PREMERA BLUE CROSS

RESPONSE TO RFI 2646

# Washington State Health Care Authority

April 2018

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# Section 4 – Content of Responses

## A. Types of Plans and Contracts

1. Identify all of the following plans that are offered by your organization: HMO, PPO, ACO, HDHP, High Performance Network, or other? If "other" please provide a brief description. Of the plans identified, which are offered in Washington State?

   Premera currently offers PPO, HDHP, and ACO plans to commercial groups the size of the Washington State HCA SEBB (HCA SEBB) population.

2. Please identify how many accounts (employer or purchaser) you have for each type of plan, and the total number of covered lives for each plan. For purchaser contracts, please identify any limitations to providing employer level data.

   PPO: Premera currently supports 7,747 employer group accounts with PPO plans constituting 564,654 covered lives.

   HDHP: Premera currently supports 571 employer group accounts with HDHP plans constituting 358,615 covered lives.

   ACO: Premera is currently reviewing how to expand our existing ACO model to large commercial accounts. We are also exploring other innovative care delivery models that better connect provider reimbursement to quality outcomes.

3. Given the response to item 2, does your organization have a preference for contracting as a fully-insured HMO or a fully-insured PPO plan under a consolidated statewide procurement? If yes, please explain your preference.

   No. Premera is primarily interested in contracting as a fully-insured PPO plan with the HCA SEBB population but remains open to meeting this group's needs under any preferred product or network configuration. We do not currently operate as an HMO and do not contemplate offering such a design in the foreseeable future.

## B. Cost and Plan Design

1. Based on the assumptions listed in Exhibit 2 – Financial Assumptions, please provide premium quotes for each Sample Plan listed in Exhibit 3 – Cost Sharing, Benefits, and Covered Services (Table 1 and 2). To provide insight into the population used to develop premiums and the adjustments used to project required revenue for that population to calendar year 2020, please complete Exhibit 4 – SEBB Rate Form. Instructions for the rate form are contained within the Excel document. HCA acknowledges Carriers must make significant assumptions (e.g., with regard to the number of covered dependents that will enroll once the employee contribution methodology is changed) in completing the SEBB Rate Form. Please provide any additional assumptions or insights that inform your organization's RFI response.
    - Quotes for each plan must have the same service area, include all counties in which the Carrier participates, and be based on the experience of all currently covered lives. If you have Washington State school employee covered lives, please base your quotes on this population. If you do not, please provide a written description of the population used for development of rates.
    - Quotes should include a screen snapshot of the Federal actuarial value (Federal AV) calculator used to calculate the Federal AV section of the form, including inputs and results.
    - The pricing actuarial value (Pricing AV) for any plan quoted should reflect only the following:
        - Plan Type (HMO, PPO, POS, etc.)
        - Provider network reimbursement levels
        - Provider network utilization management
        - Both point of service cost sharing and overall plan level cost sharing
        - Benefit induced utilization
    - All premium quotes should include the same non-benefit expense load as a percentage of premium.

    Please see Exhibit 4 – SEBB Rate Form.

2. Based on the Assumptions in Exhibit 2—Financial Assumptions, please provide up to four (4) plan options in addition to the Sample Plan quotes. At least one of the four (4) plan options must be a tax qualified High Deductible Health Plan (HDHP) with a health savings account (HSA). The benefits and covered services outlined in Exhibit 3 – Cost Sharing, Benefits, and Covered Services (Table 2) is to be used as starting point. Any proposed carve-outs and additions to benefits and covered services must be included and captured in the attached SEBB Rate Form.
    - Quotes for the alternative plan options must include the same coverage area as the Sample Plans, and be based on the same experience.
    - Quotes should include a screen snapshot of the Federal AV calculator used within the individual market.
    - The Pricing AV for any of the other plan options you have proposed is under all the same restrictions as Sample Plans, and must reflect only the following:
        - Plan type
        - Provider network reimbursement levels

    - Provider network utilization management
    - Both point of service cost sharing and overall plan level cost sharing
    - Benefit induced utilization
- The Federal AV of any such plan option should not be lower than 76 percent (76%). The 76% Sample Plan should have the lowest premium rate of all proposed premium rates. When developing the Pricing AV for such plans, assumptions should be developed on a consistent basis with the Sample Plans.
- For any HDHP, note the impact on AV from any assumed HSA contribution.
- The goal of providing information on other plans is to help HCA understand what Carriers believe will be viable, meaningful options for the SEBB Program. Therefore, such plans must have Federal AVs that are separated by at least two percentage points from any of the other plans provided in your response.
- All plans should be loaded with the same non-benefit expense load.

Please see Plan Benefits Addendum.

