

RESOLUTION NO. 23-18

A RESOLUTION OF THE CITY OF PANAMA CITY BEACH, FLORIDA, APPROVING THE PURCHASE OF STOP LOSS INSURANCE FROM ONE80 INTERMEDIARIES, INC. FOR AN ESTIMATED ANNUAL PREMIUM AMOUNT OF \$727,847.00.

BE IT RESOLVED that the appropriate officers of the City are authorized to purchase on behalf of the City those certain insurance coverages and benefits from One80 Intermediaries, Inc., relating to stop loss insurance for the City, in the estimated annual premium amount of Seven Hundred Twenty-Seven Thousand, Eight Hundred Forty-Seven Dollars (\$727,847.00), in substantially the form of the quote attached as Exhibit A and presented to the Council today, with such changes, insertions or omissions as may be approved by the City Manager and whose execution shall be conclusive evidence of such approval.

THIS RESOLUTION shall be effective immediately upon passage.


PASSED in regular session this 13th day of October, 2022.

CITY OF PANAMA CITY BEACH

By: _____


Mark Sheldon, Mayor

ATTEST:


Lynne Fasone, City Clerk



CITY OF PANAMA CITY BEACH
 17007 Panama City Beach Parkway, Panama City Beach, FL 32413
 PCB22-88 RFP Stop Loss
 09/19/22 10:30AM

	CONTRACTOR/VENDOR	DATE BID/RFP RECEIVED	TIME BID/RFP RECEIVED	BID RECEIVED VIA PAPER OR DEMANDSTAR	PROPOSED ANNUAL PREMIUM	RESPONSIVE BID/PROPOSAL THE MINIMUM SPECIFICATIONS WERE PROVIDED	PROPOSERS CERTIFICATION	ADDENDA PAGE	DRUG-FREE WORKPLACE	PUBLIC ENTRY CRIME	E-VERIFY	NON-COLLUSION AFFIDAVIT
1	One80/Vista	9/15/2022	4:12PM	DemandStar	\$ 669,591.00	Required Forms not uploaded	X	X	X	X	X	X
2												
	Stealth	9/19/2022	9:46AM	DemandStar	\$774,046.00 & Alternative \$671,122.00	No forms or proposal uploaded DemandStar indicates "Manual/Offline"						
3	SA Benefit Services	9/19/2022	10:29AM	DemandStar	\$ 600,000.00	Bid incomplete - no documents uploaded						
4												
5												
6												
7												
8												
9												
10												



EMPLOYER STOP LOSS PROPOSAL

**Prepared for:
City of Panama City Beach
Panama City Beach, FL**

**Producer:
City of Panama City Beach**

**Underwriting Contact:
Joe Tuohey**

**Marketing Contact:
Justin Cech**

**Stop Loss Coverage Provided by:
Gerber Life Insurance Company**



Stop Loss Coverage Provided by:
Gerber Life Insurance Company

Insured: City of Panama City Beach
 Claims Administrator: Blue Cross Blue Shield of Florida
 Underwriter: Joe Tuohy

Proposal #: 11857
 Proposal Date: 10/06/2022 Valid Through: 01/11/202
 Effective Date: 01/01/2023 Expiration: 12/31/202

SPECIFIC STOP LOSS BENEFIT

	<u>Option 1</u>	
Covered Benefits	Medical, Rx Card	
Contract Basis		24/12
Annual Specific Deductible per Individual	\$	100,000
except for		
██████████	\$	290,000
██████████	\$	150,000
Maximum Annual Reimbursement		Unlimited
Maximum Lifetime Reimbursement		Unlimited
Quoted Rate Per Month	<u>Enrollment</u>	
Single	316 \$	127.41
Family	49 \$	416.17
Estimated Annual Premium	\$	727,847
Quoted Rate(s) includes Commissions of		10.00%

AGGREGATE STOP LOSS BENEFIT

	<u>Option 1</u>	
Covered Benefits	Medical, Rx Card	
Contract Basis		24/12
Loss Limit Per Individual	\$	100,000
Maximum Annual Reimbursement	\$	1,000,000
Rate Per Month	<u>Enrollment</u>	
Composite	365 \$	5.84
Estimated Annual Premium	\$	25,579
Rate(s) includes Commissions of		10.00%
Annual Aggregate Deductible	\$	3,314,678
Minimum Aggregate Deductible	\$	3,314,678
Monthly Aggregate Claim Factors	<u>Enrollment</u>	
<u>Medical, RxCard</u>		
Single	316 \$	585.01
Family	49 \$	1,864.49



