



**SAWS Health Benefits RFP  
Solicitation Number: R-22-002-FG**

**ADDENDUM 1  
March 30, 2022**

To Respondent of Record:

<b>RESPONSES TO QUESTIONS</b>
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- 1. Question: The RFP document references the following documents but I do not find them attached on the website. How can I obtain the above listed reports/requests?**
- a. SAWS 2022 RFP Medical RFP Discount Request by Market**
  - b. SAWS 2022 RFP Hospital and Physician Disruption.xls**
  - c. SAWS 2022 RFP Dental Discount Request.xls**
  - d. SAWS 2022 RFP MAPD Disruption Report.xls”**

*Response: The documents referenced have been posted to the SAWS Solicitation website.*

- 2. Question: Whether companies from Outside USA can apply for this? (like from India or Canada)**

*Response: SAWS will accept proposals from companies outside the USA in response to this RFP; however, SAWS may request that respondent companies disclose additional information, including, but not limited to, the location of their operations and servers, as well as security protocols regarding those operations and servers. Companies that contract with SAWS must be in compliance with all local, state and federal ordinances, statutes and regulations applicable in San Antonio, Bexar County, Texas, USA.*

- 3. Question: Whether we need to come over there for meetings?**

*Response: Meetings can be held virtually.*

- 4. Question: Can we perform the tasks (related to RFP) outside USA? (like, from India or Canada)**

*Response: Yes, the tasks outlined in the RFP may be performed outside the USA as long as such task is permitted to be performed outside the USA under the terms of the contract and under any local, state or federal law applicable in San Antonio, Bexar County, Texas, USA. All parties under the contract will be required to submit to jurisdiction in the courts located in Bexar County, Texas and the contract shall be governed by Texas law.*

- 5. Question: Can we submit the proposals via email?**

*Response: Please refer to Section IV. Submitting a Response, B. Submission. Proposals and attachments should be submitted via FTP site. To receive access to the FTP site, please send an email to [florinda.gonzales@saws.org](mailto:florinda.gonzales@saws.org), in advance of the due date.*

- 6. Question: Based on the depth of the RFP and the detail needed, we would like to request an extension to the due date. Can we get an extension on the due date and have it due 4/29/2022?**

*Response: No, we cannot provide an extension. It is imperative that we adhere to the deadlines to evaluate and make a determination in time for Open Enrollment planning.*

**7. Question: Is SAWS using the services of a consultant to evaluate the pharmacy benefits RFP? If so, can you please provide the name of the consulting firm?**

*Response: Korn Ferry is the health benefits consultant for SAWS. Reminder that all communications are restricted to SAWS Contract Administrator, Florinda Gonzales, at [florinda.gonzales@saws.org](mailto:florinda.gonzales@saws.org) and the consultant should not be contacted in any way.*

**8. Question: Is there a consultant fee or PEPM fee that we should consider for the RFP?**

*Response: There is no consultant fee for the SAWS Health Benefits Consultant that needs to be considered in submitting the proposal. SAWS Health Benefits Consultant is engaged under contract with SAWS and does not act as a broker of medical benefits.*

**9. Question: Please provide the medical disruption file as referenced in the RFP, “SAWS 2022 RFP Hospital and Physician Disruption.xls”.**

*Response: Please see response to Question #1.*

**10. Question: Will SAWS Health Plan accept a traditional pharmacy pricing formula vs. a pass through methodology?**

*Response: SAWS is interested in Traditional network pricing, with the expectation rebates will be 100% pass-through with a minimum guarantee.*

**11. Question: Please provide the current stop loss policy.**

*Response: File “SAWS 2022 RFP Stop Loss” is attached in this document and posted to the SAWS Solicitation website.*

**12. Question: Please provide the Express Scripts large claim reports for (2019 - 2021) including –  
a. Claimant name, member/individual ID (to match to medical large claims), DOB, drug name, day supply, quantity dispensed, date of service, paid date and total claims paid by individual.**

*Response: Response will be submitted with Addendum 2.*

**13. Question: Will you accept a 24/12 stop loss contract?**

*Response: Yes, SAWS will accept a 24/12 stop loss contract, but a proposal on a Paid basis should also be submitted.*

**14. Question: Can you clarify what documents are required to be in PDF format for the final submission?**

*Response: The following forms/sections should be submitted in PDF as part of the proposal:*

- *Submittal Response Checklist*
- *Respondent Questionnaire*
- *W-9 Form*
- *Copy of Current Certificate of Liability Insurance*
- *Exhibit B – Conflict of Interest Questionnaire*
- *Exhibit E – Business Associate Contract*

Please use revised attached "Submittal Response Checklist".

**15. Question: Are you requesting we submit 1 PDF file that includes all the documents, with the exception of Excel Questionnaire and Excel Attachments?**

*Response: Please submit one searchable PDF file for the Proposal only (non-Excel RFP Questionnaire related items). The PDF will include documents such as the cover letter and forms. This file must have page numbers.*

*All documents related to the RFP Questionnaire (Excel Questionnaire, completed Attachments, and other required information per the RFP Questionnaire such as samples) do not need to be included in the single searchable PDF. These may remain as separate files, preferably included in one zip file. File names must be descriptive and include the proposer and coverage (Medical, rx, dental, etc.) to which it relates. Please refrain from labeling files with generic names such as "Exhibit 1" or "Section A."*

*Each pdf and zip file can be uploaded in the FTP site. Please request access to the FTP site.*

**16. Question: If not requesting 1 PDF file, can we submit our proposal documents as 1 zip file?**

*Response: Yes, it is okay to submit 1 zip file containing the one PDF Proposal, the Excel RFP Questionnaire, the completed Excel Attachments, and other required attachments. Please request access to the FTP site in order to submit the zip file.*

**17. Question: Are you requesting that we provide a page number for every document that would be sequential or just each document numbered separately?**

*Response: Each document can be numbered separately.*

**18. Question: Would like to confirm that there isn't a maximum file size that can be submitted since it will be through FTP?**

*Response: Yes, there is a maximum file size of 2G for each file, up to 20 files.*

**19. Question: If there is a maximum file size of all the documents, what is the limit?**

*Response: Please see response to Question #18.*

**20. Question: Can we take the various sections from the RFP document and put into Word with a header/footer (i.e. Scope of Services and Requirements, Exhibit A, Exhibit C, D, etc.)?**

