This file contains the following Blue Cross and Blue Shield of Louisiana documents:

Response documents

- Cover Letter to Jefferson Parish Government
- Minimum Qualifications
- Attachment A General Professional Services Questionnaire
- Attachment B Insurance Requirements and Indemnification
- Attachment C Proposed Rates and Benefits
  BCBSLA Proposals and Benefit Grids
- Attachment D Carrier Questionnaire
- Proposal Deviations

Louisiana

June 7, 2022

Melissa Ovalle
Jefferson Parish Purchasing Department
General Government Building
200 Derbigny Street, Suite 4400
Gretna, LA 70053

RE: Jefferson Parish Government - Statements of Qualifications Requested For Fully Insured Medical Plans

Dear Ms. Ovalle:

We are pleased to respond to your Request for Proposal. As our state's oldest and largest domestic health insurer - celebrating our 87th anniversary this year - Blue Cross and Blue Shield of Louisiana is uniquely qualified to provide these services to your employees.

We have made every effort to comply with all Proposal specifications. We pledge to work tirelessly to exceed your expectations and earn your confidence every day.

We have long been a leader in the fight to keep healthcare as affordable as possible. To that end, we also pledge to do our best to provide fair and equitable pricing of the program you choose to implement. We will provide excellent service to your members and access to the highest possible quality of care.

All benefits and associated rates offered through Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc. include a Premium Stabilization Funding arrangement. This funding arrangement allows Jefferson Parish Government to retain access to all excess premiums less administrative expenses (Excess Premiums). Excess Premiums can be used to help offsite future renewal increases or in some cases, can be returned to the group during the life of the contract. At contract termination, all Excess Premiums are returned to the group after the settlement period has been completed. For additional information and details of this arrangement, please contact the New Orleans Regional Director, Mr. Christopher Francis.

While our proposal duplicates existing plan designs, we have also included narrow network product alternatives. These products can be offered as a complete replacement of existing products or in a multiple option product arrangement alongside of existing plan designs. These products work in unison with our providers to achieve maximum cost savings while providing the highest quality of care to the members of Jefferson Parish Government. Although not offered with our response to this RFP, we can also create a tiered network plan design using our Blue Connect provider network. This plan design creates incentives to drive members to lower cost providers using lower member cost share (little to no member out of pocket costs) while maintaining the flexibility for the member to choose providers in a less cost

effective network. For additional information and details of tiered network product designs, please contact the New Orleans Regional Director, Mr. Christopher Francis.

We have included an electronic copy of our proposal via email.

Please do not hesitate to contact me at 225.298.2998 should you have any questions regarding our submission. I look forward to hearing from you.

Respectfully,

Bernie Kendrick
Director – National, Self-Funded and Partnership Accounts

Encl

MINIMUM QUALIFICATIONS

The following are mandatory requirements for all proposers that cannot be delegated to another entity and must be met by the actual entity submitting the proposal. Failure to meet any of these requirements at the time of the submission deadline will result in the disqualification of a proposal:

1. Proposer must be licensed in Louisiana and in other states once it is known that a beneficiary has moved to or received services in that state. Please provide copies of all licensing credentials from the State of Louisiana with your proposal.

   Please see attached Certificate of Authority.

2. Proposer must have at least five (5) years of experience in providing the type of plans and services requested in this SOQ.

   We meet the 5 year minimum requirement.

3. Proposer must offer the type of plans and services as described in this SOQ to at least three (3) similar employer groups or municipalities with similar total members as Jefferson Parish Government, and provide as references.

   City of Kenner
   Wendy Folse
   (504) 468-7207
   wfolse@kenner.la.us

   St. Bernard Parish Government
   Stephanie Bradbury
   (504) 278-4246
   sbradbury@sbpg.net

   St. Charles Parish Council
   Dayna Parker
   (985) 783-5147
   dparker@stcharlesgov.net

General Professional Services Questionnaire Instructions

- The General Professional Services Questionnaire shall be used for all professional services except outside legal services and architecture, engineering, or survey projects.
- **The General Professional Services Questionnaire should be completely filled out. Complete and attach ALL sections. Insert "N/A" or "None" if a section does not apply or if there is no information to provide.**
- Questionnaire must be signed by an authorized representative of the Firm. Failure to sign the questionnaire shall result in disqualification of proposer pursuant to J.P. Code of Ordinances Sec. 2-928.
- All subcontractors must be listed in the appropriate section of the Questionnaire. Each subcontractor must provide a complete copy of the General Professional Services Questionnaire, applicable licenses, and any other information required by the advertisement. Failure to provide the subcontractors' complete questionnaire(s), applicable licenses, and any other information required by the advertisement shall result in disqualification of proposer pursuant to J.P. Code of Ordinances Sec. 2-928.
- If additional pages are needed, attach them to the questionnaire and include all applicable information that is required by the questionnaire.

General Professional Services Questionnaire

A. Project Name and Advertisement Resolution Number:

SOQ No. 22–021
Fully Insured Medical Plans

B. Firm Name & Address:

Louisiana Health Service & Indemnity Company
d/b/a Blue Cross and Blue Shield of Louisiana
and HMO Louisiana, Inc.
5525 Reitze Avenue
Baton Rouge, LA 70809

C. Name, title, & contact information of Firm Representative, as defined in Section 2-926 of the Jefferson Parish Code of Ordinances, with at least five (5) years of experience in the applicable field required for this Project:

Brian P. Keller
Senior Vice President and Chief Marketing Officer
225-298-1582

D. Address of principal office where Project work will be performed:

E. Is this submittal by a JOINT-VENTURE? Please check: **YES** [X] **NO** [ ]

If marked "No" skip to Section H. If marked "Yes" complete Sections F-G.

F. If submittal is by JOINT-VENTURE, list the firms participating and outline specific areas of responsibility (including administrative, technical, and financial) for each firm. Please attach additional pages if necessary.

1. Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc. – Administrative services for HMOLA are furnished by Blue Cross and Blue Shield of Louisiana. Provider networks furnished by Blue Cross and Blue Shield of Louisiana for PPO benefit designs and by HMO Louisiana, Inc. for HMO and POS benefit designs.

2.

General Professional Services Questionnaire

G. Has this JOINT-VENTURE previously worked together? Please check: YES [X] **NO** [ ]

H. List all subcontractors anticipated for this Project. Please note that all subcontractors must submit a fully completed copy of this questionnaire, applicable licenses, and any other information required by the advertisement. See Jefferson Parish Code of Ordinances, Sec. 2-928(a)(3). Please attach additional pages if necessary.

Name & Address:	Specialty:	Worked with Firm Before (Yes or No):
1. N/A		
2.		
3.		
4.		
5.		

General Professional Services Questionnaire

I. Please specify the total number of support personnel that may assist in the completion of this Project:
Approximately 25 for initial implementation

J. List any professionals that may assist in the completion of this Project. If necessary, please attach additional documentation that demonstrates the employment history and experience of the Firm's professionals that may assist in the completion of this Project (i.e. resume). Please attach additional pages if necessary.

PROFESSIONAL NO. 1

Name & Title:

Korey Harvey, Vice President, Deputy General Counsel, Assistant Secretary of the Corporation

Name of Firm with which associated:

BCBSLA

Description of job responsibilities:

Deputy general counsel overseeing regulatory affairs, corporate governance, and member/group contracts and plans of benefits

Years' experience with this Firm:

3 ½ years at BCBSLA

Education: Degree(s)/Year/Specialization:

BA; Juris Doctor

Other experience and qualifications relevant to the proposed Project:

Deputy Commissioner of Insurance 2014-2018

General Professional Services Questionnaire

PROFESSIONAL NO. 2
Name & Title:
Name of Firm with which associated:
Description of job responsibilities:
Years' experience with this Firm:
Education: Degree(s)/Year/Specialization:
Other experience and qualifications relevant to the proposed Project:

General Professional Services Questionnaire

PROFESSIONAL NO. 3
Name & Title:
Name of Firm with which associated:
Description of job responsibilities:
Years' experience with this Firm:
Education: Degree(s)/Year/Specialization:
Other experience and qualifications relevant to the proposed Project:

General Professional Services Questionnaire

PROFESSIONAL NO. 4
Name & Title:
Name of Firm with which associated:
Description of job responsibilities:
Years' experience with this Firm:
Education: Degree(s)/Year/Specialization:
Other experience and qualifications relevant to the proposed Project:

General Professional Services Questionnaire

PROFESSIONAL NO. 5
Name & Title:
Name of Firm with which associated:
Description of job responsibilities:
Years' experience with this Firm:
Education: Degree(s)/Year/Specialization:
Other experience and qualifications relevant to the proposed Project:

General Professional Services Questionnaire

K. List all prior projects that best illustrate the Firm's qualifications relevant to this Project. Please include any and all work performed for Jefferson Parish. Please attach additional pages if necessary.	
PROJECT NO. 1	
Project Name, Location and Owner's contact information:	**Description of Services Provided:**
Ochsner Health Plan collaborative New Orleans, LA Donna Printz VP, HR Total Rewards 504-842-9667	Claims administration of health plan.
Length of Services Provided:	**Cost of Services Provided:**
Ongoing	N/A

PROJECT NO. 2	
Project Name, Location and Owner's contact information:	**Description of Services Provided:**
East Baton Rouge City Parish Government **Mr. Brian K. Bernard** **Director of Human Resources** **P.O. Box 1471** **Baton Rouge, LA 70821** **225-389-5307** **hr@brgov.com**	Administration of Health Plan.
Length of Services Provided:	**Cost of Services Provided:**
Ongoing	N/A

General Professional Services Questionnaire

PROJECT NO. 3	
Project Name, Location and Owner's contact information:	**Description of Services Provided:**
St. Mary Parish School Board Alton Perry Chief Financial Officer (337) – 836-9661	Health Insurance
Length of Services Provided:	**Cost of Services Provided:**
Ongoing	N/A

PROJECT NO. 4	
Project Name, Location and Owner's contact information:	**Description of Services Provided:**
Length of Services Provided:	**Cost of Services Provided:**

General Professional Services Questionnaire

PROJECT NO. 5	
Project Name, Location and Owner's contact information:	**Description of Services Provided:**
Length of Services Provided:	**Cost of Services Provided:**

PROJECT NO. 6	
Project Name, Location and Owner's contact information:	**Description of Services Provided:**
Length of Services Provided:	**Cost of Services Provided:**

General Professional Services Questionnaire

PROJECT NO. 7	
Project Name, Location and Owner's contact information:	**Description of Services Provided:**
Length of Services Provided:	**Cost of Services Provided:**

PROJECT NO. 8	
Project Name, Location and Owner's contact information:	**Description of Services Provided:**
Length of Services Provided:	**Cost of Services Provided:**

General Professional Services Questionnaire

PROJECT NO. 9	
Project Name, Location and Owner's contact information:	**Description of Services Provided:**
Length of Services Provided:	**Cost of Services Provided:**

PROJECT NO. 10	
Project Name, Location and Owner's contact information:	**Description of Services Provided:**
Length of Services Provided:	**Cost of Services Provided:**

General Professional Services Questionnaire

L. List all prior and/or on-going litigation between Firm and Jefferson Parish. Please attach additional pages if necessary.