Insured: **City of Panama City Beach**
Claims Administrator: **Blue Cross Blue Shield of Florida**
Underwriter: **Joe Tuohy**

Stop Loss Coverage Provided by:
Gerber Life Insurance Company

Proposal #: **11857**
Proposal Date: **10/06/2022** Valid Through: **01/11/202**
Effective Date: **01/01/2023** Expiration: **12/31/202**

OVERALL COST SUMMARY

	<u>Option 1</u>
Total Annual Fixed Costs	\$ 753,426
Variable Costs	\$ 3,314,678
Maximum Annual Liability	\$ 4,068,104

PROPOSAL QUALIFICATIONS AND CONTINGENCIES

- Specific Advance is included.
- This proposal assumes duplication of the current plan design and continuing utilization of the existing BCBS PPO network.
- This proposal is based on covering Retirees. Medicare will be primary for retirees age 65 and older, regardless of whether or not the person has enrolled in all parts of Medicare when eligible .
- A signed plan document must be received and accepted by the Carrier within 90 days of the effective date or the stop loss policy is not valid.
- Aggregate terms are based upon paid claim and enrollment information through 8/31/2022.
- In addition to the base commission identified herein, additional compensation and/or non-cash payments may be paid and/or awarded to a licensed producer based upon achievement of certain thresholds such as premium volumes, persistency, etc.
- A complete 12 month aggregate report is required within 20 days of the conclusion of the prior policy period. Recalculation of aggregate factors will be required retroactive to the effective date if it is determined that the average of the last two (2) months of aggregate claims exceed the average of the first ten (10) months by 10% or more.
- Vendor fees for negotiations of any claim greater than \$15,000 are subject to carrier review. Failure to provide this data will result in claim denial of vendor fees.
- Vendor fees are limited to 25% of true savings.
- Proposal is based on a minimum of 75% participation of "net" eligible employees. "Net eligible" is total eligible employees minus those eligible employees with credible coverage elsewhere.
- For any claimant on a transplant list or being evaluated for a transplant, please provide network and facility selected and case rate for transplantation if already negotiated.
- This proposal assumes there are no claimants currently inpatient due to Covid-19. If this is incorrect, please provide a list of claimants including the date of admission
- For benefits paid to any licensed New York State Provider: Surcharge payments made directly to the HCRA pool are covered, additional assessments and surcharges paid are not considered eligible expenses under the stop loss coverage. MA state surcharges are covered.
- Quote assumes that any city/municipality or school district waives its rights under any state legislation and considers our bid with terms, conditions and contingencies.
- This quote assumes anyone who is Medicare Primary has all parts, including but not limited to Parts A, B and D. If this is not correct we will need to rerate or evaluate anyone who is listed as Medicare primary.
- **Office of Foreign Assets Control (OFAC) Disclosure Notice**
This proposal, the continuation of any bound insurance, and any payments to you, to a claimant or to another third party, may be affected by the administration and enforcement of U.S. economic embargoes and trade sanctions by the Office of Foreign Assets Control (OFAC), if we determine that any such party is on the "Specially Designated Nationals or Blocked Persons" list as maintained by OFAC.
- This is a firm proposal that will expire after 10/14/2022.
- **THIS PROPOSAL INCLUDES A NO NEW LASER WITH A MAXIMUM RATE CAP of 50% AT RENEWAL.**

Initial next to the selected proposal option:

Option 1

Insured: **City of Panama City Beach**
Effective Date: **01/01/2023**

Proposal #: **118575**
Proposal Date: **10/06/2022**

Specific _____
Aggregate _____

The Premium and Aggregate Deductible are based on the data submitted. Any inaccurate or incomplete data submitted may require changes at final underwriting. We will not be bound by any typographical errors or omissions contained herein.

Date: _____

By: _____
Agent of Record or Administrator

This proposal expires if applications are not requested before the void through date.