*Response: No, please include all of the information in the Excel attachments. See revised checklist.*

**21. Question: Will SAWS sign an NDA in regards to the pharmacy repricing line-by-line request?**

*Response: SAWS is not signing NDAs with potential respondents in this RFP process. As a public entity, SAWS adheres to the requirements found in the Texas Public Information Act regarding the release of any third party information, including pricing, to the public.*

**22. Question: Is SAWS accepting Transparent and Pass Through RX proposals or Traditional only?**

*Response: SAWS is interested in Traditional network pricing, with the expectation rebates will be 100% pass-through with a minimum guarantee.*

**23. Question: Please provide the current medical and Rx detailed plan designs for Post-65 Retirees.**

*Response: Files “SAWS 2022 RFP MAPD Economy Plan” and “SAWS 2022 RFP MAPD Plus Plan” are attached and have been posted to the SAWS Solicitation website.*

- 24. Question: How is the eligibility determined for each MA-PD plan in place today? Do members have choice or are they mapped based on eligibility (retirement date, job listing, etc.)?**
- **If members are mapped into current plans, please provide an updated census with an indicator of which plan members are currently mapped.**

*Response: Medicare-eligible members may choose to enroll in either plan. Currently there are 795 members in the Plus Plan with 36 of these under age 65, and there are 37 members in the Economy Plan with 3 of these under age 65.*

- 25. Question: Can a list of top the Top 50 Providers by spend for the past 12 months be included for analysis?**

*Response: The utilized providers are provided in the file “SAWS 2022 RFP Hospital and Physician Disruption.xls”. This file has been posted to the SAWS Solicitation website. Additional information will not be provided.*

- 26. Question: We would like to see a list of the top 25 episodes of care and/diagnosis by paid amount.**

*Response: Large claims information is available in the file “SAWS 2022 RFP Large Loss Report.” Additional information will not be provided.*

- 27. Question: Is it possible to obtain a full list of all programs and fees (including amounts) that currently fall outside of the UHC admin fee?**

*Response: Currently there are fees outside of the UHC administrative fee for services such as external reviews, fraud/waste/abuse, subrogation, and others. Please be sure to detail any fees in your proposal that are not included in the administrative fee.*

- 28. Question: Will you allow rental (wrap) networks to be included in your disruption analysis?**

*Response: Only if they are included in the discount analysis as well.*

- 29. Question: Will you allow rental (wrap) networks included in your discount analysis?**

*Response: Yes, the networks utilized in the disruption analysis must be identical to the networks utilized in the discount analysis.*

- 30. Question: Will you stipulate that the networks utilized in the disruption analysis be identical to those utilized in the discount analysis? If no, detail the differences.**

*Response: Yes, the networks utilized in the disruption analysis must be identical to the networks utilized in the discount analysis.*

- 31. Question: Will you allow a carrier's discount guarantee to exclude any claims? If yes, which claim types and/or dollar threshold will you allow to be excluded from the guarantee.**

*Response: Yes, the discount guarantee may exclude certain claims. Please be sure to detail any exclusions to the discount guarantee being proposed.*

- 32. Question: What is the current percentage of savings being retained on rental (wrap) network claims? Example: UHC’s National Savings Plan**

*Response: SAWS currently pays a flat \$8 pepm fee for UHC's Naviguard out-of-network negotiation services.*

**33. Question: What has SAWS paid in Shared Savings fees for the past 12 & 24 months on the UHC National Savings Plan?**

*Response: 2020: \$458,740, 2021: \$238,134 (Naviguard was effective 4/1/2021)*

**34. Question: Are there any capitated networks being utilized currently? Will you allow for the use of capitated networks (ex. behavioral health)? If yes, will you allow the carrier to retain a percentage of the savings? If yes, what percentage?**

*Response: No, there are no capitated networks being utilized. SAWS is willing to consider this arrangement if it is in the best interest of SAWS and its members.*

**35. Question: Will you expect that all carriers quote an all-inclusive administrative fee that does not reflect additional fees, shared savings or Rx rebate sharing? If yes, what are the ramifications for those that do not adhere to these guidelines? Retaining a percentage of the savings? If yes, what percentage? Will this be continued?**

*Response: The administrative fee does not need to be all-inclusive. Respondents must detail what services are included and what services are not included in the administrative fee and the fee structure.*

**36. Question: Who is the current AEP vendor or Benefit Admin System?**

*Response: Infor/Lawson*

**37. Question: What are the current UHC admin fees that SAWS is currently paying, and can the fees be broken out in detail?**

*Response: See response to Question #27.*

**38. Question: Can we get a copy of the Summary Plan Documents**

*Response: Files "753914-SAWS – PPO Economy 2022 SPD, 753914 – SAWS-EPO Plus 2022 SPD, 753914 – SAWS – 2022 Dental SPD, 753914 – SAWS- 2022 FSA SPD" have been posted to the SAWS Solicitation website.*

**39. Question: Can we get a list of the current Wellness programs that are currently being offered to the SAWS employees and are these programs offered to all employees?**

*Response: SAWS has a robust and award-winning wellness program, annually acknowledged locally by the San Antonio Business Group on Health. It regularly includes various on-site events such as biometric screenings, mammograms, diabetes management classes and flu shots. The programming also includes on-site fitness centers, wellness challenges, health coaching, blood pressure screenings and weekly all-employee communications. Employees are incented to participate in preventative care through the award of leave hours, and prize drawings and also regular incentives for participation in other wellness activities.*

**40. Question: Can we get a utilization report broken out by the different networks? Example: Choice Plus, National Savings Plan, Out of Network**

*Response: Utilization is available for in-network and out-of-network only.*

*Please see response to Question #41 for utilization metrics.*

**41. Question: What was the average network discount percentage and in network utilization percentage for the past 12 & 24 months?**

*Response: Average network discount: 2020: 62.2% 2021: 63.5%  
Network utilization: 2020: 98.4% 2021: 98.8%  
Network utilization is based on time periods December - November paid through January 31 of the following year.*

**42. Question: Can a list of the Top 25 Drugs by scripts and dollar amounts be provided for analysis?**

*Response: An additional list will not be provided. This can be determined from the AWP using the NDC on the Rx Reprice file.*

**43. Question: Does the current carrier retain any portion of the Rx rebates (retail or mail order)? If yes, what percentage? Will this be allowed going forward?**

