



RISK MANAGEMENT DEPARTMENT

Fort Bend County, Texas

TO: Gilbert Jalomo
Purchasing Agent

FROM: Wyatt Scott
Director of Risk Management

DATE: August 15, 2011

SUBJECT: 2012 Benefit Renewals

The following benefit vendors have offered renewals for the 2012 benefit year at no increase in rates or administrative fees. They are as follows:

Boon Chapman - Amendment to Administrative Services Agreement attached
CompBenefits – Vision and Dental – See Application
Maxor Plus – Amendment to Pharmacy Benefit Management attached
MM Solutions (formerly HealthFirst TPA)
Optum Health
Unum – Life & AD&D and voluntary life
Unum – Long term care
Unum – Long term disability

Also, please submit Property Casualty (Arthur J. Gallagher) vendor for approval - selection thru bid process.

Please present these renewals to Commissioners Court at the August 23, 2011 Commissioners Court meeting.

I:\Risk Mgmt\Commissioners Court Agenda\2011 Benefit Renewals thru Purchasing 8-23-11.doc

Amendment to
Administrative Services Agreement effective January 1, 2001

Between

Fort Bend County and Boon-Chapman Benefit Administrators, Inc.

The Effective date of this amendment is January 1, 2012

IT IS HEREBY UNDERSTOOD AND AGREED THAT THE AGREEMENT IS AMENDED TO READ AS FOLLOWS:

I. Term

1.01 The term of this Agreement shall commence on January 1, 2012, through December 31, 2012. After the initial term, it shall automatically be renewed for successive twelve (12) month periods unless terminated by either party hereto giving written notice to the other party as outlined in Section 1.02 of the Addendum to the Administrative Services Agreement dated November 28, 2000.

Except as modified herein, the Administrative Services Agreement and prior Amendments remain in full force and effect and have not been modified or amended.

AGREED AND ACCEPTED:


FORT BEND COUNTY

Signature

Title

Date

BOON-CHAPMAN BENEFIT ADMINISTRATORS, INC.


Signature

President
Title

8/12/11
Date



100 Mansell Court East, Suite 400 Roswell, GA 30076 **Group Application Form**

Group Name: Fort Bend County

Type of Business: (SIC Code): Municipal

Address: 301 Jackson Street

City: Richmond State: TX

Zip: 77469 - _____

Group Administrator: Judge Robert E. Hebert Phone: (281) 341 - 8630

Fax: (____) _____ - _____

Email: _____ @ _____

Billing Address: 301 Jackson Street

City: Richmond State: TX

Zip: 77469 - _____

Billing Contact: Cheri Oberhoff Phone: (281) 341 - 8630

Fax: (281) 341 - 3751

Email: _____ @ _____ oberhche@co.fort-bend.tx.us

Total Number of Eligible Subscribers: _____

Section 125: YES NO
Domestic Partners: YES NO

PLAN(S) SOLD:

- | | | | |
|--|--|---|--------------------------------|
| DENTAL | | VISION | |
| <input checked="" type="checkbox"/> DHMO | <input type="checkbox"/> Elite Choice | <input checked="" type="checkbox"/> Section 125 | <input type="checkbox"/> Combo |
| <input type="checkbox"/> Access | <input type="checkbox"/> Elite Preferred | <input type="checkbox"/> Value Plan | <input type="checkbox"/> ASO |
| <input type="checkbox"/> AdvantagePlus | <input type="checkbox"/> Elite Scheduled | <input type="checkbox"/> Core | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Discount | <input type="checkbox"/> ASO | | |

Comments: New Application for Renewal period 1/1/2012

If Subscriber contributions are to be paid by Group on behalf of Subscriber via payroll or similar deduction, Group agrees to permit and make payroll or similar deductions on behalf of Subscriber and to remit the same to CompBenefits. All additions, changes and terminations as well as monthly payments must be received by CompBenefits by the 15th of each month in order to be effective on the 1st day of the following month. The term of the coverage shall be for the rate guarantee period and will automatically renew for successive one-year periods unless terminated as stated in the contract. Please see your state fraud statement listed below.

