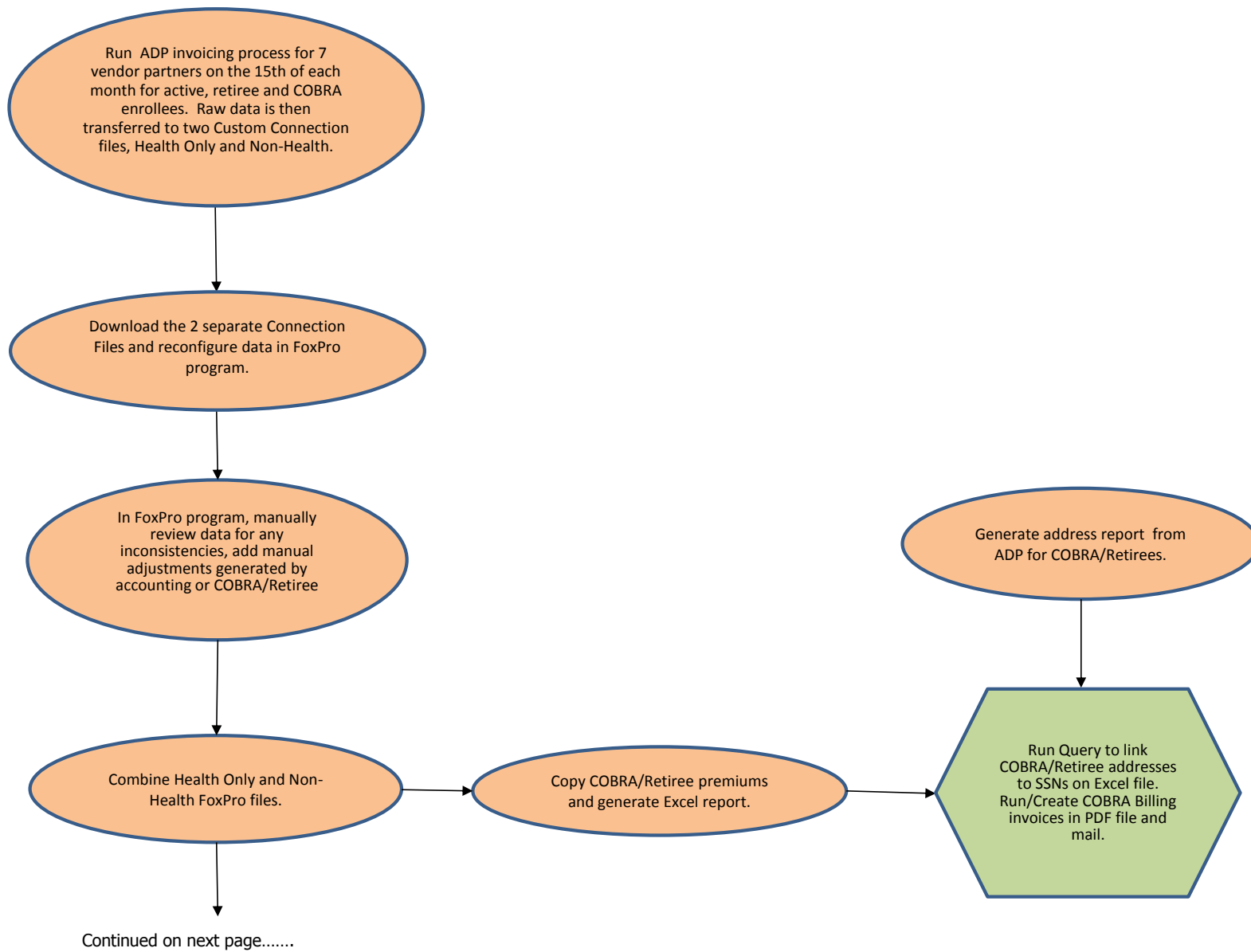
# Terminate Enrollment



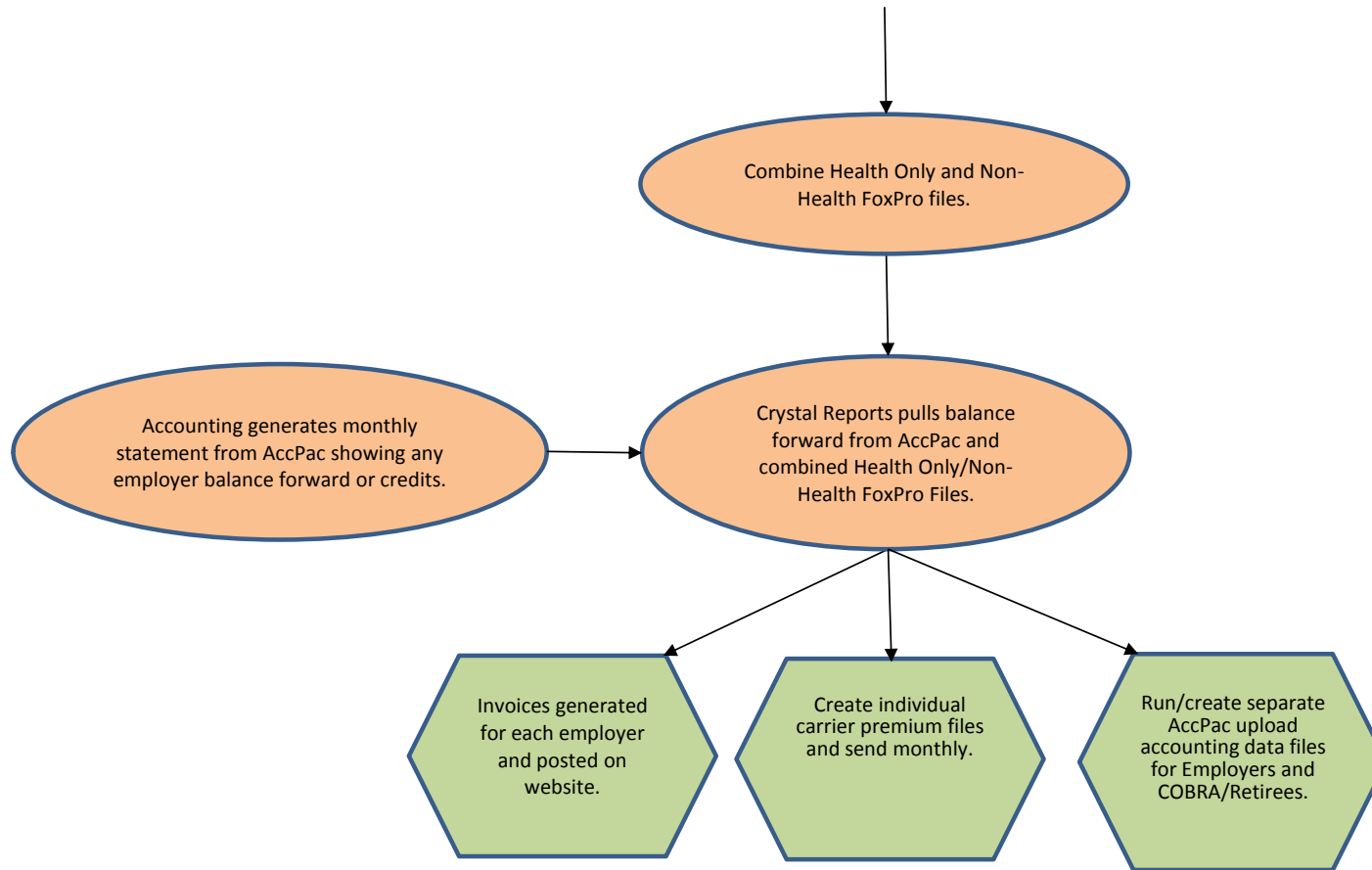
# Open Enrollment Process



## Monthly Billing



## Monthly Billing Cont'd



Invoices files on Website:  
Invoice data is sent to IT and using SQL Reporting Services the following reports are generated:

- 1) Invoice Summary total page
- 2) Medical Dental Invoice (Detailed)
- 3) Medical Dental Invoice Adjustments (Detailed)
- 4) Life/LTD/LTC Invoice (Detailed)
- 5) Life/LTD/LTC Adjustments (Detailed)
- 6) Combined Invoice (Detailed)

