

RFP



DETAILED SCORE CARD								
Vendor	Summit-Self Funded	90Degrees-Self Funded	Lucent-Self Funded	Sysco-Self Funded	Kempton-Self Funded	BCBS - Fully Insured	UHC - Fully Insured	Curative - Fully Insured
1) Purchase Price (30 Points)								
Proposed Pricing The lowest price is given the maximum points as predetermined and stated in the proposal documents. The following formula is then applied to all subsequent pricing. Divide the lowest offer by the amount of the current proposer's offer. Multiply the result by the maximum number of points available. The sum is the number of points awarded to the current proposer in this category. This score is assigned by the Purchasing Department.								
	7	11	12	8	10	14	10	6
2) Reputation of Vendor and Vendor's Goods or Services (05 Points)								
Do we value the quality of the references provided? Are they applicable to our organization? Begin with the maximum number of points available and deduct where necessary in a fair and equitable manner.	2	3	4	2	5	4	4	4
3) Quality of Vendor's Goods or Services (30 Point)								
What do the references and your previous experiences indicate about the quality of the goods and/or services provided by the firm? District staff with personal experience working with specific goods and/or services may also be considered. All vendors should be given the benefit of the doubt. The maximum points should be awarded with fair and equitable deductions for negative information.	6	8	8	6	15	11	13	8
4) Extent to which the Vendor's Goods or Services Meets the District's Needs (0 Points)								
Did the vendor indicate that they could deliver the goods/services needed within the required timeframes? Will the proposed goods and/or services meet the minimum needs of the District? The maximum points should be awarded with fair and equitable deductions for negative information.	5	9	9	7	15	14	12	10
5) Vendor's Past Relationship with the District (5 Points)								
The value should begin with an equal amount of points assigned to all vendors. This amount can range from 0 to the total point assigned to this category. From that established medium, points may be added or subtracted based on the previous experience (s) with the District. If they have not previously done business with the District, they must be given the benefit of the doubt.	2	2	5	1	5	5	4	2
6) Ability for the District to Comply With Rules Related to Historically Underutilized Businesses (0 Points)								
There are no mandates for additional consideration in this category.	0	0	0	0	0	0	0	0
7) Total Long-term Cost to the District to Acquire the Vendor's Goods or Services (20 Points)								
Is there value added? What is the life expectancy? Will maintenance costs be lower or higher compared to other offerings? Attempt to identify the total cost of ownership over the lifecycle of the product. Each vendor should start with half of the point value possible in this category. Adjustments up or down should be made based on merit in a fair and equitable manner.	6	10	10	8	10	10	8	10
8) Principal Place of Business (0 Points)								
All points are awarded if the vendor has its principal place of business within Texas or employs over 500 people within Texas. This criterion may not be considered for the contracting of goods and services related to telecommunications and information services, building construction and maintenance or instructional materials. This score is assigned by the Purchasing Department.	0	0	0	0	0	0	0	0
9) Other Relevant Factor: Quality and Completeness of Proposal (10 Points)								
All vendors begin with maximum number of point available with fair and reasonable deductions for non-compliance with proposal instructions. The intent is to penalize vendors that do not follow instructions without unnecessarily disqualifying them from further consideration for minor infractions. This score is assigned by the Purchasing Department.	6	7	8	5	7	8	8	6
TOTAL	34	50	56	37	67	66	59	46
RANK	8	5	4	7	1	2	3	6

Medical - Lucent - ALTERNATE BCBS TRIPLE OPTION - HMO (Plan 3)

