

Public School Teachers' Pension and Retirement Fund of Chicago Medicare RFP

1 Introduction

1.1 On behalf of the Public School Teachers' Pension and Retirement Fund of Chicago, commonly known as Chicago Teachers' Pension Fund (the Fund), Segal is writing to your organization, among others, to request proposals for Medicare Advantage PPO coverage, Medicare Advantage with Part D Prescription Drug (MAPD) HMO coverage, and Medicare Supplement coverage for the Fund's Medicare-eligible retiree participants and their Medicare-eligible covered dependents.

The anticipated effective date will be **January 1, 2024** for the prospective program. This letter and the following sections and attachments will provide the background information on which you are to base your response. The sections include:

- Section 1: Overview
- Section 2: Bidding Instructions & Disclosures
- Section 3: Questionnaire
- Section 4: Response and Reference Documents

Also included are the following attachments to the questionnaire (Exhibits B thru G will be released after intent to bids are received):

Exhibit A: 2023 CTPF Health Insurance Handbook with Summaries of Plan Designs

Exhibit B: Participant Information

Exhibit B-1: Detailed Fund Census as of January 2023 (Excel)

Exhibit B-2 Participant Count by Zip Code

Exhibit C: MA-PPO Monthly Medical Claims and Enrollment (Excel)

Exhibit D: MAPD HMO Monthly Prescription Drug Claims and Enrollment

Exhibit E: MAPD HMO- Prescription Drugs

Exhibit E-1: Top 100 Drugs by Count (Excel) - **To be completed and Returned with Proposal**

Exhibit E-2: Top 100 Drugs by Plan Paid (Excel) - **To be completed and Returned with Proposal**

Exhibit F: EEOC Charts - **To be completed and Returned with Proposal**

Exhibit G: Self-Funded Express Scripts EGWP Prescription Plan Data

After you have had an opportunity to review this request and the attached questionnaire, please provide your Intent to Bid response no later than **Wednesday, February 22, 2023**. The exhibits will be released upon receipt of your organization's Intent to Bid.

1.2 Background Information

The Public School Teachers' Pension and Retirement Fund of Chicago, commonly known as Chicago Teachers' Pension Fund (CTPF/the Fund) was established by the Illinois state legislature in 1895. The Fund is the administrator of a defined benefit public employee retirement system providing retirement, survivor, and disability benefits for certain certified teachers and employees of the Chicago Public Schools. The Fund is administered in accordance with Illinois Compiled Statutes (ILCS) Chapter 40, Articles 1,17,20 . The Fund is governed by a 12-member Board of Trustees; six are elected by the active teacher membership, three are elected by the retired membership, one is elected by the active principals and administrators, and two are

Public School Teachers' Pension and Retirement Fund of Chicago Medicare RFP

appointed by the Board of Education. As of January 1, 2023, the Fund covers approximately 15,895 Medicare retirees (including members and their Medicare-eligible spouses and dependents), residing primarily in the Greater Chicagoland area and the surrounding vicinity.

Current Plan Information

The Fund currently offers retirees who were Medicare-eligible **prior** to January 1, 2020 a choice of three Medicare Plans:

1. A fully-insured AARP Medigap Plan F through UnitedHealthcare (UHC),
2. A fully-insured Medicare Advantage (MA) Passive PPO plan through UnitedHealthcare (UHC), and
3. A fully-insured Medicare Advantage with Prescription Drug (MAPD) HMO Plan through Humana.

Note: The AARP Medigap Plan F is an individual market plan available only to retirees eligible for Medicare prior to January 1, 2020. Although current enrollees in this plan are eligible to select #2 or #3 above, we believe it is unlikely that a significant number of those in Medigap Plan F will move to another plan.

For Medicare eligible retirees who became eligible for Medicare on or after January 1, 2020, they are currently offered a choice of only #2 and #3 above (the MA passive PPO through UHC, and the MAPD HMO through Humana, respectively). Beginning January 1, 2024, assuming the Fund's Board of Trustees approves, this group will also be able to choose a Group Medicare Supplement plan that will be designed to mirror Medigap Plan G.

The UHC MA passive PPO plan has a 5.0 Medicare star rating and the Humana MAPD HMO plan has a 4.5 Medicare star rating for 2023.

Retirees enrolled in the UHC plans are offered self-funded Part D prescription drug coverage through Express Scripts. The Express Scripts prescription drug plan is currently being evaluated through a separate request for proposal (RFP) process.

The Humana MAPD HMO Plan includes a fully-insured Part D Plan.

Annually, for the entire month of October, there is an open enrollment conducted during which retirees can switch to another plan among those offered to the Fund.

The table below depicts the enrollments for the current plans.

Plan Type	Current Retiree Count	Current Spouse Count	Retiree and Spouse Count
AARP Medigap Plan F	7,039	636	7,675
UHC MA PPO	7,040	619	7,659
Humana MAPD HMO	522	39	561
Total	14,601	1,294	15,895

All spouses and eligible dependents must enroll with the same insurance carrier and same plan, if applicable, as the member to which they are associated. The Fund also continues coverage for surviving dependents currently enrolled as dependents, following a member's death. Exhibit A provides more detail about plan eligibility and enrollment.