**APPENDIX C**

**CIS REQUEST FOR COVERAGE FORM**



## REQUEST FOR COVERAGE #1

### SAME PLAN AND COST SHARES, MULTIPLE EMPLOYEE GROUPS

CIS Benefits Request For Coverage (RFC) 2011-12

#### General Information

<b>Entity Name:</b> <b>Trust: EBS</b> <b>Tax ID: 93-</b>																	
<b>Does your entity allow opposite sex domestic partner coverage?</b>	<b>No</b>																
<b>Federal law requires coverage for same and opposite sex domestic partners be charged an imputed value tax.</b>																	
<b>Does your entity allow employees to opt out of medical coverage for cash?</b>	<b>Yes</b>																
<b>If yes, what cash amount does your entity provide?</b>	<b>50.00</b>																
<b>Employees who opt out for medical coverage are required to enroll in at least Employee Only <u>Dental</u> Coverage.</b>																	
<b>Does your entity provide other incentives to discourage employees from enrolling their dependents in medical/dental coverage?</b>	<b>No</b>																
<b>Does your entity directly reimburse employees for medical expenses not covered by the plan (e.g. deductibles, co-insurance, etc.)?</b>	<b>No</b>																
<b>Do you have any employees covered by a CIS medical plan that are also covered by a VEBA?</b>	<b>Yes</b>																
<b>If yes, how many?</b>	<b>54.00</b>																
<b>If you offer medical and dental coverage to retirees, do you want to drop the <u>dental</u> coverage for ALL retirees? If dropped, it cannot be reinstated.</b>	<b>NO or N/A</b>																
<b>Do you want your employees to be offered the voluntary Long Term Care (LTC) insurance?</b>	<b>Yes</b>																
<b>Do you have any collective bargaining agreements?</b>	<b>Yes</b>																
<table><tr><th colspan="3">Current Collective Bargaining Agreements</th></tr><tr><th>Bargaining Unit</th><th>Notes</th><th>Expiration</th></tr><tr><td>Police Union</td><td></td><td>6/30/2013</td></tr><tr><td>Fire Union</td><td></td><td>6/30/2013</td></tr><tr><td>Public Works Union</td><td></td><td>6/30/2013</td></tr></table>			Current Collective Bargaining Agreements			Bargaining Unit	Notes	Expiration	Police Union		6/30/2013	Fire Union		6/30/2013	Public Works Union		6/30/2013
Current Collective Bargaining Agreements																	
Bargaining Unit	Notes	Expiration															
Police Union		6/30/2013															
Fire Union		6/30/2013															
Public Works Union		6/30/2013															
<b>Do you have any non-CIS coverages?</b>	<b>No</b>																

Medical Coverages							
<b>Fire, Non-Union, Police, Public Works</b> <b>CIS Opt Out</b> <b>Riders:</b> <b>Waiting period: First after 1 Month</b> <b>Req. work hours: 40.00 per Week</b>				<b>Fire, Non-Union, Police, Public Works</b> <b>Copay Plan B</b> <b>Riders: Copay Alternative Care (VSP) Vision (12/12/24)</b> <b>Waiting period: First after 1 Month</b> <b>Req. work hours: 40.00 per Week</b>			
	Emp only	Emp +1	Emp +2		Emp only	Emp +1	Emp +2
Employee Share	\$0.00	\$0.00	\$0.00	Employee Share	\$22.24	\$46.53	\$62.63
Employer Share	\$50.00	\$50.00	\$50.00	Employer Share	\$422.56	\$884.12	\$1,189.88
Total	\$50.00	\$50.00	\$50.00	Total	\$444.80	\$930.65	\$1,252.51

Dental Coverages			
<b>Fire, Non-Union, Police, Public Works</b> <b>Dental III</b> <b>Waiting Period: First after 1 Month</b> <b>Req. work hours: 40.00 per Week</b>			
	Emp only	Emp +1	Emp +2
Employee Share	\$3.01	\$5.20	\$9.03
Employer Share	\$57.27	\$98.84	\$171.58
Total	\$60.28	\$104.04	\$180.61

Life & Disability Coverages	
<b>Fire, Non-Union, Police, Public Works</b> <b>Flat Life \$5,000</b> <b>Waiting period: First after 1 Month</b> <b>Req. work hours: 40.00 per Week</b>	<b>Fire, Non-Union, Police, Public Works</b> <b>AD&amp;D Matching Life Amount</b> <b>Waiting period: First after 1 Month</b> <b>Req. work hours: 40.00 per Week</b>
<b>All Employees</b> <b>Voluntary \$5000 Dependent Life</b> <b>Waiting period: Same as Life Plan</b> <b>Req. work hours:</b>	<b>All Employees</b> <b>Supplemental Employee/Spouse Life</b> <b>Waiting period: Same as Life Plan</b> <b>Req. work hours:</b>

## FSA Plans

Payroll Contact:

Phone:

Email:

Waiting period: First after 1 Month

Premium Only Plan: Yes

Healthcare FSA: Yes

Dependent Care Assistance: Yes

## Pay Periods Assigned to Plan

Period Start	Period End	Pay Date	Skip?
7/16/2011	7/31/2011	8/5/2011	
8/1/2011	8/15/2011	8/19/2011	
8/16/2011	8/31/2011	9/2/2011	
9/1/2011	9/15/2011	9/20/2011	
9/16/2011	9/30/2011	10/5/2011	
10/1/2011	10/15/2011	10/20/2011	
10/16/2011	10/31/2011	11/4/2011	
11/1/2011	11/15/2011	11/18/2011	
11/16/2011	11/30/2011	12/5/2011	
12/1/2011	12/15/2011	12/20/2011	
12/16/2011	12/31/2011	1/5/2012	
1/1/2012	1/15/2012	1/20/2012	
1/16/2012	1/31/2012	2/3/2012	
2/1/2012	2/15/2012	2/17/2012	
2/16/2012	2/29/2012	3/5/2012	
3/1/2012	3/15/2012	3/20/2012	
3/16/2012	3/31/2012	4/5/2012	
4/1/2012	4/15/2012	4/20/2012	
4/16/2012	4/30/2012	5/4/2012	
5/1/2012	5/15/2012	5/18/2012	
5/16/2012	5/31/2012	6/5/2012	
6/1/2012	6/15/2012	6/20/2012	
6/16/2012	6/30/2012	7/5/2012	
7/1/2012	7/15/2012	7/20/2012	

**Agreement / Notes**

**By executing this Request for Coverage, I acknowledge and represent that:**

- **I am duly authorized to complete and submit the Request for Coverage on behalf of the entity.**
- **By submitting this Request for Coverage, the entity agrees to abide by the CIS Employee Benefits Trust Plan and the CIS Benefits Rules as a condition of participating in the CIS Benefits program.**
- **I understand that CIS self-insures the ODS dental plans, and that ODS will continue the administration of these plans.**
- **I understand that CIS self-insures the Regence medical plans, and that Regence will continue the administration of these plans.**
- **The information provided on this Request for Coverage is accurate to the best of my knowledge.**
- **Life/Disability Salary-Based Plans - If Life Insurance based on salary (1 or 1.5 x salary) or Long Term Disability coverage is offered, I acknowledge that neither CIS nor The Hartford are liable for untimely claim payments due to incorrect salaries showing in ADP/Employeease (on-line enrollment system). Updating salaries and correct premium payment, for which benefits are based on, are the sole responsibility of each entity and will affect the claim process if not handled in accordance with the requirements set forth by CIS and The Hartford.**

**Name:**

**Title:**

**Phone:**

**Email:**

**Comments:**

**All groups Fire, Police, Public Works and Non-Union are all on the same plan with same cost share.**



## REQUEST FOR COVERAGE #2

### MULTIPLE EMPLOYEE GROUPS WITH DIFFERENT PLANS AND RATES

#### CIS Benefits Request For Coverage (RFC) 2011-12

##### General Information

<b>Entity Name:</b>														
<b>Trust: EBS</b>														
<b>Tax ID:</b>														
<b>Does your entity allow opposite sex domestic partner coverage?</b>	<b>No</b>													
<b>Federal law requires coverage for same and opposite sex domestic partners be charged an imputed value tax.</b>														
<b>Does your entity allow employees to opt out of medical coverage for cash?</b>	<b>No</b>													
<b>Does your entity provide other incentives to discourage employees from enrolling their dependents in medical/dental coverage?</b>	<b>No</b>													
<b>Does your entity directly reimburse employees for medical expenses not covered by the plan (e.g. deductibles, co-insurance, etc.)?</b>	<b>No</b>													
<b>Do you have any employees covered by a CIS medical plan that are also covered by a VEBA?</b>	<b>Yes</b>													
<b>If yes, how many?</b>	<b>698.00</b>													
<b>If you offer medical and dental coverage to retirees, do you want to drop the <u>dental</u> coverage for ALL retirees? If dropped, it cannot be reinstated.</b>	<b>NO or N/A</b>													
<b>Do you want your employees to be offered the voluntary Long Term Care (LTC) insurance?</b>	<b>Yes</b>													
<b>Do you have any collective bargaining agreements?</b>	<b>Yes</b>													
<table><tr><th colspan="3">Current Collective Bargaining Agreements</th></tr><tr><th>Bargaining Unit</th><th>Notes</th><th>Expiration</th></tr><tr><td>Police Officer Association</td><td></td><td>6/30/2011</td></tr><tr><td>International Association of Firefighters</td><td></td><td>6/30/2012</td></tr></table>			Current Collective Bargaining Agreements			Bargaining Unit	Notes	Expiration	Police Officer Association		6/30/2011	International Association of Firefighters		6/30/2012
Current Collective Bargaining Agreements														
Bargaining Unit	Notes	Expiration												
Police Officer Association		6/30/2011												
International Association of Firefighters		6/30/2012												
<b>Do you have any non-CIS coverages?</b>	<b>No</b>													