Authorized Signature _____ Date _____

Agent Signature _____ Date _____

Name (print) _____ Title _____

Name (print) _____ Agent Number _____

Arkansas Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
District of Columbia Fraud Warning: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information may be guilty of a crime.
Louisiana Residents: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is subject to prison or fines.
Kansas Residents: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information may be guilty of a felony.
Kentucky, Ohio and Tennessee Residents: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information, and conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
Oklahoma Residents: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing false, incomplete or misleading information is guilty of a felony.
All others: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree or as determined by a court of competent

DESCRIBE PLAN SOLD

VISION

Please attach a copy of the Benefit Summary, Rate Page, and the Rate Calculation Sheet (if applicable).

RATES

Subscriber Only: \$6.92 month

Other Tiers:

Employee & Spouse: \$13.80 mo.

Employee & Children: \$13.10 mo.

Employee & Family: \$23.18 mo.

_____: \$ ____ mo.

_____: \$ ____ mo.

Exam every 12 months

Lenses every 12 months

Frame every 24 months

Exam Copay: \$10

Materials Copay: \$15

Wholesale

Frame Allowance: \$50

Elective Contact Lens (ECL) Allowance: \$105

ECL Type: Exam Plus Flat

Rate Guarantee: 12 months

Group Contribution: Subscriber 0%
Dependent 0%

Group Name: Fort Bend County

Plan Name: Vision

Proposed Effective Date: 1/1/2012

Section 125 Anniversary Date: 1/1

Total # Enrolled Subscribers: 1256

Non-Student Age: 26

Max. Student Age: 26

Multi-state: YES NO

Vision Pass with ID Card: YES NO

COMMENTS

Renewal for 1/1/2012

Group's Initials

provided by: National Dental Plans, Inc.: CompBenefits Company (Florida only); Dental Care Plus Management Corp. (Illinois only); Texas Dental Plans, Inc. (Texas only)

DESCRIBE PLAN SOLD

DHMO

Please attach a copy of the Benefit Summary, Rate Page, and the Rate Calculation Sheet (if applicable).

RATES

Subscriber Only: \$10.98 month

Other Tiers:

Employee & Spouse: \$20.00 mo.

Employee & Children: \$21.32 mo.

Employee & Family: \$29.84 mo.

_____: \$ ____ mo.

_____: \$ ____ mo.

Rate Guarantee Period: 12 months

Group Contribution: Subscriber 0%

Dependent 0%

Group Name: Fort Bend County

Plan Name: CS600

Proposed Effective Date: 1/1/2012

Total # Enrolled Subscribers: 259

Non-Student Age: 26

Max. Student Age: 26

Multi-state: YES NO

Has this group ever had dental coverage with CompBenefits? YES NO

If yes, what date did the coverage terminate? N/A

COMMENTS

Renewal for 1/1/2012

Group's Initials

underwritten by: CompBenefits Insurance Company; CompBenefits Company (Florida only); American Dental Plan of North Carolina, Inc. (North Carolina only); DentiCare, Inc. (d/b/a CompBenefits) (Texas only); CompBenefits Dental, Inc. (Illinois, Kentucky, Missouri & West Virginia only); American Dental Providers of Arkansas, Inc. (Arkansas only); CompBenefits of Alabama (Alabama only)



2011 JUN 15 PM 1:49

June 7, 2011

Ms. Darlene D. Wieghat
Fort Bend County Risk Management
301 Jackson
Richmond, TX 77469

Dear Ms. Wieghat:

This letter is to confirm the intent of MaxorPlus to renew the Pharmacy Services Agreement with Fort Bend County. As stated in paragraph F(1) of the Agreement, "The term shall be automatically renewed for additional one year periods, unless terminated in accordance with paragraph F(2)..." Therefore, the financial arrangements for 2012 shall remain the same as the financial arrangements currently in place.

I hope that MaxorPlus has not only met but exceeded the expectations of Fort Bend County and we look forward to working with you in 2012.

