

**CITY OF HALLANDALE BEACH GROUP MEDICAL WITH PHARMACY, MEDICAL GAP PLAN, DENTAL, VISION,
EMPLOYEE ASSISTANCE PROGRAM, FLEXIBLE SPENDING ACCOUNT AND COBRA ADMINISTRATION**

EXHIBIT O - GENERAL SCOPE OF SERVICES

Proposing Firm must clearly describe how the proposing Firm will accomplish each of the following Scope of Services provided below checking applicable box and providing a description of any deviations if applicable in the following table:

SERVICES REQUESTED	YES, WILL COMPLY	YES, WILL COMPLY, BUT WITH DEVIATIONS (STATE DEVIATIONS BELOW)	NO, WILL NOT COMPLY
1. Accept the City's self-billing statement. The process is as follows: On the last day of the month, the City pulls the current, monthly amount, then submits payment to the current vendor via Automated Clearing House (ACH).	<input type="checkbox"/>		<input type="checkbox"/>
2. Provide to all employees at all locations/shifts qualified personnel to attend (in person) and participate in meetings as needed, including additional onsite support services at the City's Human Resource (HR)/Employee Benefits Office to handle walk-ins and increased call volume.	<input type="checkbox"/>		<input type="checkbox"/>
3. Provide dedicated personnel for overall Account Management and Customer Service for the City staff. Response times to City staff of one (1) business day or less.	<input type="checkbox"/>		<input type="checkbox"/>
4. If selected as an awardee, you will need to work with the City to ensure awardee can utilize the City's weekly electronic data interface based on awardee's Electronic Data Interchange (EDI) specifications (<u>not</u> (Health Insurance Portability and Accountability Act (HIPAA) specifications).	<input type="checkbox"/>		<input type="checkbox"/>

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SERVICES REQUESTED	YES, WILL COMPLY	YES, WILL COMPLY, BUT WITH DEVIATIONS (STATE DEVIATIONS BELOW)	NO, WILL NOT COMPLY
6. If selected as an awardee, and COBRA administration is not part of the awarded services, you will need to provide coordination with third-party COBRA Administrator for payments, and EDI file of enrollments, changes, and cancellations.	<input type="checkbox"/>		<input type="checkbox"/>
7. Formulary Changes - Provide the City with at least a sixty (60) day written notice prior to January 1 st and July 1 st of any proposed changes (except in cases where the drug is removed from the Food and Drug Administration approved listing), including member impact of such changes for the City to review; said 60-day notice is to commence when received in the City's Benefits Department; and notify each contracted physician and member of changes as well as provide this information in their quarterly newsletter to members.	<input type="checkbox"/>		<input type="checkbox"/>
8. Agree that the City Human Resources Department will review and <u>approve</u> all communication materials, open enrollment, and marketing materials prior to distribution to the employees. All postage costs are to be paid by the awardee(s).	<input type="checkbox"/>		<input type="checkbox"/>
9. I.D. cards made available via the City's branded website and mailed annually directly to the employee's home, with the postage costs to be paid by the awardee(s). Identification (I.D.) card information includes: The City logo; Subscriber and Member(s) Name; PCP, Specialist, Emergency Room, Urgent Care Copays. The format and any additions or changes to I.D. cards to be approved by the HR/Benefits Department.	<input type="checkbox"/>		<input type="checkbox"/>

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SERVICES REQUESTED	YES, WILL COMPLY	YES, WILL COMPLY, BUT WITH DEVIATIONS (STATE DEVIATIONS BELOW)	NO, WILL NOT COMPLY
10. Awardee to provide electronic copies of the Certificate of Insurance or Summary Plan Descriptions to be posted on the City's website.	<input type="checkbox"/>		<input type="checkbox"/>
11. Awardee to provide access to member services information via a secured website (login/password required) and available to members on a phone app and via the City's branded website. Services include, but not limited to, plan information, COCs, provider directory, pharmacy benefits, request mail order drugs, prescription status, personal health records, EOBs, incentives (generic drugs, wellness, etc.), claim forms, request/print ID cards, claims status, account balances, etc.	<input type="checkbox"/>		<input type="checkbox"/>
12. Variations in actual enrollment to have no effect on your rate quotation. Your Proposal to be valid regardless of the final enrollment mix, number of awardee(s), number of plan designs or outcome.	<input type="checkbox"/>		<input type="checkbox"/>
13. No currently covered members will lose coverage as a result of a change in vendor. Vendor to coordinate transition of care for any member.	<input type="checkbox"/>		<input type="checkbox"/>
14. Awardee to provide a national network available to the City Retirees residing outside of South Florida.	<input type="checkbox"/>		<input type="checkbox"/>
15. Awardee(s) to accept the General Terms and Conditions contained in the City's Sample Agreement and submit any additional documents that require signature at the time of Award. Describe any and all deviations in detail.	<input type="checkbox"/>		<input type="checkbox"/>
16. Awardee(s) to provide an extension of 180 days beyond the expiration date of the renewal period at the same rates/fees as the previous 12-month period.	<input type="checkbox"/>		<input type="checkbox"/>