### Medical Coverages

#### Fire - Copay Plan A

Riders: Copay Alternative Care (VSP) 24(24/24/24)

Waiting period: First after 1 Month

Req. work hours: 20.00 per Week

	Emp only	Emp +1	Emp +2
Employee Share	\$75.00	\$75.00	\$75.00
Employer Share	\$396.03	\$912.20	\$1,252.15
<b>Total</b>	<b>\$471.03</b>	<b>\$987.20</b>	<b>\$1,327.15</b>

#### Fire - Kaiser Med Plan B w/ Rx

Riders: Kaiser Alternative Care Kaiser Vision

Waiting period: First after 1 Month

Req. work hours: 20.00 per Week

	Emp only	Emp +1	Emp +2
Employee Share	\$75.00	\$75.00	\$75.00
Employer Share	\$426.72	\$963.86	\$1,335.50
<b>Total</b>	<b>\$501.72</b>	<b>\$1,038.86</b>	<b>\$1,410.50</b>

#### General Service - Copay Plan A

Riders: Copay Alternative Care (VSP) Vision (24/24/24)

Waiting period: First after 1 Month

Req. work hours: 20.00 per Week

	Emp only	Emp +1	Emp +2
Employee Share	\$65.00	\$65.00	\$65.00
Employer Share	\$406.03	\$922.20	\$1,262.15
<b>Total</b>	<b>\$471.03</b>	<b>\$987.20</b>	<b>\$1,327.15</b>

#### Police - Kaiser Med Plan B w/ Rx

Riders: Kaiser Vision

Waiting period: First after 1 Month

Req. work hours: 20.00 per Week

	Emp only	Emp +1	Emp +2
Employee Share	\$68.66	\$68.66	\$68.66
Employer Share	\$428.81	\$961.37	\$1,329.70
<b>Total</b>	<b>\$497.47</b>	<b>\$1,030.03</b>	<b>\$1,398.36</b>

#### Police - Copay Plan A

Riders: Copay Alternative Care (VSP) Vision (24/24/24)

Waiting period: First after 1 Month

Req. work hours: 20.00 per Week

	Emp only	Emp +1	Emp +2
Employee Share	\$65.00	\$65.00	\$65.00
Employer Share	\$406.03	\$922.20	\$1,262.15
<b>Total</b>	<b>\$471.03</b>	<b>\$987.20</b>	<b>\$1,327.15</b>

#### Police - Kaiser Med Plan B w/ Rx

Riders: Kaiser Alternative Care Kaiser Vision

Waiting period: First after 1 Month

Req. work hours: 20.00 per Week

	Emp only	Emp +1	Emp +2
Employee Share	\$65.00	\$65.00	\$65.00
Employer Share	\$436.72	\$973.86	\$1,345.50
<b>Total</b>	<b>\$501.72</b>	<b>\$1,038.86</b>	<b>\$1,410.50</b>

#### General Service - Kaiser Med Plan B w/ Rx

Riders: Kaiser Alternative Care Kaiser Vision

Waiting period: First after 1 Month

Req. work hours: 20.00 per Week

	Emp only	Emp +1	Emp +2
Employee Share	\$65.00	\$65.00	\$65.00
Employer Share	\$436.72	\$973.86	\$1,345.50
<b>Total</b>	<b>\$501.72</b>	<b>\$1,038.86</b>	<b>\$1,410.50</b>

#### Police - Plan V-B PPP Rx3

Riders: (VSP) Vision (24/24/24)

Waiting period: First after 1 Month

Req. work hours: 20.00 per Week

	Emp only	Emp +1	Emp +2
Employee Share	\$68.66	\$68.66	\$68.66
Employer Share	\$480.10	\$1,074.57	\$1,459.59
<b>Total</b>	<b>\$548.76</b>	<b>\$1,143.23</b>	<b>\$1,528.25</b>

Dental Coverages							
<b>Fire, General Service, Police</b> <b>Dental II</b> Waiting Period: First after 1 Month Req. work hours: 20.00 per Week				<b>Fire, General Service, Police</b> <b>Willamette Dental</b> Waiting Period: First after 1 Month Req. work hours: 20.00 per Week			
	Emp only	Emp +1	Emp +2		Emp only	Emp +1	Emp +2
Employee Share	\$0.00	\$0.00	\$0.00	Employee Share	\$0.00	\$0.00	\$0.00
Employer Share	\$46.41	\$80.14	\$138.75	Employer Share	\$50.52	\$87.22	\$151.45
Total	\$46.41	\$80.14	\$138.75	Total	\$50.52	\$87.22	\$151.45

Life & Disability Coverages	
<b>Fire, Police</b> <b>Statutory Life</b> Waiting period: Date of Hire Req. work hours: 20.00 per Week	<b>Fire, General Service, Police</b> <b>LTD 60% of Salary 90 day waiting 9000 15000</b> Waiting period: First after 1 Month Req. work hours: 20.00 per Week
<b>Fire</b> <b>Increment Life \$30,000</b> Waiting period: First after 1 Month Req. work hours: 20.00 per Week	<b>General Service, Police</b> <b>Increment Life \$10,000</b> Waiting period: First after 1 Month Req. work hours: 20.00 per Week
<b>General Service, Police</b> <b>AD&amp;D \$10,000</b> Waiting period: First after 1 Month Req. work hours: 20.00 per Week	<b>Fire, General Service, Police</b> <b>AD&amp;D Matching Life Amount</b> Waiting period: First after 1 Month Req. work hours: 20.00 per Week
<b>Council</b> <b>Flat Life \$2,000</b> Waiting period: First after 1 Month Req. work hours: 20.00 per Week	<b>All Employees</b> <b>Voluntary \$5000 Dependent Life</b> Waiting period: Same as Life Plan Req. work hours:
<b>All Employees</b> <b>Supplemental Employee/Spouse Life</b> Waiting period: Same as Life Plan Req. work hours:	



**FSA Plans****Payroll Contact:****Phone:****Email:****Waiting period: First after 1 Month****Premium Only Plan: Yes****Healthcare FSA: Yes****Dependent Care Assistance: Yes****Pay Periods Assigned to Plan**

<b>Period Start</b>	<b>Period End</b>	<b>Pay Date</b>	<b>Skip?</b>
7/25/2011	8/8/2011	8/15/2011	
8/9/2011	8/24/2011	8/31/2011	
8/25/2011	9/8/2011	9/15/2011	
9/9/2011	9/25/2011	9/30/2011	
9/26/2011	10/9/2011	10/14/2011	
10/10/2011	10/24/2011	10/31/2011	
10/25/2011	11/7/2011	11/15/2011	
11/8/2011	11/21/2011	11/30/2011	
11/22/2011	12/8/2011	12/15/2011	
12/9/2011	12/22/2011	12/30/2011	
12/23/2011	1/8/2012	1/13/2012	
1/9/2012	1/24/2012	1/31/2012	
1/25/2012	2/8/2012	2/15/2012	
2/9/2012	2/22/2012	2/29/2012	
2/23/2012	3/8/2012	3/15/2012	
3/9/2012	3/25/2012	3/30/2012	
3/26/2012	4/8/2012	4/13/2012	
4/9/2012	4/23/2012	4/30/2012	
4/24/2012	5/8/2012	5/15/2012	
5/9/2012	5/23/2012	5/31/2012	
5/24/2012	6/10/2012	6/15/2012	
6/11/2012	6/24/2012	6/29/2012	
6/25/2012	7/8/2012	7/13/2012	
7/9/2012	7/24/2012	7/31/2012	

## Agreement / Notes

By executing this Request for Coverage, I acknowledge and represent that:

- I am duly authorized to complete and submit the Request for Coverage on behalf of the entity.
- By submitting this Request for Coverage, the entity agrees to abide by the CIS Employee Benefits Trust Plan and the CIS Benefits Rules as a condition of participating in the CIS Benefits program.
- I understand that CIS self-insures the ODS dental plans, and that ODS will continue the administration of these plans.
- I understand that CIS self-insures the Regence medical plans, and that Regence will continue the administration of these plans.
- The information provided on this Request for Coverage is accurate to the best of my knowledge.
- Life/Disability Salary-Based Plans - If Life Insurance based on salary (1 or 1.5 x salary) or Long Term Disability coverage is offered, I acknowledge that neither CIS nor The Hartford are liable for untimely claim payments due to incorrect salaries showing in ADP/Employeease (on-line enrollment system). Updating salaries and correct premium payment, for which benefits are based on, are the sole responsibility of each entity and will affect the claim process if not handled in accordance with the requirements set forth by CIS and The Hartford.