Parties:		Status/Result of Case:
Plaintiff:	**Defendant:**	
1.N/A	N/A	N/A
2.		
3.		
4.		

M. Use this space to provide any additional information or description of resources supporting Firm's qualifications for the proposed project.

BCBSLA has no current or recent litigation against Jefferson Parish government.

N. To the best of my knowledge, the foregoing is an accurate statement of facts.

Signature: Brian P. Keller **Print Name: Brian P. Keller**

Title: SVP & Chief Marketing Officer Date: 6/7/2022

ATTACHMENT B

PLEASE SEE BELOW FOR BCBSLA'S REDLINE CHANGES TO THE INDEMNITY AGREEMENT. BCBSLA WILL AGREE TO ALL INSURANCE REQUIREMENTS REQUESTED.

INDEMNITY

To the fullest extent permitted by law, Proposer, agrees to protect, defend, indemnify and save the Parish, its agents, officials, and employees, ~~volunteers or any firm, company, organization, or individual, or their Proposers, or subcontractors with whom the Parish may be contracted harmless~~ from and against any and all claims, demands, actions, and causes of action of every kind and character including but not limited to claims based on negligence, strict liability, and absolute liability which may arise in favor of any person or persons on account of illness, disease, loss of property, services, wages, death or personal injuries resulting from acts or omissions of Proposer, its agents, employees, assigns, or subcontractors, during the operations contemplated by the contract. However, such indemnification does not extend to suits or other forms of action that may arise alleging breach of fiduciary duties by the Parish as Plan Sponsor and plan fiduciary.

This indemnity does not extend to the ~~sole~~ negligence of the Parish and the Proposer shall not be liable to the Parish for its lost profits or revenue or consequential damages except claims advanced in tort and/or claims advanced in contract due to the bad faith of Proposer. Bad faith shall mean a breach of some motive or interest of ill will on the part of the Proposer.

Further, Proposer hereby agrees to indemnify the Parish for all reasonable expenses including but not limited to all fees and charges of attorneys and other professionals and all court or other dispute resolution costs incurred by or imposed upon the Parish in connection therewith for any such loss, damage, injury or other casualty resulting from the breach of any agreement awarded pursuant to the request for proposal. Proposer further agrees to pay all reasonable expenses and attorneys' fees incurred by the Parish in establishing the right to indemnity pursuant to the provisions in this agreement."

The insurance requirements shall be as follows:

All insurance requirements shall conform to Jefferson Parish Resolution No. 113646 dated as amended.
The proposer shall not commence work under this contract until it has obtained all insurance and complied with the insurance requirements of the specifications and Resolution No. 113646.

WORKER'S COMPENSATION INSURANCE
As required by Louisiana State Statute, except Employer's Liability, Section B shall be $1,000,000 per occurrence when Work is to be over water and involves maritime exposures to cover all employees not covered under the State Worker's Compensation Act; otherwise, this limit shall be no less than $500,000 per occurrence.

COMMERCIAL GENERAL LIABILITY

Shall provide limits not less than the following: $1,000,000.00 Combined Single Limit per Occurrence for bodily injury and property damage.

COMPREHENSIVE AUTOMOBILE LIABILITY

Bodily injury liability $1,000,000.00 each person; $1,000,000.00 each occurrence. Property Damage Liability $1,000,000.00 each occurrence.

DEDUCTIBLES

No insurance required shall include a deductible greater than $10,000.00. The cost of the deductible is borne by the Proposer.

PROFESSIONAL LIABILITY

Shall provide Combined Single Limit of $1,000,000.00 per Occurrence.

UMBRELLA LIABILITY COVERAGE

An umbrella policy or excess may be used to meet minimum requirements.

SUBCONTRACTOR INSURANCE

The Proposer shall include all subcontractors as insured's under its policies or shall insure that all subcontractors satisfy the same insurance requirements stated herein for the Proposer.

ATTACHMENT C

Proposed Rate Form

Please see the attached Blue Cross and Blue Shield of Louisiana Proposals and Benefit Grids.

JPG wishes to maintain the following:
Composite Rate structure

Active Employees

- Employee Only
- Employee and Spouse
- Employee and Child(ren)
- Employee and Family

Retirees w/o Medicare

- Retiree Only
- Retiree and Spouse
- Retiree and Child(ren)
- Retiree and Family
- Surviving Child Only

Rate Ratio

Active Employees	Rate Ratios
Employee Only	1.00
Employee & Spouse	2.20
Employee & Child(ren)	1.90
Employee & Family	3.10

Retirees w/o Medicare	Rate Ratios
Retiree Only	1.45
Retiree & Spouse	3.20
Retiree & Child(ren)	2.76
Retiree & Family	4.50

HMO Louisiana

HMOLA HMO Proposal

HMO Copay 80 $500A (M)

Jefferson Parish Government - Active

Agent / Broker: N/A
Parish: Jefferson
Sales Representative: DEBORAH STAGNI
Effective Date: 1/1/2023

Proposed Schedule of Benefits

Your Covered Benefits Are:	Network	Non-Network
Individual Deductible	$500	None
Family Deductible	$1,000	None
Individual Out of Pocket Max	$3,000	None
Family Out of Pocket Max	$6,000	None
Coinsurance	80%	None
Creditable Coverage+	Modified Plan - Testing Required	
Office Visits		
Primary Care Physician (PCP)	$30 Co-pay per visit	Not Covered
Quality Blue Primary Care	$10 Co-pay per visit	Not Covered
Specialist	$45 Co-pay per visit	Not Covered
Pregnancy Care	Deductible then Coinsurance	Not Covered
Prescription Medication	**Retail Copayment**	**Mail Copayment**
Drug Deductible	None	
Tier 1: Value Drugs: Primarily Generic Drugs, some Brand-Name Drugs	$10.00	$30
Tier 2: Brand-Name Drugs	$50.00	$150
Tier 3: Primarily Brand-Name Drugs, some Generic Drugs, and Covered Compound Drugs	$75.00	$225
Tier 4: Specialty Drugs (Limited to a 30 day supply per fill)	Plan: 90%; Member: 10% Specialty with $150 max	

+Creditable prescription drug coverage means the coverage is expected to pay on average as much as the standard Medicare prescription drug coverage. Non-creditable prescription drug coverage means the coverage is not expected to pay on average as much as standard Medicare prescription drug coverage. The coverage status determination shown above is subject to change based on the effective date and testing results for drug coverage as new parameters are released by CMS.

EE Only	EE/Spouse	EE/Children	Family
$805.14	**$1,771.29**	**$1,529.76**	**$2,495.91**

Includes Premium Stabilization Funding Agreement

Medical rates guaranteed for 1 year

Proposed rates are based on preliminary data only. Final rates and acceptance of the Group for coverage are subject to Underwriting approval and other business factors. Final rates and coverage are not valid until accepted in writing by the Company. Do NOT cancel your current coverage until you receive this written acceptance.

I am authorized by the Group to accept the rates and benefits as outlined on this proposal and do apply for Group coverage based on the information in this signed proposal. Once signed by the Group and Underwriter, all pages of this proposal are considered part of the Group Master Application and a part of the Group Benefit Plan, even if not physically attached to the Application or Benefit Plan.

Accepted By Group: _____ **Title:** _____ **Date:** _____

Accepted By Underwriter: _____ **Date:** _____

HMO Louisiana

HMOLA HMO Proposal

HMO Copay 80 $500A (M)

Jefferson Parish Government - Retiree

Agent / Broker: N/A
Parish: Jefferson
Sales Representative: DEBORAH STAGNI
Effective Date: 1/1/2023

Proposed Schedule of Benefits

Your Covered Benefits Are:	Network	Non-Network
Individual Deductible	$500	None
Family Deductible	$1,000	None
Individual Out of Pocket Max	$3,000	None
Family Out of Pocket Max	$6,000	None
Coinsurance	80%	None
Creditable Coverage+	Modified Plan - Testing Required	
Office Visits		
Primary Care Physician (PCP)	$30 Co-pay per visit	Not Covered
Quality Blue Primary Care	$10 Co-pay per visit	Not Covered
Specialist	$45 Co-pay per visit	Not Covered
Pregnancy Care	Deductible then Coinsurance	Not Covered
Prescription Medication	**Retail Copayment**	**Mail Copayment**
Drug Deductible	None	
Tier 1: Value Drugs: Primarily Generic Drugs, some Brand-Name Drugs	$10.00	$30
Tier 2: Brand-Name Drugs	$50.00	$150
Tier 3: Primarily Brand-Name Drugs, some Generic Drugs, and Covered Compound Drugs	$75.00	$225
Tier 4: Specialty Drugs (Limited to a 30 day supply per fill)	Plan: 90%; Member: 10% Specialty with $150 max	

+Creditable prescription drug coverage means the coverage is expected to pay on average as much as the standard Medicare prescription drug coverage. Non-creditable prescription drug coverage means the coverage is not expected to pay on average as much as standard Medicare prescription drug coverage. The coverage status determination shown above is subject to change based on the effective date and testing results for drug coverage as new parameters are released by CMS.

EE Only	EE/Spouse	EE/Children	Family
$1,169.31	**$2,572.45**	**$2,221.68**	**$3,624.82**

Includes Premium Stabilization Funding Agreement

Medical rates guaranteed for 1 year

Proposed rates are based on preliminary data only. Final rates and acceptance of the Group for coverage are subject to Underwriting approval and other business factors. Final rates and coverage are not valid until accepted in writing by the Company. Do NOT cancel your current coverage until you receive this written acceptance.

I am authorized by the Group to accept the rates and benefits as outlined on this proposal and do apply for Group coverage based on the information in this signed proposal. Once signed by the Group and Underwriter, all pages of this proposal are considered part of the Group Master Application and a part of the Group Benefit Plan, even if not physically attached to the Application or Benefit Plan.