3. HCA currently uses the risk model by Verscend Technologies DxCG® Intelligence Commercial All-Medical Predicting Total Risk version 5.1.0 to measure morbidity differences within the PEBB Program population. Please provide feedback on the use of this model to adjust the plans' rates within the risk pool for the SEBB Program population and whether a concurrent or prospective risk score is preferred for 2020.

Premera uses Verscend Technologies DxCG® risk software to target members for Chronic Condition Management. We do not currently use this technology to adjust our plan rates for population risk pools. In order to determine if we can accommodate this new process for the SEBB Program population, Premera requires more information that outlines in detail the suggested risk modeling procedure along with a proposed audit, and review processes.

In a 2016 Society of Actuaries study, DxCG was ranked among the top performing risk adjustment models. However, no risk adjustment model is able to fully capture the cost differential between low cost and high cost members. In general, predictions for high cost members are lower than actual, and predictions for low cost members are higher than actual. The SOA study shows that for some conditions, the opposite is true, but that generally, predictions for members with conditions are lower than actual costs. Additional mechanisms outside of risk adjustment, or modifications to risk adjustment are necessary to offset the error.

Between concurrent and prospective models, both are accurate for predicting claims at a group level, but concurrent models are significantly better at predicting claims where individual choice is present.

## C. Geographic Coverage

1. HCA would like to know how many fully insured HMO, PPO, and other plan types your organization currently offers in Washington, Oregon, and Idaho counties, as well as any changes anticipated for the future. Please complete columns c-h in Exhibit 5 – County Coverage, with the information listed below. It is not HCA's intent to develop new markets in Oregon or Idaho, but it would not be unusual for a Washington State school employee to reside in one of those states. Only complete the Oregon and Idaho counties where you already have coverage or are anticipating adding coverage in those counties by January 1, 2020.
    - Column "c": The number of HMO plans you currently offer within each county listed;
    - Column "d": The number of PPO plans you currently offer within each county listed;
    - Column "e": The number of other plan types you currently offer within each county listed;
    - Column "f": The number of HMO plans you anticipate for 1/1/2020 within each county listed;
    - Column "g": The number of PPO plans you anticipate for 1/1/2020 within each county listed.
    - Column "h": The number of other plan types you anticipate for 1/1/2020 within each county listed

    Carriers that later choose to bid on an RFP for a SEBB insured health plan will not be locked into providing coverage in the counties they provide in their response to this RFI.

    Please refer to the completed Exhibit 5 – County Coverage.

## D. Provider Network

1. If a new client were transitioning members onto your plan(s), would your organization be open to the idea of adding providers to your current network(s)?

   Yes. In the event that there are providers identified that are currently out of network, our dedicated Account Management team would coordinate the outreach to those providers through our network contracting team. One of Premera's contracting managers would then determine if the provider is eligible to be added to the network, and then, if applicable, do an outreach to the provider. We would request a contract application and commence credentialing upon receipt of the required information. The credentialing process takes about 60 days. Meanwhile, Premera would also undertake contract negotiations. Once both steps are completed, the provider would be added to the network. The success rate and average contracting time are largely dependent on the provider's interest in contracting and overall responsiveness.

   Premera currently operates in all counties within the State of Washington. In the rare circumstance we might need to address HCA SEBB membership growth with network growth, Premera will conduct targeted provider recruitment as needed. When required, our network executives will reach out to any providers identified by HCA SEBB for inclusion. Out of state, we will coordinate with our BCBSA affiliate plans for recruiting efforts. If the provider opts to join, we will help them through the application and credentialing process. This typically takes about 60 days. Meanwhile, Premera will begin contract negotiations. The provider will be added to the network when both steps are completed. The success rate and average contracting time are largely dependent on the providers' interest in contracting and their responsiveness.

2. Please provide the typical timeframe for adding the following provider types to your network (e.g. 4-6 weeks, 2-3 months, etc.)?
   a. Primary care physicians

      Approximately 60 days.

   b. Ancillary providers (physical therapists, occupational therapists, massage therapist, chiropractors, etc.)

      Approximately 60 days

   c. Specialists

      Approximately 60 days.

   d. Urgent care

      Approximately 60 days.

   e. Hospitals

      Approximately 3-4 months.

3. Do you add providers on a rolling basis throughout the year or only at set times during the year?

Providers are added on a rolling basis throughout the year.

## E. Administrative

1. Is your organization NCQA/URAC accredited? If yes, for what certification period, and what is your organization's status? If not, what is your organization's plan, if any, to become accredited?

Yes. The National Committee for Quality Assurance (NCQA) accredited Premera health plan with full "Commercial PPO Health Plan Accreditation" status in July 2013. This status was successfully renewed in August 2016. Our Utilization Management and Case Management programs also have full NCQA accreditation, valid through July 2019.