					BCBS of Texas Blue Choice PPO Plan 1			BCBS of Texas Blue Choice PPO Plan 2			BCBS of Texas HMO - Bue Essentials PCP REQUIRED Plan 3		
Benefit Comparison					In-Network			In-Network			In-Network		
					PPO Plan			PPO Plan			HMO Must Elect PCP-REFERRALREQUIRED		
Eligibility Definition					All Full Time Employees			All Full Time Employees			All Full Time Employees		
Annual Individual / Family Deductible					\$3,500 / \$7,000			\$6,000 / \$12,000			\$6,000 / \$12,000		
Embedded or Aggregate Deductible					Embedded			Embedded			Embedded		
Coinsurance					80%			80%			70%		
Annual Out-of-Pocket Maximum					\$8,150 / \$16,300			\$10,000/\$20,000			\$10,000/\$20,000		
Out-of-Network Coinsurance					50%			50%			NOT COVERED		
Preventive Benefit					No charge			No charge			No charge		
Office Visits					\$50 Copay			\$50 Copay			\$50 Copay		
Primary Care					\$100 Copay			\$100 Copay			\$100 Copay		
Specialist					\$0 Copay			\$0 Copay			\$0 Copay		
Virtual Visits					\$0 NLP/\$100			\$0 NLP/\$100			\$0 NLP/\$100		
Urgent Care					\$750 Copay then coinsurance			\$750 Copay then coinsurance			\$750 Copay then coinsurance		
Emergency Room													
Hospital Services In-Patient					80% after deductible			80% after deductible			70% after deductible		
Outpatient Diagnostic X-Ray & Lab Services					80% after deductible			80% after deductible			70% after deductible		
Major Lab - MRI, PET Scan, CAT Scan					80% after deductible			80% after deductible			70% after deductible		
Annual Prescription Deductible					\$0			\$0			\$0		
RX - Tier 1 / Tier 2 / Tier 3					\$15/\$60/\$100			\$15/\$60/\$100			\$15/\$60/\$100		
RX - Specialty					30% Max to \$300			30% Max to \$300			30% Max to \$300		
RX Mail Order - 90 Day Supply					3 x's Copay			3 x's Copay			3 x's Copay		
Rate Guarantee					9.9% Rate Cap			9.9% Rate Cap			9.9% Rate Cap		
Credits					\$750K year 1 and \$250K year 2			\$750K year 1 and \$250K year 2			\$750K year 1 and \$250K year 2		
ESTIMATED ENROLLMENT	Tier	Buy-up	Mid	Low	Premium	ER Cost	EE Cost	Premium	ER Cost	EE Cost	Premium	ER Cost	EE Cost
	EE Only	220	866	615	\$537.00	\$400.00	\$137.00	\$460.00	\$400.00	\$60.00	\$407.00	\$400.00	\$7.00
	EE + SP	8	31	22	\$1,038.00	\$400.00	\$638.00	\$889.00	\$400.00	\$489.00	\$769.00	\$400.00	\$369.00
	EE + CH	44	174	123	\$996.00	\$400.00	\$596.00	\$853.00	\$400.00	\$453.00	\$755.00	\$400.00	\$355.00
	EE + Fam	21	85	60	\$1,540.00	\$400.00	\$1,140.00	\$1,319.00	\$400.00	\$919.00	\$1,168.00	\$400.00	\$768.00
Cost Comparison					BCBS of Texas						Total for the 3 Plans		
Total Monthly Premium					\$202,608.00			\$686,456.00			\$430,168.00		
Employees Pay - Monthly					\$85,408.00			\$224,056.00			\$102,168.00		
Employer Pays - Monthly					\$117,200.00			\$462,400.00			\$328,000.00		
Employer Annual - Next Level Prime					\$131,760.00			\$520,560.00			\$369,000.00		
Total Annualized Cost					\$2,563,056.00			\$8,758,032.00			\$5,162,016.00		
Employer Annualized Net Cost					\$1,406,400.00			\$5,548,800.00			\$3,936,000.00		
Employer Annualized Dollar Change From Current													

Volume and Counts are for illustrative purposes only. This proposal is a brief summary of benefits and is not intended to be a complete outline of policy provisions. Rates are subject to final enrollment, medical underwriting and effective date. This does not include run out fees

Additional Fees and or Credits charge through out the plan year

Lucent Run out Fee Agreement

15.3 If this Agreement or the Plan benefits subject to this Agreement are terminated, Lucent Health, upon Client's request, will continue to administer claims incurred but not paid as of the date of termination and the provisions of this Agreement will continue in effect solely for this purpose with the following exceptions: Lucent Health will receive 100% of the Administration Fees, as described in Exhibit I, for the first month of service after termination; seventy-five percent (75%) of the Administration Fees for the second month of service; and fifty percent (50%) of the Administration Fees for the third and fourth months of service. There will be charge of \$25.00 per claim for any time period exceeding four months. The amount charged will be based on the average employee census during the twelve months immediately preceding the termination date and payable within thirty (30) days of Client's request. In addition to the Administration Fees charged by Lucent Health, there may be additional run out fees charged by vendors. Those run out fees will be disclosed after termination notification and will be included as part of any run out contract provided to the Client.