Name:

Phone:

Email:

Comments:

Police is currently in negotiations and has not settled on any benefit plans. If you have questions, Debbie can answer next week (May 6-13). I'll be on vacation.

## REQUEST FOR COVERAGE #3

### MULTIPLE EMPLOYEE GROUPS WITH SAME MULTIPLE PLANS OFFERED

CIS Benefits Request For Coverage (RFC) 2011-12

#### General Information

<b>Entity Name:</b>													
<b>Trust: EBS</b>													
<b>Tax ID:</b>													
<b>Does your entity allow opposite sex domestic partner coverage?</b>	<b>Yes</b>												
<b>Federal law requires coverage for same and opposite sex domestic partners be charged an imputed value tax.</b>													
<b>Does your entity allow employees to opt out of medical coverage for cash?</b>	<b>No</b>												
<b>Does your entity provide other incentives to discourage employees from enrolling their dependents in medical/dental coverage?</b>	<b>No</b>												
<b>Does your entity directly reimburse employees for medical expenses not covered by the plan (e.g. deductibles, co-insurance, etc.)?</b>	<b>No</b>												
<b>Do you have any employees covered by a CIS medical plan that are also covered by a VEBA?</b>	<b>Yes</b>												
<b>If yes, how many?</b>	<b>221.00</b>												
<b>If you offer medical and dental coverage to retirees, do you want to drop the <u>dental</u> coverage for ALL retirees? If dropped, it cannot be reinstated.</b>	<b>NO or N/A</b>												
<b>Do you want your employees to be offered the voluntary Long Term Care (LTC) insurance?</b>	<b>Yes</b>												
<b>Do you have any collective bargaining agreements?</b>	<b>Yes</b>												
<table><tr><th colspan="3">Current Collective Bargaining Agreements</th></tr><tr><th>Bargaining Unit</th><th>Notes</th><th>Expiration</th></tr><tr><td>Police</td><td></td><td>6/30/2013</td></tr><tr><td>SEIU/OPEU</td><td></td><td>6/30/2013</td></tr></table>		Current Collective Bargaining Agreements			Bargaining Unit	Notes	Expiration	Police		6/30/2013	SEIU/OPEU		6/30/2013
Current Collective Bargaining Agreements													
Bargaining Unit	Notes	Expiration											
Police		6/30/2013											
SEIU/OPEU		6/30/2013											
<b>Do you have any non-CIS coverages?</b>	<b>No</b>												

---

### Medical Coverages

<b>Council, Management, OPEU, Police</b> <b>Kaiser Med Plan B w/ Rx</b> <b>Riders: Kaiser Alternative Care Kaiser Vision</b> <b>Waiting period: First after 2 Months</b> <b>Req. work hours: 20.00 per Week</b>				<b>Council, Management, OPEU, Police</b> <b>Plan V-E PPP Rx4</b> <b>Riders: Regence Alternative Care (VSP) Vision (24/24/24)</b> <b>Waiting period: First after 2 Months</b> <b>Req. work hours: 20.00 per Week</b>			
	<b>Emp only</b>	<b>Emp +1</b>	<b>Emp +2</b>		<b>Emp only</b>	<b>Emp +1</b>	<b>Emp +2</b>
<b>Employee Share</b>	\$0.00	\$0.00	\$0.00	<b>Employee Share</b>	\$1.00	\$1.00	\$1.00
<b>Employer Share</b>	\$501.72	\$1,038.86	\$1,410.50	<b>Employer Share</b>	\$516.29	\$1,083.72	\$1,455.60
<b>Total</b>	\$501.72	\$1,038.86	\$1,410.50	<b>Total</b>	\$517.29	\$1,084.72	\$1,456.60

<b>Council, Management, OPEU, Police</b> <b>Plan I-C PPP Rx2</b> <b>Riders: Regence Alternative Care (VSP) Vision (24/24/24)</b> <b>Waiting period: First after 2 Months</b> <b>Req. work hours: 20.00 per Week</b>							
	<b>Emp only</b>	<b>Emp +1</b>	<b>Emp +2</b>				
<b>Employee Share</b>	\$1.00	\$1.00	\$1.00				
<b>Employer Share</b>	\$472.71	\$991.94	\$1,332.74				
<b>Total</b>	\$473.71	\$992.94	\$1,333.74				

### Dental Coverages

<b>Council, Management, OPEU, Police</b> <b>Dental II</b> <b>Waiting Period: First after 2 Months</b> <b>Req. work hours: 20.00 per Week</b>				<b>Council, Management, OPEU, Police</b> <b>Willamette Dental</b> <b>Waiting Period: First after 2 Months</b> <b>Req. work hours: 20.00 per Week</b>			
	<b>Emp only</b>	<b>Emp +1</b>	<b>Emp +2</b>		<b>Emp only</b>	<b>Emp +1</b>	<b>Emp +2</b>
<b>Employee Share</b>	\$0.00	\$0.00	\$0.00	<b>Employee Share</b>	\$0.00	\$0.00	\$0.00
<b>Employer Share</b>	\$46.41	\$80.14	\$138.75	<b>Employer Share</b>	\$50.52	\$87.22	\$151.45
<b>Total</b>	\$46.41	\$80.14	\$138.75	<b>Total</b>	\$50.52	\$87.22	\$151.45

### Life & Disability Coverages

<b>Management</b> <b>LTD 66 2/3% of Salary 60 day waiting 8000 12000</b> <b>Waiting period: First after 6 Months</b> <b>Req. work hours: 20.00 per Week</b>	<b>Police</b> <b>AD&amp;D \$25,000</b> <b>Waiting period: First after 2 Months</b> <b>Req. work hours: 20.00 per Week</b>
<b>OPEU</b> <b>AD&amp;D \$25,000</b> <b>Waiting period: First after 2 Months</b> <b>Req. work hours: 20.00 per Week</b>	<b>Management</b> <b>AD&amp;D \$50,000</b> <b>Waiting period: First after 2 Months</b> <b>Req. work hours: 20.00 per Week</b>
<b>Police</b> <b>Increment Life \$25,000</b> <b>Waiting period: First after 2 Months</b> <b>Req. work hours: 20.00 per Week</b>	<b>OPEU</b> <b>Increment Life \$25,000</b> <b>Waiting period: First after 2 Months</b> <b>Req. work hours: 20.00 per Week</b>
<b>Management</b> <b>Increment Life \$50,000</b> <b>Waiting period: First after 2 Months</b> <b>Req. work hours: 20.00 per Week</b>	<b>Police</b> <b>LTD 60% 60 day \$1,000 \$1,667</b> <b>Waiting period: First after 6 Months</b> <b>Req. work hours: 20.00 per Week</b>
<b>OPEU</b> <b>LTD 60% 60 day \$2,000 \$3,000</b> <b>Waiting period: First after 6 Months</b> <b>Req. work hours: 20.00 per Week</b>	<b>Police</b> <b>Statutory Life</b> <b>Waiting period: Date of Hire</b> <b>Req. work hours: 20.00 per Week</b>
<b>All Employees</b> <b>Voluntary \$5000 Dependent Life</b> <b>Waiting period: Same as Life Plan</b> <b>Req. work hours:</b>	<b>All Employees</b> <b>Supplemental Employee/Spouse Life</b> <b>Waiting period: Same as Life Plan</b> <b>Req. work hours:</b>

## FSA Plans

**Payroll Contact:**

**Phone:**

**Email:**

**Waiting period: First after 2 Months**

**Premium Only Plan: Yes**

**Healthcare FSA: Yes**

**Dependent Care Assistance: Yes**

Pay Periods Assigned to Plan			
Period Start	Period End	Pay Date	Skip?
7/17/2011	7/30/2011	8/4/2011	
7/31/2011	8/13/2011	8/18/2011	
8/14/2011	8/27/2011	9/1/2011	
8/28/2011	9/10/2011	9/15/2011	
9/11/2011	9/24/2011	9/29/2011	Yes
9/25/2011	10/8/2011	10/13/2011	
10/9/2011	10/22/2011	10/27/2011	
10/23/2011	11/5/2011	11/10/2011	
11/6/2011	11/19/2011	11/24/2011	
11/20/2011	12/3/2011	12/8/2011	
12/4/2011	12/17/2011	12/22/2011	
12/18/2011	12/31/2011	1/5/2012	
1/1/2012	1/14/2012	1/19/2012	
1/15/2012	1/28/2012	2/2/2012	
1/29/2012	2/11/2012	2/16/2012	
2/12/2012	2/25/2012	3/1/2012	
2/26/2012	3/10/2012	3/15/2012	
3/11/2012	3/24/2012	3/29/2012	Yes
3/25/2012	4/7/2012	4/12/2012	
4/8/2012	4/21/2012	4/26/2012	
4/22/2012	5/5/2012	5/10/2012	
5/6/2012	5/19/2012	5/24/2012	
5/20/2012	6/2/2012	6/7/2012	
6/3/2012	6/16/2012	6/21/2012	
6/17/2012	6/30/2012	7/5/2012	
7/1/2012	7/14/2012	7/19/2012	