ONE80 INTERMEDIARIES

Instructions for Completing the Attached Disclosure Form

HIPAA Privacy permits the release of Protected Health Information (PHI) for the purpose of evaluating and accepting risk associated with the Plan Sponsor as part of “health care operations”. One80 Intermediaries and the Carrier (hereinafter “we” or “us”) shall use the information provided solely for the purpose of evaluating the acceptability of this risk and shall not disclose any PHI collected except in performing this risk evaluation.

We will rely upon the information provided on the attached disclosure form, which will become part of the application for stop loss coverage. The purpose of the form is to allow us to take underwriting action on all known individuals in the categories listed below. It is the Plan Sponsor’s responsibility, either directly or through their designated representative to accurately report all claims known as of the date of this disclosure by making a thorough review of all applicable records. Such records shall include historical claim reports, disability records, payroll records, current information from administrators, insurers, utilization management companies, case management companies, managed care companies and any Agent/Broker of the Plan Sponsor. In exchange we will accept the liability for any truly unknown claimants. The attached disclosure form must be completed and signed by the appropriate parties.

Upon receipt of the completed disclosure, we will assess all data, new and previously reported, and will inform the producer in writing of any changes to the rates, factors or terms of coverage. We reserve the right to rescind the proposal in its entirety based upon a review of all information submitted during the proposal process.

When completing the form, remember that Plan Participants may include those on short or long-term disability, COBRA, FMLA, leave of absence, extension of benefits, sick time, vacation time or retirees covered under the plan and for whom coverage is requested in the quote, *and also individuals currently eligible under the plan that were formerly ineligible due to meeting their lifetime maximum in the past.* List on the disclosure form all Plan Participants who are known to meet any of the following criteria:

1. Currently confined to a Medical Facility, or who have been pre-certified for same within the last 90 days.
2. Have received medical services during the past twelve (12) months, the cost of which exceeds to the lesser of, 50% of the lowest Specific Deductible/Retention applied for or \$50,000, and for which the bills have been received by the Claims Administrator and entered into their claims system.
3. Have been identified as a candidate for Case Management and/or as having the potential to exceed the lesser of 50% of the lowest Specific Deductible/Retention applied for or \$50,000 during the policy period.
4. Have been diagnosed within the past 12 months with a condition represented by any of the ICD-10 codes contained in the attached list and have also incurred charges of \$5,000 or more during the same period.

If the Plan Sponsor fails to disclose any Participant known to fall into one of the above categories, either intentionally or because a thorough review of all records was not conducted, then the coverage proposed may be re-evaluated and Participants not disclosed may be individually underwritten retroactively to the effective date. We reserve the right to terminate or limit the Participant’s participation in the Policy, change or modify the Premium Rates or Specific Deductible Amount(s), or adjust the terms of the Specific or Aggregate coverage quoted.



ONE80 INTERMEDIARIES Disclosure Form

Claimant	DOB	Status	Diagnosis	Prognosis	Most Recent DOS	Claims Paid in Last 12 months	Pended, Denied, and Pre-Authorized Claims During The Past 12 Months
		<input type="checkbox"/> Employee <input type="checkbox"/> Dependent <input type="checkbox"/> COBRA					
		<input type="checkbox"/> Employee <input type="checkbox"/> Dependent <input type="checkbox"/> COBRA					
		<input type="checkbox"/> Employee <input type="checkbox"/> Dependent <input type="checkbox"/> COBRA					
		<input type="checkbox"/> Employee <input type="checkbox"/> Dependent <input type="checkbox"/> COBRA					

The Plan Sponsor named below represents that the above list accurately discloses all potentially catastrophic claimants in accordance with the instructions attached to this form and that it is the result of a diligent search in accordance with those instructions. *Such disclosure includes, but is not limited to, those individuals currently eligible under the plan that were formerly ineligible due to meeting their lifetime maximum in the past.* The Plan Sponsor recognizes that if the Plan Sponsor fails to disclose any Participant known to fall into one of the categories set forth in the instructions attached to this form, either intentionally or because a thorough review of all records was not conducted, then the coverage proposed may be re-evaluated and Participants not disclosed may be individually underwritten retroactively to the effective date. We reserve the right to terminate or limit the Participant's participation in the Policy, change or modify the Premium Rates or Specific Deductible Amount(s), or adjust the terms of the Specific or Aggregate coverage quoted.