EXHIBIT I

Pursuant to the CLAIMS ADMINISTRATIVE AGREEMENT, Client will pay the following charges/fees to Lucent Health for services provided:

Service	Charge/Fee
---------	------------

Except where the context indicates otherwise, the following are based on a per employee, per month basis:

Medical Administration	\$19.45
PPO Access Fee	\$13.80 (AETNA) and \$3.50 (As contracted with PPO(s)).
Utilization Management	\$ 3.50 (Included in Concierge Bundle Fees). LCM - \$150/hour.
Large Case Management Fee	\$150 / Hour
COBRA	\$N/A.
Narus Concierge Bundle Fees	\$15.00 and \$12.00 (RBP and PPO).
Broker Service Fee	\$15.00(As contracted with Brown and Brown).
Specialized IS Programming/Reporting	\$125 / Hour
ID Card Re-printing Fee	Waived.

A \$100 minimum monthly invoice charge applies for groups with less than 50 enrolled employee lives.

The following are expressed as a percentage of total savings, discounts and recoveries:

Out-of-Network Claims repricing	30% of Savings/Discount
Provider Discount Negotiations	30% of Savings/Discount
Subrogation Administration	30% of Recovery
Subrogation Administration Involving Litigation	33% of Recovery Plus Litigation Costs (filing and service fees, and related court fees; Client will not be responsible for attorney's fees)
Over Payment Recoveries	30% of Recovery – From Hospital AP/AR Audits & Collection Efforts
Audits/Cost Containment Savings	30% of Savings/Discount

Restated Medical Plan Document (SPD)	\$2500 per document/plan
Restated Dental Plan Document (SPD)	\$1500 per document/plan
Restated Flexible Spending Plan Document (SPD)	\$1000 per document/plan
Amendments	\$500 per amendment/plan
SBC's (Summary of Benefit Coverage)	\$300 per benefit plan
*SBC Restatements	\$200 per benefit plan

*does not include a restatement that needs a new SBC template due to regulatory requirements- the full \$300 restatement fee will apply in those situations

The following fees are associated with plan change requests and are used to offset legal review, implementation, programming and costs associated as a result of any required changes to reporting:

Medical Plan Programming	\$600 per plan
Dental Plan Programming	\$300 per plan
Auditing (Retro Adjustments/plan changes)	\$250 plus \$10 per re-processed claim

Lucent Plan 1- Self Funded

District Contribution \$ 400.00

Coverage	Lives	2025 Current Rates		2026 Proposed Rates		% Increase		
		Total Rates	Employee Rates	Total Rates	Employee Rates	Difference	% Increase (Total)	% Increase (Employee)
EE	770	\$578.00	\$178.00	\$895.00	\$495.00	\$317.00	55%	178%
EE + SP	35	\$1,067.00	\$667.00	\$2,685.00	\$2,285.00	\$1,618.00	152%	243%
EE + Children	167	\$979.00	\$579.00	\$2,238.00	\$1,838.00	\$1,259.00	129%	217%
Family	79	\$1,334.00	\$934.00	\$3,133.00	\$2,733.00	\$1,799.00	135%	193%
	1051	\$751,284.00	\$330,884.00	\$1,404,378.00	\$983,978.00	\$653,094.00	87%	197%

BCBS Plan 1- Fully Insured

District Contribution \$ 400.00

Coverage	Lives	Estimated	Lucent 2025 Current Rates		2026 Proposed Rates		% Increase	
			Total Rates	Employee Rates	Total Rates	Employee Rates	Difference	% Increase (Total)
EE	220		\$578.00	\$178.00	\$537.00	\$137.00	(\$41.00)	-7%
EE + SP	8		\$1,067.00	\$667.00	\$1,038.00	\$638.00	(\$29.00)	-3%
EE + Children	44		\$979.00	\$579.00	\$996.00	\$596.00	\$17.00	2%
Family	21		\$1,334.00	\$934.00	\$1,540.00	\$1,140.00	\$206.00	15%
	293		\$206,786.00	\$89,586.00	\$202,608.00	\$85,408.00	(\$4,178.00)	-2%