Public School Teachers' Pension and Retirement Fund of Chicago Medicare RFP

For 2023, eligible retirees currently receive a 60% subsidy for the premium costs of the plans chosen. If an eligible retiree does not enroll in a CTPF Health Insurance Plan, they will also be eligible for a rebate equal to 60% of the lowest cost plan option. Part B and Part D premiums for Medicare eligible retirees are also subsidized. Spouses and child dependents pay the full cost. As a result, there are many more retirees covered than spouses/dependents. The subsidy level of 60% is reviewed annually by the Fund, to ensure meeting its budget.

More information can be found on the Fund's website, <http://www.ctpf.org/>.

Exhibit A provides the 2023 CTPF Health Insurance Handbook. Exhibit B provides census information as of January 1, 2023. Exhibit C provides UHC MA-PPO monthly claims and enrollment from January 1, 2021 through December 31, 2022. Exhibit D provides Humana MAPD HMO monthly prescription drug claims and enrollment from January 1, 2021 through December 31, 2022. Exhibit E provides information on the top 100 prescription drugs under the Humana MAPD HMO offering. Exhibit F contains the required EEOC Charts. Exhibit G provides prescription drug data for bidders' use in evaluating the health of MA-PPO participants. It includes data for all UHC participants, including those enrolled in the AARP Medigap Plan F (labeled as "UHCA" in the file.) The participants enrolled in the AARP Medigap Plan F are unlikely to move to the options you are quoting in this RFP.

1.3 Objective

For purposes of this RFP, the Fund is seeking proposals for the following fully-insured Medicare plan offerings:

- A passive MA PPO open access arrangement, with no difference between in-network or out-of-network benefits, that is actuarially equivalent to the current UHC Medicare Advantage PPO plan design and replicates these benefits to the extent possible.
- A MAPD HMO arrangement that is actuarially equivalent to the current Humana MAPD HMO plan design and replicates these benefits to the extent possible.
- A fully-insured Group Medicare Supplement Plan designed to mirror Medigap Plan G, for retirees and dependents eligible for Medicare on or after January 1, 2020, with a composite rate for participants. In other words, participant cost-sharing will generally be limited to the Medicare Part B deductible.
- Note: the individual Medigap Plan F via UHC's AARP Offerings will remain as an option for retirees who became eligible for Medicare prior to January 1, 2020.

If you cannot match the current MA PPO or MAPD HMO plan designs, you may also submit a richer alternative so long as you specify how your proposal differs from the current plans.

CTPF is expecting your rates to be guaranteed for a minimum of two years.

Retirees who are Medicare-eligible prior to January 1, 2020 will select between the MA PPO plan, the MAPD HMO plan, and the Medigap Plan F during open enrollment. It is not anticipated that there will be significant transition from Medigap Plan F to the MA PPO and/or MAPD plans during open enrollment.

Retirees who are Medicare-eligible on or after January 1, 2020 will select between the MA PPO plan, the MAPD HMO plan, and the new Group Medicare Supplement Plan during open enrollment. There are currently 842 covered retirees and 75 covered spouses eligible to choose the new group Medicare Supplement Plan for 2024 coverage. This Fund segment is growing and it is estimated that there would be an **additional** 600 eligible around 2026 and an **additional** 2,000 around 2032.

The effective date for the Medicare plan offerings is **January 1, 2024**.

The Fund will evaluate proposals and award business in the best interest of the Fund. While it is possible that winning bids may be placed with a single vendor for all plan options (i.e., MAPD HMO, MA PPO, and Group

Public School Teachers' Pension and Retirement Fund of Chicago Medicare RFP

Medicare Supplement Plan mirroring Plan G), it is also possible that winning bids may be placed amongst bidders by each proposed plan option.

Section II outlines instructions for submitting quotations. These requirements may be modified or waived at the Fund's request. Section III outlines the questionnaire that will be included with this RFP. Section IV contains the Intent to Form that must be completed and returned to receive the RFP exhibits. Section V contains a Certification Form that must also be completed and returned with your proposal. Section VI contains the Exhibits associated with the RFP. **Exhibits D, E, and F must be completed and returned with your proposal.**

1.4 Freedom of Information Act Clause

NOTICE REGARDING ILLINOIS PUBLIC RECORDS LAWS: CTPF must comply with the Illinois Freedom of Information Act (5 ILCS 140/1 et seq. "FOIA Act"). CTPF cannot represent or guarantee that any information submitted in response to this RFP will be confidential. If CTPF receives a request for any document submitted in response to the RFP, CTPF's sole responsibility will be to notify respondent of a request for such document to allow the respondent to seek protection from disclosure in a court of competent jurisdiction. No documentation will be provided under FOIA until the contract has been awarded.

If CTPF denies a public records request based on a Respondent's representation that such information is proprietary, privileged, and/or confidential, Respondent, by submission of a response to this RFP making these proprietary, privileged, and/or confidential assertions, enters into a binding agreement to reimburse CTPF for, and to indemnify, defend, and hold harmless CTPF, its officers, Trustees, fiduciaries, employees, and agents from and against any and all claims, damages, losses, liabilities, suits, judgments, fines, penalties, costs, and expenses including, without limitation, attorneys' fees, expenses and court costs of any nature whatsoever (collectively, "Claims") arising from or relating to CTPF's complete or partial FOIA denial based on Respondent's assertions. By submitting your proposal, you further agree to indemnify, defend (at CTPF's discretion), and hold CTPF harmless from and against any and all Claims arising from or relating to CTPF's complete or partial disclosure of your proposal if CTPF determines, in its sole discretion, that such disclosure is required by law, or if disclosure is ordered by a court of competent jurisdiction.