*Response: We are not sharing this information as part of this RFP process. As part of the RFP all respondents may provide their proposed rebate pass-through % by category. We recommend that respondents agree to pass-through 100% of all rebates and MAF.*

**44. Question: Will proposals featuring spread pricing be acceptable?**

*Response: SAWS is interested in Traditional network pricing, with the expectation rebates will be 100% pass-through with a minimum guarantee.*

**45. Question: How are single source generics handled within the current program? Do single-source generics fall within generic or brand name benefit tiers?**

*Response: We are not sharing this information as part of this RFP process. As part of the RFP all respondents may provide their proposed definitions for brands and generics, but our preferred definitions are included in the Excel RFP Questionnaire.*

**46. Question: Can we get an Rx claim file with the following information: date of service, metric quantity, NDC # of the drug, NABP # of the Pharmacy, days' supply, and mail/retail indicator and formulary indicator?**

*Response: This information is included on the Rx Reprice file.*

**47. Question: Please provide PBM Disruption file.**

*Response: Disruption is captured on the Rx Reprice file.*

**48. Question: When will SAWS want to lock in stop loss rates? Is SAWS expecting firm rates? If so, updated claims information will be necessary closer to the effective date.**

*Response: SAWS will consider and evaluate proposals based on the entire proposal including the rate and the conditions attached to the rate.*

**49. Question: Please provide SAWS' top 50 providers for facilities and PCPs/Specialists.**

*Response: Please see response to Question #25.*

**50. Question: Please include paid amounts in SAWS' medical disruption file.**

*Response: We are not sharing this information as part of this RFP process.*

**51. Question: For the MAPD plan(s) we will be quoting, please confirm whether we will be providing a quote to match both their current “PPO Economy” and “PPO Plus” plans, or if we should only quote one plan.**

*Response: Proposers are being asked to duplicate existing plan designs for each benefit plan.*

**52. Question: Can we provide MA only options, as well as MAPD options?**

*Response: Proposers are being asked to duplicate existing plan designs for each benefit plan.*

**53. Question: Do we need to provide dual options?**

*Response: Yes, proposals must duplicate existing plan designs for each benefit plan.*

**54. Question: The benefit guide mentions Optum and Express Scripts as the Rx carrier. Can you confirm who is the carrier for the post-65 retirees?**

*Response: The MAPD plan is through UnitedHealthCare which uses Optum Rx for the PD portion.*

**55. Question: Is the pharmacy plan for post-65 retirees, part of the Medicare advantage plan, or are the covered with the active employees for pharmacy?**

*Response: It is part of the Medicare Advantage plan.*

**56. Question: Are the current post-65 Medicare eligible retirees on an MAPD product, or MA only?**

*Response: MAPD*

**57. Question: To ensure accuracy in quoting, would it be possible to get an actual Summary Plan Description of the MAPD plans we’re being asked to match? The Benefits Guide that we were provided is more of a summary and doesn’t go into detail on the coverage of certain services.**

*Response: Please see response to Question #23.*

**58. Question: The group requests a Medicare Advantage Disruption. The scope states the document named MAPD Disruption would be provided. Are you able to provide?**

*Response: See response to Question #1.*

**59. Question: What reporting does SAWS currently receive for the MAPD plans?**

*Response: MAPD reporting shall include group experience and utilization reports. Information should include diagnostics, places of services, comparisons to benchmarks and any other measures that will be useful to SAWS in understanding the source of cost and utilization trends and to use in its planning.*

**60. Question: Within the MAPD Questionnaire, what is meant by “conversion plan” in question 31?**

*Response: Please disregard this question or reply with N/A.*

**61. Question: The MAPD Questionnaire references Korn Ferry within the Other Information section. Who is Korn Ferry? What is their role in the implementation/on-going administration of MAPD with SAWS?**

Response: *Korn Ferry is the health benefits consultant for SAWS. Reminder that all communications are restricted to SAWS Contract Administrator, Florinda Gonzales, at [florinda.gonzales@saws.org](mailto:florinda.gonzales@saws.org) and the consultant should not be contacted in anyway.*

**62. Question: Within the MAPD Questionnaire, question 27 under Customer Service, what is meant by “view current status”? Current status of what?**

*Response: Current status of group experience and utilization. Please see response to Question # 59 for more details.*

**63. Question: Which Performance Guarantee questions/documents/tabs is San Antonio Water Systems requesting to apply towards the Medicare Advantage plan offering? (SAWS\_2022\_RFP\_Questionnaire, Medical (Questions 118-119), Rx - incl pricing (lines 70, 170-172) Tabs)**

*Response: The medical performance guarantees provided are applicable to the Medical TPA contract and not to the MAPD. SAWS welcomes MAPD Performance Guarantees and recommends they be relevant and meaningful.*

**64. Question: If applicable to the Medicare Advantage plan offering, what is the intended difference between the "Vendor Proposed Guarantee" column H and "Alternative Guarantee" column I? (SAWS\_2022\_RFRP\_Medical\_Performance Guarantees, Medical Tab)**

*Response: Please see response to Question #63.*

**65. Question: If applicable to the Medicare Advantage plan offering, please indicate how the "Account Management" and "Overall Client Satisfaction with the Vendor" scorecards differ. (SAWS\_2022\_RFRP\_Medical\_Performance Guarantees, Medical Tab (lines 9-17))**

*Response: Please see response to Question #63.*

**66. Question: If applicable to the Medicare Advantage plan offering, please clarify which portion of the Medicare Advantage financials this percentage at risk is requested to apply towards. (SAWS\_2022\_RFRP\_Medical\_Performance Guarantees, Medical Tab)**

*Response: Please see response to Question #63.*

**67. Question: The group requests a Medicare Advantage Disruption. The Scope states the document named MAPD Disruption would be provided. Are you able to provide?**

*Response: Please see response to Question #1.*

**68. Question: The RFP document references two attachments that we cannot find on the procurement site:**

- a. SAWS 2022 RFP Hospital and Physician Disruption.xls
- b. MAPD Disruption (for the Medicare proposal team)

*Response: Please see response to Question #1.*

**69. Question: Regarding: A description of your organization's conversion plan(s) and associated costs. Name the file: [Your Organization's Name]\_Conversion Services. Is SAWS referring to conversion policies, which are not applicable to Medicare Advantage? Please clarify.**