### Agreement / Notes

By executing this Request for Coverage, I acknowledge and represent that:

- I am duly authorized to complete and submit the Request for Coverage on behalf of the entity.
- By submitting this Request for Coverage, the entity agrees to abide by the CIS Employee Benefits Trust Plan and the CIS Benefits Rules as a condition of participating in the CIS Benefits program.
- I understand that CIS self-insures the ODS dental plans, and that ODS will continue the administration of these plans.
- I understand that CIS self-insures the Regence medical plans, and that Regence will continue the administration of these plans.
- The information provided on this Request for Coverage is accurate to the best of my knowledge.
- Life/Disability Salary-Based Plans - If Life Insurance based on salary (1 or 1.5 x salary) or Long Term Disability coverage is offered, I acknowledge that neither CIS nor The Hartford are liable for untimely claim payments due to incorrect salaries showing in ADP/Employeease (on-line enrollment system). Updating salaries and correct premium payment, for which benefits are based on, are the sole responsibility of each entity and will affect the claim process if not handled in accordance with the requirements set forth by CIS and The Hartford.

Name:

Title:

Phone:

Email:

Comments:

Police contract will expire 06/30/11. We are proposing the same health/dental plan options that are currently in place for SEIU and Management. At a minimum we will change to the V-C Rx4 upon expiration of the current bargaining agreement.

# **APPENDIX D**

## **PLAN BROCHURES**



CIS Employee Benefits Program

Summary of Copay Plans (Effective 08-01-2011)



Regence BlueCross BlueShield of Oregon is an Independent Licensee of the Blue Cross and Blue Shield Association  
Regence BlueCross BlueShield of Oregon

Benefit Features		Copay Plan		VB Copay Plan 2				
Annual maximum benefit		\$2,000,000		\$2,000,000				
		Plan A	\$250 per person	\$750 per family	VB Copay Plan 2			
		Plan B	\$500 per person	\$1,500 per family	Category 1			
	Individual and family deductible per calendar year	Plan C	\$1,000 per person	\$3,000 per family	Value Tier 1	\$0 per person	\$0 per family	
					Value Tier 2	\$500 per person	\$1,500 per family	
				Category 2 & 3		\$500 per person	\$1,500 per family	
Preferred Benefit Category 1		Non-Preferred Benefit Category 2 & 3		Preferred Benefit Category 1		Non-Preferred Benefit Category 2 & 3		
Out-of-pocket maximum you pay each calendar year including deductible		Plan A	\$2,250 per person	\$4,250 per person	Value Tier 1 <sup>2</sup>	Value Tier 2 <sup>2</sup>	\$4,500	
		Plan B	\$2,500 per person	\$4,500 per person	\$2,500			
		Plan C	\$3,000 per person	\$5,000 per person				
		100%				100%		
Preventive Care Services <sup>3</sup> (See below)		Deductible Waived – The Plan Pays		Deductible Waived – The Plan Pays				
Screening for women including Pap and mammogram		100%		100%				
Well-baby care		100%		100%				
Routine physical exams including related lab and X-ray		100%		100%				
Routine immunizations for adults and children		100%		100%				
Chronic Disease Management (See back for list on conditions)				Deductible Waived The Plan Pays		After Deductible The Plan Pays		
Outpatient lab & imaging for specific Value Tier 1 benefits		Not Applicable		90%		60%		
Professional Services		After Deductible – The Plan Pays		After Deductible – The Plan Pays				
Office visits including mental health/chemical dependency		100% after \$20 copay <sup>1</sup> deductible waived		60%	100% after \$20 copay <sup>1</sup> deductible waived		60%	
Diagnostic radiology and lab		\$400 up front allowance then 80% after the deductible		60%	80% (excluding complex imaging)		60% (excluding complex imaging)	
Therapeutic injections including allergy shots		80%		60%	80%		60%	
Maternity care		80%		60%	80%		60%	
Surgery		80%		60%	80%		60%	
Chiropractic care		Not Covered		Not Covered				
Hospital Services		After Deductible – The Plan Pays		After Deductible – The Plan Pays				
Inpatient stay including maternity, mental health , chemical dependency and rehabilitation		80%		60%	80%		60%	
Outpatient surgery		80%		60%	80%		60%	
Skilled nursing facility care		80%		60%	80%		60%	
Emergency room care (copay applies to the facility charge, whether or not the deductible has been met, copay waived if admitted to hospital or other facility on an inpatient basis)		80% after \$100 copay <sup>1</sup>		80% after \$100 copay <sup>1</sup>				
Outpatient Complex Imaging (See back for list of benefits)				After Deductible and \$100 Copay <sup>1</sup> The Plan Pays				
Value Tier 2 benefits		Not Applicable		80%		60%		
Supplemental Services (See back for list of benefits)				After Deductible and \$500 Copay <sup>1</sup> The Plan Pays				
Value Tier 2 benefits		Not Applicable		80%		60%		
Other Services		After Deductible – The Plan Pays		After Deductible – The Plan Pays				
Ambulance (to nearest hospital as medically indicated)		80%		80%				
Rehabilitation including occupational, speech, and physical therapy		80%	60%	80%	60%			
Home health care		80%	60%	80%	60%			
Hospice (as medically indicated by physician's orders, no limit)		100% (deductible waived)		100% (deductible waived)				
Durable medical equipment and supplies		80%	60%	80%	60%			
Prescription Medications		You Pay		You Pay				
Deductible per calendar year		No Deductible		No Deductible				
Specified Generic medication (Prescribed for Value Tier 1 medical conditions related to chronic disease)		Not Applicable		\$0 copay				
Generic medication		\$5 copay		\$10 copay				
Preferred medication		\$25 copay		\$20 or 20%, whichever is greater				
Non-preferred medication		\$50 copay		\$40 or 20%, whichever is greater				
Mail order prescriptions (90-day supply)		2 times copay		2 times copay				
Out-of-pocket maximum per person each calendar year		\$2,500		\$2,500				
General Limitations								
Please refer to your plan booklet for a complete list of benefits, limitations, and exclusions that apply.		Inpatient rehabilitation Ambulance Outpatient rehabilitation Home health care Pharmacy purchased medication	Unlimited No mile or dollar limit 77 visits per calendar year 180 visits per calendar year 34-day supply	Inpatient rehabilitation Ambulance Outpatient rehabilitation Home health care Pharmacy purchased medication	Unlimited No mile or dollar limit 77 visits per calendar year 180 visits per calendar year 34-day supply			

**Provider Network:** Preferred Providers are paid under Category 1. Participating Providers are paid under Category 2. Non-Participating Providers are paid under Category 3.

<sup>1</sup>Copay amounts do not apply to the out-of-pocket maximum. <sup>2</sup>For VB Copay Plan 2, coinsurance for Value Tier 1 is 90%, coinsurance for Value Tier 2 is 80%

<sup>3</sup>For Preventive Care: In accordance with age limits and frequency guidelines according to and as recommended by the USPSTF, CDC, or HRSA. For a list of services and supplies covered under this benefit, go to www.myregence.com. From there, select "My Navigator", then "Benefits", then "Preventive Care".