2 Bidding Instructions

Please note that these instructions are to be read and followed by each bidder and that failure to follow these instructions may result in rejection of a proposal offer for non-responsiveness or cancellation of contract if already awarded.

2.1 General Proposal Conditions

1. **Award or Rejection:** Any award will be made to that bidder whose proposal is deemed to be in the best interest of the Fund. The Fund reserves the right to reject any or all proposals.
2. **Intent to Bid:** Any bidder who receives a copy of the specifications is requested **to complete and return the Intent to Bid Form provided in 2.4.** The Exhibits will be released upon receipt of your organization's Intent to Bid.
3. **Certification Letter:** Any vendor submitting a proposal must also **complete and return the Certification Letter in Section 4.**
4. **Costs for Proposal Preparation:** Any costs incurred by bidders in preparing or submitting proposals are the bidders' sole responsibility. Proposals will not be returned.
5. **Oral Explanations:** The Fund will not be bound by oral explanations or instructions given at any time during the competitive process or after the award of the contract.

Public School Teachers' Pension and Retirement Fund of Chicago Medicare RFP

6. **Time for Acceptance:** The bidder agrees to be bound by its proposal for a period of at least 180 days, during which time the Fund and/or Segal may request clarification or correction of the proposal for the purpose of evaluation. Amendments or clarifications shall not affect the remainder of the proposal, but only the portion so amended or clarified. Late proposals may not be accepted.
7. **Effective Date and Plan Anniversary:** The Plan(s) will be made available on January 1, 2024.
8. **Renewal Notification:** The bidder must provide any rate changes in writing with full justification at least 180 days prior to a contract anniversary.
9. **Communication Materials:** The Fund reserves the right to prior approval of all communication materials before forwarding to the participants.
10. **Eligibility Rules:** The bidder agrees to the specified eligibility rules established by the Fund. The bidder agrees to communicate directly with the Fund's billing/eligibility administrator regarding any uncertain claimant eligibility situations before notifying the claimant directly of an ineligible status. Any proposed modifications to the specified eligibility rules must be clearly identified in the appropriate section of the proposal.
11. **Right to Audit:** The Fund reserves the right to review and audit the bidder's files and financial accounting data to assure that claims subject to each proposed coverage are evaluated in accordance with the Fund provisions. Additionally, the Fund may conduct regular and diligent internal audits to monitor quality. The bidder should communicate the findings of these audits and similar QA procedures to the Plan no less frequently than semi-annually. The bidder agrees to cooperate with any outside audit firm the Fund selects to perform a claim administration audit. This might include the provision of space and system terminals for a reasonable period of time to accomplish the audit objectives.
12. **Funding:** The Fund requests your proposal for Medicare Plans to be submitted on a fully-insured basis. The Medicare Supplement Plan is to be submitted on a group basis.
13. **Commissions:** All proposals must be submitted net of commissions. However, if commissions are embedded into the premium rates (to be used to offset the retainer), please break this out and state the commissions amount.
14. **Exceptions:** Any exceptions to terms, conditions or other requirements in any part of these specifications must be clearly identified in the appropriate section of the proposal. Otherwise, it will be considered that all items offered are in strict compliance with the specifications.
15. **General Compliance:** All bidder services must adhere to relevant federal and state laws and regulations.
16. **Confidentiality:** Segal requests that this document be kept in strictest confidence, and it is only under adherence to this request that we are delivering this document to the prospective bidders. This document may be shared only within your organization for purposes of preparing your proposal response. As such, this document may not be copied or reproduced without prior written consent for other purposes and will not be disclosed to third parties to whom the Fund has not previously consented.
17. **Waiver of Claims:** By submitting a proposal, the bidder agrees to waive any claim it has or may have against CTPF, its Board of Trustees, and/or CTPF officers, employees, and agents arising out of or in connection with the administration, evaluation, or recommendation of any proposal, the waiver of any requirements under the RFP, the acceptance or rejection of any proposal, and/or the award of the contract.
18. **Negotiations:** Once the bidder(s) has been selected to perform the services, the parties will begin negotiating the terms of the engagement. CTPF does not anticipate or desire a lengthy negotiation. CTPF may, in its sole discretion, terminate negotiations and proceed to engage another party for such

Public School Teachers' Pension and Retirement Fund of Chicago Medicare RFP

services, whether or not that party was a bidder, if the parties are unable to expediently negotiate an agreement or reach a bargaining impasse.

19. **Favorable Terms:** All prices, terms, warranties, and benefits offered by the bidder in its proposal must be comparable or better than those offered by the bidder in agreements with substantially similar governmental or quasi-governmental clients. Should the bidder make available more favorable terms to a substantially similar governmental or quasi-governmental client with respect to the types of services set forth in bidder's proposal, bidder will make such prices, terms or conditions available to CTPF.