Plan Sponsor: _____	Claims Admin: _____	Agent/Broker: _____	
Signature: _____	Signature: _____	Signature: _____	
Printed Name: _____	Printed Name: _____	Printed Name: _____	
Title: _____	Title: _____	Title: _____	
Date: _____	Date: _____	Date: _____	

ICD-10-CM Diagnosis Codes for Disclosure Notification

Please list all Plan Participants who have been diagnosed with or treated for any of the codes listed under the following categories during the current Benefit Period:

A00-B99 Certain Infectious and Parasitic Diseases

A40	Streptococcal sepsis
A41	Other Sepsis
B15-B19	Viral hepatitis
B20	Human immunodeficiency virus [HIV] disease

C00-D49 Neoplasms

C00-C96	Malignant neoplasms
D46	Myelodysplastic syndromes

D50-D89 Diseases of the Blood and Blood-Forming Organs & Disorders Involving the Immune Mechanism

D57	Sickle-cell disorders
D59	Acquired hemolytic anemia
D60-D64	Aplastic and other anemias
D65-D69	Coagulation defects, purpura and other hemorrhagic conditions
D70-D77	Other diseases of blood and blood-forming organs
D80-D89	Certain disorders involving the immune mechanism

E00-E89 Endocrine, Nutritional and Metabolic Diseases

E10-E13	Diabetes mellitus
E15-E16	Other disorders of glucose regulation and pancreatic internal secretion
E65-E68	Obesity and other hyperalimentation
E70-E89	Metabolic disorders

F01-F99 Mental, Behavioral and Neurodevelopmental Disorders

F10.1	Alcohol Abuse
F11.1	Opioid Abuse
F20	Schizophrenia
F31	Bipolar Disorder
F32.3	Major depressive disorder, single episode, severe with psychotic feature
F33.1-F33.3	Major Depressive Disorder, recurrent
F84.0	Autistic Disorder
F84.2	Reye's Syndrome
F84.5	Asperger's syndrome

G00-99 Diseases of the Nervous System

G00	Bacterial Meningitis
G04	Encephalitis Myelitis and Encephalomyelitis.
G06-G07	Intracranial and intraspinal abscess and granuloma
G12.21	Amyotrophic Lateral Sclerosis
G35	Multiple Sclerosis
G36	Other Acute Disseminated Demyelination
G37	Other Demyelinating disease of central nervous system
G82.5	Quadraplegia
G83.4	Cauda Equina Syndrome
G92	Toxic Encephalopathy
G93.1	Anoxic Brain Injury

I00-I99 Diseases of Circulatory System

I20	Angina Pectoris
I21.09-I22	Acute myocardial infarction
I24	Acute and Subacute Ischemic Heart Disease
I25	Chronic ischemic heart disease
I26	Pulmonary embolism
I27	Other pulmonary heart disease
I28	Other diseases of pulmonary vessels
I33	Acute & Subacute Endocarditis
I34-I38	Heart Valve Disorders
I42-I43	Cardiomyopathy
I44-I45	Conduction Disorders
I46	Cardiac Arrest
I47-I49	Cardiac Dysrhythmias
I50	Heart Failure
I60-I61	Subarachnoid Hemorrhage/Intercerebral Hemorrhage
I63	Cerebral infarction
I65.8-I66	Occlusion of Precerebral/Cerebral Arteries
I67	Other cerebrovascular disease
I70	Atherosclerosis/Aortic Aneurysm

J00-J99 Diseases of Respiratory System

J40-J44	Chronic Obstructive Pulmonary Disease (COPD)
J84.10-J84.89	Post-inflammatory Pulmonary Fibrosis
J98.11-J98.4	Pulmonary Collapse/Respiratory Failure

K00-K95 Diseases of Digestive System

K22	Esophageal obstruction
K25-K28	Ulcers
K31	Other diseases of stomach & duodenum
K50	Crohn's disease
K51	Ulcerative colitis
K55-K64	Diseases of intestine
K65-K68	Diseases of peritoneum & retroperitoneum
K70-K77	Diseases of liver
K83	Diseases of biliary tract
K85-K86	Diseases of pancreatitis
K90-K95	Other diseases of digestive system/Complications of bariatric procedures