*Response: Please see response to Question #60.*

**70. Question: Confirm if there has to be a separate zip file for the pricing exhibits and the pricing tabs on the excel questionnaire and a separate zip file for the technical portion?**

*Response: No, this may be in the same zip file.*

**71. Question: Confirm if pricing is requested to be submitted only on the pricing tabs within the excel questionnaire or can we also provide additional pricing exhibits in our own format?**

*Response: Pricing must be submitted within and according to the pricing tabs within the Excel RFP Questionnaire. Additional details may be provided in the pricing tab or in the Explanation tab if space is not provided.*

**72. Question: Can we note confirm and reference the specific tabs in the Excel questionnaire which addresses our Service Capabilities in this section or are we required to add those tabs in this section; located on page 10; Response Format #5?**

*Response: You may note confirm and reference the specific tabs in the Excel RFP Questionnaire.*

**73. Question: Page 9 states that we need to number each page starting with the cover letter, including text charts and graphic images. Does the numbering includes the tabs in excel questionnaire or does this only apply to non-excel documents including samples and attachment? Also, does the numbering have to be continuous throughout all of the documents or within each section? Please clarify?**

*Response: Please see response to Question #15.*

**74. Question: Regarding the technical file, are we to submit that as a single searchable PDF (all formats other than excel?) or only signature pages and forms need to be in a searchable PDF format? Please confirm.**

*Response: Please see response to Question #75.*

**75. Question: As the incumbent provider, are we still required to complete the medical, dental and vision disruption reports? Please confirm**

*Response: Yes, all respondents must submit all required documents.*

**76. Question: In the file titled "SAWS\_2022\_RFP\_MAPD\_ENROLLMENT.xlsx", there are 45 members who are pre-65 as of the 1/1/2023 effective date ; Please confirm if those individuals are Medicare-eligible**

*Response: Please see response to Question #24.*

**77. Question: Will SAWS be requesting a medical claims re-pricing? If so, we would like to request a claims file in the format below:**

Humana Medical ASO Claims Layout	
Field Name	Description
Row ID	Line Identifier
Claim Number	Scrambled Claim Number
Provider Tax ID	Tax Id of the Provider
Provider NPI	NPI of the Provider
Provider Name	Full Name of the Provider
Provider Address City	City of Provider
Provider Address State	State of Provider
Provider Address 5-Digit Zip Code	5 digit zip of the Provider
Claim Type	Type of Claims
Procedure Code	CPT-4 or HCPCS
Modifier	CPT Code Modifier
Revenue Code	Revenue Code
DRG	Diagnosis-related Group
First Date of Service	First Date of Service MM/DD/YYYY
Last Date of Service	Last Date of Service MM/DD/YYYY
Quantity of Services	Quantity of services
Principal Diagnosis Code	Primary Diagnosis code from claim
Place of Service Code	Client Place of Service
Undiscounted Billed Amount	Eligible Billed Charges

*Response: Medical claims repricing is not being requested at this time.*

**78. Question: For the disruption report, is it possible to get TINs so that we can provide a more accurate match?**

*Response: This information is unavailable for the Dental Disruption report. Please note, a revised Dental Disruption report “SAWS 2022 RFP Dental Disruption – all providers” is attached in this document and has been posted to the SAWS Solicitation website.*

**79. Question: Is it possible to obtain a more complete provider list than the top 100?**

*Response: A revised Dental Disruption report “SAWS 2022 RFP Dental Disruption – all providers” has been posted to the SAWS Solicitation website.*

**80. Question: Is UHC retaining any portion of the dental PPO network savings as part of their ASO fee?**

*Response: No*

**81. Question: Since proposals will be submitted online/electronically, will we still have to number the pages of the proposal?**

*Response: Please see response to Question #15.*

**82. Question: May you confirm the retiree population is included in the claims experience and large claimant reports?**

*Response: Pre-65 retirees are included in the non-Medicare plan claims experience and large claimant reports.*

**83. Question: May you confirm the claims report is on a paid basis? Claims in Dec 21 and Jan 22 dropped significantly. Is there a reason for this?**

*Response: The claims have been confirmed as correct. There is no specific reason for the decrease.*

**84. Question: Since there are two current plans for the post-65 medicare eligible retirees, can we have details regarding which retirees are in which plan?**

*Response: Please see response to Question #24.*

<b>MODIFICATIONS TO RFP</b>
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1. Remove and replace “Submittal Response Checklist” with the attached updated Submittal Response Checklist. The updated version must be used by Respondents.
2. The SAWS 2022 RFP Dental Disruption.xls" file has been replaced with the "SAWS 2022 RFP Dental Disruption - all providers.xls” file.
3. *The following files have been posted to the SAWS website, under the SAWS Health Benefits Solicitation: [https://apps.saws.org/business\\_center/contractsol/Drill.cfm?id=4073&View=Yes](https://apps.saws.org/business_center/contractsol/Drill.cfm?id=4073&View=Yes)*
  - *SAWS 2022 RFP Medical RFP Discount Request by Market*
  - *SAWS 2022 RFP Hospital and Physician Disruption.xls*
  - *SAWS 2022 RFP Dental Discount Request.xls*
  - *SAWS 2022 RFP MAPD Disruption Report.xls”*
  - *SAWS 2022 RFP Dental Disruption - all providers.xls*
  - *SAWS 2022 RFP Hospital and Physician Disruption*
  - *SAWS 2022 RFP Large Loss Report*
  - *753914-SAWS – PPO Economy 2022 SPD*
  - *753914 – SAWS-EPO Plus 2022 SPD*
  - *753914 – SAWS – 2022 Dental SPD*
  - *753914 – SAWS- 2022 FSA SPD*

<b>END OF ADDENDUM 1</b>
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This Addendum is eighteen (18) pages in its entirety, with four (4) attachments.

Attachments: Submittal Response Checklist (1 page)  
San Antonio Water System Stop Loss for 2022 (2 pages)  
SAWS 2022 RFP MAPD Economy Plan (2 pages)  
SAWS 2022 RFP MAPD Plus Plan (2 pages)

# SUBMITTAL RESPONSE CHECKLIST

Project Name: **SAWS Health Benefits** \_\_\_\_\_

Firm Name: \_\_\_\_\_

Use the checklist to ensure that the proposal is complete by checking off each item included with your response. Sign and date this form and include this page with each proposal.