2.2 Disclosures

1. All bidders must provide the written disclosures requested below in items 2 through 8 as part of their RFP responses. A response must be provided for each disclosure category below. Bidders should use "none" or "not applicable" as appropriate. Your disclosures must be clearly labeled as an exhibit to your proposal.
2. The bidder must disclose, labeling each category, separately: (a) any entity that is a parent of, or owns a controlling interest in, the bidder, (b) any entity that is a subsidiary of, or in which a controlling interest is owned by, the bidder, (c) any persons or entities who have an ownership or distributive income share in the bidder that is in excess of seven and one-half percent (7.5%), and (d) any persons who serve as executive officers of the bidder, including their titles.
3. The bidder must disclose, separately: (a) any direct or indirect payments in excess of \$1,000 per calendar year within the prior five (5) calendar years made to any community or not-for-profit organization relating to public education by: (i) the bidder, (ii) any executive officer of the bidder, (iii) any parent entity of the bidder, (iv) the executive officers of any entity that is a parent of, or owns a controlling interest in, the bidder, and (v) any Shareholder of bidder with ownership or a distributive income share in the bidder that is in excess of seven and one-half percent (7.5%); (b) any formal involvement with any community or not-for-profit organization relating to public education by any person or entity identified in (a) above; and (c) any involvement as a member or director of a charter school that contributes to the Fund of any person or entity identified in (a) above. For purposes of this Section II. Disclosures, "Shareholder" shall mean any person who has an ownership or distributive income share in the bidder.
4. The bidder must disclose if: (a)(i) any executive officer of the bidder, (ii) any parent entity, (iii) the executive officers of any entity that is a parent of, or owns a controlling interest in, the bidder, and (iv) any Shareholder of the bidder with ownership or a distributive income share in the bidder that is in excess of seven and one-half percent (7.5%) has given any direct or indirect financial support in excess of \$1,000 per calendar year within the prior five (5) calendar years or (b) whether the persons or entities identified in (a) above have had any formal involvement within the prior five (5) calendar years with a community or not-for-profit organization with a central purpose of influencing public policy related to budgetary and fiscal policy which directly or indirectly relates to the continued availability and long-term viability of defined benefit pensions in the public sector, to education policy, or to retirement security policy.
5. For the purposes of this disclosure, an organization has the "central purpose" of influencing policy if it is understood with the exercise of reasonable due diligence, including but not limited to the examination of the organization's IRS filings and other publicly-available statements of purpose, that the organization intends to affect policy or engage in lobbying or other advocacy activity. A bidder is not required to disclose contributions to organizations that engage in such activities in furtherance of providing medical research, aid to the poor, disaster relief, or other such tangible goods or service. The

Public School Teachers' Pension and Retirement Fund of Chicago Medicare RFP

Trustees have determined that the following organizations presently fall under this required disclosure:

American Enterprise Institute,
American Legislative Exchange Council,
Brookings Institution,
California Common Sense,
California Policy Center,
Civic Committee of the Commercial Club,
Heritage Foundation,
Howard Jarvis Taxpayers Association,
Illinois Municipal League,
Illinois Policy Institute,
Independent Institute,
Jessie Ball DuPont Fund,
Laura and John Arnold Foundation,
Mackinac Center for Public Policy,
Manhattan Institute for Policy Research,
Massachusetts Taxpayers Foundation,
Mercatus Center at George Mason University,
National Council on Teacher Quality,
National Institute for Labor Relations Research,
Nelson Rockefeller Institute of Government,
National Taxpayers United of Illinois,
Pioneer Institute,
R Street Institute,
Reason Foundation,
Show Me Institute,
State Policy Network,
StudentsFirst,
Taxpayers for Sustainable Pensions,
Taxpayers United of America,
Teacherspensions.org,
Texas Public Policy Foundation,
The Future of Freedom of Foundation,
The Pew Charitable Trust,
UnionWatch,
Urban Institute,
Wyoming Liberty Group, and
Any state or local affiliates or chapters of the above organizations.

Public School Teachers' Pension and Retirement Fund of Chicago Medicare RFP

6. The bidder and any parent, controlling entity, subsidiary, or affiliate must disclose any direct or indirect financial relationships, transactions, or consulting agreements with the Chicago Board of Education entered into within the prior five (5) calendar years. Any such direct or indirect financial relationships, transactions, consulting agreements, or consulting-related contracts with the Chicago Board of Education entered into on or after the execution of an agreement shall be identified in an amended Bidder Disclosure within thirty (30) calendar days of any new relationship, transaction, investment, agreement, or contract with the Chicago Board of Education.
7. The bidder must disclose the names and addresses of any subcontractors and the expected amount and/or percentage of money each will receive under the agreement if authorized by the Fund.
8. The bidder must complete the EEOC Chart, found in Exhibit F, and submit as part of their response.

It is assumed that all bids submitted adhere to the preceding conditions (sections 2.1 and 2.2), unless otherwise noted in the proposal. Failure to meet any of these conditions may result in the disqualification of your proposal. This RFP and your response, including all subsequent documents provided during this RFP process, will become the contract between the parties until replaced by a final written contract signed by both parties.

2.3 General Proposal Requirements

For your proposal to be considered and accepted, your organization must provide answers to the questions presented in this RFP. Each question must be answered specifically and in detail. Reference should not be made to a prior response, or to your contract, unless the question involved specifically provides such an option. Be sure to review this entire RFP before responding to any of the questions, so that you have a complete understanding of all the Fund's requirements with respect to the proposal.

