

HSA Plan Design

	In Network	Non-Network
Deductible - Individual	\$1,650	\$3,300
Deductible - Family	\$3,300	\$6,600
Out-of-Pocket Maximum - Individual	\$4,950 including deductible	\$9,900 including deductible
Out-of-Pocket Maximum - Family	\$9,900 including deductible	\$19,800 including deductible
Preventive Services	MCHCP pays 100%	40% coinsurance after deductible
Office Visits - Primary Care	20% coinsurance after deductible	40% coinsurance after deductible
Office Visits - Specialist	20% coinsurance after deductible	40% coinsurance after deductible
Chiropractic Care	20% coinsurance after deductible	40% coinsurance after deductible
Urgent Care	20% coinsurance after deductible	20% coinsurance after deductible
Emergency Room	20% coinsurance after deductible	20% coinsurance after deductible
Hospital - Inpatient	20% coinsurance after deductible	40% coinsurance after deductible
Lab and X-ray	20% coinsurance after deductible	40% coinsurance after deductible
Surgery	20% coinsurance after deductible	40% coinsurance after deductible

PPO 1250 Plan Design

	In Network	Non-Network
Deductible - Individual	\$1,250	\$2,500
Deductible - Family	\$2,500	\$5,000
Out-of-Pocket Maximum - Individual	\$3,750 including deductible	\$7,500 including deductible
Out-of-Pocket Maximum - Family	\$7,500 including deductible	\$15,000 including deductible
Preventive Services	MCHCP pays 100%	40% coinsurance after deductible
Office Visits - Primary Care	\$25 copayment	40% coinsurance after deductible
Office Visits - Specialist	\$40 copayment	40% coinsurance after deductible
Chiropractic Care	\$20 copayment	40% coinsurance after deductible
Urgent Care	\$50 copayment	\$50 copayment
Emergency Room	\$250 copayment plus 20% coinsurance after deductible	\$250 copayment plus 20% coinsurance after deductible
Hospital - Inpatient	\$200 copayment plus 20% coinsurance after deductible	\$200 copayment plus 40% coinsurance after deductible
Lab and X-ray	20% coinsurance after deductible	40% coinsurance after deductible
Surgery	20% coinsurance after deductible	40% coinsurance after deductible

PPO 750 Plan Design

	In Network	Non-Network
Deductible - Individual	\$750	\$1,500
Deductible - Family	\$1,500	\$3,000
Out-of-Pocket Maximum - Individual	\$2,250 including deductible	\$4,500 including deductible
Out-of-Pocket Maximum - Family	\$4,500 including deductible	\$9,000 including deductible
Preventive Services	MCHCP pays 100%	40% coinsurance after deductible
Office Visits - Primary Care	20% coinsurance after deductible	40% coinsurance after deductible
Office Visits - Specialist	20% coinsurance after deductible	40% coinsurance after deductible
Chiropractic Care	20% coinsurance after deductible	40% coinsurance after deductible
Urgent Care	20% coinsurance after deductible	20% coinsurance after deductible
Emergency Room	\$250 copayment plus 20% coinsurance after deductible	\$250 copayment plus 20% coinsurance after deductible
Hospital - Inpatient	\$200 copayment plus 20% coinsurance after deductible	40% coinsurance after deductible
Lab and X-ray	20% coinsurance after deductible	40% coinsurance after deductible
Surgery	20% coinsurance after deductible	40% coinsurance after deductible

2020 MCHCP Health Plan RFP

Pricing

Instructions

	Comments
Administration Fees	
ASO Fee	The bidder must complete the ASO Fee worksheet in its entirety. The PEPM amount listed must be on a mature basis. No fees will be paid to process run-out claims at contract termination.
Enrollment Bands	Bidders should provide separate pricing for each enrollment band.
Supplemental Pricing	Bidders may use the Supplemental Pricing worksheet for any optional service that is not included in the proposed ASO Fee. MCHCP reserves the right to consider these fees in the projected cost of the contract if services listed here should have been included in the PEPM.
Optional Services	Optional services to be listed in Supplemental Pricing could include an on-line reporting utility, ad-hoc reporting, on-line eligibility access, etc. Include the basis for payment (PEPM, one-time fee, etc.) in the Basis for Payment column.
Pricing	The bidder must provide guaranteed pricing for 2020, and not-to-exceed pricing for 2021 - 2024.

ASO Fee

	Describe Service	2020	2021	2022	2023	2024
1 - 15,000 Subscribers						
General Administration						
Implementation						
Claim Services						
Member Services						
Network Access Fee						
Care Management Fee						
Consumer Tools						
Reporting						
Behavioral Health						
Other 1 (please specify)						
Other 2 (please specify)						
Other 3 (please specify)						
Other 4 (please specify)						
Other 5 (please specify)						
Total ASO Fee (PEPM)	N/A	=SUM('W2'!B2:B15)	=SUM('W2'!C2:C15)	=SUM('W2'!D2:D15)	=SUM('W2'!E2:E15)	=SUM('W2'!F2:F15)
15,001 - 30,000 Subscribers						
General Administration						
Implementation						
Claim Services						
Member Services						
Network Access Fee						
Care Management Fee						
Consumer Tools						
Reporting						
Behavioral Health						
Other 1 (please specify)						
Other 2 (please specify)						
Other 3 (please specify)						
Other 4 (please specify)						
Other 5 (please specify)						
Total ASO Fee (PEPM)	N/A	=SUM('W2'!B18:B3)	=SUM('W2'!C18:C3)	=SUM('W2'!D18:D3)	=SUM('W2'!E18:E31)	=SUM('W2'!F18:F31)

30,001 - 45,000 Subscribers						
General Administration						
Implementation						
Claim Services						
Member Services						
Network Access Fee						
Care Management Fee						
Consumer Tools						
Reporting						
Behavioral Health						
Other 1 (please specify)						
Other 2 (please specify)						
Other 3 (please specify)						
Other 4 (please specify)						
Other 5 (please specify)						
Total ASO Fee (PEPM)	N/A	=SUM('W2'!B34:B4	=SUM('W2'!C34:C4	=SUM('W2'!D34:D4	=SUM('W2'!E34:E47	=SUM('W2'!F34:F47
> 45,000 Subscribers						
Implementation						
General Administration						
Claim Services						
Member Services						
Network Access Fee						
Care Management Fee						
Consumer Tools						
Reporting						
Behavioral Health						
Other 1 (please specify)						
Other 2 (please specify)						
Other 3 (please specify)						
Other 4 (please specify)						
Other 5 (please specify)						
Total ASO Fee (PEPM)	N/A	=SUM('W2'!B82:B9	=SUM('W2'!C82:C9	=SUM('W2'!D82:D9	=SUM('W2'!E82:E95	=SUM('W2'!F82:F95

Supplemental Pricing

	Describe Service	Fees	Basis for Payment
Program Services			
High Performance Network			
Member Reward Incentive Program			
Member Advocacy Model			
Musculoskeletal Management			
Disease Management			
Service 1			
Service 2			
Service 3			
Service 4			
Service 5			
Service 6			
Service 7			
Service 8			
Service 9			
Service 10			
Service 11			
Service 12			
Service 13			
Service 14			
Service 15			
Service 16			
Service 17			
Service 18			
Service 19			
Service 20			