**This is a brief summary comparison of plans. Any errors or omissions are unintentional. Once enrolled, employees can view the Plan Booklet online at the claims administrator's Web site, www.myregence.com.**

Chronic Disease Management List of Conditions (for VB Copay Plan 2)				
Benefit Features				
Asthma		Coronary artery disease	Diabetes mellitus	
Chronic obstructive pulmonary disease		Depression	Eye exam for treatment of diabetes mellitus	
Congestive heart failure				
Outpatient Complex Imaging (for VB Copay Plan 2)				
Benefit Features				
Bone density study		Magnetic Resonance Angiogram (MRA)	Positron Emission Tomography (PET)	
Computer Tomography (CT) scan		Magnetic Resonance Imaging (MRI)	Single-Proton Emission Computerized Tomography (SPECT)	
Supplemental Services (for VB Copay Plan 2)				
Benefit Features				
Breast reduction surgery		Lumbar surgery for low back pain	Transurethral resection of the prostate (TURP)	
Eye lid surgery		Nasal surgery	Varicose vein surgery	
Joint replacement surgery for hips and knees		Podiatric surgery	Vasectomy & tubal ligation	
Hearing Examination and Hearing Aids Benefit Rider				
Benefit Features				
Hearing Examination		Once every calendar year. Paid according to your medical plan's coinsurance; not subject to the deductible.		
Hearing Aids Benefit		Paid 100% up to a maximum of \$3,000 every 48 months. The \$3,000 is an accumulative amount over this period and not a one time benefit.		
Alternative Care Rider - VB Copay Plan 2 & Copay Plans A, B, & C				
Benefit Features				
Chiropractic, Naturopath and Acupuncture		No deductible - \$20 Copay – Maximum allowance \$1,000 per person per calendar year.		
Vision Benefits Rider - offered by VSP (Vision Service Plan)				
Benefit Features		VSP Plan		
	Participating Provider	Non-Participating Provider		
Eye Exam	100%	100% up to \$71		
Lens - Standard				
Single	100%	100% up to \$51		
Bifocal	100%	100% up to \$77		
Trifocal	100%	100% up to \$100		
Lenticular	100%	100% up to \$125		
Contacts	100% up to \$166 (in lieu of lenses or frames)	100% up to \$166 (in lieu of lenses or frames)		
Frames	100% up to \$120	100% up to \$66		
Oregon Dental Service (ODS)				
Benefit Features	Plan II	Plan III	Plan IV	Plan V
Maximum benefit per calendar year	\$1,500	\$1,500	\$1,500	\$2,000
Deductible per calendar year	None	None	\$25 per person (maximum 3 per family)	\$25 per person (maximum 3 per family)
Basic Services				
Exams, cleanings, fluoride, fillings, x-rays, simple extractions, root canal therapy, and periodontal treatment	70%/80%/90%/100% <sup>1</sup>	70%/80%/90%/100% <sup>1</sup>	80%	80% <sup>2</sup>
Prosthetics				
Dentures, bridges, inlays, crowns	50%	70%/80%/90%/100% <sup>1</sup>	50%	50%
Orthodontia Services - Available with all dental options when selected as a rider.				
Orthodontic treatment	50% up to a lifetime maximum of \$1,000			
<sup>1</sup> Benefits increase 10% each calendar year only if a dentist is seen at least annually for covered services.				
<sup>2</sup> Exams, cleanings, fluoride, and x-rays covered 100% (No deductible).				
Willamette Dental				
Benefit Features				
Maximum benefit per calendar year		No annual maximum		
Deductible per calendar year		None		
Basic Services				
Exams, cleanings, fluoride, x-rays, fillings, fluoride treatment, simple extractions, repair or relining of dentures or bridges		\$10 per visit <sup>1</sup>		
Prosthetic Services				
Crowns, inlays, and bridges		100% <sup>2</sup>		
Dentures		100% <sup>2</sup>		
Periodontal treatment and root planing (per quadrant)		100% <sup>2</sup>		
Root canal work		100% <sup>2</sup>		
Surgical Extractions (per tooth)		\$50 <sup>2</sup>		
Orthodontic Services				
Pre-Orthodontic services		\$150 copay <sup>2 &amp; 3</sup>		
Orthodontic treatment		\$1,500 copay <sup>2</sup>		

<sup>1</sup> Specialty services provided by an Endodontist, Peridontist, or Oral Surgeon require a \$30 copay.

<sup>2</sup> Plus office visit charge.

<sup>3</sup> Fee credited toward orthodontic treatment copay if patient accepts treatment plan.

# CIS (Citycounty Insurance Services)

## Employee Benefits Program

Copay Plan Benefit Options

VB Copay Plan 2 and Copay Plans A, B, & C



Effective August 1, 2011

# CIS Employee Benefits Program



Regence BlueCross BlueShield of Oregon is an Independent Licensee of the Blue Cross and Blue Shield Association

## Summary of High Deductible Health Plan (HDHP) with HSA Options (Effective 08-01-2011)

Regence BlueCross BlueShield of Oregon

Benefit Features	HDHP-1 w/HSA		HDHP-2 w/HSA	
Annual maximum benefit	\$2,000,000		\$2,000,000	
Single and family deductible per calendar year				
The single coverage deductible applies when an individual is enrolled without dependents. The family coverage deductible applies when an individual and one or more dependents are enrolled. Prior to benefits being paid, the entire family deductible must be met.	Single Deductible	\$1,500	Single Deductible	\$2,500
	Family Deductible	\$3,000	Family Deductible	\$4,000
Provider Network	Participating Network		Participating Network	
Out-of-pocket maximum you pay each calendar year <b>including deductible</b>				
The single coverage maximum applies when an individual is enrolled without dependents. The family coverage maximum applies when an individual and one or more dependents are enrolled.	Single Coverage	\$2,300	Single Coverage	\$3,300
	Family Coverage	\$5,050	Family Coverage	\$6,050
After this amount is met each calendar year, the plan pays	100%		100%	
	In-Network Benefit Category 1 & 2	Out-of-Network Benefit Category 3	In-Network Benefit Category 1 & 2	Out-of-Network Benefit Category 3
Preventive Care Services (See schedule on back)	Deductible Waived – The Plan Pays		Deductible Waived – The Plan Pays	
Screening for women including Pap and mammogram	100%	60%	100%	60%
Well-baby care	100%	60%	100%	60%
Routine physical exams including related lab and X-ray	100%	60%	100%	60%
Routine immunizations through age 17	100%	100%	100%	100%
Routine immunizations age 18+	100%	60%	100%	60%
Professional Services	After Deductible – The Plan Pays		After Deductible – The Plan Pays	
Office visits including mental health/chemical dependency	80%	60%	80%	60%
Diagnostic radiology and lab	80%	60%	80%	60%
Therapeutic injections including allergy shots	80%	60%	80%	60%
Maternity care	80%	60%	80%	60%
Surgery	80%	60%	80%	60%
Chiropractic care	Not Covered		Not Covered	
Hospital Services	After Deductible – The Plan Pays		After Deductible – The Plan Pays	
Inpatient stay including maternity, mental health , chemical dependency and rehabilitation	80%	60%	80%	60%
Outpatient surgery	80%	60%	80%	60%
Skilled nursing facility care	80%	60%	80%	60%
Emergency room care	80%		80%	
Other Services	After Deductible – The Plan Pays		After Deductible – The Plan Pays	
Ambulance (to nearest hospital as medically indicated)	80%		80%	
Rehabilitation including occupational, speech, and physical therapy	80%	60%	80%	60%
Home health care	80%	60%	80%	60%
Hospice (as medically indicated by physician's orders, no limit)	80%	60%	80%	60%
Durable medical equipment and supplies	80%	60%	80%	60%
Prescription Medications	You Pay		You Pay	
Deductible per calendar year	Deductible combined with medical		Deductible combined with medical	
Generic medication	20%		20%	
Preferred medication	20%		20%	
Non-preferred medication	20%		20%	
Mail order prescriptions (90-day supply)	20%		20%	
Out-of-pocket maximum per person each calendar year	Out-of-pocket maximum combined with medical		Out-of-pocket maximum combined with medical	
General Limitations				
Please refer to your plan booklet for a complete list of benefits, limitations, and exclusions that apply.	➤ Inpatient rehabilitation ➤ Ambulance ➤ Outpatient rehabilitation ➤ Home health care ➤ Pharmacy purchased medication	Unlimited No mile or dollar limit 77 visits per calendar year 130 visits per calendar year 90-day supply	➤ Inpatient rehabilitation ➤ Ambulance ➤ Outpatient rehabilitation ➤ Home health care ➤ Pharmacy purchased medication	Unlimited No mile or dollar limit 77 visits per calendar year 130 visits per calendar year 90-day supply

**Provider Network:** Preferred Providers are paid under Category 1. Participating Providers are paid under Category 2. Non-Participating Providers are paid under Category 3.

**This is a brief summary comparison of plans. Any errors or omissions are unintentional. Once enrolled, employees can view the Plan Booklet online at the claims administrator's Web site, [www.myregence.com](http://www.myregence.com).**

Preventive Care Benefits*	
Benefit Features	
Immunizations	
Children and Adults	As recommended by the CDC
Well-Baby Care	
Routine visits	
Routine Physical Exam (including related lab and X-ray)	
Includes colonoscopies	
Includes prostate screening	
Women's Exam	
Routine examinations	
Mammograms	
*In accordance with age limits and frequency guidelines according to and as recommended by the USPSTF, CDC, or HRSA. For a list of services and supplies covered under this benefit, go to <a href="http://www.myregence.com">www.myregence.com</a> . From there, select "My Navigator", then "Benefits", then "Preventive Care".	