*****DO NOT ALTER THE QUESTIONS OR QUESTION NUMBERING*****

1. Provide answers to all questions in your submission.
2. Provide an answer to each question even if the answer is "not applicable" or "unknown."
3. Answer the question as directly as possible.
 - If the question asks, "How many...", then provide a number.
 - If the question asks, "Do you...", then indicate Yes or No followed by any additional narrative explanation.
4. Where you desire to provide additional information to assist the reader in more fully understanding a response, refer the reader of your RFP response to your appendix/attachments. However, direct responses to all the RFP questions must be provided and will be looked upon favorably.
5. Bidder will be held accountable for accuracy/validity of all answers.

If your proposal is different in any way (whether more or less favorable) from that indicated in this RFP, clearly indicate where and explain the difference. If you do not, the submission of your proposal will be deemed a certification that you will comply in every respect (including, but not limited to, coverage provided, funding method requested, benefit exclusions and limitations, underwriting provisions, etc.) with the requirements set forth in this RFP.

If you are unable to perform any required service, indicate clearly: a) what you are currently unable to do, and, b) what steps will be taken (if any) to meet the requirement, the timetable for that process and who will be responsible for the implementation, along with that person's qualifications.

Public School Teachers' Pension and Retirement Fund of Chicago Medicare RFP

Segal Contacts: We believe this RFP provides all specific and related information necessary for your company to submit a response. However, in the event that additional information is desired, please direct any questions that you have to Mr. Peter Kavanaugh via the "Ask Question" feature in ProposalTech. Please be advised that there is to be no contact by a potential bidding company with anyone connected with the Fund at this time. Your sole contact is to be with Mr. Kavanaugh at Segal.

Submission of proposals: Proposals are to be submitted electronically via the ProposalTech system by Proposals are to be submitted electronically via the ProposalTech system no later than 5:00 p.m. (CST) March 17, 2023.

2.4 Timetable

Below is a timetable of major events during this RFP process.

In order to promote timely completion of this project, we have established the schedule below. Bidders submitting affirmative responses on the Intent to Bid must agree to adhere to this timetable.

Project Milestone	Timing
1) RFP Released, Posted, and Opened on ProposalTech	February 17, 2023
2) Intent to Bid Form Reply Due	February 22, 2023
3) Exhibits released	February 23, 2023
6) Proposals Due	March 17, 2023
7) Proposal Evaluations	March - April 2023
8) Best and Final Bid Process and Finalist Interviews	Mid - Late April 2023
9) Anticipated Contract Effective Date	January 1, 2024

To avoid elimination from the RFP process, all proposals must be returned in the format and dates outlined in the General Proposal Requirements section. As soon as the Intent to Bid is confirmed, Segal will submit, via ProposalTech, the census, claims and other data for you to use to complete your proposal response. This data contains some protected and proprietary information and must be kept secure.

Your timely cooperation is appreciated by all concerned.

Please note that this Request for Proposal is copyrighted. All rights are reserved, and it may not be reproduced, distributed, or used, except as the basis for your proposal, without the written permission of Segal.

2.5 Please submit your Intent to Bid Form by Wednesday February 22, 2023.

Instructions for submission: Click on the Messaging/History in the left-hand side menu and on the following page create a "New" message and select "Individual User" (Peter Kavanaugh) to send to. Once your attachment is uploaded, be sure to check the box to include your attachment with the email and then click "Send."

Public School Teachers' Pension and Retirement Fund of Chicago Medicare RFP

Single, Radio group.

1: Completed and sent,

2: Not provided

Attached Document(s): [Public School Teachers' Pension and Retirement Fund of Chicago Medicare RFP Intent to Bid.docx](#)

3 Questionnaire

3.1 General Questions

3.1.1 Given the detail provided in this RFP, please describe the coverage solutions you would recommend for this group of Medicare and their eligible dependents. Please address the following points:

Information Requested	Response
a. Is your solution on a group or individual basis? Please note, group is the requested basis	<i>Single, Radio group.</i> 1: Group, 2: Individual
b. Does your solution allow for alternate funding options (fully vs. self-insured)? Please note, fully-insured is the requested funding basis.	<i>Single, Radio group.</i> 1: Yes, 2: No

3.1.2 In what state is your organization incorporated?

Single, Pull-down list.

- 1: AL,
- 2: AK,
- 3: AZ,
- 4: AR,
- 5: CA,
- 6: CO,
- 7: CT,
- 8: DE,
- 9: FL,
- 10: GA,
- 11: HI,
- 12: ID,
- 13: IL,
- 14: IN,
- 15: IA,
- 16: KS,
- 17: KY,
- 18: LA,
- 19: ME,
- 20: MD,
- 21: MA,
- 22: MI,
- 23: MN,

Public School Teachers' Pension and Retirement Fund of Chicago Medicare RFP

24: MS,
25: MO,
26: MT,
27: NE,
28: NV,
29: NH,
30: NJ,
31: NM,
32: NY,
33: NC,
34: ND,
35: OH,
36: OK,
37: OR,
38: PA,
39: RI,
40: SC,
41: SD,
42: TN,
43: TX,
44: UT,
45: VT,
46: VA,
47: WA,
48: WV,
49: WI,
50: WY,
51: District of Columbia

3.1.3 Under what formal name is your organization incorporated?

10 words.