Best regards,

Dodd Nolan
Regional Sales Director

(806) 324-5562
(806) 679-5580 (cell)
dnolan@maxor.com

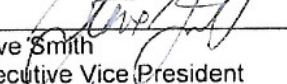
**AMENDMENT TO
PHARMACY BENEFIT MANAGEMENT
BETWEEN
MAXORPLUS, LTD. AND FORT BEND COUNTY**

MaxorPlus, Ltd., ("MAXORPLUS") and Fort Bend County (CLIENT) have a Pharmacy Service Agreement ("the Agreement") with an effective date of January 1, 2005, and extended from time to time and amended by an Addendum adopted September 18, 2009, which requires an Amendment to Exhibit A, the dispensing fee in 1., Retail Prescriptions, from \$2.50 per prescription to \$1.90 per paid retail prescription, to change the dispensing fee in 3. Chronic/Specialty Injectable Pharmacy, from \$2.50 per prescription to \$1.90 per prescription, and to change the Rebates to Client from \$0.50 per paid prescription to \$1.50 per paid retail prescription, and to add a Mail Order Rebate of \$6.00 per paid Mail Order prescription.

Therefore, the changes stated above are adopted. In all other respects the Agreement shall remain unchanged.

EXECUTED this ____ day of _____, 2011, by the last of the parties to sign, with an intended effective date of May 1, 2011.

MAXORPLUS, LTD.

By: 
Steve Smith
Title: Executive Vice President
Date: 8/9/2011

FORT BEND COUNTY

By: _____
Title: _____
Date: _____



RECEIVED
FORT BEND COUNTY
RISK MANAGEMENT
2011 JUN -8 PM 1:36

June 02, 2011

Ms. Darlene D. Wieghat
Fort Bend County Risk Management
Fort Bend County
301 Jackson
Richmond, TX 77469

RE: 2012 Contract Year Renewal for UR Services

Dear Darlene:

As requested by Wyatt Scott, I wanted to present our renewal for the Utilization Review Services in a timely manner for the County to incorporate into your 2012 budget. HealthFirst TPA, Inc. will be extending the current fee structure for the upcoming 2012 plan year at the current rates.

Effective January 1, 2012, the rates for the UR services will remain at the current rate structure as indicated below:

Medical/Surgical Utilization Review	\$2.50 PEPM
Psych/Chemical Dependency Review	\$0.70 PEPM
PPO Network changing from Texas True Choice to PHCS	\$5.75 PEPM

These rates are guaranteed until December 31, 2012.

It is a pleasure to provide these services to Fort Bend County and we look forward to continuing this partnership.

Should you have any questions, please do not hesitate to contact me.

Sincerely,

Kathy Langston
Senior Account Manager

Cc: Sheryl Bonner - Boone-Chapman
Jolene Jackson - MMS
LaRea Albert - HFTPA

Fort Bend County Agreement Renewal

<u>Products</u>	<u>1/1/2011-12/31/2011</u>	<u>1/1/2012-12/31/2012</u>
EAP Standalone	\$2.14	\$2.14

EAP Model: A & R 6 sessions **PPPY**

*Participants located in Nevada shall be entitled to no more than three (3) sessions per six (6) month period.

Contracted Training hours: 15

FFS On-Site Service Rates

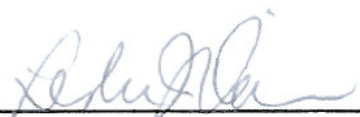
Mgmt/Employee Training	\$175/hr + Travel
CIRS	\$225/hr + Travel
Travel Time	\$100/hr + Travel

These rates assume continuation of current enrollment. If enrollment changes by more than 10% during the contract year, we reserve the right to recalculate the rate. These rates are also based on current regulatory requirements, including under the federal Interim Final Rule on Mental Health Parity (the "Interim Regulations"). The regulations (and their interpretation) continue to evolve. These rates are also subject to recalculation if the Interim Regulations, any other regulation, or the interpretation of any regulation, require adjustments to the mental health and/or substance use disorder benefit plan or materially impact our costs or risk in providing the services.