M00-M99 Diseases of Musculoskeletal System & Connective Tissue

M15-M19	Osteoarthritis
M32	Systemic lupus erythematosus
M34	Systemic sclerosis
M41	Scoliosis
M43	Spondylolysis
M50	Cervical disc disorders
M51	Thoracic, thoracolumbar & lumbosacral intervertebral disc disorders
M72.6	Necrotizing Fasciitis
M86	Osteomyelitis

N00-N99 Diseases of the Genitourinary System

N00-N01	Acute and Rapidly Progressive Nephritic Syndrome
N03	Chronic Nephritic Syndrome
N04	Nephrotic Syndrome
N05-N07	Nephritis and Nephropathy
N08	Glomerular Disorders in diseases classified elsewhere
N17	Acute Kidney Failure
N18	Chronic Kidney Disease (CKD)
N19	Renal Failure, Unspecified

O00-O9A Pregnancy, Childbirth and the Puerperium

O09	High Risk Pregnancy
O11	Pre-Existing Hypertension with Pre-Eclampsia
O14-O15	Pre-Eclampsia and Eclampsia
O30	Multiple Gestation
O31	Other complications specific to Multiple Gestations

P00-P96 Certain Conditions Originating in the Perinatal Period

P07	Disorders of newborn related to short gestation and low birth weight
P10-P15	Birth Trauma
P19	Fetal distress
P23-P28	Other respiratory conditions of newborn
P29	Cardiovascular disorders originating in the perinatal period
P36	Bacterial sepsis of newborn
P52-P53	Intracranial hemorrhage of newborn
P77	Necrotizing enterocolitis of newborn
P91	Other disturbances of cerebral status newborn

Q00-Q99 Congenital Malformations, Deformations and Chromosomal Abnormalities

Q00-Q07	Congenital malformations of the nervous system
Q20-Q26	Congenital Cardiac malformations
Q41-Q45	Congenital Anomalies of Digestive system
Q85	Phakomatoses, not elsewhere classified
Q87	Congenital malformation syndromes affecting multiple systems
Q89	Other Congenital malformations

R00-R99 Symptoms, Signs and Abnormal Clinical and Laboratory Findings, or Not Elsewhere Classified

R07.1-R07.9	Chest Pain
R40-R40.236	Coma
R57-R58	Shock, Hemorrhage
R65.2-R65.21	Severe sepsis

S00-T88 Injury, Poisoning and Certain Other Consequences of External Causes

S02	Fracture of skull and facial bones
S06	Intracranial injury
S07	Crush injury to head
S08	Avulsion and traumatic amputation of part of head
S12-S13	Fracture and injuries of cervical vertebra and other parts of neck
S14.0-S14.15	Injury of nerves and spinal cord at neck level
S22.0	Fracture of thoracic vertebra
S24	Injury of nerves and spinal cord at thorax level
S25	Injury of blood vessels of thorax
S26	Injury of heart
S32.0-S32.2	Fracture of lumbar vertebra
S34	Injury of lumbar and sacral spinal cord and nerves
S35	Injury of blood vessels at abdomen, lower back and pelvis
S36-S37	Injury of intra-abdominal organs
S48	Traumatic amputation of shoulder and upper arm
S58	Traumatic amputation of elbow and forearm
S68.4-S68.7	Traumatic amputation of hand at wrist level
S78	Traumatic amputation of hip and thigh
S88	Traumatic amputation of lower leg
S98	Traumatic amputation of ankle and foot
T30-T32	Burns and corrosions of multiple body regions
T81.11-T81.12	Post-procedural cardiogenic and septic shock
T82	Complications of cardiac and vascular prosthetic devices, implants and grafts
T83-T85	Complications of prosthetic devices, implants and grafts
T86	Complications of transplanted organs and tissue
T87	Complications to reattachment and amputation

Z00-Z99 Factors Influencing Health Status and Contact with Health Services

Z37.5-Z37.6	Multiple births
Z38.3-Z38.8	Multiple births
Z48-Z48.298	Encounter for aftercare following organ transplant
Z49	Encounter for care involving renal dialysis
Z94	Transplanted organ and tissue status
Z95	Presence of cardiac and vascular implants and grafts
Z98.85	Transplanted organ removal status
Z99.1	Dependence on respirator
Z99.2	Dependence on dialysis