3.1.4 Is your company independently owned or affiliated either as a subsidiary or division of some other organization?

Single, Radio group.

1: Independently owned,

2: Subsidiary or division of some other organization, explain: [200 words]

3.1.5 CTPF is an equal employment opportunity employer, and endeavors to increase the utilization of vendors who are Minority, Women, and Disadvantaged Business Enterprise (MWDBE) companies. Please provide any information relative to your Firm's minority Firm affiliations or minority Firm participation in the engagement, and a MWDBE breakdown for your Firm. Please also provide any MWDBE subcontractors/sub vendors that you intend to use on this contract, including the name, role, and expected payments and percentage utilization.

200 words.

3.1.6 Has your Firm been involved in a lawsuit in the last ten (10) years involving any services provided by the Firm? If so, provide details, including description of the lawsuit, dates, and outcomes including any filed claims that were settled without litigation.

200 words.

Public School Teachers’ Pension and Retirement Fund of Chicago Medicare RFP

3.1.7 Has your Firm, related entities, affiliates, principals, and/or officers been a party in any material civil or criminal litigation, or subject to investigation, disciplinary action, or regulatory review, whether or not directly related to services requested by this RFP? If so, provide details, including dates and outcomes.

200 words.

3.1.8 Has your Company, related entities, affiliates, principals, and/or officers been credibly accused of conduct involving dishonesty, fraud, deceit, or misrepresentation, whether or not directly related to services requested by this RFP? If so, provide details, including dates and outcomes.

200 words.

3.1.9 Describe any anticipated litigation in which your Firm may be involved.

200 words.

3.1.10 For your firm's prescription drug solution (MAPD HMO only), please complete the following table indicating the provider of each PDP service:

Service organizations providing PBM functions	Is service provided directly by employees of your organization?	Is the provider of the service a non-US based organization?	If not provided directly by your company, what is the name and address of the service provider?	Describe
Formulary Management (appeals, utilization management)	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No	50 words.	
Formulary Pharmacy and Therapeutics Committee	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No	50 words.	
Drug Manufacturer rebate contracting and invoicing / accounting	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No	50 words.	
Retail Pharmacy Network contracting	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No	50 words.	
Customer Service functions	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No	50 words.	
Member Service functions (800 lines, internet, etc.)	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No	50 words.	
Mail Order drug purchasing and distribution	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No	50 words.	
Ownership of Electronic Claim Payment System	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No	50 words.	

Public School Teachers’ Pension and Retirement Fund of Chicago Medicare RFP

Client Management reporting tools and standard report production	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>50 words.</i>	
Other (Please describe)	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>50 words.</i>	<i>100 words.</i>

3.1.11 Will you require the Fund to contribute monthly to fund a portion of the costs of the retirees' medical and prescription drug benefits? If so, please indicate the amount or percentage?

Single, Radio group.

1: Yes: [Percent],

2: No

3.1.12 What was the average 2023 rate increase your firm requested for large group Medicare Supplement, Medicare Advantage PPO, and Medicare HMO with PD plan renewals? If it differed significantly by area, please explain.

500 words.

3.1.13 How long (in years) has your organization offered group Medicare Supplement and/or Medicare Advantage plans?

	Response
Medicare Supplement	<i>Decimal.</i>
Medicare Advantage	<i>Decimal.</i>

3.1.14 How many other group Medicare Supplement and/or Medicare Advantage plan contracts are you currently servicing? How many retirees and/or spouses does this represent?

	Response
Medicare Supplement	<i>Integer.</i>
Total retirees/spouses (Med SUP)	<i>Integer.</i>
Medicare Advantage plan contracts	<i>Integer.</i>
Total retirees/spouses (MA)	<i>Integer.</i>

3.1.15 How many retiree groups and total retirees do you currently administer?

	Response
Retiree groups	<i>Integer.</i>
Total retirees	<i>Integer.</i>

3.1.16 List your current financial rating, from the following rating companies:

Company	Rating	Date of current rating
A.M. Best	<i>20 words.</i>	<i>To the day.</i>

Public School Teachers' Pension and Retirement Fund of Chicago Medicare RFP

Standard & Poor's	20 words.	To the day.
Moody's	20 words.	To the day.
Other	20 words.	To the day.

3.1.17 Have there been any downgrades in your ratings in the past two (2) years? If yes, please explain.

Single, Radio group.

1: Yes, explain: [200 words],

2: No

3.1.18 Please provide your most current Medicare Star Rating, or the Medicare Star Rating of the carriers with whom you contract for the plans that you are offering.

100 words.

3.1.19 Have the ratings changed in the past year? If so, please explain.

Single, Radio group.

1: Yes, explain: [200 words],

2: No

3.1.20 Describe any transition issues for retirees changing from its current arrangement to your Medicare Supplement, MA or MAPD plans.

500 words.