2. Does your organization have experience in providing an employee assistance program (EAP) for subscribers to access through your fully-insured medical plans?
Yes.

   a. If yes, please provide a list of the types of EAP benefits you have experience providing (e.g. counseling/assessment/referral, management workplace consultation, employee workplace consultation, critical incident management and debriefing, training, additional work/life benefits such as legal or financial counseling, or other services).

   Yes. We provide EAP services in partnership with ComPsych, the world's leading and largest EAP provider that currently serves more than 29,000 organizations and 78 million individuals, in more than 130 countries.

   For HCA SEBB, this means your members benefit from:

   - *Responsive, Immediate Service* – Callers are greeted immediately, no matter what time of day or night they call (24/7 service), by clinicians who hold master's or doctoral degrees.
   - *High Utilization Levels* – ComPsych's in-person EAP utilization—excluding work-life and web site utilization—rises above the industry standard (7 to 12 percent compared to the industry standard of 3 to 4 percent).
   - *High Case Resolution* – 88 percent of members using EAP services have their issue resolved within our best practice 5-session model.
   - *High Satisfaction* – Follow-up calls are made within 48 hours to ensure the employee has received or is receiving the appropriate care. Of the members who have used our services, 99 percent indicate they would recommend our services to their co-workers, family members, and friends. In addition, within 30 days of contact, we send surveys to evaluate the employee's experience.
   - *Additional, Helpful Resources* – Regardless of the session model HCA SEBB chooses, your members receive unlimited access to a wealth of articles and interactive tools through ComPsych's *GuidanceResources Online*.

HCA SEBB may choose from the following EAP session models:

- Telephone only
- Telephone plus three face-to-face sessions
- Telephone plus five face-to-face sessions
- Telephone plus eight face-to-face sessions

Behavioral health and chemical dependency assessment, referral and short-term counseling services are provided via telephone and face-to-face counseling. Additional telephonic and face-to-face services are available on an individual basis including:

- *Critical Incident Management and Intervention Services* – Provided face-to-face by licensed counselors specialized in responding to critical incidents (such as bank robberies, workplace violence, sudden death of a co-worker, etc.) to clinically debrief members. The 24-hour critical incident department deals exclusively with events such as natural disasters, fatal accidents, and corporate restructuring. A specialized team will consult with managers, helping them to develop an action plan, facilitating on-site services, if necessary, and conducting follow-up calls with affected parties.

- *Supervisory Consultation* – An employee relations specialist can help HCA SEBB with employee issues, working from extensive knowledge of and experience with workplace regulations and best practices, and reflect your HR policies and procedures. HR expertise and policy-based consultation are available for managers, supervisors, and HR.

- *FinancialConnect Services* – Offers unlimited telephone access to on-staff financial experts, as well as referrals to Certified Financial Planners. FinancialConnect services cover a broad range of issues regarding credit, debt and bankruptcy, family budgeting, insurance options, investments, money management, and mortgages, loans and refinancing.

    - *LegalConnect Services* – Provides unlimited telephonic access to on-staff attorneys to answer members' legal questions on a variety of topics including identity theft, bankruptcy, divorce, estate planning, immigration, and other legal matters. It also provides referrals for in-person consultation with local attorneys and includes a discount on representation.

    - *FamilySource* – Offers unlimited personalized referral services for all, or any of the following family services, including childcare, adult care, eldercare caregiver support, adoption, pregnancy, retirement, fitness, education, pet care and other personal convenience needs.

- *Formal EAP Referral Support* – Formal referral specialists will assist managers or HR professionals throughout the management referral process. Referrals can be either voluntary or formal:
    - *Voluntary referrals* – An employee comes to their manager with an issue or a manager identifies an issue during initial discussions regarding performance and discipline. The manager reminds the employee that the EAP can assist them, and the employee's use of the EAP is optional.

- *Formal referrals* – A manager directs the employee to use EAP services after informing them that performance or behavior issues are hindering productivity or a policy such as drug-free workplace has been violated. Managers formally refer members after taking disciplinary steps.

With our Employee Assistance Program services, HCA SEBB receives a variety of reports such as organizational and utilization trends. In addition, the services include a valuable metrics evaluation and intervention or program strategies and consultative direction.

b. What is the per employee per month (PEPM) cost to employers for providing EAP services to subscribers?