- Submittal Response Checklist (this form)
- Respondent Questionnaire
- Completed and signed W-9 Form, and include email address or fax number
- Copy of Current Certificate of Liability Insurance or Letter from Insurance Agent
- Exhibit B – Conflict of Interest Questionnaire
- Exhibit E – Business Associate Contract
- Zip file containing files to be submitted as response to RFP Questionnaire:
  - SAWS 2022 RFP Questionnaire.xls
  - SAWS 2022 RFP Medical RFP Discount Request by Market.xls
  - SAWS 2022 RFP Hospital and Physician Disruption.xls
  - SAWS 2022 RFP Drug Reprice File.xls
  - SAWS 2022 RFP Dental Disruption.xls
  - SAWS 2022 RFP Dental Discount Request.xls
  - SAWS 2022 RFP Vision Disruption Report.xls
  - Any additional attachments required from RFP Questionnaire

I certify that the proposal submitted includes the items as indicated above and acknowledges the sample terms and conditions:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

**Proposed Schedule - Excess Loss Coverage**  
 United HealthCare Insurance Company

<b>Group Name:</b>	<u>San Antonio Water Systems</u>	<b>Effective Date of Proposal:</b>	<u>1/1/2022 - 12/31/2022</u>
<b>Original Proposal Prepared:</b>	<u>8/10/2021</u>	<b>Expiration Date of Proposal:</b>	<u>1/1/2022</u>
<b>Revision Date:</b>	_____	<b>Administrator of the Plan:</b>	<u>UHC-RX Vendor (Carved Out)</u>
<b>Underwriter:</b>	<u>Vuolo</u>	<b>Network of Plan:</b>	<u>UHC Choice (+)</u>

**A. SPECIFIC (INDIVIDUAL) EXCESS LOSS COVERAGE:**

	2022
Specific Deductible per covered person :	<u>\$500,000</u>
Lifetime Amount per covered person:	<u>Unlimited</u>
Contract Basis:	48 / 12
Monthly Premium Rates:	
Single	<u>\$25.75</u>
Family	<u>\$25.75</u>
Annual	
Total	

ISL Run In Limit:	<u>N/A</u>
Additional Aggregating Specific Deductible:	<u>N/A</u>
Optional Specific Terminal Liability Fee:	<u>See Terminal Liability Sheet</u>
Covered Benefits under Specific:	Medical / RX
Lasered Claimant Notes: No Lasered Claimants Pending Review of the Stop Loss Disclosure Form	

UHC-BP Pays as UHC Pays - Enhanced Accelerated Reimbursement see page 2.

Rate Lock-in see page 2.

Independent Review Organization Coverage for Claim Appeals see page 2.

Individual Stop Loss Experience Refund Endorsement is available for an additional cost.

**B. AGGREGATE EXCESS LOSS COVERAGE:** NONE

**C. COMMISSIONS:**  
 • Quote does not include commissions.

**D. PROPOSAL QUALIFICATIONS** are shown on page 2.

# UnitedHealthcare - BP

## Proposal Qualifications

Group Name: San Antonio Water Systems

This proposal will not be considered firm until all additional requirements, disclosure requirements, and other qualifications have been received and approved by UHC-BP. This proposal is based on the data submitted, plus other information furnished relevant to underwriting the risk, including statistics with reference to premiums paid and claims incurred with the present carrier. UHC-BP will not be bound by any typographical errors contained herein. Subject to the qualifications below, the proposal is valid for the stated effective date provided a signed application (if applicable) is received, and deposit premium on new groups arrives before the expiration date on page 1.

**Additional Data Requirements:**

CLAIMS/LIVES THROUGH 9/30/2021

Please provide updated Large Claim Management information and individual claim runs.

**Other Qualifications**

**UHC-BP Pays as UHC Pays - Enhanced Accelerated Reimbursement.**

- Accelerated Reimbursement is a process in which the stop loss carrier will expedite the eligible claim reimbursement to a group when an individual exceeds the Individual Specific Deductible and Aggregating Specific Deductible, if applicable. Claim requests are paid prior to any audits. In the case of any overpayment steps will be taken to recover.

**Lock-in**

A rate lock-in will be considered upon receipt of complete monthly paid claims, enrollment, large claim reports, and disclosure statement (see Disclosure Qualifications). Please provide claim data through 9/30/2021 by 11/1/2021 for lock-in consideration. After review of this data, a final/firm proposal will be released with an expiration date of 10 business days.

**Independent Review Organization - Claim Appeals**

- Claim appeals approved by an Independent Review Organization (IRO) as provided in the Patient Protection and Affordable Care Act (PPACA) will be reimbursed according to the terms and conditions of the Excess Loss Policy.

**Experience Refund**

**Proposal Qualifications**

- Retirees Covered - Pre 65
- Retirees NOT Covered - Post 65
- Quote is subject to receipt of completed Disclosure Statement and our acceptance of the same.
- Underwriting reserves the right to change the terms and/or the conditions of coverage when the participation varies by more than 10% and/or whenever plan or network changes occur.
- 75% minimum participation is required unless specifically approved by underwriting.
- Plan needs to include utilization review, large case management, precertification and transplant network - Without these products the specific rates may increase.
- Stop-loss coverage is for non-occupational injuries and illnesses.
- Government surcharges, pool charges, covered lives assessments, and Network access fees are not covered by the Excess Loss Policy.
- Actively at work provision for employee and non-confinement provision for dependent's) waived subject to disclosure.

**Plan Assumptions**

- Assumes continuation of the current plan design, unless otherwise noted, using the network indicated on page 1.

**Disclosure Qualifications - (Disclosure Form will be provided)**

- We will require updated diagnosis and prognosis including anticipated treatment and estimated costs for any claim exceeding 50% of the specific level as well as details on any individual on a transplant waiting list.
- Pending claim report.
- Known confinements that have not yet generated a bill.
- Subrogated or denied claims.
- Quote is contingent on receipt/review of precertifications for more than three days during the past 6 months.
- All claimants reported in the request for proposal as being "deceased", "terminated", "waived", and "not covered" are excluded from stop-loss coverage.
- Quote is subject to receipt of completed Disclosure Statement and our acceptance of the same.
- If we later learn of any material inaccuracy in such information, or failure or refusal to disclose any such information, including all claims or possible claims which you would know about, we may reject a claim to which such information applies, reject the application change the terms, conditions, premiums or void coverage.