3.1.21 List 3 current client references in the following table:

Category	Reference 1	Reference 2	Reference 3
a. Organization Name	10 words.	10 words.	10 words.
b. Contact Name	5 words.	5 words.	5 words.
c. Contact Telephone Number	10 words.	10 words.	10 words.
d. Contact email	10 words.	10 words.	10 words.
e. Number of Covered Members	Integer.	Integer.	Integer.
f. Type of Funding Arrangement	10 words.	10 words.	10 words.
g. Number of Years using the Applicable Program	Decimal.	Decimal.	Decimal.

3.1.22 Please complete the following table, with any groups that have terminated your program in the past year:

Public School Teachers' Pension and Retirement Fund of Chicago Medicare RFP

Category	Reference 1	Reference 2	Reference 3
a. Organization Name	10 words.	10 words.	10 words.
b. Contact Name	5 words.	5 words.	5 words.
c. Contact Telephone Number	10 words.	10 words.	10 words.
d. Contact email	10 words.	10 words.	10 words.
e. Termination Reason	Integer.	Integer.	Integer.
f. Termination Date	10 words.	10 words.	10 words.

3.1.23 Please indicate all states in the Fund's geographic areas in which you are not able to provide Medicare Supplement and/or Medicare Advantage plans.

Medicare Supplement	Medicare Advantage
<i>Multi, Checkboxes.</i>	<i>Multi, Checkboxes.</i>
1: AL,	1: AL,
2: AK,	2: AK,
3: AZ,	3: AZ,
4: AR,	4: AR,
5: CA,	5: CA,
6: CO,	6: CO,
7: CT,	7: CT,
8: DE,	8: DE,
9: FL,	9: FL,
10: GA,	10: GA,
11: HI,	11: HI,
12: ID,	12: ID,
13: IL,	13: IL,
14: IN,	14: IN,
15: IA,	15: IA,
16: KS,	16: KS,
17: KY,	17: KY,
18: LA,	18: LA,
19: ME,	19: ME,
20: MD,	20: MD,
21: MA,	21: MA,
22: MI,	22: MI,
23: MN,	23: MN,
24: MS,	24: MS,
25: MO,	25: MO,
26: MT,	26: MT,
27: NE,	27: NE,
28: NV,	28: NV,
29: NH,	29: NH,
30: NJ,	30: NJ,
31: NM,	31: NM,
32: NY,	32: NY,
33: NC,	33: NC,

Public School Teachers' Pension and Retirement Fund of Chicago Medicare RFP

34: ND,	34: ND,
35: OH,	35: OH,
36: OK,	36: OK,
37: OR,	37: OR,
38: PA,	38: PA,
39: RI,	39: RI,
40: SC,	40: SC,
41: SD,	41: SD,
42: TN,	42: TN,
43: TX,	43: TX,
44: UT,	44: UT,
45: VT,	45: VT,
46: VA,	46: VA,
47: WA,	47: WA,
48: WV,	48: WV,
49: WI,	49: WI,
50: WY,	50: WY,
51: District of Columbia,	51: District of Columbia,
52: N/A	52: N/A

3.1.24 Please confirm that your Medicare plans are compliant with HIPAA.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed, explain: [200 words]

3.1.25 Please provide as an attachment a sample of the contract you would ask the client to sign, in the event your organization is selected to provide the services outlined in the RFP.

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

3.1.26 Do you agree to the Terms and Conditions of this RFP (Sections 2.1 and 2.2)? If no, please explain.

Single, Radio group.

- 1: Yes,
- 2: No, explain: [500 words]

3.2 Minimum Reporting Requirements

3.2.1 Instructions: Please confirm your organization can provide the following minimum reporting requirement components at no extra cost, on a quarterly basis.

Reporting Requirements	Agree to Provide (Y/N)	If No, Why?
Group Medicare Supplement Plan	<i>Single, Pull-down list.</i> 1: Yes, 2: No	100 words.
Exposures (covered "bellybuttons")	<i>Single, Pull-down list.</i>	100 words.

Public School Teachers' Pension and Retirement Fund of Chicago Medicare RFP

	1: Yes, 2: No	
Paid medical claims (regardless of incurred date)	<i>Single, Pull-down list.</i> 1: Yes, 2: No	100 words.
Medical premium and fee charges to the client & member	<i>Single, Pull-down list.</i> 1: Yes, 2: No	100 words.
Medicare Advantage PPO Plan		
Exposures (covered "bellybuttons")	<i>Single, Pull-down list.</i> 1: Yes, 2: No	100 words.
Average CMS medical risk score for the month, initial risk score, mid year adjusted, and final adjusted	<i>Single, Pull-down list.</i> 1: Yes, 2: No	100 words.
Paid medical claims (regardless of incurred date)	<i>Single, Pull-down list.</i> 1: Yes, 2: No	100 words.
Medical premium and fee charges to the client & member	<i>Single, Pull-down list.</i> 1: Yes, 2: No	100 words.
Base CMS funding amount for Medical (before risk adjustment) estimated/credited	<i>Single, Pull-down list.</i> 1: Yes, 2: No	100 words.
Risk adjusted base CMS funding adjustment estimated/credited	<i>Single, Pull-down list.</i> 1: Yes, 2: No	100 words.
CMS star bonus funding adjustment estimated/credited	<i>Single, Pull-down list.</i> 1: Yes, 2: No	100 words.
Mid-Year CMS reconciliation for the month	<i>Single, Pull-down list.</i> 1: Yes, 2: No	100 words.
Final CMS reconciliation for the month	<i>Single, Pull-down list.</i> 1: Yes, 2: No	100 words.