| VENDOR/PROGRAM NAME | PRICE OR PEPM | EXPECTED ESTIMATED ANNUAL TOTAL PER PRODUCT |
|---|---|---|
| ComPsych | EAP Package Options:<br><br>12-Month Package Pricing:<br>$1.20 Per Employee Per Month (PEPM)<br>3 Session Package<br><br>$1.45 Per Employee Per Month (PEPM)<br>5 Session Package<br><br>$1.80 Per Employee Per Month (PEPM)<br>8 Session Package<br><br>36-Month Package Pricing: *(Reflects a 10% Discount)*<br><br>$1.08 Per Employee Per Month (PEPM)<br>3 Session Package<br><br>$1.31 Per Employee Per Month (PEPM)<br>5 Session Package<br><br>$1.62 Per Employee Per Month (PEPM)<br>8 Session Package<br><br>*Note: Included with your choice of EAP package above, is a bank of 275 Critical Incident Stress Debriefing/Training hours per year based on 134,000 employees.*<br><br>*Note: The 275 annual hours do not roll over from year-to-year.* | $1,929,600.00 *(Example is based on a signed 12-month contract for the 3-Session Package)*<br><br>$1,736,640.00 *(Example is based on a signed 36-month contract for the 3-Session Package)*<br><br>*Estimated Annual Savings = $192,960.00 (If a 36-month contract is signed with the 3-Session Package). This equals an overall savings of $578,880.00 over the three years.* |
| ComPsych | $225.00 Per Hour | TBD |

c. What is the average utilization rate of counseling services for school employees?

Our school employee data is part of our overall embedded program offering within Premera. For 2017, the utilization for these groups was 23%.

3. Please answer the following hypothetical questions regarding implementation, assuming HCA is a new client (this information will help HCA in the development of a procurement and implementation schedule):
   a. After being provided with a HIPAA 834 eligibility file, on average how long would it take to collaborate to build the group structure framework and data layouts, assuming there are six (6) subgroups (Reference Exhibit 6 – Group Structure Example)?

      An implementation of this complexity should have at least 120 days to launch at a minimum.

   b. After completion of the group structure framework and data layouts, on average how long would it take to program the groups into your organization's IT systems?

      An implementation of this complexity should have at least 120 days to launch at a minimum.

   c. After completion of the programming, on average how long would it take your organization to test?

      An implementation of this complexity should have at least 120 days to launch at a minimum.

4. Does your organization contract directly with an HSA vendor to administer your subscribers' qualified HSA benefits? If so, which vendor do you use?

   Yes. Premera's HSA vendor is ConnectYourCare.

5. Please provide contact information (name, email, and phone number) for staff that HCA can follow up with for questions pertaining to this RFI.

   Follow up questions can be directed to:

   Randy Christensen, Director, Public & Labor Accounts
   Randy.Christensen@PREMERA.com
   (425) 918-3692

## F. Additional Questions

1. What factors would you consider as you look to expand coverage into a new county?

Premera has a robust network with over 98 percent of providers contracted, and coverage available in every county within Washington State. Once a year we conduct a vigorous network adequacy check to evaluate any gaps, and determine if new providers are available to contract with and fill those gaps. Typically, the inadequacies are in rural communities where no providers are available with which we can contract.

To overcome these barriers, we have worked with existing providers in those communities to see what recruitment efforts are underway and if we can assist in the effort. We have also connected specialists in urban areas with local rural community providers to see if a specialist could routinely travel to practice in the rural area. Lastly, for out-of-state care, we coordinate through our BCBSA partners and use their networks; but in the event a provider was not contracted, we initiate a member-specific contract.

2. What information would your organization typically need from a new client to be able to develop a proposal for a fully-insured group medical insurance plan (data requirements, file exchange requirements, claims and census data, timeline, etc.)?

Premera's underwriting requirements for a fully insured proposal for a new client such as HCA SEBB include the following:

- A full employee census, including waivers, with plan and/or carrier elections. The census data should include gender, date of birth, current coverage tier (employee only, employee and spouse, etc.), plan election, and carrier.
- A minimum of 12 months of experience data for all carriers offered. This would include contracts, members, and paid claims by coverage by month.
- Current large claimants with diagnosis at a minimum and prognosis if available.

**Washington State Health Care Authority**
**SEBB Bid Rate Form**
**Instructions**

**Worksheet 1 - Base Rate Development**

**(1) Base Period**

*Base period experience information for the population used to develop rates. Rates are to be developed based on a single population for all plans, with plan-based variation defined separately in Worksheet 2.*

(1a) Base Period Start Date: Start date for base period experience
(1b) Base Period End Date: End date for base period experience
(1c) Experience Allowed : Allowed claims incurred during the base period, completed for IBNP, excluding any other adjustments. Allowed claims are defined as claims after carrier discounts but before the deduction of member cost sharing.
(1d) Member Months : Member Months during the base period
(1e) Allowed PMPM : (1b) / (1c)

**(2) Projection Factors**

*Standard projection adjustments between the base period and projection period (Calendar Year 2020).*

(2a) Utilization Trend : Secular utilization trend between base and projection period, including impact of service mix changes
(2b) Management Adjustment : Expected change in claims costs due to changes in utilization management practices
(2c) Unit Cost Trend: Secular unit cost trend between base and projection period, inflation component only
(2d) Contracting Adjustment : Changes in claims costs due to updates to overall contracting