Accepted By Group: _____ **Title:** _____ **Date:** _____

Accepted By Underwriter: _____ **Date:** _____

HMO Louisiana

Effective 2023

HMOLA HMO

HMO Copay 80 $500A (M)
Group Size: 51+

Your Covered Benefits Are:	Network	Non-Network
Individual Deductible	$500	None
Family Deductible	$1,000	None
Individual Out of Pocket Max*	$3,000	None
Family Out of Pocket Max*	$6,000	None
Coinsurance	80%	None
Durable Medical Equipment (DME) Coinsurance	80%	None
Creditable Coverage+	Modified Plan - Testing Required	
Office Visits		
Primary Care Physician (PCP)	$30 Co-pay per visit	Not Covered
Quality Blue Primary Care	$10 Co-pay per visit	Not Covered
Specialist	$45 Co-pay per visit	Not Covered
Pregnancy Care	Deductible then Coinsurance	Not Covered
Mental & Nervous/Alcohol & Drug	$30 Co-pay per visit	Not Covered
Urgent Care	$75 Co-pay per visit	Not Covered
Lab & Low Tech Imaging	Fully Covered	Not Covered
High Tech Imaging (Free-standing)	Deductible then Coinsurance	Not Covered
Preventive and Wellness Office Visit	Fully Covered	Not Covered
Inpatient Services		
Inpatient Hospital Admission (Co-pay plans: Co-pay per day, 3 day max)	Deductible then Coinsurance	Not Covered
Inpatient Professional Services	Deductible then Coinsurance	Not Covered
Outpatient Services		
Emergency Room (Waived if admitted)	$350 Co-pay	
Outpatient Facility	Deductible then Coinsurance	Not Covered
Outpatient Professional	Deductible then Coinsurance	Not Covered
Physical, Speech & Occupational Therapy**	$30 Co-pay per visit	Not Covered
Lab and Low & High Tech Imaging	Deductible then Coinsurance	Not Covered
Other Covered Services		
Ground Ambulance (Medically necessary)	Deductible then Coinsurance	Not Covered
Prosthetics & Orthotics	Deductible then DME Coinsurance	Not Covered
Skilled Nursing Facility***(Co-pay plans: Co-pay per day, 3 day max)	Deductible then Coinsurance	Not Covered
Home Health Care Services***	Deductible then Coinsurance	Not Covered
Hospice Care Services***	Deductible then Coinsurance	Not Covered
Organ & Tissue Transplant****	Deductible then Coinsurance	Not Covered
Prescription Medication	**Retail Copayment**	**Mail Copayment**
Drug Deductible	None	
Tier 1: Value Drugs: Primarily Generic Drugs, some Brand-Name Drugs	$10.00	$30
Tier 2: Brand-Name Drugs	$50.00	$150
Tier 3: Primarily Brand-Name Drugs, some Generic Drugs, and Covered Compound Drugs	$75.00	$225
Tier 4: Specialty Drugs (Limited to a 30 day supply per fill)	Plan: 90%; Member: 10% Specialty with $150 max	
When a brand drug is dispensed and a generic equivalent exists, members are required to pay the Tier 1 copay, plus the difference in cost between the brand drug dispensed and its generic equivalent.		

*All in-network medical and pharmacy deductibles, copayments and coinsurance apply to out-of-pocket max. A separate out-of-pocket max will apply for services received out-of-network.
**Provides coverage for inpatient, outpatient and professional services subject to the same deductible and coinsurance with no dollar limit.
***Services that require pre-authorization (This is a partial list, please see the schedule of benefits for complete list.)
****Benefits for solid organ and bone marrow transplants are available only when services are rendered by a Blue Distinction Centers for Transplant (BDCT) or a Blue Cross and Blue Shield of Louisiana (BCBSLA) Preferred Provider facility, unless otherwise approved by us in writing. Services require pre-authorization.
+Creditable prescription drug coverage means the coverage is expected to pay on average as much as the standard Medicare prescription drug coverage. Non-creditable prescription drug coverage means the coverage is not expected to pay on average as much as standard Medicare prescription drug coverage. The coverage status determination shown above is subject to change based on the effective date and testing results for drug coverage as new parameters are released by CMS.
This is only an outline. All benefits are subject to the terms and conditions of the Contract. In the case of a discrepancy, the Contract will prevail.
A subsidiary of Blue Cross and Blue Shield of Louisiana and an independent licensee of the Blue Cross and Blue Shield Association.

HMO Louisiana

HMOLA HMO Proposal

HMO Copay 80 $1500A

Jefferson Parish Government - Active

Agent / Broker: N/A
Parish: Jefferson
Sales Representative: DEBORAH STAGNI
Effective Date: 1/1/2023

Proposed Schedule of Benefits

Your Covered Benefits Are:	Network	Non-Network
Individual Deductible	$1,500	None
Family Deductible	$4,500	None
Individual Out of Pocket Max	$5,250	None
Family Out of Pocket Max	$10,500	None
Coinsurance	80%	None
Creditable Coverage+	Creditable	
Office Visits		
Primary Care Physician (PCP)	$40 Co-pay per visit	Not Covered
Quality Blue Primary Care	$25 Co-pay per visit	Not Covered
Specialist	$55 Co-pay per visit	Not Covered
Pregnancy Care	$55 Co-pay	Not Covered
Prescription Medication	**Retail Copayment**	**Mail Copayment**
Drug Deductible	None	
Tier 1: Value Drugs: Primarily Generic Drugs, some Brand-Name Drugs	$7.00	$21
Tier 2: Brand-Name Drugs	$30.00	$90
Tier 3: Primarily Brand-Name Drugs, some Generic Drugs, and Covered Compound Drugs	$70.00	$210
Tier 4: Specialty Drugs (Limited to a 30 day supply per fill)	Plan: 90%; Member: 10% Specialty with $150 max	

+Creditable prescription drug coverage means the coverage is expected to pay on average as much as the standard Medicare prescription drug coverage. Non-creditable prescription drug coverage means the coverage is not expected to pay on average as much as standard Medicare prescription drug coverage. The coverage status determination shown above is subject to change based on the effective date and testing results for drug coverage as new parameters are released by CMS.

EE Only	EE/Spouse	EE/Children	Family
$712.47	**$1,567.42**	**$1,353.69**	**$2,208.64**

Includes Premium Stabilization Funding Agreement

Medical rates guaranteed for 1 year

Proposed rates are based on preliminary data only. Final rates and acceptance of the Group for coverage are subject to Underwriting approval and other business factors. Final rates and coverage are not valid until accepted in writing by the Company. Do NOT cancel your current coverage until you receive this written acceptance.

I am authorized by the Group to accept the rates and benefits as outlined on this proposal and do apply for Group coverage based on the information in this signed proposal. Once signed by the Group and Underwriter, all pages of this proposal are considered part of the Group Master Application and a part of the Group Benefit Plan, even if not physically attached to the Application or Benefit Plan.

Accepted By Group: _____ **Title:** _____ **Date:** _____

Accepted By Underwriter: _____ **Date:** _____

HMO Louisiana

Effective 2023

HMOLA HMO
HMO Copay 80 $1500A
Group Size: 51+

Your Covered Benefits Are:	Network	Non-Network
Individual Deductible	$1,500	None
Family Deductible	$4,500	None
Individual Out of Pocket Max*	$5,250	None
Family Out of Pocket Max*	$10,500	None
Coinsurance	80%	None
Durable Medical Equipment (DME) Coinsurance	80%	None
Creditable Coverage+	Creditable	
Office Visits		
Primary Care Physician (PCP)	$40 Co-pay per visit	Not Covered
Quality Blue Primary Care	$25 Co-pay per visit	Not Covered
Specialist	$55 Co-pay per visit	Not Covered
Pregnancy Care	$55 Co-pay	Not Covered
Mental & Nervous/Alcohol & Drug	$40 Co-pay per visit	Not Covered
Urgent Care	$55 Co-pay per visit	Not Covered
Lab & Low Tech Imaging	Fully Covered	Not Covered
High Tech Imaging (Free-standing)	Deductible then Coinsurance	Not Covered
Preventive and Wellness Office Visit	Fully Covered	Not Covered
Inpatient Services		
Inpatient Hospital Admission (Co-pay plans: Co-pay per day, 3 day max)	Deductible then Coinsurance	Not Covered
Inpatient Professional Services	Deductible then Coinsurance	Not Covered
Outpatient Services		
Emergency Room (Waived if admitted)	$350 Co-pay	
Outpatient Facility	Deductible then Coinsurance	Not Covered
Outpatient Professional	Deductible then Coinsurance	Not Covered
Physical, Speech & Occupational Therapy**	$40 Co-pay per visit	Not Covered
Lab and Low & High Tech Imaging	Deductible then Coinsurance	Not Covered
Other Covered Services		
Ground Ambulance (Medically necessary)	$50 Co-pay	Not Covered
Prosthetics & Orthotics	Deductible then DME Coinsurance	Not Covered
Skilled Nursing Facility***(Co-pay plans: Co-pay per day, 3 day max)	Deductible then Coinsurance	Not Covered
Home Health Care Services***	Deductible then Coinsurance	Not Covered
Hospice Care Services***	Deductible then Coinsurance	Not Covered
Organ & Tissue Transplant****	Deductible then Coinsurance	Not Covered
Prescription Medication	**Retail Copayment**	**Mail Copayment**
Drug Deductible	None	
Tier 1: Value Drugs: Primarily Generic Drugs, some Brand-Name Drugs	$7.00	$21
Tier 2: Brand-Name Drugs	$30.00	$90
Tier 3: Primarily Brand-Name Drugs, some Generic Drugs, and Covered Compound Drugs	$70.00	$210
Tier 4: Specialty Drugs (Limited to a 30 day supply per fill)	Plan: 90%; Member: 10% Specialty with $150 max	
When a brand drug is dispensed and a generic equivalent exists, members are required to pay the Tier 1 copay, plus the difference in cost between the brand drug dispensed and its generic equivalent.		

*All in-network medical and pharmacy deductibles, copayments and coinsurance apply to out-of-pocket max. A separate out-of-pocket max will apply for services received out-of-network.
**Provides coverage for inpatient, outpatient and professional services subject to the same deductible and coinsurance with no dollar limit.
***Services that require pre-authorization (This is a partial list, please see the schedule of benefits for complete list.)
****Benefits for solid organ and bone marrow transplants are available only when services are rendered by a Blue Distinction Centers for Transplant (BDCT) or a Blue Cross and Blue Shield of Louisiana (BCBSLA) Preferred Provider facility, unless otherwise approved by us in writing. Services require pre-authorization.
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A subsidiary of Blue Cross and Blue Shield of Louisiana and an independent licensee of the Blue Cross and Blue Shield Association.

