

DAVISON COUNTY
HEALTH CARE COVERAGE
REQUEST FOR PROPOSAL FY 2010

Requirements and Specifications

The Davison County Commission made a motion on June 9, 2009, to solicit insurance quotes with the people currently on the plan and a separate quote to include the Commissioners along with those currently on the plan. We would prefer two quotes if possible.

At the present time we have the following number of policies:

- | | |
|-------------------------|----|
| 1. Single Plans | 31 |
| 2. Employee/Spouse Plan | 14 |
| 3. Employee/Child Plan | 07 |
| 4. Family Plan | 08 |

Health Care Plans proposed should include, at a minimum, the following. If your company cannot provide the identified requirements, please list any alternate you are able to provide:

DEDUCTIBLES:

TYPE OF PLAN	OPTION #1	OPTION #2
Individual/Family In Network/ Out of Network	<u>\$1,000/\$2,000</u> 30% Penalty Imposed if Preauthorization is not obtained only.	<u>\$1,500/\$3,000</u> 30% Penalty Imposed if Preauthorization is not obtained only.
Co-Insurance In Network Out of Network	<u>80/20</u> 30% Penalty as stated above.	<u>80/20</u> 30% Penalty as stated above.
Out of Pocket Maximum Individual/Family In Network/ Out of Network	<u>\$2,000/\$4,000</u> <u>\$2,000/\$4,000</u> <u>Plus 30% Penalty</u>	<u>\$3,000/\$6,000</u> <u>\$3,000/\$6,000</u> <u>Plus 30% Penalty</u>

Lifetime Maximums: \$2,000,000

Value Plus Program (Discounted Vision, Hearing Aids, Diabetic Supplies & Travel Assistance)

Office Visits:	\$30 co-pay (services offered in an office visit setting to include but not limited to x-rays, lab work, and minor surgeries as long as the service is provided in the clinic)
X-Ray & Lab:	\$30.00 co-pay as long as the service is provided in a clinic
Emergency Room Co-Pay	\$100.00 co-pay applies to emergency room, however if admitted to the hospital co-pay is waived.
Inpatient Facility Co-Pay	Deductible and Co-Insurance
Substance Abuse Rider/Benefit	
Vision Rider/Benefit	(Eye Examine provided for a \$10.00 co-pay plus minimal coverage on eyewear to include contacts on at least an every other year basis.)
Preventative Care Provided	Preferably by a Co-Pay
Pharmacy Coverage	
	Generic Drug: \$7.00
	Brand-Name Formulary Drug 30% (min. \$30, max. \$90)
	Brand-Name Non-Formulary Drug 50% (min. \$60, max.\$180)
Maternity Coverage	
Mental Health Coverage	
Chiropractic Coverage	(Preferably by a Co-Pay)
Physical Therapy Coverage	(Preferably by a Co-Pay)
Flex Plan Administration	Included with Premiums (no extra cost to the County for administering the flex plan.)
Renewal:	For the Company, who is awarded the Proposal for the Fiscal Year 2010, firm renewal rates for the following years, in writing and signed, will be provided to the Auditor's office by September 1st due to Budgetary Requirements provided by South Dakota Statute.