**(3) Raw Projected PMPM: (1) * (2)**

**(4) PMPM Other Adjustments**

*Additional adjustments to projected PMPM. Please describe any additional adjustments and justify why they are necessary. HCA reserves the right to limit any adjustments (positive or negative) in the rates provided.*

(4a) Covered Benefits : Adjustment from covered benefits in the experience to required benefits in the sample plans (i.e. consistent with the PEBB Uniform Medical Plan Classic benefits)
(4b) Morbidity : Placeholder - This adjustment will be made at a later time based upon a carrier specific adjustment relative to the risk pool
(4c) Other 1 (please include a description)
(4d) Other 2 (please include a description)

**(5) Adjusted Projected Allowed PMPM**: (**3) * (4)**

**(6) Retention**

*Projected retention, expressed as a percentage of premium. The same percentage load will be applied to every plan in Worksheet 2.*

(6a) Administrative or Non-Benefit Expense (NBE): Projected administrative costs
(6b) Quality Improvements (QI): As defined in the MLR calculation requirements for the individual ACA market
(6c) Taxes and Fees
(6d) Profit /Margin

**(7) Total Retention: Sum of (6a) through (6d)**

**(8) Base Rate Tier Mix**

*Subscriber month counts in each tier for the base period experience. We understand that the tier mix could potentially be significantly different in the projection period than the base period. This section should reflect the base period tier mix. We also understand that many groups use different tier structures - please adjust subscriber month counts to conform to the tier structure definitions below.*

(8a) Employee Only
(8b) Employee + Spouse
(8c) Employee + Child(ren)
(8d) Employee + Family

**(9) MM/AU Ratio: Calculated based on (8)**

*Adult Units (AU) are defined by counting the tier factor for each subscriber. For example, a population with one employee only (tier factor = 1) and one employee + child(ren) (tier factor = 1.75) has 2.75 adult units.*

**Worksheet 2 - Plan-Level Details**

**(1) CY2020 Base Allowed: WS1 (5)**

**(2) Actuarial Value (Federal AV): As defined by the Federal Actuarial Value Calculator for the Individual ACA market. CDHP plans should include the proposed employer HSA contribution.**

**(3) Plan Factors**

*Plan-specific variation for allowed and paid claims.*

(3a) Induced Utilization: Variation in plan specific allowed claims costs based on induced demand from higher or lower cost sharing
(3b) Actuarial Value (Pricing AV) : Variation in paid to allowed ratios based on plan cost sharing. Pricing AV can vary from the Federal AV and should consider all benefits covered. CDHP plans should not include the AV impact of proposed employer HSA contributions.

**(4) Other Adjustments**

*Additional adjustments independent of plan benefit offerings. Please describe any additional adjustments and justify why they are necessary. HCA reserves the right to limit any additional adjustments in the rates provided.*

(4a) Network: Utilization or contracting impacts based on network-specific considerations that serve a plan
(4b) Morbidity: Not used at this time
(4c) Other 1 (please include a description)
(4d) Other 2 (please include a description)

**(5) Plan Paid: (2) * (3) * (4)**

**(6) Additional Benefits**

*Mandatory Carve outs*
(6a) Vision

*Optional Carve outs*
(6b-6f) Additional carveouts (please include a description)

*Optional Additions*
(6g-6k) Additional included benefits (please include a description)

**(7) Total Paid w/Alternatives: (5) + (6)**

**(8) Retention: WS1 (6)**

**(9) PMPM Payment: (7) / (1 - (8))**

**(10) MM/AU Ratio**: **WS1 (9)**

**(11) PAUPM Payment Rate**: **(9) * (10)**

**(12) HSA Contributions**

*Proposed employer contributions for CDHP Plans*

*(12a) Contributions for single employees*
*(12b) Contributions for families*

**(13) Expected Member Months**

*This section is for informational use only. Please provide an estimate of expected member distribution by plan and enrollment tier, based on the expectation that the ratio of employee contributions will match the tier factors in Worksheet 1.*

**Worksheet 3 - Base Population Demographics**

*Member month counts by age, gender, and employee/dependent for the population used in the base period experience, consistent with the categories in the OIC K-12 Carrier Data Call. Age should be defined based on the member's age at the conclusion of the base period.*