Alternative Care Rider		
Benefit Features		
	In-Network Provider Benefit Category 1 & 2	Out-Of-Network Provider Benefit Category 3
Chiropractic, Naturopath, and Acupuncture	80% after deductible Maximum allowance \$1,000 per person per calendar year	60% after deductible Maximum allowance \$1,000 per person per calendar year
<b>Provider Network:</b> Preferred Providers are paid under Category 1. Participating Providers are paid under Category 2. Non-Participating Providers are paid under Category 3.		

Vision Benefits Rider - offered by VSP (Vision Service Plan)		
Benefit Features VSP Plan		
	Participating Provider	Non-Participating Provider
Eye Exam	100%	100% up to \$71
Lens - Standard		
Single	100%	100% up to \$51
Bifocal	100%	100% up to \$77
Trifocal	100%	100% up to \$100
Lenticular	100%	100% up to \$125
Contacts	100% up to \$166 (in lieu of lenses or frames)	100% up to \$166 (in lieu of lenses or frames)
Frames	100% up to \$120	100% up to \$66

Oregon Dental Service (ODS)				
Benefit Features	Plan II	Plan III	Plan IV	Plan V
Maximum benefit per calendar year	\$1,500	\$1,500	\$1,500	\$2,000
Deductible per calendar year	None	None	\$25 per person (maximum 3 per family)	\$25 per person (maximum 3 per family)
Basic Services				
Exams, cleanings, fluoride, fillings, x-rays, simple extractions, root canal therapy, and periodontal treatment	70%/80%/90%/100% <sup>1</sup>	70%/80%/90%/100% <sup>1</sup>	80%	80% <sup>2</sup>
Prosthetics				
Dentures, bridges, inlays, crowns	50%	70%/80%/90%/100% <sup>1</sup>	50%	50%
Orthodontia Services - Available with all dental options when selected as a rider.				
Orthodontic treatment	50% up to a lifetime maximum of \$1,000			
<sup>1</sup> Benefits increase 10% each calendar year only if a dentist is seen at least annually for covered services.				
<sup>2</sup> Exams, cleanings, fluoride, and x-rays covered 100% (No deductible).				

Willamette Dental	
Benefit Features	
Maximum benefit per calendar year	No annual maximum
Deductible per calendar year	None
Basic Services	
Exams, cleanings, fluoride, x-rays, fillings, fluoride treatment, simple extractions, repair or relining of dentures or bridges	\$10 per visit <sup>1</sup>
Prosthetic Services	
Crowns, inlays, and bridges	100% <sup>2</sup>
Dentures	100% <sup>2</sup>
Periodontal treatment and root planing (per quadrant)	100% <sup>2</sup>
Root canal work	100% <sup>2</sup>
Surgical Extractions (per tooth)	\$50 <sup>2</sup>
Orthodontic Services	
Pre-Orthodontic services	\$150 copay <sup>2 &amp; 3</sup>
Orthodontic treatment	\$1,500 copay <sup>2</sup>

<sup>1</sup> Specialty services provided by an Endodontist, Peridontist, or Oral Surgeon require a \$30 copay.

<sup>2</sup> Plus office visit charge.

<sup>3</sup> Fee credited toward orthodontic treatment copay if patient accepts treatment plan.

# CIS (Citycounty Insurance Services)

## Employee Benefits Program High Deductible Health Plan (HDHP) with HSA Options



Effective August 1, 2011

# **APPENDIX E**

## **TECHNICAL SERVICES AND CAPABILITIES QUESTIONNAIRE**

### Implementation Process and Technical Capabilities

The vendor must certify that its employees or its subcontractors can provide the services listed below to CIS. Each item that cannot or will not be fully provided by the implementation date (November 1, 2016) will not automatically disqualify you from consideration but must be so noted in the proposal with a comprehensive but brief explanation.

Requirements for this RFP are delineated in the following tables. Vendors are required to use the same numbering format when completing responses to each item. For each requirement listed one of the following responses is required:

**Yes** = Capability is currently available.

**No** = Capability is currently not available and there are no plans to include in future releases of the software.

**Future Release** = Capability is planned for a future release of the software. Indicate the date of the software release.

**Enhancement** = Capability is currently not available and is not planned in future releases of the software but can be provided as a custom enhancement. The cost of the enhancement must be included in the vendor response.

**Other** = Any additional comment or explanation deemed appropriate by the vendor.

A. CIS Administration		Yes	No	Future Release	Enhancement (include cost)	Other
1	Provide the services sought in the RFP via an online site.					
2	Website is customizable for forms, logos, links and informational notices pertinent to CIS. Website screen flow is also customizable.					
3	Website features should be driven by multiple security roles to vary the access by user type and member employer.					
4	Website is customizable for security authentication, password requirements, and security questions.					
B. Employee Self-Administration/Benefit Enrollment		Yes	No	Future Release	Enhancement (include cost)	Other
1	Capability for one or more open enrollment period(s) during the year, allowing employees to make changes to benefits and dependent enrollment online, selecting from multiple plans based on specific criteria. Updates should be reflected in real time.					
2	Capability for a new hire process to allow employees to select initial benefits online, selecting from multiple plans based on specific criteria.					
3	Allow an employee record to be moved to another employer. System should be able to correctly calculate any needed adjustments, retroactivity, and prevent overlapping of coverages.					
4	Employee can be enrolled with two employers at the same time: active coverage with one and volunteer coverage with another. Employee can also have the same benefits at multiple employers at the same time: active coverage with one and retiree coverage with another.					

5	Web-interface for the employee to make changes to their records. If yes, please answer the following: - Change Personal Contact Information - Report and make enrollment change, add/delete dependents due to status change (marriage, birth, divorce) - Attach supporting documentation (marriage cert, divorce decree) -Update personal login information (password, security questions) *Updates should reflect in real time					
6	Ability to set restrictions that allow the employee to make enrollment change within specific time frame (i.e., 30 days).					
7	Generate unique logins or passwords for the employee.					
8	Allow employees to retrieve their login or password through a “forgot login or password” function.					
9	Automatically generate benefit statement after employee enrolls or makes enrollment change.					
10	Maintain history of all coverage elections and premium information for multiple plan years.					
11	Allow employees to submit online EOI documentation for approval using SSO and web services; support automated processing of approvals/denials received via data file.					
12	Provide library of employee assistance articles covering various health and wellness topics.					
<b>C. Plans and Rates Setup</b>		<b>Yes</b>	<b>No</b>	<b>Future Release</b>	<b>Enhancement (include cost)</b>	<b>Other</b>
1	Capability to provide plan/rate set up for Medical, Dental, Vision, Life, Disability, Sec. 125, and LTC? If system cannot accommodate all plans types listed, indicate which plans are not available in the “Other” section.  - Allow for ER paid plans with automatic enrollment of employees - Allow for ER paid plans that employee selects at enrollment - Allow for voluntary plans that employee elects.					
2	Allow employer to have multiple employee classes with different plan options; employees only see the plans offered to their specific group when selecting benefits.					
3	Accommodate age and enrollment tiered rates? - Any limits to the number of rate tiers on one plan?					
4	Ability to enter and display employer/employee premium cost shares for each plan type and each employer.					
5	Is the system flexible enough to allow premium cost shares to be hidden for member employers that don't want them displayed?					
6	Ability to segregate multiple administrative fees and other fees from premium for medical, dental, life and disability plans, possibly among several employers, and choose how they will be displayed on the invoice as well as financial reporting.					

7	Ability to track multiple election changes within one billing period and only bill for the latest election change in that period.					
8	System includes age-reduction premium capability (e.g., life plan reduces by a certain percentage at age 70).					
9	Include automatic renewal of plan if no changes are made (for some but not all plans) except updating of rates.					
10	If a plan is changed during open enrollment, does a new plan have to be set up and all employees re-enrolled on the new plan? <b>OR</b> If a plan is changed during open enrollment, can the same plan set-up be used and just the name and rates be changed? - Will the system maintain historical plan information?					
11	Ability to mass import plan data, including rates, eligibility, waiting periods, plan names, and enrollments.					
12	Allow for custom or designated fields to track CIS-specific data.					
13	Allow for flat dollar or percentage subsidies to be entered, changed, dates set and calculated in real time.					
14	Allow for On-Demand process to view new participant plan & rates data via a form.					
15	Functionality that would allow CIS to enter and update new plans/rates at will for single individuals, as well as, large populations, including the ability to override the amount by participant.					
16	Capability to support customized weekly reporting and tracking before, during, and after open enrollment.					
17	Capability to support rates changes during and after OE without interruption to the system. Revised/new rates to be available within the system 3 days following delivery.					
18	Ability to have an accessible test environment to test fixes/check rates before going live.					
<b>D. Employee Set-up</b>		<b>Yes</b>	<b>No</b>	<b>Future Release</b>	<b>Enhancement (include cost)</b>	<b>Other</b>
1	System will accept Social Security numbers as employee identification. - System has ability to generate unique IDs - System has ability to accept unique IDs					
2	Allow employee to enter email address: - Work email - Home email					
3	Allow for different addresses for employee and dependents.					
4	Record work information such as earnings, hours per week, job title, employee classification, employee work group (union, non-union, management, etc).					
5	Report marital status.					
6	Able to identify a domestic partner.					
7	Able to identify status of child (i.e., biological, step, child of domestic partner, etc.).					