## Medicare Covered Services

Benefit Name	In Network Services	Out Network Services
Annual Medical Deductible	\$500	\$500
Is Annual Medical Deductible combined for IN and OUT of network?	Yes	Yes
Annual Medical Out-of-Pocket Maximum		\$3,600
Is Annual Medical Out-of-Pocket Maximum combined for IN and OUT of network?	Yes	Yes
<b>Physician Services</b>		
Primary Care Physician Office Visit (includes Non-MD office visits)	\$25	\$25
Specialist Office Visit	\$40	\$40
Virtual Office Visit	\$0	\$0
Telemedicine	\$0	\$0
Annual Routine Physical Exam	\$0	\$0
<b>Inpatient Services</b>		
Inpatient Hospital Stay	20% Per Admit	20% Per Admit
Skilled Nursing Facility Care - Prior hospital stay requirement waived	Yes	Yes
Skilled Nursing Facility Care - Benefit Period		100 Days
Skilled Nursing Facility Care Day Range 1	20% Per Day Days 1 - 100	Days 1 - 100
Inpatient Mental Health in a Psychiatric Hospital - Benefit Period		No Benefit Period
Inpatient Mental Health Lifetime Maximum		Unlimited
Inpatient Mental Health/ Substance Abuse in a Psychiatric Hospital	20% Per Admit	20% Per Admit
<b>Outpatient Services</b>		
Outpatient Surgery	20%	20%
Outpatient Hospital Services	20%	20%
Outpatient Mental Health/Substance Abuse - Individual Visit	\$40	\$40
Outpatient Mental Health/Substance Abuse - Group Visit	\$25	\$25
Partial Hospitalization (Mental Health Day Treatment) per day	\$55	\$55
Comprehensive Outpatient Rehabilitation Facility (CORF)	\$25	\$25
Occupational Therapy	\$25	\$25
Physical Therapy and Speech/Language Therapy	\$25	\$25
Cardiac/Intensive Cardiac/Pulmonary Rehabilitation/SET	\$25	\$25
Intensive Cardiac Rehabilitation	\$25	\$25
Pulmonary Rehabilitation	\$25	\$25
Supervised Exercise Therapy (SET) for Symptomatic peripheral artery disease (PAD)	\$25	\$25
Kidney Dialysis	20%	20%
<b>Medicare-covered Specialist Visits</b>		
Chiropractic Visit	\$20	\$20
Podiatry Visit	\$40	\$40
Eye Exam	\$40	\$40
Eyewear (Frames and Lenses after cataract surgery)	\$0	\$0
Hearing Exam	\$40	\$40
Dental Services	\$40	\$40
<b>Ambulance/Emergency Room/Urgent Care</b>		
Ambulance Services	20%	20%
Ambulance Copay Waived if Admitted	No	No
Emergency Room (includes Worldwide coverage)	\$65	\$65
Emergency Room Copay Waived if Admitted within 24 hours	Yes	Yes
Urgent Care (Includes Worldwide Coverage)	\$40	\$40
Urgent Care Copay Waived if Admitted within 24 hours	Yes	Yes
<b>Part B Drugs And Blood</b>		
Part B Drugs	20%	20%
Part B Chemotherapy Drugs	20%	20%
Blood (3 pint deductible waived)	\$0	\$0
<b>Durable Medical Equipment (DME) And Supplies</b>		
Durable Medical Equipment	20%	20%
Prosthetics	20%	20%
Orthotics	20%	20%
Diabetic Shoes and Inserts	20%	20%
Medical Supplies	20%	20%
Diabetic Monitoring Supplies	\$0	\$0
Insulin Pumps and Supplies	20%	20%
<b>Home Healthcare Agency &amp; Hospice</b>		
Home Health Services	\$0	\$0
Hospice (Medicare-covered)	\$0	\$0
<b>Procedures</b>		
Clinical Laboratory Services	\$0	\$0
Outpatient X-ray Services	\$0	\$0
Diagnostic Procedure/Test (includes non-radiological diagnostic services)	\$0	\$0
Diagnostic Radiology Service	20%	20%
Therapeutic Radiology Service	20%	20%
<b>Preventive Services (Medicare-Covered)</b>		
Cardiovascular Screenings	\$0	\$0
Immunizations (Flu, Pneumococcal, Hepatitis B)	\$0	\$0
Pap Smears and Pelvic Exams	\$0	\$0
Prostate Cancer Screening	\$0	\$0
Colorectal Cancer Screenings	\$0	\$0
Bone Mass Measurement (Bone Density)	\$0	\$0
Mammography	\$0	\$0
Diabetes - Self-Management Training	\$0	\$0
Medical Nutrition Therapy and Counseling	\$0	\$0
Annual Wellness Exam and One-time Welcome-to-Medicare Exam	\$0	\$0
Smoking Cessation Visit	\$0	\$0
Abdominal Aortic Aneurysm (AAA) Screenings	\$0	\$0
Diabetes Screening	\$0	\$0
HIV Screening	\$0	\$0
Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse	\$0	\$0

Preventive Services (Medicare-Covered)		
Screening for Depression in Adults	\$0	\$0
Screening for Sexually Transmitted Infections (STIs) and high intensity Behavioral Counseling to prevent STIs	\$0	\$0
Intensive Behavioral Therapy to reduce Cardiovascular Disease Risk	\$0	\$0
Screening and Counseling for Obesity	\$0	\$0
Glaucoma Screening	\$0	\$0
Kidney Disease Education	\$0	\$0
Dialysis Training	\$0	\$0
Hepatitis C Screening	\$0	\$0
Lung Cancer Screening	\$0	\$0

Wellness/Clinical Programs		
Fitness Program	Renew Active	Not Included
Case and Disease Management, including: - High Risk Members - Heart Failure - Respiratory Illness - Kidney Disease - Diabetes - Behavioral Health - Nurse Support - 24/7	Included	Not Included
Preferred Diabetic Supply Program	Included	Not Included
HouseCalls Program	Included	Not Included