Louisiana

GroupCare

Preferred Care Proposal

Group Care Copay 80/60 $1000D

Jefferson Parish Government - Retiree

Agent / Broker: N/A

Sales Representative: DEBORAH STAGNI

Parish: Jefferson

Effective Date: 1/1/2023

Proposed Schedule of Benefits

Your Covered Benefits Are:	Network	Non-Network
Individual Deductible	$1,000	$2,000
Family Deductible	$3,000	$6,000
Individual Out of Pocket Max	$3,250	$6,500
Family Out of Pocket Max	$6,500	$13,000
Coinsurance	80%	60%
Creditable Coverage+	Creditable	
Office Visits		
Primary Care Physician (PCP)	$40 Co-pay per visit	Deductible then Coinsurance
Quality Blue Primary Care	$25 Co-pay per visit	Deductible then Coinsurance
Specialist	$55 Co-pay per visit	Deductible then Coinsurance
Prescription Medication	**Retail Copayment**	**Mail Copayment**
Drug Deductible	None	
Tier 1: Value Drugs: Primarily Generic Drugs, some Brand-Name Drugs	$15.00	$45
Tier 2: Brand-Name Drugs	$40.00	$120
Tier 3: Primarily Brand-Name Drugs, some Generic Drugs, and Covered Compound Drugs	$70.00	$210
Tier 4: Specialty Drugs (Limited to a 30 day supply per fill)	Plan: 90%; Member: 10% Specialty with $150 max	

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EE Only	EE/Spouse	EE/Children	Family
$1,233.54	**$2,713.77**	**$2,343.73**	**$3,823.96**

Includes Premium Stabilization Funding Agreement

Medical rates guaranteed for 1 year

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Accepted By Group: _____ **Title:** _____ **Date:** _____

Accepted By Underwriter: _____ **Date:** _____

Louisiana

Effective 2023

Preferred Care

Group Care Copay 80/60 $1000D
Group Size: 51+

Your Covered Benefits Are:	Network	Non-Network
Individual Deductible	$1,000	$2,000
Family Deductible	$3,000	$6,000
Individual Out of Pocket Max*	$3,250	$6,500
Family Out of Pocket Max*	$6,500	$13,000
Coinsurance	80%	60%
Durable Medical Equipment (DME) Coinsurance	80%	60%
Creditable Coverage+	Creditable	
Office Visits		
Primary Care Physician (PCP)	$40 Co-pay per visit	Deductible then Coinsurance
Quality Blue Primary Care	$25 Co-pay per visit	Deductible then Coinsurance
Specialist	$55 Co-pay per visit	Deductible then Coinsurance
Pregnancy Care	$55 Co-pay	Deductible then Coinsurance
Mental & Nervous/Alcohol & Drug	$40 Co-pay per visit	Deductible then Coinsurance
Urgent Care	$55 Co-pay per visit	Deductible then Coinsurance
Lab & Low Tech Imaging	Fully Covered	Deductible then Coinsurance
High Tech Imaging (Free-standing)	Deductible then Coinsurance	Deductible then Coinsurance
Preventive and Wellness	Fully Covered	Out of Network Coinsurance
Inpatient Services		
Inpatient Hospital Admission (Co-pay plans: Co-pay per day, 3 day max)	Deductible then Coinsurance	Deductible then Coinsurance
Inpatient Professional Services	Deductible then Coinsurance	Deductible then Coinsurance
Outpatient Services		
Emergency Room (Waived if admitted)	In-Network Deductible then Coinsurance	
Outpatient Facility	Deductible then Coinsurance	Deductible then Coinsurance
Outpatient Professional	Deductible then Coinsurance	Deductible then Coinsurance
Physical, Speech & Occupational Therapy **	Deductible then Coinsurance	Deductible then Coinsurance
Lab and Low & High Tech Imaging	Deductible then Coinsurance	Deductible then Coinsurance
Other Covered Services		
Ground Ambulance (Medically necessary)	Deductible then Coinsurance	Deductible then Coinsurance
Prosthetics & Orthotics	Deductible then DME Coinsurance	Deductible then Coinsurance
Skilled Nursing Facility*** (Co-pay plans: Co-pay per day, 3 day max)	Deductible then Coinsurance	Deductible then Coinsurance
Home Health Care Services***	Deductible then Coinsurance	Deductible then Coinsurance
Hospice Care Services***	Deductible then Coinsurance	Deductible then Coinsurance
Organ & Tissue Transplant****	Deductible then Coinsurance	Not Covered
Prescription Medication	**Retail Copayment**	**Mail Copayment**
Drug Deductible	None	
Tier 1: Value Drugs: Primarily Generic Drugs, some Brand-Name Drugs	$15.00	$45
Tier 2: Brand-Name Drugs	$40.00	$120
Tier 3: Primarily Brand-Name Drugs, some Generic Drugs, and Covered Compound Drugs	$70.00	$210
Tier 4: Specialty Drugs (Limited to a 30 day supply per fill)	Plan: 90%; Member: 10% Specialty with $150 max	
When a brand drug is dispensed and a generic equivalent exists, members are required to pay the Tier 1 copay, plus the difference in cost between the brand drug dispensed and its generic equivalent.		

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Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and is incorporated as Louisiana Health Service & Indemnity Company.

HMO Louisiana

Blue CONNECT

Group Blue Connect POS Proposal

Blue Connect Copay 80/60 $1,000A

Jefferson Parish Government - Active

Agent / Broker: N/A **Parish:** Jefferson

Sales Representative: DEBORAH STAGNI **Effective Date:** 1/1/2023

Proposed Schedule of Benefits

Your Covered Benefits Are:	Network	Non-Network
Individual Deductible	$1,000	$2,000
Family Deductible	$3,000	$6,000
Individual Out of Pocket Max	$4,750	$9,500
Family Out of Pocket Max	$9,500	$19,000
Coinsurance	80%	60%
Creditable Coverage+	Creditable	
Office Visits		
Primary Care Physician (PCP)	$20 Co-pay per visit	Deductible then Coinsurance
Quality Blue Primary Care	$20 Co-pay per visit	Deductible then Coinsurance
Specialist	$55 Co-pay per visit	Deductible then Coinsurance
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Prescription Medication	**Retail Copayment**	**Mail Copayment**
Drug Deductible	None	
Tier 1: Value Drugs: Primarily Generic Drugs, some Brand-Name Drugs	$7.00	$21
Tier 2: Brand-Name Drugs	$30.00	$90
Tier 3: Primarily Brand-Name Drugs, some Generic Drugs, and Covered Compound Drugs	$70.00	$210
Tier 4: Specialty Drugs (Limited to a 30 day supply per fill)	Plan: 90%; Member: 10% Specialty with $150 max	

EE Only	EE/Spouse	EE/Children	Family
$728.16	**$1,601.94**	**$1,383.50**	**$2,257.28**

Includes Premium Stabilization Funding Agreement

Medical rates guaranteed for 1 year

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Accepted By Group: _____ **Title:** _____ **Date:** _____

Accepted By Underwriter: _____ **Date:** _____

HMO Louisiana

Effective 2023

Group Blue Connect POS

Blue Connect Copay 80/60 $1,000A

Group Size: 51+

Your Covered Benefits Are:	Network	Non-Network
Individual Deductible	$1,000	$2,000
Family Deductible	$3,000	$6,000
Individual Out of Pocket Max*	$4,750	$9,500
Family Out of Pocket Max*	$9,500	$19,000
Coinsurance	80%	60%
Durable Medical Equipment (DME) Coinsurance	80%	60%
Durable Medical Equipment (DME) Copay	N/A	N/A
Creditable Coverage+	Creditable	
Office Visits		
Primary Care Physician (PCP)	$20 Co-pay per visit	Deductible then Coinsurance
Quality Blue Primary Care	$20 Co-pay per visit	Deductible then Coinsurance
Specialist	$55 Co-pay per visit	Deductible then Coinsurance
Pregnancy Care	$55 Co-pay	Deductible then Coinsurance
Mental & Nervous/Alcohol & Drug	$20 Co-pay per visit	Deductible then Coinsurance
Urgent Care	$55 Co-pay per visit	Deductible then Coinsurance
Lab	Fully Covered	Deductible then Coinsurance
Low Tech Imaging	Fully Covered	Deductible then Coinsurance
High Tech Imaging (Free-standing)	Deductible then Coinsurance	Deductible then Coinsurance
Preventive and Wellness Office Visit	Fully Covered	Deductible then Coinsurance
Inpatient Services		
Inpatient Hospital Admission	Deductible then Coinsurance	Deductible then Coinsurance
Inpatient Professional Services	Deductible then Coinsurance	Deductible then Coinsurance
Outpatient Services		
Emergency Room (Waived if admitted)	$350 Co-pay	
Outpatient Facility	Deductible then Coinsurance	Deductible then Coinsurance
Outpatient Professional	Deductible then Coinsurance	Deductible then Coinsurance
Physical, Speech, & Occupational Therapy**	$40 Co-pay per visit	Deductible then Coinsurance
Lab	Fully Covered	Deductible then Coinsurance
Low Tech Imaging	Fully Covered	Deductible then Coinsurance
High Tech Imaging	Deductible then Coinsurance	Deductible then Coinsurance
Other Covered Services		
Ground Ambulance (Medically necessary)	$50 Co-pay	Deductible then Coinsurance
Prosthetics & Orthotics	Deductible then DME Coinsurance	Deductible then Coinsurance
Skilled Nursing Facility***	Deductible then Coinsurance	Deductible then Coinsurance
Home Health Care Services***	Deductible then Coinsurance	Deductible then Coinsurance
Hospice Care Services***	Deductible then Coinsurance	Deductible then Coinsurance
Organ & Tissue Transplant****	Deductible then Coinsurance	Not Covered
Prescription Medication	**Retail Copayment**	**Mail Copayment**
Drug Deductible	None	
Tier 1: Value Drugs: Primarily Generic Drugs, some Brand-Name Drugs	$7.00	$21
Tier 2: Brand-Name Drugs	$30.00	$90
Tier 3: Primarily Brand-Name Drugs, some Generic Drugs, and Covered Compound Drugs	$70.00	$210
Tier 4: Specialty Drugs (Limited to a 30 day supply per fill)	Plan: 90%; Member: 10% Specialty with $150 max	

When a brand drug is dispensed and a generic equivalent exists, members are required to pay the Tier 1 copay, plus the difference in cost between the brand drug dispensed and its generic equivalent.