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SERVICES REQUESTED	YES, WILL COMPLY	YES, WILL COMPLY, BUT WITH DEVIATIONS (STATE DEVIATIONS BELOW)	NO, WILL NOT COMPLY
17. Provide the City with a minimum of 60 days' notice for any voluntary or non-voluntary hospital terminations, provider terminations and/or ancillary terminations including the number of members affected.	<input type="checkbox"/>		<input type="checkbox"/>
18. There will be no balance billing to any the City member above and beyond the contracted premium.	<input type="checkbox"/>		<input type="checkbox"/>
19. The awarded Firm(s) to accept the Business Associate Agreement (BAA) contained in the City's Sample BAA. Describe any and all deviations in detail.	<input type="checkbox"/>		<input type="checkbox"/>
20. The awarded Firm(s) to supply the City with standardized reports, upon request, for both industry data and based on the City specific membership and group structure. These reports will include, but will not be limited to, member-specific information, member enrollment information, and/or utilization reports on a monthly basis.	<input type="checkbox"/>		<input type="checkbox"/>
21. The awarded Firm(s) to assist with funding an enrollment system and provide alternatives and/or tools available. (Estimated cost approximately \$40,000 to be split based on number of Awardees and enrollment.)	<input type="checkbox"/>		<input type="checkbox"/>
22. The awarded Firm to provide the City with an eligibility contact person for eligibility file issues and questions.	<input type="checkbox"/>		<input type="checkbox"/>
23. All documents that will require signature by the City or its representative upon award to be included with your proposal in signature ready format. Any such documents that are not included with your proposal will not be executed. Proposer to complete Data Submittal Checklist (Exhibit A).	<input type="checkbox"/>		<input type="checkbox"/>

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PERFORMANCE GUARANTEES

Proposing Firm must clearly describe how the proposing Firm will accomplish each of the following Performance Standards Guarantees provided below checking applicable box and provide a description of any deviations in the following table(s) broken out by Medical with Pharmacy, Dental, and Vision. Proposing Firm is to complete each table based on the submitted proposals.

MEDICAL WITH PHARMACY

PERFORMANCE STANDARD GUARANTEES	AMOUNT OF LIQUIDATED DAMAGES	YES, WILL COMPLY	YES, WILL COMPLY, BUT WITH DEVIATIONS (STATE DEVIATIONS BELOW)	NO, WILL NOT COMPLY
Implementation Measurements:				
1. Brochures/descriptive literature must be delivered to the City, or to its designee, as directed, in final form, within sixty (60) calendar days prior to open enrollment. Additional materials to be provided within thirty (30) calendar days of the Benefits Department request.	\$250.00 per calendar day	<input type="checkbox"/>		<input type="checkbox"/>
2. The employees of the City to have their healthcare claims processed and paid accurately - 90% within 14 calendar days; and 100% within 30 calendar days. (Monthly)	\$500 per occurrence	<input type="checkbox"/>		<input type="checkbox"/>
3. Procedural Accuracy - Have 99% all claims processed with no financial errors.	\$500 per occurrence	<input type="checkbox"/>		<input type="checkbox"/>
4. Dollar Accuracy - Have 99% of all claims processed accurately.	\$500 per occurrence	<input type="checkbox"/>		<input type="checkbox"/>
Claim Inquiries/Complaints:				
5. All claims, written claim inquiries or complaints, and other contacts with the awarded Firm(s) by the City Human Resources Department, the Payroll Department, or the City employees and their covered dependents to have a written response within 20 calendar days of receipt by the Awardee.	\$500 per item for each day beyond as outlined	<input type="checkbox"/>		<input type="checkbox"/>