## Non-Medicare Covered Services

Routine Podiatry		
Routine Podiatry	\$40	\$40
Routine Podiatry - Number of visits per year	6 Visits	
Routine Vision		
Routine Eye Exam Refraction - every 12 months	\$40	\$40
Routine Hearing		
Routine Hearing Exam for Hearing Aids	\$0	\$0
Routine Hearing Exam - Number of Visits	1 Visits	
Routine Hearing Exam - Benefit Period	1 Year	
Routine Hearing Aid - Allowance Per Ear or Combined	Combined	
Routine Hearing Aid - Number of Devices	Unlimited	
Routine Hearing Aid - Benefit Period	3 Years	
Routine Hearing Aid - Device Allowance	\$500	

## Outpatient Prescription Drug Coverage

Prescription Drug Plan	Custom Plan
Pharmacy Network	Standard
Non-OptumRx Mail Order Network	Included
Formulary Base	Group Select Formulary H
Bonus Drug List	List U
Formulary Edits (step therapy, quantity limits, prior authorization)	Standard:Edits On

Benefit Name	In Network Services	Minimum	Maximum
Part D Gap Coverage	Full Coverage		
Initial Coverage Limit	\$4,430		
True Out of Pocket Threshold (TrOOP)	\$7,050		
Catastrophic Coverage over TrOOP	Custom		
Copay for generics	\$3.95		
Copay for all other drugs	\$9.85		
<->OR<-> Coinsurance	0%		

Day Supply		
Retail Day Supply	30	
Retail Day Supply Tier 4 Limit	30	
Mail Order Day Supply	90	
Mail Order Day Supply Tier 4 Limit	90	

Primary Plan - ICL Phase			
Retail Tier 1	\$10		
Retail Tier 2	30%		45
Retail Tier 3	45%		75
Retail Tier 4	\$60		
Mail Order Tier 1	\$25		
Mail Order Tier 2	\$62.50		
Mail Order Tier 3	\$100		
Mail Order Tier 4	\$150		

UnitedHealthcare Group Medicare Advantage® plans are offered by United HealthCare Insurance Company and its affiliated companies, Medicare Advantage Organizations with a Medicare contract. Limitations, copayments and coinsurance may apply. Benefits may vary by employer group.

By group's acceptance of this proposal or upon group's first premium payment, whichever occurs first, Group represents to UnitedHealthcare that it offers employment-based retiree coverage as that term is defined in 42 CFR 422.106(d)(5) and that it will only enroll individuals with the status of a retired participant, or spouse or dependent of a retired participant, in the group's employment-based group plan.

## Footnotes

Name	Code	Status	Category	Footnote
FN-07167	F533	Active	Medical	IP Acute coinsurance Mandatory Plan MOOP. 6 day max, 10 day max and 60 day max are capped at CMS limits. Refer to Call Letter.
FN-07171	F537	Active	Medical	IP Mental Health coinsurance Mandatory Plan MOOP. 15 day max and 60 day max are capped at CMS limits. Refer to Call Letter.
FN-07175	F541	Active	Medical	SNF coinsurance amount with a Mandatory Plan MOOP days 1-20 and days 21+ at CMS Limits; Professional Fees covered 100% by plan. Refer to Call Letter.
FN-06672	F340	Active	Ancillary	Includes post-discharge meal delivery benefit 3 meals per day for a 4 week period totaling 84 meals immediately following an inpatient hospital or skilled nursing facility discharge when referred by a case manager. Offered through Mom's Meals.
FN-08990	F633	Active	Ancillary	Post-discharge Bundle. Includes: 28 meals via Mom's Meals, 12 one-way rides via Logisticare, and 6 hours in-home care via CareLinx up to 30 days after discharge. Covered after all inpatient/SNF discharges. Unused benefits do not roll over.



## Medicare Covered Services

Benefit Name	In Network Services	Out Network Services
Annual Medical Deductible	\$300	\$300
Is Annual Medical Deductible combined for IN and OUT of network?	Yes	Yes
Annual Medical Out-of-Pocket Maximum		\$2,550
Is Annual Medical Out-of-Pocket Maximum combined for IN and OUT of network?	Yes	Yes
<b>Physician Services</b>		
Primary Care Physician Office Visit (includes Non-MD office visits)	\$20	\$20
Specialist Office Visit	\$40	\$40
Virtual Office Visit	\$0	\$0
Telemedicine	\$0	\$0
Annual Routine Physical Exam	\$0	\$0
<b>Inpatient Services</b>		
Inpatient Hospital Stay	20% Per Admit	20% Per Admit
Skilled Nursing Facility Care - Prior hospital stay requirement waived	Yes	Yes
Skilled Nursing Facility Care - Benefit Period		100 Days
Skilled Nursing Facility Care Day Range 1	20% Per Day Days 1 - 100	Days 1 - 100
Inpatient Mental Health in a Psychiatric Hospital - Benefit Period		No Benefit Period
Inpatient Mental Health Lifetime Maximum		Unlimited
Inpatient Mental Health/ Substance Abuse in a Psychiatric Hospital	20% Per Admit	20% Per Admit
<b>Outpatient Services</b>		
Outpatient Surgery	20%	20%
Outpatient Hospital Services	20%	20%
Outpatient Mental Health/Substance Abuse - Individual Visit	\$40	\$40
Outpatient Mental Health/Substance Abuse - Group Visit	\$20	\$20
Partial Hospitalization (Mental Health Day Treatment) per day	\$55	\$55
Comprehensive Outpatient Rehabilitation Facility (CORF)	\$20	\$20
Occupational Therapy	\$20	\$20
Physical Therapy and Speech/Language Therapy	\$20	\$20
Cardiac/Intensive Cardiac/Pulmonary Rehabilitation/SET	\$20	\$20
Intensive Cardiac Rehabilitation	\$20	\$20
Pulmonary Rehabilitation	\$20	\$20
Supervised Exercise Therapy (SET) for Symptomatic peripheral artery disease (PAD)	\$20	\$20
Kidney Dialysis	20%	20%
<b>Medicare-covered Specialist Visits</b>		
Chiropractic Visit	\$20	\$20
Podiatry Visit	\$40	\$40
Eye Exam	\$40	\$40
Eyewear (Frames and Lenses after cataract surgery)	\$0	\$0
Hearing Exam	\$40	\$40
Dental Services	\$40	\$40
<b>Ambulance/Emergency Room/Urgent Care</b>		
Ambulance Services	20%	20%
Ambulance Copay Waived if Admitted	No	No
Emergency Room (includes Worldwide coverage)	\$65	\$65
Emergency Room Copay Waived if Admitted within 24 hours	Yes	Yes
Urgent Care (Includes Worldwide Coverage)	\$40	\$40
Urgent Care Copay Waived if Admitted within 24 hours	Yes	Yes
<b>Part B Drugs And Blood</b>		
Part B Drugs	20%	20%
Part B Chemotherapy Drugs	20%	20%
Blood (3 pint deductible waived)	\$0	\$0
<b>Durable Medical Equipment (DME) And Supplies</b>		
Durable Medical Equipment	20%	20%
Prosthetics	20%	20%
Orthotics	20%	20%
Diabetic Shoes and Inserts	20%	20%
Medical Supplies	20%	20%
Diabetic Monitoring Supplies	\$0	\$0
Insulin Pumps and Supplies	20%	20%
<b>Home Healthcare Agency &amp; Hospice</b>		
Home Health Services	\$0	\$0
Hospice (Medicare-covered)	\$0	\$0
<b>Procedures</b>		
Clinical Laboratory Services	\$0	\$0
Outpatient X-ray Services	\$0	\$0
Diagnostic Procedure/Test (includes non-radiological diagnostic services)	\$0	\$0
Diagnostic Radiology Service	20%	20%
Therapeutic Radiology Service	20%	20%
<b>Preventive Services (Medicare-Covered)</b>		
Cardiovascular Screenings	\$0	\$0
Immunizations (Flu, Pneumococcal, Hepatitis B)	\$0	\$0
Pap Smears and Pelvic Exams	\$0	\$0
Prostate Cancer Screening	\$0	\$0
Colorectal Cancer Screenings	\$0	\$0
Bone Mass Measurement (Bone Density)	\$0	\$0
Mammography	\$0	\$0
Diabetes - Self-Management Training	\$0	\$0
Medical Nutrition Therapy and Counseling	\$0	\$0
Annual Wellness Exam and One-time Welcome-to-Medicare Exam	\$0	\$0
Smoking Cessation Visit	\$0	\$0
Abdominal Aortic Aneurysm (AAA) Screenings	\$0	\$0
Diabetes Screening	\$0	\$0
HIV Screening	\$0	\$0
Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse	\$0	\$0