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**Provides coverage for inpatient, outpatient and professional services subject to the same deductible and coinsurance with no dollar limit.
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HMO Louisiana

signature BLUE

Group Signature Blue POS Proposal

Signature Blue Copay 80/60 $1,000A

Jefferson Parish Government - Active

Agent / Broker: N/A **Parish:** Jefferson

Sales Representative: DEBORAH STAGNI **Effective Date:** 1/1/2023

Proposed Schedule of Benefits

Your Covered Benefits Are:	Network	Non-Network
Individual Deductible	$1,000	$2,000
Family Deductible	$3,000	$6,000
Individual Out of Pocket (OOP) Max	$4,750	$9,500
Family Out of Pocket Max	$9,500	$19,000
Coinsurance	80%	60%
Creditable Coverage+	Creditable	
Office Visits		
Primary Care Physician (PCP)	$20 Co-pay per visit	Deductible then Coinsurance
Quality Blue Primary Care	$20 Co-pay per visit	Deductible then Coinsurance
Specialist	$55 Co-pay per visit	Deductible then Coinsurance
Prescription Medication	**Retail Copayment**	**Mail Copayment**
Drug Deductible	None	
Tier 1: Value Drugs: Primarily Generic Drugs, some Brand-Name Drugs	$7.00	$21
Tier 2: Brand-Name Drugs	$30.00	$90
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EE Only	EE/Spouse	EE/Children	Family
$696.96	**$1,533.30**	**$1,324.22**	**$2,160.56**

Includes Premium Stabilization Funding Agreement

Medical rates guaranteed for 1 year

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Accepted By Group: _____ **Title:** _____ **Date:** _____

Accepted By Underwriter: _____ **Date:** _____

HMO Louisiana

Group Signature Blue POS

Signature Blue Copay 80/60 $1,000A

Effective 2023

Group Size: 51+

Your Covered Benefits Are:	Network	Non-Network
Individual Deductible	$1,000	$2,000
Family Deductible	$3,000	$6,000
Individual Out of Pocket (OOP) Max*	$4,750	$9,500
Family Out of Pocket Max*	$9,500	$19,000
Coinsurance	80%	60%
Durable Medical Equipment (DME) Coinsurance	80%	60%
Creditable Coverage+	Creditable	
Office Visits		
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Lab & Low Tech Imaging	Fully Covered	Deductible then Coinsurance
High Tech Imaging (Free-standing)	Deductible then Coinsurance	Deductible then Coinsurance
Preventive and Wellness	Fully Covered	Deductible then Coinsurance
Inpatient Services		
Inpatient Hospital Admission (Co-pay plans: Co-pay per day, 3 day max)	Deductible then Coinsurance	Deductible then Coinsurance
Inpatient Professional Services	Deductible then Coinsurance	Deductible then Coinsurance
Outpatient Services		
Emergency Room (Waived if admitted)	$350 Co-pay	
Outpatient Facility	Deductible then Coinsurance	Deductible then Coinsurance
Outpatient Professional	Deductible then Coinsurance	Deductible then Coinsurance
Physical, Speech & Occupational Therapy**	$40 Co-pay per visit	Deductible then Coinsurance
Lab and Low & High Tech Imaging	Deductible then Coinsurance	Deductible then Coinsurance
Other Covered Services		
Ground Ambulance (Medically necessary)	$50 Co-pay	Deductible then Coinsurance
Prosthetics & Orthotics	Deductible then DME Coinsurance	Deductible then Coinsurance
Skilled Nursing Facility*** (Co-pay plans: Co-pay per day, 3 day max)	Deductible then Coinsurance	Deductible then Coinsurance
Home Health Care Services***	Deductible then Coinsurance	Deductible then Coinsurance
Hospice Care Services***	Deductible then Coinsurance	Deductible then Coinsurance
Organ & Tissue Transplant****	Deductible then Coinsurance	Not Covered
Prescription Medication	**Retail Copayment**	**Mail Copayment**
Drug Deductible	None	
Tier 1: Value Drugs: Primarily Generic Drugs, some Brand-Name Drugs	$7.00	$21
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ATTACHMENT D

CARRIER QUESTIONNAIRE

1. Name and address of parent company.

   Louisiana Health Service & Indemnity Company
   d/b/a Blue Cross and Blue Shield of Louisiana
   5525 Reitz Avenue
   Baton Rouge, LA 70809

   HMO Louisiana, Inc. is a licensed subsidiary of Blue Cross and Blue Shield of Louisiana.

2. How long has the company been in business?

   Blue Cross and Blue Shield of Louisiana has been serving Louisianians since 1934. HMO Louisiana, Inc. has been in business since 1996.

3. Name and address of local office. What is the size of your local staff?

   Our sales, service and support staff is located:

   3501 North Causeway Boulevard, Suite 600
   Metairie, LA 70002

   Our administration, claims, customer service and all other departments are located in our Baton Rouge corporate headquarters. Currently, we employ nearly 2,500 Louisianians.

4. Provide the most recent A.M. Best or Standard & Poor's rating for your company.

   Our leadership in the Louisiana health insurance market goes beyond our status as the state's oldest andlargest domestic health insurer. We are financially strong and stable, with 25 consecutive 'A' ratings fromStandard & Poor's for financial stability and strength.

5. How many members are being served by your company nationally and in Louisiana?

   Blue Cross Licensees' have collectively 110 million members nationwide. Blue Cross and Blue Shield of Louisiana and subsidiaries serve 1.8 million members mostly in Louisiana.

6. How many employers with 3,000+ employees are being served in Louisiana by you?

Blue Cross and Blue Shield of Louisiana and subsidiaries serve 18 Louisiana based accounts in excess of 3000 employees.

7. Where is your customer service office located?

Our customer service office located at our corporate headquarters at:

5525 Reitz Avenue
Baton Rouge, Louisiana 70809

8. Provide three references that have similar dynamics to Jefferson Parish Government. At least one reference group should have gone through the respective enrollment process within the last two years. Include contact names, phone numbers and email addresses.

City of Kenner
Wendy Folse
(504) 468-7207
wfolse@kenner.la.us

St. Bernard Parish Government
Stephanie Bradbury
(504) 278-4246
sbradbury@sbpg.net

St. Charles Parish Council
Dayna Parker
(985) 783-5147
dparker@stcharlesgov.net

9. A provider network is a critical part of the medical plan; therefore, include provider directory with your proposal. Also, provide a GEO Access report using a standard of two (2) providers within ten (10) miles.

Electronic copies of the provider directories and Geo Access reports have been attached.

10. Describe the account management services and the team that would be responsible for handling the Parish account.

A local, dedicated Account Manager, located in our Jefferson Parish office, will work with you to make certain your objectives and needs are being met and who is responsible for managing the administrative process for large group accounts. The

account manager interfaces daily with the Human Resources staff in the group regarding reporting needs, billing and enrollment needs, eligibility issues, escalated claims issues resolution and the renewal process. Our large group account managers bring the highest level of access and accountability to our large group segment. They work closely with direct contacts in the Administrative departments at our corporate office in Baton Rouge.

11. Describe the support you would provide as part of a change in vendors. Provide an implementation and communication schedule showing tasks, allocation of responsibilities and personnel.

The Implementation Support team consists of experienced and proven project management professionals committed to working together with groups and consultants to ensure a smooth and seamless transition to the platform. The Implementation Support team includes a wide variety of operations and technical backgrounds including claims, customer service, membership, billing and project management.

We recognize that each implementation is unique. Accordingly, we create a tailored plan based on a standard template refined through years of experience (sample attached), to meet the requirements of each new account and deliver a well-planned and properly executed transition. Elements of all implementations include:

- **A dedicated implementation team that works closely with the sales team**
- **An account-specific implementation plan that establishes expectations and deadlines**
- **Regular internal operational meetings to ensure issues and their resolution are communicated to all involved**
- **Weekly conference calls to ensure all essential tasks are completed timely**
- **Assistance with employee meetings as needed to educate members about plan benefits**

12. Do you agree to comply with all of the proposal assumptions and requirements as outlined in this SOQ? If not, specifically explain how your proposal deviates from this.

Agreed subject to deviations listed in our proposal.

13. Do you agree to administer the requested benefits plan as described? If not, specifically identify any variations in plan designs.

On existing plan designs, BCBSLA will agree to match member cost share (deductibles, coinsurance, copays, out-of-pocket amounts) elements of the current plan design. However, standard BCBSLA and HMO Louisiana, Inc. contract wordings, definitions,

limitations, and plan administration will apply. On all new alternative plan designs, BCBSLA has provided a benefit grid illustrating benefits.

14. Please provide results from the following surveys for 2020/2021:

a. Member Satisfaction

In 2020 and 2021, 59% of members said they were satisfied or very satisfied with Blue Cross and Blue Shield of Louisiana (BCBSLA). This level of satisfaction was measured through our annual member experience survey, which includes members across the state and across plan types.

b. Provider Satisfaction

In 2020 and 2021, 77% of providers said they were satisfied or very satisfied with BCBSLA. This level of satisfaction was measured through our annual Provider Experience Study, where providers from a mix of practices and facilities in Louisiana are invited to participate in the survey.

c. Benefits Manager Satisfaction

Satisfaction among benefits managers (or group leaders) is also measured through an annual survey. In 2021, 68% of benefits managers from employer groups said they were satisfied or high satisfied with BCBSLA. In 2020, satisfaction was 76%.

15. For which services, and to whom, do you outsource the following:

a.	Mental Health	**New Directions**
b.	Laboratory	**BCBSLA contracts directly with lab providers such as Quest & Lab Corp. However, we have engaged with Avalon for a lab Benefit management program.**
c.	Vision	**Davis Vision**
d.	Prescription Drug	**Express Scripts**
e.	Network Management	**In-house**
f.	Utilization Management	**Internal & Utilization Management specialized programs offered by AIM Specialty Health as buy up to ASO Groups**

16. What was your 2023 target Per Member Per Month (PMPM) medical cost for your network?

Based on current plan designs without any changes, BCBSLA estimates a projected fully incurred (includes IBNR) PMPM claims cost of $692.90 for the 1/1/2023 – 12/31/2023 plan year.

17. What is your administration charge as a percentage of premiums for JPG?

Administration fees will be eleven percent (11%) of total needed premium.

18. What is the JPG pooling level and estimated pooling charge for 2023?

BCBSLA has included a $250,000 pooling level at a charge of two and three quarter percent (2.75%) of premium.

19. For what procedures do you offer Centers for Excellence program? Please provide a listing of locations utilized by procedure.