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PERFORMANCE STANDARD GUARANTEES	AMOUNT OF LIQUIDATED DAMAGES	YES, WILL COMPLY	YES, WILL COMPLY, BUT WITH DEVIATIONS (STATE DEVIATIONS BELOW)	NO, WILL NOT COMPLY
Telephone Responsiveness:				
6. Average response time of 30 seconds or better. (Monthly)	\$500/month	<input type="checkbox"/>		<input type="checkbox"/>
7. Abandonment rate of 5% or less. (Monthly)	\$500/month	<input type="checkbox"/>		<input type="checkbox"/>
Network/Administration:				
8. The awarded Firm to agree that significant provider attrition during the course of this Agreement will constitute grounds for termination of this Agreement at the sole option of the City. Should the total number of voluntary and involuntary terminations by providers listed in the Provider Directory submitted with the Proposal exceed twenty (20) percent of the total number of providers listed in that directory, the City, at its option, may terminate this Agreement within sixty (60) days' notice to the awarded Firm.	2/10 of 1 percent of annual premium for every percentage of provider turnover exceeding 10 percent annually.	<input type="checkbox"/>		<input type="checkbox"/>
Administration:				
9. Any time a City employee or covered dependent receives a letter from a provider threatening legal action, referral to a collection agency, or other negative account which could jeopardize the employee or dependent's credit standing because of the awarded Firms delay or failure in paying claims, the awarded Firm must respond, in writing, directly to the letter writer, employee or covered dependent, and the City with an explanation of the claim status within ten (10) calendar days of	\$500 per item for each day beyond as outlined.	<input type="checkbox"/>		<input type="checkbox"/>

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receipt of notification by the awarded Firm.				
PERFORMANCE STANDARD GUARANTEES	AMOUNT OF LIQUIDATED DAMAGES	YES, WILL COMPLY	YES, WILL COMPLY, BUT WITH DEVIATIONS (STATE DEVIATIONS BELOW)	NO, WILL NOT COMPLY
10. ID Cards (Open Enrollment) - following the date the City submits enrollment data to the awarded Firm, 97% of ID cards to be delivered to the member's home address within fifteen (15) business days of receiving the eligibility file. An additional four (4) calendar days will be added for total mailing time.	\$25 per card for each day beyond three weeks; annual maximum of \$1,000	<input type="checkbox"/>		<input type="checkbox"/>
11. ID Cards (New Hire/Status Change) - following the date the City submits enrollment data to the awarded Firm, 97% of ID cards to be delivered to the member's home address within fifteen (15) business days of receiving the eligibility file. An additional four (4) calendar days will be added for total mailing time.	\$25 per card for each day beyond three weeks	<input type="checkbox"/>		<input type="checkbox"/>
12. Awardee to notify the City in writing at least 60 days prior to deletion of any drug in their formulary (not including FDA deletions) and is limited to 2 times a year only. Employees are given a 60- to 90-day grace period for the transition.	\$500 per calendar day for each day less than 60 days	<input type="checkbox"/>		<input type="checkbox"/>
13. Eligibility Updates - following the date the City submits eligibility data to the Awardee, 97% are completed within 2 business days; and 100% within 5 business days.	\$500 per occurrence	<input type="checkbox"/>		<input type="checkbox"/>
Account Management:				
14. Dedicated Account Manager for the City to receive an average	Annual maximum of \$5,000 for any	<input type="checkbox"/>		<input type="checkbox"/>

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evaluation score of 3.0 or higher for services provided to the City.	score less than 3.0			
PERFORMANCE STANDARD GUARANTEES	AMOUNT OF LIQUIDATED DAMAGES	YES, WILL COMPLY	YES, WILL COMPLY, BUT WITH DEVIATIONS (STATE DEVIATIONS BELOW)	NO, WILL NOT COMPLY
15. Reporting - following the date the City requests reporting, standard reports to be provided within forty-five (45) days; and ad hoc reports within ninety (90) days.	\$500 per report	<input type="checkbox"/>		<input type="checkbox"/>
16. The awarded Firm agrees to liquidate damages for employee satisfaction ratings below 85%.	\$1,000 for each percentage point below 85%	<input type="checkbox"/>		<input type="checkbox"/>
Disease Management:				
17. Return on Investment of 2:1 for Awardee's disease management program for the City.	Annual maximum of \$5,000 for ROI less than 2:1	<input type="checkbox"/>		<input type="checkbox"/>
18. At a minimum, provide annual reporting metrics for each outlined performance standard.	If reporting is not provided the fully 2% penalty will apply.	<input type="checkbox"/>		<input type="checkbox"/>
19. Performance penalties to be capped at 2% of total annual premium.	2% of total annual premium	<input type="checkbox"/>		<input type="checkbox"/>