Lucent Plan 2 - Self Funded

District Contribution \$ 400.00

Coverage	Lives	2025 Current Rates		2026 Proposed Rates		% Increase		
		Total Rates	Employee Rates	Total Rates	Employee Rates	Difference	% Increase (Total)	% Increase (Employee)
EE	929	\$457.00	\$57.00	\$536.00	\$136.00	\$79.00	17%	139%
EE + SP	26	\$836.00	\$436.00	\$1,606.00	\$1,206.00	\$770.00	92%	177%
EE + Children	175	\$744.00	\$344.00	\$1,339.00	\$939.00	\$595.00	80%	173%
Family	67	\$1,042.00	\$642.00	\$1,874.00	\$1,474.00	\$832.00	80%	130%
	1197	\$646,303.00	\$167,503.00	\$899,583.00	\$420,783.00	\$253,280.00	39%	151%

BCBS Plan 2- Fully Insured

District Contribution \$ 400.00

Coverage	Lives	Estimated	Lucent 2025 Current Rates		2026 Proposed Rates		% Increase	
			Total Rates	Employee Rates	Total Rates	Employee Rates	Difference	% Increase (Total)
EE	866		\$457.00	\$57.00	\$460.00	\$60.00	\$3.00	1%
EE + SP	31		\$836.00	\$436.00	\$889.00	\$489.00	\$53.00	6%
EE + Children	174		\$744.00	\$344.00	\$853.00	\$453.00	\$109.00	15%
Family	85		\$1,042.00	\$642.00	\$1,319.00	\$919.00	\$277.00	27%
	1156		\$639,704.00	\$177,304.00	\$686,456.00	\$224,056.00	\$46,752.00	7%

Lucent Plan 2 - Self Funded

District Contribution \$ 400.00

2025 Current Rates				2026 Proposed Rates		% Increase		
Coverage	Lives	Total Rates	Employee Rates	Total Rates	Employee Rates	Difference	% Increase (Total)	% Increase (Employee)
EE	929	\$457.00	\$57.00	\$536.00	\$136.00	\$79.00	17%	139%
EE + SP	26	\$836.00	\$436.00	\$1,606.00	\$1,206.00	\$770.00	92%	177%
EE + Children	175	\$744.00	\$344.00	\$1,339.00	\$939.00	\$595.00	80%	173%
Family	67	\$1,042.00	\$642.00	\$1,874.00	\$1,474.00	\$832.00	80%	130%
	1197	\$646,303.00	\$167,503.00	\$899,583.00	\$420,783.00	\$253,280.00	39%	151%

BCBS Plan 3- Fully Insured Compared to Lucent Plan 2

District Contribution \$ 400.00

Lucent 2025 Current Rates				2026 Proposed Rates		% Increase		
Coverage	Lives	Total Rates	Employee Rates	Total Rates	Employee Rates	Difference	% Increase (Total)	% Increase (Employee)
EE	615	\$457.00	\$57.00	\$407.00	\$7.00	(\$50.00)	-11%	-88%
EE + SP	22	\$836.00	\$436.00	\$769.00	\$369.00	(\$67.00)	-8%	-15%
EE + Children	123	\$744.00	\$344.00	\$755.00	\$355.00	\$11.00	1%	3%
Family	60	\$1,042.00	\$642.00	\$1,168.00	\$768.00	\$126.00	12%	20%
	820	\$453,479.00	\$125,479.00	\$430,168.00	\$102,168.00	(\$23,311.00)	-5%	-19%

BCBS is providing a \$750,000 transition credit for the first year and a \$250,000 transition credit for the 2nd year. They are also providing a 9.9% rate cap for the 2027 plan year renewal.

Cost to keep Next Level Urgent Care - Based on current enrollment it is estimated to cost approximately \$1,021,320.00 annually. We could utilize the \$750K Transition Credit that BCBS has promised year 1 and the additional \$250K in year 2 to help pay for the cost