Preventive Services (Medicare-Covered)		
Screening for Depression in Adults	\$0	\$0
Screening for Sexually Transmitted Infections (STIs) and high intensity Behavioral Counseling to prevent STIs	\$0	\$0
Intensive Behavioral Therapy to reduce Cardiovascular Disease Risk	\$0	\$0
Screening and Counseling for Obesity	\$0	\$0
Glaucoma Screening	\$0	\$0
Kidney Disease Education	\$0	\$0
Dialysis Training	\$0	\$0
Hepatitis C Screening	\$0	\$0
Lung Cancer Screening	\$0	\$0

Wellness/Clinical Programs		
Fitness Program	Renew Active	Not Included
Case and Disease Management, including: - High Risk Members - Heart Failure - Respiratory Illness - Kidney Disease - Diabetes - Behavioral Health - Nurse Support - 24/7	Included	Not Included
Preferred Diabetic Supply Program	Included	Not Included
HouseCalls Program	Included	Not Included

## Non-Medicare Covered Services

Routine Podiatry		
Routine Podiatry	\$40	\$40
Routine Podiatry - Number of visits per year	6 Visits	
Routine Vision		
Routine Eye Exam Refraction - every 12 months	\$40	\$40
Routine Hearing		
Routine Hearing Exam for Hearing Aids	\$0	\$0
Routine Hearing Exam - Number of Visits	1 Visits	
Routine Hearing Exam - Benefit Period	1 Year	
Routine Hearing Aid - Allowance Per Ear or Combined	Combined	
Routine Hearing Aid - Number of Devices	Unlimited	
Routine Hearing Aid - Benefit Period	3 Years	
Routine Hearing Aid - Device Allowance	\$500	

## Outpatient Prescription Drug Coverage

Prescription Drug Plan	Custom Plan
Pharmacy Network	Standard
Non-OptumRx Mail Order Network	Included
Formulary Base	Group Select Formulary H
Bonus Drug List	List U
Formulary Edits (step therapy, quantity limits, prior authorization)	Standard:Edits On

Benefit Name	In Network Services	Minimum	Maximum
Part D Gap Coverage	Full Coverage		
Initial Coverage Limit	\$4,430		
True Out of Pocket Threshold (TrOOP)	\$7,050		
Catastrophic Coverage over TrOOP	Custom		
Copay for generics	\$3.95		
Copay for all other drugs	\$9.85		
<->OR<-> Coinsurance	0%		

Day Supply		
Retail Day Supply	30	
Retail Day Supply Tier 4 Limit	30	
Mail Order Day Supply	90	
Mail Order Day Supply Tier 4 Limit	90	

Primary Plan - ICL Phase		
Retail Tier 1	\$10	
Retail Tier 2	30%	45
Retail Tier 3	45%	75
Retail Tier 4	\$60	
Mail Order Tier 1	\$25	
Mail Order Tier 2	\$62.50	
Mail Order Tier 3	\$100	
Mail Order Tier 4	\$150	

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## Footnotes

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FN-07168	F534	Active	Medical	IP Acute coinsurance Voluntary Plan MOOP. 6 day max and 10 day max are capped at CMS limits. 60 day max is capped at N/A. Refer to Call Letter.
FN-07172	F538	Active	Medical	IP Mental Health coinsurance Voluntary Plan MOOP. 15 day max and 60 day max are capped at CMS limits. Refer to Call Letter.
FN-07176	F542	Active	Medical	SNF coinsurance amount with a Voluntary Plan MOOP days 1-20 and days 21+ at CMS Limits; Professional Fees covered 100% by plan. Refer to Call Letter.
FN-06672	F340	Active	Ancillary	Includes post-discharge meal delivery benefit 3 meals per day for a 4 week period totaling 84 meals immediately following an inpatient hospital or skilled nursing facility discharge when referred by a case manager. Offered through Mom's Meals.
FN-08990	F633	Active	Ancillary	Post-discharge Bundle. Includes: 28 meals via Mom's Meals, 12 one-way rides via Logisticare, and 6 hours in-home care via CareLinx up to 30 days after discharge. Covered after all inpatient/SNF discharges. Unused benefits do not roll over.