Except as expressly amended herein, the Agreement and all amendments thereto (regardless of any earlier failure to execute by error or oversight), remain in full force and effect and are hereby ratified and confirmed by the parties.

**United Behavioral Health, operating as
OptumHealth Behavioral Solutions**

Fort Bend County



Signature

Signature

Leslie J. Davis

Print Name

Print Name

Chief Financial
Officer

Print Title

Print Title

31-Aug-11

Date

Date

Wieghat, Darlene

From: Kenyon, Judith W [judith.kenyon@optumhealth.com]
Sent: Tuesday, May 31, 2011 3:26 PM
To: Wieghat, Darlene
Cc: Singleton, Eric J
Subject: FW: Fort Bend County 2012 UBH Renewal
Attachments: UBH Rnwl 12_Fort Bend County_2011.05.31.pdf

Hello Darlene:

Attached is the Renewal for Fort Bend County for renewal date, January 1, 2012.
Please print out and sign 2 originals of the Renewal and return both of them to:

OptumHealth Behavioral Solutions

Contracts Department

425 Market Street, 12th Floor

San Francisco, CA 94105

We will return a fully signed Renewal to you as soon as it is signed on our side.

Please let me know if you have any questions. Thank you for your assistance in securing the signed Renewal.

Best regards,

J.W.

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5/31/2011

Wieghat, Darlene

From: Dan Bowen [Dan_Bowen@AJG.com]
Sent: Tuesday, July 05, 2011 4:32 PM
To: Wieghat, Darlene
Cc: Kucera, Sandy
Subject: RE: Voluntary Life AD&D Renewal #931260-011

Darlene,

There will be no changes to the renewal rates or fees for the Basic and Voluntary Life and AD&D coverages.

Thanks,

Dan

Daniel F. Bowen
Gallagher Benefit Services, Inc. | Thinking Ahead
1900 West Loop South, Suite 1600 | Houston, TX 77027
p: 713.358.7860 | c: 832.541.6901 | e: dan_bowen@ajg.com

From: Wieghat, Darlene [mailto:Darlene.Wieghat@co.fort-bend.tx.us]
Sent: Tuesday, July 05, 2011 4:24 PM
To: Dan Bowen
Cc: Kucera, Sandy
Subject: Voluntary Life AD&D Renewal #931260-011

Dan,

Voluntary Life AD&D is coming up for renewal December 31, 2011. In order to meet the deadline for 2012 budget, Risk Management requested information to be submitted no later than July 1, 2011. What is the status of the renewal rates and fees?

Thank you,
Darlene Wieghat

Darlene D. Wieghat, CGBA
Risk Analyst II
Fort Bend County Risk Management
4520 Reading Road, Suite A
Rosenberg, TX 77471
Phone: 281.341.8630 | Fax: 281.341.3751
Email: wieghada@co.fort-bend.tx.us

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7/5/2011

law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this information is STRICTLY PROHIBITED. If you have received this message by error, please notify us immediately and destroy the related message.

—Original Message—

From: FBC RISK MANAGEMENT [mailto:RiskManagement.9050@co.fort-bend.tx.us]

Sent: Tuesday, July 05, 2011 4:00 PM

To: Wieghat, Darlene

Subject:

Please open the attached document. This document was digitally sent to you using an HP Digital Sending device.

This email has been scanned for viruses and spam.



RECEIVED
FORT BEND COUNTY
RISK MANAGEMENT
2011 MAY 25 PM 12: 21

Fort Bend County Risk Management
Attention: Darlene D. Wieghat
301 Jackson
Richmond, TX 77469

Re: 2012 Contract Year
Group Life AD&D Policy #951096-011
Long Term Disability #22814
Long Term Care #22136

Dear Darlene,

This letter is to confirm that the renewal rates for Fort Bend County will not change for the plan year 2012. There are not any fee changes due for this same period.

Should you have any questions, please let me know.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jerry Ray".

Jerry Ray
National Account Manager

Cc: Mr. Wyatt Scott
Director of Risk Management