Blue Distinction Center Quality	**Blue Distinction Center+ Quality & Value**	
Awarded to hospitals that met Blue Distinction Center quality and patient safety measures	Awarded to hospitals that met Blue Distinction Center quality, patient safety and cost efficiency measures	
• Our Lady of the Lake Ascension Gonzales • Our Lady of the Lake RMC Baton Rouge • Willis-Knighton Medical Center Shreveport	• Baton Rouge General Baton Rouge • CHRISTUS Schumpert Health System Shreveport • Ochsner Lafayette General • Our Lady of the Lake Surgical Hospital Slidell • St. Francis Medical Center Monroe • West Jefferson Medical Center LCMC Health Marrero • Woman's Hospital Baton Rouge • CHRISTUS Ochsner Lake Area Hospital Lake Charles • CHRISTUS St. Frances Cabrini Hospital Alexandria • Ochsner Health Center New Orleans • St. Francis P&S Surgery & Heart Center Monroe • Ochsner Health Center Northshore Slidell	**Bariatric Surgery**
• Ochsner Lafayette General	• CHRISTUS Ochsner St.	**Knee & Hip**

• Ochsner Health Center Baton Rouge • Ochsner Health Center Kenner • Ochsner Health Center Northshore Slidell • Our Lady of the Lake RMC Baton Rouge • Our Lady of Lourdes RMC Lafayette	Patrick Hospital Lake Charles • CHRISTUS Ochsner Lake Area Hospital Lake Charles • East Jefferson General Hospital Metairie • Ochsner Lafayette General • Opelousas General Health System Opelousas • Our Lady of Lourdes RMC Lafayette • Park Place Surgical Hospital Lafayette • St. Tammany Parish Hospital Covington • Thibodaux Regional Medical Center Thibodaux • Touro Infirmary LCMC Health New Orleans • Willis-Knighton Bossier Health Center Shreveport • St. Francis Medical Center Monroe • Tulane University Hospital and Clinic New Orleans • Glenwood Regional Medical Center West Monroe	**Replacement**
• Willis-Knighton Bossier Health Center Bossier City • Woman's Hospital Baton Rouge • West Jefferson Medical Center LCMC Health Marrero • Jennings American Legion Hospital Jennings • North Oaks Health System Hammond • St. Francis Medical Center Monroe • Touro Infirmary LCMC Health New Orleans • Tulane Lakeside Hospital	• Baton Rouge General Baton Rouge • Jennings American Legion Hospital Jennings • St. Tammany Parish Hospital Covington • Touro Infirmary LCMC Health New Orleans • Tulane University Hospital and Clinic New Orleans • West Jefferson Medical Center LCMC Health Marrero	**Maternity Care**

New Orleans • University Health Shreveport • West Calcasieu-Cameron Hospital Sulphur • Terrebonne General Medical Center Houma		
• Our Lady of Lourdes RMC Lafayette	• CHRISTUS Ochsner St. Patrick Hospital Lake Charles • Ochsner Lafayette General • Thibodaux Regional Medical Center Thibodaux • CHRISTUS Ochsner Lake Area Hospital Lake Charles • Cypress Pointe Hospital Hammond	**Spine Surgery**
• Ochsner Medical Center New Orleans o Adult Kidney(Deceased) o Adult Kidney(Living o Adult Liver(Deceased) o Pediatric Heart o Pediatric Liver • Tulane University Hospital & Clinic New Orleans o Adult Kidney(Deceased) o Adult Kidney(Living) o Adult Liver(Deceased)	• Ochsner Medical Center New Orleans o Adult Heart o Bone Marrow	**Transplant**

Bariatric Surgery - https://www.bcbs.com/sites/default/files/file-attachments/page/Selection%20Criteria_2020%20Bariatric%20Surgery.pdf
Cancer Care - https://www.bcbs.com/bdc-cancers-providers
Cardiac Care - https://www.bcbs.com/bdc-cardiac-providers
Cellular Immunotherapy - https://www.bcbs.com/bdc-cellular-providers
Fertility Care - https://www.bcbs.com/bdc-fertility-providers
Gene Therapy - https://www.bcbs.com/bdc-gene-providers
Knee & Hip Replacement - https://www.bcbs.com/bdc-kneehip-providers
Maternity Care - https://www.bcbs.com/bdc-maternity-providers
Spine Surgery - https://www.bcbs.com/bdc-spine-providers
Substance Use Treatment and Recovery - https://www.bcbs.com/bdc-sutr-providers
Transplants - https://www.bcbs.com/bdc-transplant-providers

20. Is MD Anderson Cancer Center, located in Houston, TX, a network provider?

MD Anderson is considered in network for all of our PPO products. We have access to the facility through our BlueCard National PPO Networks. For our HMO and Select networks members do not have access to MD Anderson in our base offering, however,

we can design the plan to allow for access to MD Anderson through our BlueCard national network.

21. What disease management programs do you currently have in place?

Disease Management Programs

- **Congestive Heart Failure**
- **Asthma**
- **Diabetes**
- **Pre-Diabetes**
- **Coronary Heart Disease**
- **Hypertension**
- **Chronic Obstructive Pulmonary Disease**
- **Chronic Kidney Disease**

- ***Rare Disease Management (17 Conditions): Buy up for groups***
  - **Amyotrophic lateral sclerosis (ALS)**
  - **Chronic inflammatory demyelinating polyradiculoneuropathy (CIDP)**
  - **Crohn's disease**
  - **Cystic fibrosis**
  - **Dermatomyositis**
  - **Gaucher disease**
  - **Hemophilia**
  - **Systemic lupus erythematosus**
  - **Multiple Sclerosis (MS)**
  - **Myasthenia gravis**
  - **Parkinson's disease**
  - **Polymyositis**
  - **Rheumatoid arthritis >13 years old**
  - **Scleroderma**
  - **Seizure disorders**
  - **Sickle cell disease**
  - **Ulcerative Colitis**

Case Management

- **Oncology**
- **High Risk Maternity**
- **Organ Transplants**
- **Cerebral Vascular Accident (CVA)**

Note: Case management programs are not defined or limited to condition types. Case Management programs include, but not limited to the above conditions. The goal of case management is to help members regain optimum health or improved functional capability, in the right setting and in a cost-effective manner. It involves comprehensive

assessment of the member's condition; determination of available benefits and resources; and development and implementation of a case management plan with performance goals, monitoring and follow-up.

22. Describe your current Wellness Program options and results, including what programs are provided to assist in healthy living. Do you provide an onsite wellness program?

Blue Cross offers innovative wellness solutions that are scalable and customizable to best serve our members and group clients. These programs provide resources whether a person is managing a chronic condition, looking for assistance with health risks and behavior modification or is at the peak of good health. It has offerings for individuals in all ages and stages of a lifespan.

All of our 1.8 million members can access the basic elements of our wellness programs, such as our secure online wellness platform, Personal Health Assessment (PHA) tool and exclusive Blue 365 health and wellness deals program. Blue Cross also works with employer groups to develop worksite wellness solutions that work for them, using the most applicable parts of our wellness program.

Currently, more than 400 employer clients in Louisiana are engaged in Blue Cross' wellness programs with our team of wellness consultants. Of these, nearly 100 employers are using robust, customized incentive strategies.

Some more details about Blue Cross' wellness programs and how they work:

a. Online Wellness Platform and Personal Health Assessment (PHA)
Cerner Wellness serves as host of Blue Cross' innovative and robust wellness platform. Nationally, there are more than 13 million lives supported by this technology platform, including more than 80,000 lives who use the Blue Cross Cerner platform today. Within the traditional wellness programming, Cerner Wellness allows Blue Cross to support several different types of programs, depending on the specific needs and readiness-to-change of the employer. The innovative technology platform allows Blue Cross to deliver:

- **Engaging, education-based programming (self-directed wellness workshops), focused on different areas of well-being, health risks and condition-specific topics**
- **Interactive resources, such as the expansive health library, meal planning and exercise tracking tools**
- **Activity and team-based challenges**
- **Customized incentive campaigns**
- **Monthly wellness newsletters**
- **Mobile companion app with fitness device connectivity**

A key component of the secure online portal is the Personal Health Assessment (PHA) tool, which is available to members 24/7 at bluewellnessla.com. Our PHA is an easy-to-complete survey type questionnaire that asks members questions about their health, modifiable lifestyle and biometric screening results to determine what risks and needs they may have. It provides the foundation to educate, motivate and coach individuals toward healthier behaviors. Each member receives an interactive detailed report highlighting risk factors and recommendations to make improvements to risks. An overall wellness score (on a 100 point scale) is calculated and tracked over time. Employer clients engaging in a PHA campaign with a minimum of 50 participants receive an aggregate report on company risk factors. Our PHA also maintains National Committee for Quality Assurance (NCQA) certification.

23. What unique services or support does your organization provide that you believe sets you apart from your competition?

Blue Cross and Blue Shield of Louisiana and HMO Louisiana offers:

- **Largest provider network in the country**
- **Excellent relationship with area providers**
- **Local Provider Relations Representatives**
- **Solid Networks – Bargaining power of the Cross and Shield**
- **Discounts – Average additional savings over commercial carriers – 5% to 10%**
- **Local Presence – Eight Regional Offices, knowledgeable local sales and service staff ready to answer your questions.**
- **Louisiana serving Louisiana – Home Office – Baton Rouge**
- **State of the Art Claims Processing – Excellent statistics for Claims Volume and Processing, Claims Handling Quality, Claims Turnaround Time**
- **Customer Service is #1 – We are committed to exceptional customer service. From sale to enrollment to installation to renewal and beyond, our goal is to exceed customer expectations. Our trained customer service representatives are committed to speed and accuracy in answering your questions**
- **Care Management Programs – Built in benefit provided to all members**
- **Technology Leader**
- **Strength and Stability – BCBSLA received 25 consecutive "A" ratings from Standard & Poor's financial rating service.**
- **Strength in numbers – Nearly 1 out of 4 Louisianians are covered by Blue Cross and Blue Shield of Louisiana. 1 in 3 Americans covered by a Blue Cross plan. 102 million members in Blue System.**
- **Keeping Health Care Affordable – we are taking a leadership role in addressing health care costs.**

MEDICAL AND PRESCRIPTION DRUG PLAN

1. Describe your medical management programs and provide copies of reports that will be provided to demonstrate the return on investment associated with these programs.

The United States healthcare delivery system is designed to deliver exceptional outcomes for patients that are injured or ill. Indeed, the United States leads the world in innovative approaches to diagnosis and treatment. This care is typically delivered within the context of a fee-for-service reimbursement system, although value-based programs are becoming much more common. This system serves many exceedingly well. Opportunities for improvement, however, exist within the context of preventive care, coordination of care and the management of chronic disease. An integrated population health management program seeks to address these opportunities to improve the health and well-being of the patients it serves.