8	Ability to track leave.					
9	Ability to add customizable fields for tracking and derivation purposes.					
10	Ability to convert an employee or group of employees into the system who are already in coverage.					
<b>E. Benefits Administration and Reporting</b>		<b>Yes</b>	<b>No</b>	<b>Future Release</b>	<b>Enhancement (include cost)</b>	<b>Other</b>
1	Have super-user access that controls access for member employer administrators.					
2	Can accommodate, at a minimum, 350 administrative users assigned to respective member employer group.					
3	Allow for the designation of an administrator for each employee record.					
4	Allow more than one person to be assigned as the administrator on an employee record.					
5	Different levels of access can be assigned to each administrator.					
6	Ability to require approval or secondary verification of online enrollment and/or changes before they are processed.					
7	Automated functions to verify age at single or multiple levels (e.g. reaching maximum age for a child or Medicare eligibility).					
8	Record different types of benefits termination, included but not limited to:					
	- Termination of employment					
	- Retirement					
9	Access to view and audit change history for edits made by administrator and/or employee.					
10	Ability for administrator to record notes pertaining to administrative action.					
11	Ability for CIS to record notes that are not visible by the member employer or employee.					
12	Ability to process retroactive activity on an employee's record across multiple employers and create associated billing adjustments for both employer and carrier premiums for all impacted employers and the employee.					
13	Ability to impose restrictions on how far back retroactive activity can occur on an employee's record, including how far back billing adjustments can occur, with the ability for CIS staff to override that limit.					
14	Ability to import billing payments across multiple employers and apply using a product based hierarchy.					
15	Allow for CIS staff to run real time data reports for specific employer groups or the entire population. Employer Admins should be able to run reports for 1 or all groups they are aligned to, but limit the data to aligned employees and aligned periods of employment when an employee has records with multiple employers.					

F. COBRA Administration		Yes	No	Future Release	Enhancement (include cost)	Other
1	System includes the ability to administer COBRA in compliance with Federal regulations. If yes, please answer the following: - Includes all Notices (Examples: termination letter, certificate of creditable coverage and new hire) - Generates monthly invoice - Allow for employer subsidy and invoicing of separate amounts to employer and COBRA participant.					
2	Ability to cover spouse or eligible dependent(s) when former employee is no longer eligible.					
G. Retiree Administration		Yes	No	Future Release	Enhancement (include cost)	Other
1	System includes the ability to identify retiree classification, enroll, and invoice retirees for CIS coverage.					
2	Ability to cover spouse when former employee becomes ineligible (e.g., Medicare).					
3	Ability to record subsidy and invoice employee and employer separate amounts.					
H. Personal Health/Wellness Program		Yes	No	Future Release	Enhancement (include cost)	Other
1	Provide a Personal Health Assessment (PHA) tool.					
2	Ability to track employee participation in wellness activities and generate utilization reports.					
3	Apply surcharge or premium discount, connected to completion of PHA or wellness activity.					
4	Ability to report/document Employer-sponsored wellness activities.					
I. Financial Management Requirements		Yes	No	Future Release	Enhancement (include cost)	Other
1	Generate individual monthly invoices for a minimum of 270 employer groups and 15,000 employees.					
2	Generate carrier invoices for a minimum of 650 employee groups, and 15,000 employees. Invoices must be delineated by active, COBRA, and retiree.					
3	Accounting and other data can be exported into CIS specific data format/platform.					
4	Ability to generate customized reports based on invoice data.					
5	Invoice can be produced multiple times to allow for review and error correction.					
6	Invoice data available in a variety of data formats.					
J. Reporting Requirements		Yes	No	Future Release	Enhancement (include cost)	Other
1	Provide a comprehensive on-demand management-reporting tool with ability to draw <u>from all data fields</u> . If no, explain limitations.					

2	Provide customized and standard reporting by geographic area (defined by groups of zip codes) and employer or participant demographics.					
3	Ability to generate the following reports: - Point in Time -Change or Comparison Report					
4	Can mass-produce customizable benefits confirmation statements prior to and following open enrollment. Should also be able to generate at any point during the year.					
5	Report data can be exported in a variety of data formats.					
<b>K. Other System Requirements</b>		<b>Yes</b>	<b>No</b>	<b>Future Release</b>	<b>Enhancement (include cost)</b>	<b>Other</b>
1	Accept CIS' data transfers using standardized transmission methods (i.e. FTP).					
2	Provide automatic data transfers on schedule in ANSI or other specified format required by CIS carriers and partners. - Provide a "full" eligibility file - Provide a "change" file - Ability to generate a forced file					
3	Provide automatic confirmation of all electronic transmissions of CIS data.					
<b>L. Vendor Service and Technical Requirements</b>		<b>Yes</b>	<b>No</b>	<b>Future Release</b>	<b>Enhancement (include cost)</b>	<b>Other</b>
1	Ensure system is accessible 24/7.					
2	Guarantee 100% uptime of system aside from scheduled upgrades or maintenance.					
3	Provide customer service (and backup representatives when the primary representatives are unavailable) to CIS during the hours of Monday – Friday, 7:00 a.m. – 7:00 p.m. Pacific Time; the representatives must be available by toll-free telephone to provide both functional and technical support.					
4	System upgrades and maintenance will be performed during non-business hours Pacific Standard Time.					
5	Communicate and respond expeditiously to fix any system-related issues. Response will include root cause analysis of the issue, fix made to correct the system, and any data clean-up required. All billing, employee data, access, and compliance related issues will require immediate attention by vendor.					
6	Maintain back-up and disaster recovery plans for the system.					
7	Maintain and routinely test security protocols.					
8	Maintain plan reference data (i.e. coverage type, premiums, etc.) by effective and expiration dates.					
9	Conduct or attend meetings in person with CIS staff and the CIS Board during system implementation and throughout the term of the contract on an "as needed" basis.					
10	Compare existing administrative technical processes with vendor's best practices and industry standards, and report findings to CIS at least annually.					
11	Maintain all hardware and software owned and operated by vendor in the administration of CIS' benefit programs.					

12	All systems and process are performed and housed internally. If no, list any outsourced process and/or resources and the vendors that perform them.					
13	Vendor shall be responsible for any and all licensing fees and user licenses relating to system access and/or any required desktop software.					
14	Provide API or similar mechanism to programmatically query or update data from other applications.					
15	Agree to performance standards associated with service and technical requirements.					
16	Vendor shall be responsible for creating documentation and requirements for implementation as well as plan, process and/or requirement changes. CIS shall review and approve changes made by the vendor.					
17	Vendor shall be responsible for creating and maintaining a regression test plan for CIS system functionality. Agree to performance standards for creating/maintaining documentation and requirements.					
18	Vendor shall be responsible for creating and maintaining a detailed project plan for large projects including open enrollment. CIS shall review and approve project plan.					
19	Vendor shall be responsible for continued support of the jobs that run the Benefits Admin system.					
<b>M. HIPAA Requirements</b>		<b>Yes</b>	<b>No</b>	<b>Future Release</b>	<b>Enhancement (include cost)</b>	<b>Other</b>
1	Vendor will agree to sign a Business Associate Agreement.					
2	Vendor certifies that it is in full compliance with HIPAA's administrative simplification standards relating to electronic data interchange (EDI).					
<b>N. Implementation Requirements</b>		<b>Yes</b>	<b>No</b>	<b>Future Release</b>	<b>Enhancement (include cost)</b>	<b>Other</b>
1	Ability to convert and load CIS' current member, employee, dependent, billing, and plan data into the new system.					
2	CIS recognizes there will be time constraints due to open enrollment workload issues, but confirm ability to begin discussions in Sept - Dec, 2016 with implementation completed by July 1, 2017.					
3	Prepare written training material and provide on-site training to CIS staff during system implementation and on an ongoing basis as warranted.					
4	Vendor will conduct user training at CIS offices to include up to 30 administrative and/or employer users.					
5	Vendor will conduct regular training internally with supporting team and maintain an onboarding training process for new members on the account.					
6	Vendor will create and maintain a tracking system to monitor and communicate issues created, submitted, and resolved.					