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DENTAL

PERFORMANCE STANDARD GUARANTEES	AMOUNT OF LIQUIDATED DAMAGES	YES, WILL COMPLY	YES, WILL COMPLY, BUT WITH DEVIATIONS (STATE DEVIATIONS BELOW)	NO, WILL NOT COMPLY
Implementation Measurements:				
1. Brochures/descriptive literature must be delivered to the City, or to its designee, as directed, in final form, within sixty (60) calendar days prior to open enrollment. Additional materials to be provided within thirty (30) calendar days of the HR/Benefits Department request.	\$250.00 per calendar day	<input type="checkbox"/>		<input type="checkbox"/>
Claim Timeliness:				
2. On average 90% of all claims will be processed within ten (10) calendar days. The turnaround time is calculated from the date the claim is received in the claim office to the date that it is processed.	\$1,000	<input type="checkbox"/>		<input type="checkbox"/>
3. Claims Payment Accuracy — financial dollar accuracy standard is 97% and the non-financial accuracy amount is 95%.	\$1,000	<input type="checkbox"/>		<input type="checkbox"/>
Claim Inquiries/Complaints:				
4. All claims, written claim inquiries or complaints, and other contacts with the vendor by the HR/Benefits Department, the Payroll Deduction Unit, or the City employees and their covered dependents must have a	\$100 per occurrence per day beyond, as outlined	<input type="checkbox"/>		<input type="checkbox"/>

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written response within ten (10) calendar days of receipt by the vendor.				
PERFORMANCE STANDARD GUARANTEES	AMOUNT OF LIQUIDATED DAMAGES	YES, WILL COMPLY	YES, WILL COMPLY, BUT WITH DEVIATIONS (STATE DEVIATIONS BELOW)	NO, WILL NOT COMPLY
Telephone Responsiveness:				
5. The employees of the City must have their telephone calls returned within twenty-four (24) hours from receipt.	\$100 per occurrence per day beyond, as outlined	<input type="checkbox"/>		<input type="checkbox"/>
6. Average response time of thirty (30) seconds or better. (Monthly)	\$2,000	<input type="checkbox"/>		<input type="checkbox"/>
7. Abandonment rate of 5% or less. (Monthly)	\$2,000	<input type="checkbox"/>		<input type="checkbox"/>
Administration:				
8. Proposing Firm agrees to liquidated damages for employee satisfaction ratings below 85%.	\$1,500 for each percentage point below 85%.	<input type="checkbox"/>		<input type="checkbox"/>
9. At a minimum, provide annual reporting metrics for each outlined performance standard.	If reporting is not provided the fully 2% penalty will apply.	<input type="checkbox"/>		<input type="checkbox"/>
10. Performance penalties to be capped at 2% of total annual premium.	2% of total annual premium	<input type="checkbox"/>		<input type="checkbox"/>

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VISION

PERFORMANCE STANDARD GUARANTEES	AMOUNT OF LIQUIDATED DAMAGES	YES, WILL COMPLY	YES, WILL COMPLY, BUT WITH DEVIATIONS (STATE DEVIATIONS BELOW)	NO, WILL NOT COMPLY
Implementation Measurements:				
1. Brochures/descriptive literature must be delivered to the City, or to its designee, as directed, in final form, within sixty (60) calendar days prior to open enrollment. Additional materials to be provided within thirty (30) calendar days of the Benefits Department request.	\$250.00 per calendar day	<input type="checkbox"/>		<input type="checkbox"/>
Claim Timeliness:				
2. On average 90% of all claims will be processed within ten (10) calendar days. The turnaround time is calculated from the date the claim is received in the claim office to the date that it is processed.	\$1,000	<input type="checkbox"/>		<input type="checkbox"/>
3. Claims Payment Accuracy — financial dollar accuracy standard is 97% and the non-financial accuracy amount is 95%.	\$1,000	<input type="checkbox"/>		<input type="checkbox"/>
Claim Inquiries/Complaints:				
4. All claims, written claim inquiries or complaints, and other contacts with the vendor by the Benefits Department, the Payroll Deduction Unit, or the City employees and their covered dependents must have a written	\$100 per occurrence per day beyond, as outlined	<input type="checkbox"/>		<input type="checkbox"/>

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response within ten (10) calendar days of receipt by the vendor.				
Telephone Responsiveness:				
5. The employees of the City must have their telephone calls returned within twenty-four (24) hours from receipt.	\$100 per occurrence per day beyond, as outlined	<input type="checkbox"/>		<input type="checkbox"/>
6. Average response time of thirty (30) seconds or better. (Monthly)	\$2,000	<input type="checkbox"/>		<input type="checkbox"/>
7. Abandonment rate of 5% or less. (Monthly)	\$2,000	<input type="checkbox"/>		<input type="checkbox"/>
Administration:				
8. Proposer agrees to liquidated damages for employee satisfaction ratings below 85%.	\$1,500 for each percentage point below 85%.	<input type="checkbox"/>		<input type="checkbox"/>
9. At a minimum, provide annual reporting metrics for each outlined performance standard.	If reporting is not provided the fully 2% penalty will apply.	<input type="checkbox"/>		<input type="checkbox"/>
10. Performance penalties to be capped at 2% of total annual premium.	2% of total annual premium	<input type="checkbox"/>		<input type="checkbox"/>