**Worksheet 5 - Base Population Area Distribution**

**Washington State Health Care Authority**
**SEBB Bid Rate Form**
**Worksheet 1**
**Base Rate Development**

| Item Number | | |
|---|---|---|
| *(1)* | **Base Period** | [redacted] |
| *(1a)* | Base Period Start Date | |
| *(1b)* | Base Period End Date | |
| *(1c)* | Experience Allowed | |
| *(1d)* | Member Months | |
| *(1e)* | Allowed PMPM | |
| *(2)* | **Projection Factors**[1] | |
| *(2a)* | Utilization Trend | |
| *(2b)* | Management Adjustment | |
| *(2c)* | Unit Cost Trend | |
| *(2d)* | Contracting Adjustment | |
| *(3)* | **Raw Projected Allowed PMPM** | |
| *(4)* | **Other Adjustments**[1] | |
| *(4a)* | Covered Benefits | |
| *(4b)* | Morbidity | |
| *(4c)* | Other 1 | |
| *(4d)* | Other 2 | |
| *(5)* | **Adjusted Projected Allowed PMPM** | |
| *(6)* | **Retention** | |
| *(6a)* | Admin | |
| *(6b)* | QI | |
| *(6c)* | Taxes and Fees | |
| *(6d)* | Profit | |
| *(7)* | **Total Retention** | |
| *(8)* | **Tier Mix** | |
| *(8a)* | Employee Only | |
| *(8b)* | Employee + Spouse | |
| *(8c)* | Employee + Child(ren) | |
| *(8d)* | Employee + Family | |
| *(9)* | **MM/AU Ratio** | |

Notes:(1) Projected amounts should reflect calendar year 2020 values.