The Blue Cross population health program seeks to leverage our expertise in health analytics, collaborative relationships with our network providers, and the skill, dedication, and compassion of our local, multi-disciplinary team of healthcare professionals, to optimize both wellness and healthcare for the members we serve.

The Blue Cross mission is to improve the health and lives of Louisianians. Our integrated population health management program is critical to meeting this mission. The program has two main goals. First and foremost, we seek to ensure that each of our members receives the right care at the right time to optimize their health and well-being. Second, we seek to manage medically unnecessary expenses through optimal coordination of care and the application of evidence-based clinical standards.

The essential elements of a successfully integrated population health management program include timely member identification, risk stratification, member engagement and care coordination. At Blue Cross, this is how we deliver this to our members:

Member Identification
Blue Cross uses sophisticated analytics algorithms to analyze both claims and real time clinical data from providers across the health continuum to identify high priority members for care coordination. Through the combination of pharmacy, medical, behavioral health and clinical data, Blue Cross is able to produce a whole-person view of our members. Priority indicators for population health referrals include high claims cost, specific diagnoses, multiple diagnoses, current and historical utilization patterns, social determinants of health and gaps in care.

Population Segmentation
Members are prioritized and segmented, which allows us to provide the appropriate level of intervention based on the severity of each member's condition. Population

segmentation is based on the member's risk score, which is determined from claims and clinical data. Populations are first segmented into chronic and non-chronic populations. The population segments are further divided by diagnostic group, age, utilization history, predicted risk scores and other determinants of risk. This analysis provides a full spectrum of population segments, including healthy/stable, at-risk, chronic disease and struggling, and complex/crisis members.

Care management solutions and interventions, including disease and case management, health coaching, utilization management and referrals to needed resources, are then applied to each segment based on the members' needs.

Healthy Segment (Low Risk) **- Generally, healthy and/or stable patients usually comprise the largest segment and generate the lowest total cost of care. The most important aspect of managing these patients and controlling costs is to ensure:**

- **ongoing maintenance of their health;**
- **appropriate preventive care needs are met; and**
- **prompt screening and/or access to care in the case of pregnancy, illness, or injury.**

At-risk Segment (Rising Risk) **- The at-risk segment constitutes a smaller segment of the total population and may include individuals with obesity, sedentary lifestyle, high cholesterol, and those who use tobacco products. Interventions are aimed at avoiding future complications and cost increases and focus on:**

- **raising awareness of risks associated with their conditions or behaviors;**
- **applying behavioral modification strategies; and**
- **ensuring that preventive needs are addressed, that there is access to acute care, screening, and behavior modification resources, based on their readiness to change and motivation levels.**

Chronically ill patients are those with one or more chronic conditions that impact their functional status or pose significant risks for long-term complications. Nearly half of Louisiana's adults have at least one chronic condition. This population segment

accounts for as much as 60% of overall healthcare spending. Blue Cross has made significant investments to focus on this population. Interventions for this segment include:

- **chronic conditions disease management;**
- **prevention of secondary complications, emergency department visits and acute admissions;**
- **improved self-confidence in management and control of conditions;**
- **maintenance of other aspects of health; and**
- **collaboration with providers to help members manage their conditions, including the:**

Quality Blue Primary Care program.
The primary goals are to prevent or delay complications and adverse events, as these can drive current and future costs and decrease quality of life and productivity. This segment presents significant opportunity to reduce and avoid costs in the short and long-term.

***Complex/Crisis Segment (High Risk*) - Complex or critical patients generally make up fewer than 5% of all patients. Each patient can incur costs 17 times that of patients in other segments for members under age 65. Some of these patients have fixed costs, such as appropriate specialty care, oncology drugs, dialysis treatments or end-of-life care, while others have situations where benefits can be optimized, and costs reduced. The mix in this segment can vary significantly – premature infants, members with cancer, traumatic injuries, end-of-life situations, transplants, children with special needs, patients with five or more uncontrolled chronic diseases or patients with failure of three or more body systems. Even though this segment by far has the fewest total number of patients, they will inherently be complex and expensive to treat.**
Care of these members generally requires a coordinated, multi-disciplinary, team-based approach with potential team members including a primary care provider, case manager or health coach, mental health clinician, pharmacist, social worker, dietician and selected high-value specialists and potentially intensive inpatient settings. Primary goals of management include:

- **access to appropriately trained providers and community resources;**
- **prevention of secondary complications of the condition(s);**
- **prevention of failed outpatient symptom management that can result in emergency room services and unplanned acute admissions, or other escalations of healthcare services that are potentially avoidable; and**
- **utilization of services appropriate to the requirements of the member's clinical needs.**

Members in this segment are considered a top priority for health coaching. Blue Cross has health coaches that evaluate the claims, patterns of care and primary claims cost drivers to develop a comprehensive plan of care. If opportunities to affect the course of

treatment, manage utilization of services or remove barriers that prevent achievement of the goals stated above are identified, the member is engaged in case management.

Care Coordination

After the clinical assessment and review of claims and completing the assessment goals, the health coach, in collaboration with other clinical team members, creates an individualized member care plan. The care plan considers the member's goals, preferences, and barriers to meeting goals or compliance with the care plan.

The care plan identifies measurable short- and long-term goals, the resources needed for the member to achieve these goals as well as clear objectives and a timeline for completion. Population health management interventions are based on each member's needs and goals and may include, but are not limited to:

- **assistance in locating and accessing available benefits, and medical/behavioral health and community services, including those addressing the social determinants of health;**
- **links to peer support services;**
- **appointment and transportation assistance;**
- **coordination of care among providers, including behavioral health providers, primary care physicians (PCPs), home health, and other medical providers;**
- **medication education and monitoring;**
- **motivational interviewing to support behavior change and member engagement; and**
- **interventions to address barriers to care and treatment adherence.**

Social Determinants of Health

Blue Cross is aware that social determinants of health (SDoH) — the social and economic conditions that can affect health outcomes — are gaining recognition as a principal factor in the effort to improve patient care. Recent studies estimate that social determinants, such as availability of basic resources, income level, access to transportation and overall knowledge of the healthcare system, can be responsible for up to 80 percent of health outcomes. To assist with addressing SDoH, Blue Cross has partnered with FindHelp. FindHelp is the largest online network platform of free and reduced cost programs in every zip code across the United States - including federal, state, and local programs in the biggest cities and smallest towns. Blue Cross health coaches can connect members in need of resources directly and electronically on the FindHelp platform.

Member Engagement

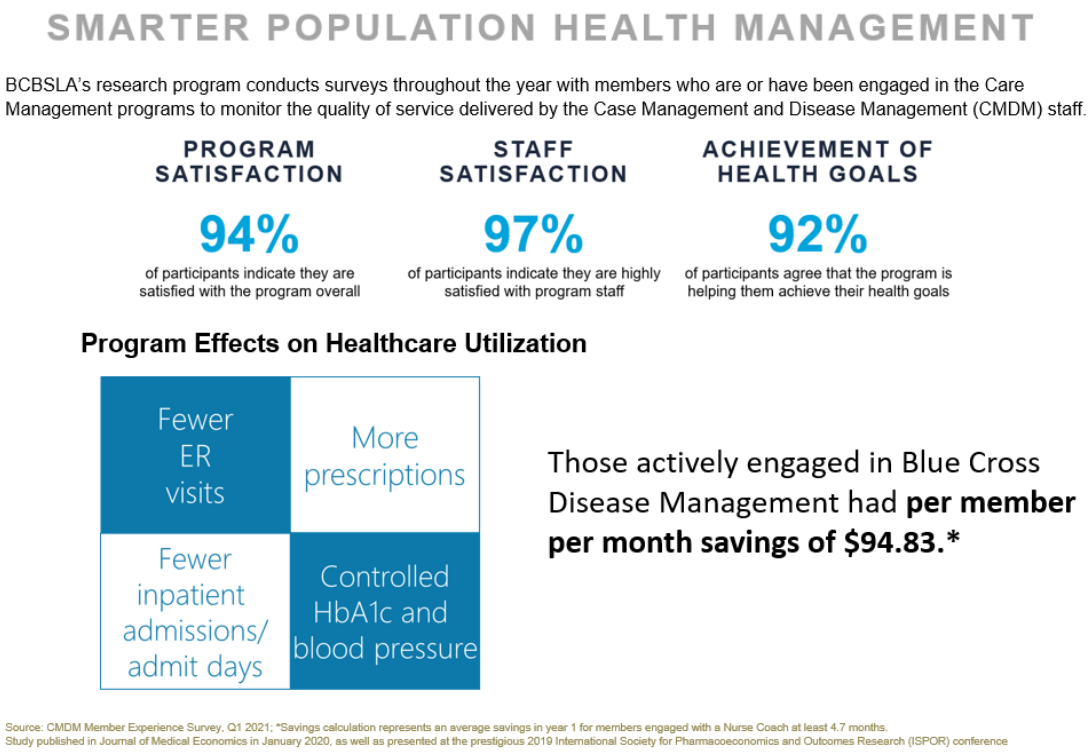
Member engagement is vital to a successful population health management program. When our population health team engages with members, the approach is to focus on the whole person. The whole-person approach is centered around matching the level of intervention to the members' individual needs. To support and encourage member

engagement, Blue Cross has implemented several programs and initiatives since member preference on how and when they engage is varied and unpredictable.

One such initiative is "Stronger Than." Stronger Than is a movement, a mindset, a way of empowering and engaging Blue Cross members and providers in a movement to better health. Stronger Than is the sum of the expertise of more than 200 Blue Cross in-house clinical professionals, who stand to support Blue Cross members on their journey to better health. This initiative is the melding of Blue Cross data and analytic tools, plus its care management, wellness and behavioral health programs into a potent healing balm that has the power to improve the state of health in Louisiana.

Our model is designed to assure that members get the right care, at the right time with the right provider and get connected to appropriate community resources. Initial contact with the member is usually made by the health coach. The health coach explains the applicable program, obtains member agreement for involvement in the program and secures appropriate releases. If necessary, the health coach arranges to speak to the member while the member is receiving care in an inpatient or another acute setting, and, if possible, identifies appropriate information the member may need along with all the appropriate healthcare resources to ensure collaboration and communication. If that is not possible, the health coach will make every effort to confirm contact information with the facility to best contact the member post-discharge.

When the population health team has difficulty contacting a member, an alternative strategy is to engage family members, guardians, healthcare power of attorney and/or the member's healthcare providers. The population health team actively works those individuals in conjunction with the member to determine services and support the member needs, identify any barriers to care (e.g., lack of transportation, medication affordability, etc.), develop a care plan, improve treatment adherence and any other intervention that may help the member achieve their healthcare goals. The health coach also provides the member with a description of the program and notice of intent to contact to assure members know their rights related to program engagement.