**Description of Optional Adjustment**

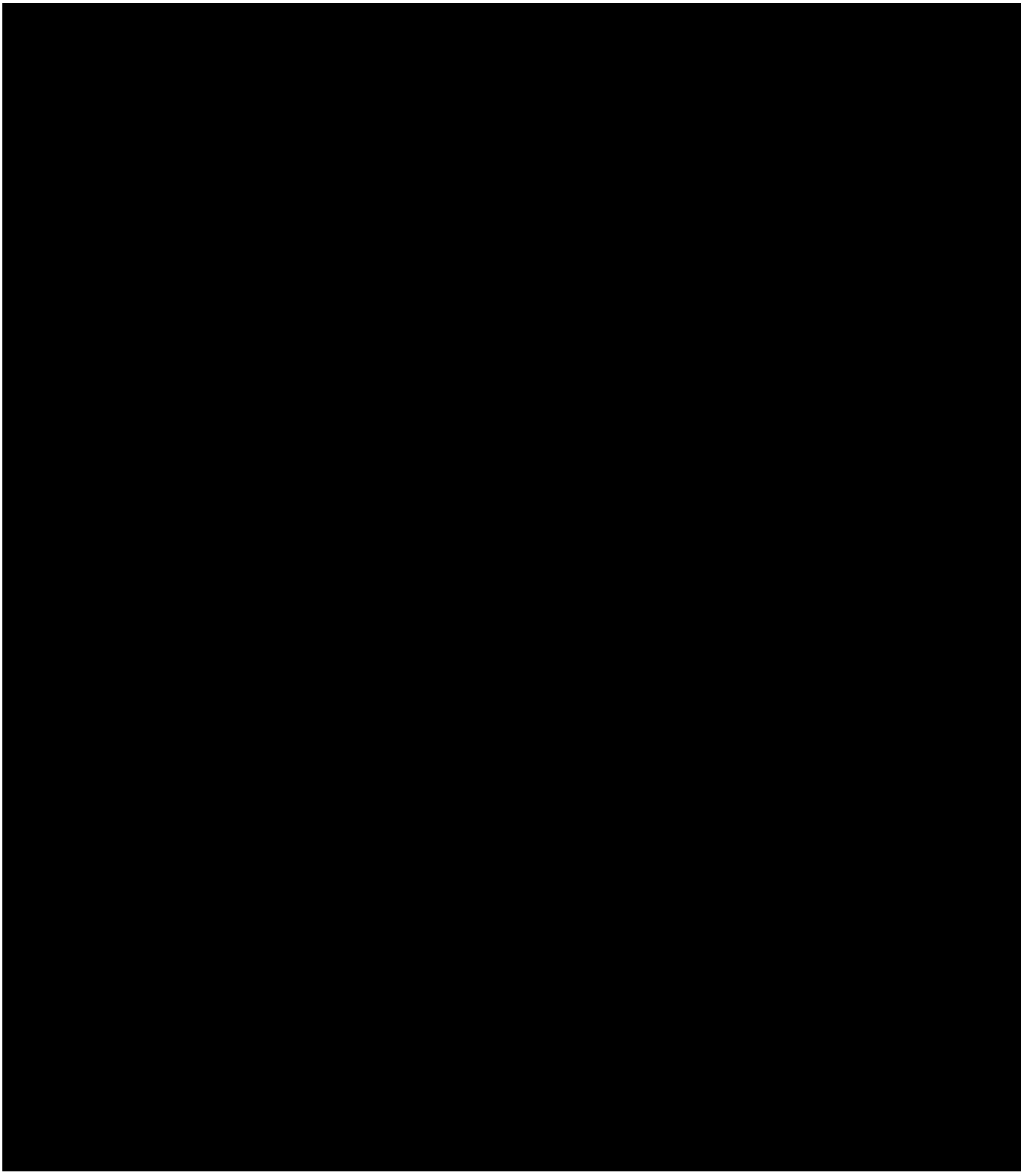
**Tier Factor**

**Washington State Health Care Authority**
**SEBB Bid Rate Form**
**Worksheet 2**
**Plan-Level Details**

| Item Number | | |
|---|---|---|
| *(1)* | **CY2020 Base Allowed PMPM** | [redacted] |
| *(2)* | **Actuarial Value (Federal)** | |
| *(3)* | **Plan Factors** | |
| (3a) | Induced Utilization | |
| *(3b)* | Actuarial Value (Pricing) | |
| *(4)* | **Other Adjustments** | |
| *(4a)* | Network | |
| *(4b)* | Morbidity | |
| *(4c)* | Other 1 | |
| *(4d)* | Other 2 | |
| *(5)* | Plan Paid | |
| *(6)* | **Additional Benefits** | |
| | *Mandatory Carveouts* | |
| *(6a)* | Vision | |
| | *Optional Carveouts* | |
| *(6b)* | Benefit 2 | |
| *(6c)* | Benefit 3 | |
| *(6d)* | Benefit 4 | |
| *(6e)* | Benefit 5 | |
| *(6f)* | Benefit 6 | |
| | *Optional Additions* | |
| *(6g)* | Benefit 7 | |
| *(6h)* | Benefit 8 | |
| *(6i)* | Benefit 9 | |
| *(6j)* | Benefit 10 | |
| *(6k)* | Benefit 11 | |
| *(6f)* | **Total** | |
| *(7)* | **Paid w/Alternatives** | |
| *(8)* | **Retention** | |

| | | |
|---|---|---|
| *(9)* | **PMPM Payment** | [redacted] |
| *(10)* | **MM/AU Ratio** | |
| *(11)* | **CY2020 PAUPM Payment Rate** | |
| *(12)* | **HSA Contributions** | |
| *(12a)* | Single Employee | |
| *(12b)* | Family | |
| *(12)* | **Expected Subscriber Months** | |
| *(12a)* | Employee Only | |
| *(12b)* | Employee + Spouse | |
| *(12c)* | Employee + Child(ren) | |
| *(12d)* | Employee + Family | |

## Plan



**Description of Optional Adjustment**

[redacted]

**Washington State Health Care Authority**
**SEBB Bid Rate Form**
**Worksheet 3**
**Base Population Demographics**

| Age Band | Gender | Employee/Dependent | Member Months |
|---|---|---|---|
| 0-19 | F | Employee | [redacted] |
| 20-24 | F | Employee | |
| 25-29 | F | Employee | |
| 30-34 | F | Employee | |
| 35-39 | F | Employee | |
| 40-44 | F | Employee | |
| 45-49 | F | Employee | |
| 50-54 | F | Employee | |
| 55-59 | F | Employee | |
| 60-64 | F | Employee | |
| 65+ | F | Employee | |
| 0-19 | M | Employee | |
| 20-24 | M | Employee | |
| 25-29 | M | Employee | |
| 30-34 | M | Employee | |
| 35-39 | M | Employee | |
| 40-44 | M | Employee | |
| 45-49 | M | Employee | |
| 50-54 | M | Employee | |
| 55-59 | M | Employee | |
| 60-64 | M | Employee | |
| 65+ | M | Employee | |
| 0-19 | F | Dependent | |
| 20-24 | F | Dependent | |
| 25-29 | F | Dependent | |
| 30-34 | F | Dependent | |
| 35-39 | F | Dependent | |
| 40-44 | F | Dependent | |
| 45-49 | F | Dependent | |
| 50-54 | F | Dependent | |
| 55-59 | F | Dependent | |
| 60-64 | F | Dependent | |
| 65+ | F | Dependent | |
| 0-19 | M | Dependent | |
| 20-24 | M | Dependent | |
| 25-29 | M | Dependent | |
| 30-34 | M | Dependent | |
| 35-39 | M | Dependent | |
| 40-44 | M | Dependent | |
| 45-49 | M | Dependent | |
| 50-54 | M | Dependent | |
| 55-59 | M | Dependent | |
| 60-64 | M | Dependent | |
| 65+ | M | Dependent | |

**Washington State Health Care Authority**
**SEBB Bid Rate Form**
**Worksheet 4**
**Base Population Area Distribution**

| State | County | Member Months |
|---|---|---|
| WA | Adams | [redacted] |
| WA | Asotin | |
| WA | Benton | |
| WA | Chelan | |
| WA | Clallam | |
| WA | Clark | |
| WA | Columbia | |
| WA | Cowlitz | |
| WA | Douglas | |
| WA | Ferry | |
| WA | Franklin | |
| WA | Garfield | |
| WA | Grant | |
| WA | Grays Harbor | |
| WA | Island | |
| WA | Jefferson | |
| WA | King | |
| WA | Kitsap | |
| WA | Kittitas | |
| WA | Klickitat | |
| WA | Lewis | |
| WA | Lincoln | |
| WA | Mason | |
| WA | Okanogan | |
| WA | Pacific | |
| WA | Pend Oreille | |
| WA | Pierce | |
| WA | San Juan | |
| WA | Skagit | |
| WA | Skamania | |
| WA | Snohomish | |
| WA | Spokane | |
| WA | Stevens | |
| WA | Thurston | |
| WA | Wahkiakum | |
| WA | Walla Walla | |
| WA | Whatcom | |
| WA | Whitman | |
| WA | Yakima | |
| OR | Clackamas | |
| OR | Clatsop | |
| OR | Columbia | |
| OR | Gilliam | |
| OR | Hood River | |
| OR | Morrow | |
| OR | Multnomah | |
| OR | Sherman | |
| OR | Umatilla | |
| OR | Union | |

**Milliman**

| | | |
|---|---|---|
| OR | Wallowa | [redacted] |
| OR | Wasco | |
| OR | Washington | |
| ID | Adams | |
| ID | Benewah | |
| ID | Bonner | |
| ID | Boundary | |
| ID | Idaho | |
| ID | Kootenai | |
| ID | Latah | |
| ID | Lewis | |
| ID | Nez Perce | |
| Out of State | Other | |

## Exhibit 5 - County Coverage

| a. State | b. County | c. # of HMO Plans Currently Available | d. # of PPO Plans Currently Available | e. # of Other Plan Types Currently Available | f. # of HMO Plans Anticipated for 1/1/2020 | g. # of PPO Plans Anticipated for 1/1/2020 | h. # of Other Plan Types Anticipated for 1/1/2020 |
|---|---|---|---|---|---|---|---|
| WA | Adams | | | | | | |
| WA | Asotin | | | | | | |
| WA | Benton | | | | | | |
| WA | Chelan | | | | | | |
| WA | Clallam | | | | | | |
| WA | Clark | | | | | | |
| WA | Columbia | | | | | | |
| WA | Cowlitz | | | | | | |
| WA | Douglas | | | | | | |
| WA | Ferry | | | | | | |
| WA | Franklin | | | | | | |
| WA | Garfield | | | | | | |
| WA | Grant | | | | | | |
| WA | Grays Harbor | | | | | | |
| WA | Island | | | | | | |
| WA | Jefferson | | | | | | |
| WA | King | | | | | | |
| WA | Kitsap | | | | | | |
| WA | Kittitas | | | | | | |
| WA | Klickitat | | | | | | |
| WA | Lewis | | | | | | |
| WA | Lincoln | | | | | | |
| WA | Mason | | | | | | |
| WA | Okanogan | | | | | | |
| WA | Pacific | | | | | | |
| WA | Pend Oreille | | | | | | |
| WA | Pierce | | | | | | |
| WA | San Juan | | | | | | |
| WA | Skagit | | | | | | |
| WA | Skamania | | | | | | |
| WA | Snohomish | | | | | | |
| WA | Spokane | | | | | | |
| WA | Stevens | | | | | | |
| WA | Thurston | | | | | | |
| WA | Wahkiakum | | | | | | |
| WA | Walla Walla | | | | | | |
| WA | Whatcom | | | | | | |
| WA | Whitman | | | | | | |
| WA | Yakima | | | | | | |
| OR | Clackamas | | | | | | |
| OR | Clatsop | | | | | | |
| OR | Columbia | | | | | | |
| OR | Gilliam | | | | | | |
| OR | Hood River | | | | | | |
| OR | Morrow | | | | | | |
| OR | Multnomah | | | | | | |
| OR | Sherman | | | | | | |
| OR | Umatilla | | | | | | |
| OR | Union | | | | | | |
| OR | Wallowa | | | | | | |
| OR | Wasco | | | | | | |
| OR | Washington | | | | | | |
| ID | Adams | | | | | | |
| ID | Benewah | | | | | | |
| ID | Bonner | | | | | | |
| ID | Boundary | | | | | | |
| ID | Idaho | | | | | | |
| ID | Kootenai | | | | | | |
| ID | Latah | | | | | | |
| ID | Lewis | | | | | | |
| ID | Nez Perce | | | | | | |