The outcomes of being engaged in the care management programs showed a decrease in Emergency room visits, fewer inpatient admission, increased medication adherence and controlled Hemoglobin A1C values.

2. Provide a sample reporting package. Reports must be available on an interactive basis.

Please see attached Sample Reporting Package and Sample Additional Reporting Package. The vast majority of account reporting needs can be accommodated on our online reporting system available to both employers and brokers at no charge.

3. Describe your enrollment process.

Blue Cross' enrollment platform, eEnrollment, allows members to access and enroll in all benefit plans electronically using computer desktops, laptops, tablets and/or smartphones. This platform is compatible with multiple channels, including Android and Apple. eEnrollment can be designed to present information in a way that is easy to understand, guiding members through the entire process with educational videos and additional decision support resources. With this online benefits enrollment platform, Human Resources administrators have access to a suite of tools to help them support members and manage the enrollment process.

In the future, Blue Cross will offer member-facing functionality through eEnrollment. This will be a self-service tool that members will be able to use to easily enroll in their

benefits online from the convenience of their homes or offices. They will be able to access answers to frequently asked questions and watch videos to learn more about their benefits. eEnrollment is tailored and only presents the transactions the individual member needs to complete.

4. Will you be able to complete enrollment and eligibility prior to the effective date of the contract by way of electronic transfer of data from the current carrier? If not, please explain.

   We will be able to complete enrollment prior to effective date provided the group can give us data in our preferred format. We will be able to set up the group on our proprietary enrollment system after the initial enrollment is transferred and testing complete.

5. Will you be able to administer all services, including processing of claims on the effective date of the contract? If not, please explain.

   Yes, provided all decisions regarding benefits are made by the client in a timely matter.

6. Describe your pharmacy network.

   For Commercial clients, there are 62,218 pharmacies in the Express Scripts National Select network, of which 1,190 are in Louisiana.

7. How many Prescription Drug Lists (PDL's) does your company administer?

   We administer three commercial PDLs.

8. If more than one PDL, what is the pricing differentials for each PDL and what is theimpact on premiums and co-pays?

   For the Commercial offerings there is no pricing differential. BCBSLA has offered several designs with various copay structures. Associated cost changes by drug design are included in the premiums offered.

9. Based on the top 100 drugs based on prescriptions filled, please identify which tier each drug falls under in your company's PDL.

   See attached spreadsheets for Commercial Top 100.

10. Describe your mail order capabilities.

Our Pharmacy Benefit Manager (PBM), Express Scripts, provides mail order services to all members. We allow up to a 90-day supply via mail with free standard shipping included. Prescriptions can easily be ordered via phone, mail, mobile app, member website, or a fax from their physician. Automatic refill and refill reminders are also available. Pharmacists are available 24 hours day, seven days a week through a toll-free phone line to answer member questions. See below for a detailed review of the Express Scripts Mail Order Pharmacy process.

a) Prescription Receipt
The processing of a member's prescription begins with the receipt of an order at the home delivery pharmacy. Our PBM's mail-order pharmacy accepts new electronic prescriptions from prescribers and accepts prescriptions that are mailed or faxed when they are faxed directly from the prescriber's office. They accept refill prescriptions via mail, the member website or member calls to the Contact Center. Hard copies of the prescriptions are electronically imaged into their system and visible to other pharmacies in the home delivery network.

b) Prescription Entry and Protocol Review
Member name, address, and payment are captured in the system. As necessary, a pharmacy technician then enters the remaining prescription elements and performs a quality check to ensure that all data was entered correctly into the system.

c) Order Review
A registered pharmacist verifies the clinical components of the prescription and ensures that clinical data was properly entered. Again, quality checks are performed to detect and prevent prescription data errors. The pharmacist, using a split screen application, is presented with a variety of tools to help ensure the prescription is entered accurately, including easy access to prior medication history for the selected member. There are also a series of prompts carefully engineered to present the pharmacist or order entry associate with decisions to prevent potential misinterpretations from occurring. For example, there are extensive checks for medication names with similar spelling or pronunciation.

d) Clinical Review by Specialist Pharmacists
Based on the member's primary condition, certain prescription orders are electronically routed to one of the Therapeutic Resource Centers. Specialist pharmacists who are comprehensively trained in the medications used to treat one specific disease state, such as asthma, cancer, depression, diabetes, high blood pressure, high cholesterol or osteoporosis, process the prescription against their clinical and plan rules databases. This closes gaps in care by identifying potential issues that may jeopardize the member's health.

The review, which also optimizes savings, includes edits to address items such as maximum daily dosage, drug/drug interactions, drug coverage and days' supply versus plan design. If the prescription is identified as requiring further review, it is routed to the appropriate clinical verification department, such as Drug Utilization Review or Doctor Call, to resolve any outstanding issues.

e) Final Order Review

After all protocols have been reviewed and successfully resolved by the appropriate personnel, the prescription preparation process is completed. In the event the protocol processing results in changes to the prescription information, a registered pharmacist again reviews the order prior to transmitting the prescription to their dispensing pharmacies. The final order review establishes a clear audit trail of accountability for the prescription data in their mainframe system. The registered pharmacist who completes this step is recorded in their system as the pharmacist of record. When the order is locked into the system, it is routed to the appropriate dispensing pharmacy.

f) Prescription Dispensing

Following processing and review, prescription orders are electronically routed to their automated dispensing pharmacies or the manual dispensing pharmacy.

g) Dispensing

Our PBM mail order pharmacy utilizes automated dispensing, as well as manual dispensing, throughout a national network of home delivery pharmacies, to dispense more than 4.38 million prescriptions a week. Automated dispensing technologies within the pharmacies use robotics, conveyor systems and bar-code driven technology to dispense oral solid medications as well as manufacturer's unit of use packages. Quality control checks are performed at each step of the dispensing process. The pharmacies print customized literature packages for each prescription order. To expedite the delivery process, the pharmacies pre-sort packages according to carrier and ZIP code. Their dispensing pharmacies are located in Arizona, Indiana, Missouri, New Jersey and Pennsylvania.

h) Shipping

The final step in the dispensing process is shipping. The majority of prescriptions are sent by the U.S. Postal Service. However, depending on the drug's characteristics or the member's need, our partner may use expedited shipping carriers, such as UPS.

Blue Cross and Blue Shield of Louisiana's

Response to Question #12

Proposal Deviations

SCOPE OF SERVICES
General Services

- ***Provide for the coordination and cost for employee health screening, under wellness coverage or other means, and for the communication of individual results and meaning.***

  Blue Cross has coordinated with several traditional biometric screening and preventive health checkup providers to bring our employer clients a convenient and cost-effective way to provide these services at worksites.

  We currently include the services of several local, regional and nationwide worksite biometric screening providers in our vast network of providers.

  Working with these contracted providers, employer groups can offer employees the option to have an annual biometric screening or preventive health checkup at their workplaces that allow for administration of billing through the medical plan as a preventive care claim.

  Our health management partner team will assist with guidance on this solution by connecting employer to service providers best matching population dynamics and employer needs and to ensure group client is able to take full advantage of this valuable benefit.

- ***Provide billing discrepancy reports monthly, beginning with the invoice of January 2023, within 45 days of receiving payment of a given month. If the Parish is notified beyond 60 days of the discrepancy, JPG will be allowed to make appropriate adjustments. JPG will be responsible for paying monthly premiums as invoiced. No reconciliation will be necessary.***

  Jefferson Parish Government will be allowed to make billing adjustments 90 days in the past. JPG will be allowed 30 days to make retro-active enrollment changes.

- ***No commissions, bonuses or overrides will be paid to anyone for this account.***

  BCBSLA's proposal does not include any commissions. However, BCBSLA will require documentation from JPG that they are exempt from complying with Louisiana State laws regarding premium commissions.

Performance Standards

Please refer to the attached Medical Performance Guarantees included with BCBSLA's RFP response.

Actuarial Services

- ***Furnish quarterly expected paid and incurred claims estimate.***
  BCBSLA has offered a fully insured funding arrangement. Under such funding arrangement, estimated paid and incurred claims liabilities are not needed. However, we are willing to discuss specific reporting needs of the group and negotiate additional fees if deemed necessary.

- ***Determine the estimated incurred but not reported (IBNR) claim liability at the close of each quarter.***

  BCBSLA has offered a fully insured funding arrangement. Under such funding arrangement, estimated incurred but not reported (IBNR) claims liabilities are not needed. However, we are willing to discuss specific reporting needs of the group and negotiate additional fees if deemed necessary.

- ***Furnish claim cost calculations for changes or proposed changes in the plans.***

  Under the fully insured funding arrangement proposed, BCBSLA will provide rates (premiums) for all requested benefit changes.

Other Services

- ***An agreement to provide eight (8) annual health fairs at which time screenings will be made available which includes: cholesterol, blood sugar, and blood pressure; booths set up with educational information on the following: exercise, nutrition, Rx, depression, and healthy cooking; health professionals available to answer questions.***

  Although we do not provide direct health fair administration and coordination services as comprehensive as described above as part of our standard fully-insured services, we will work with selected biometric screening provider to coordinate available educational information and referrals to programs for coordination of care to be shared with employees at time of screening.

- ***A dedicated nationwide toll-free customer service line specifically for employees of the Parish is required.***

  If awarded, the group will be handled by our large group area and will have the 800 number dedicated to that business segment.

Other Items:

All benefits and associated rates offered through Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc. include a Premium Stabilization Funding arrangement. This funding arrangement allows Jefferson Parish Government to retain access to all excess premiums less administrative expenses (Excess Premiums). Excess Premiums can be used to help offset future renewal increases or in some cases, can be returned to the group during the life of the contract. At contract termination, all Excess Premiums are returned to the group after the settlement

period has been completed. For additional information and details of this arrangement, please contact the New Orleans Regional Director, Mr. Christopher Francis.

While our proposal duplicates existing plan designs, we have also included narrow network product alternatives. These products can be offered as a complete replacement of existing products or in a multiple option product arrangement alongside of existing plan designs. These products work in unison with our providers to achieve maximum cost savings while providing the highest quality of care to the members of Jefferson Parish Government. Although not offered with our response to this RFP, we can also create a tiered network plan design using our Blue Connect provider network. This plan design creates incentives to drive members to lower cost providers using lower member cost share (little to no member out of pocket costs) while maintaining the flexibility for the member to choose providers in a less cost effective network. For additional information and details of tiered network product designs, please contact the New Orleans Regional Director, Mr. Christopher Francis.