Public School Teachers' Pension and Retirement Fund of Chicago Medicare RFP

Medical Component of MAPD HMO Plan		
Exposures (covered "bellybuttons")	<i>Single, Pull-down list.</i> 1: Yes, 2: No	100 words.
Average CMS medical risk score for the month, initial risk score, mid year adjusted, and final adjusted	<i>Single, Pull-down list.</i> 1: Yes, 2: No	100 words.
Paid medical claims (regardless of incurred date)	<i>Single, Pull-down list.</i> 1: Yes, 2: No	100 words.
Medical premium and fee charges to the client & member	<i>Single, Pull-down list.</i> 1: Yes, 2: No	100 words.
Base CMS funding amount for Medical (before risk adjustment) estimated/credited	<i>Single, Pull-down list.</i> 1: Yes, 2: No	100 words.
Risk adjusted base CMS funding adjustment estimated/credited	<i>Single, Pull-down list.</i> 1: Yes, 2: No	100 words.
CMS star bonus funding adjustment estimated/credited	<i>Single, Pull-down list.</i> 1: Yes, 2: No	100 words.
Mid-Year CMS reconciliation for the month	<i>Single, Pull-down list.</i> 1: Yes, 2: No	100 words.
Final CMS reconciliation for the month	<i>Single, Pull-down list.</i> 1: Yes, 2: No	100 words.
Pharmacy Component of MAPD HMO Plan		
Exposures (covered "bellybuttons")	<i>Single, Pull-down list.</i> 1: Yes, 2: No	100 words.
Average CMS pharmacy risk score for the month, initial risk score, mid year adjusted, and final adjusted	<i>Single, Pull-down list.</i> 1: Yes, 2: No	100 words.

Public School Teachers' Pension and Retirement Fund of Chicago Medicare RFP

Paid pharmacy claims (regardless of incurred date)	<i>Single, Pull-down list.</i> 1: Yes, 2: No	100 words.
Pharmacy premium and fee charges to the client & member	<i>Single, Pull-down list.</i> 1: Yes, 2: No	100 words.
CMS direct subsidy payment (before risk adjustment)	<i>Single, Pull-down list.</i> 1: Yes, 2: No	100 words.
CMS direct subsidy payment (after risk adjustment)	<i>Single, Pull-down list.</i> 1: Yes, 2: No	100 words.
Coverage gap discount estimated and credited	<i>Single, Pull-down list.</i> 1: Yes, 2: No	100 words.
Federal reinsurance reimbursement estimated and credited	<i>Single, Pull-down list.</i> 1: Yes, 2: No	100 words.
CMS low-income premium subsidy reimbursement estimated and credited	<i>Single, Pull-down list.</i> 1: Yes, 2: No	100 words.
CMS low-income cost sharing subsidy reimbursement estimated and credited	<i>Single, Pull-down list.</i> 1: Yes, 2: No	100 words.
Pharmacy rebates estimated and credited	<i>Single, Pull-down list.</i> 1: Yes, 2: No	100 words.
Mid-Year CMS reconciliation for the month	<i>Single, Pull-down list.</i> 1: Yes, 2: No	100 words.
Final CMS reconciliation for the month	<i>Single, Pull-down list.</i> 1: Yes, 2: No	100 words.

Public School Teachers' Pension and Retirement Fund of Chicago Medicare RFP

3.3 Management Reporting Information

3.3.1 Medicare Advantage

3.3.1.1 Please list all reporting that comes with the quoted rates. What reporting is available, but not included and what is the associated cost?

500 words.

3.3.1.2 Please provide samples of the reports described above.

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

3.3.1.3 How soon after the end of any given month, would such a report be available?

200 words.

3.3.1.4 Please list all data elements captured by your claims system so that we can gain an understanding of what custom reports might be available if needed.

200 words.

3.3.2 Medicare Supplement Plan G

3.3.2.1 Please list all reporting that comes with the quoted rates. What reporting is available, but not included and what is the associated cost?

500 words.

3.3.2.2 Please provide samples of the reports described above.

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

3.3.2.3 How soon after the end of any given month, would such a report be available?

200 words.

3.3.2.4 Please list all data elements captured by your claims system so that we can gain an understanding of what custom reports might be available if needed.

200 words.

3.4 Services and Administration

Public School Teachers' Pension and Retirement Fund of Chicago Medicare RFP

3.4.1 Medicare Advantage

3.4.1.1 Indicate the person(s) who would be the dedicated account representative.

200 words.

3.4.1.2 Will you provide dedicated clinical staffing, account management and customer service representatives to the Fund?

Single, Pull-down list.

1: Yes,

2: No

3.4.1.3 Please provide the following information regarding your organization's service to the client.

Information Requested	Response
a. Will you provide on-line system access to the plan sponsor for verification/review of members' enrollments?	<i>Single, Radio group. 1: Yes, 2: No</i>
b. Will a dedicated toll-free number be made available to the plan sponsor and participants to handle claims or other service issues?	<i>Single, Radio group. 1: Yes, 2: No</i>
c. What hours will the lines be staffed?	<i>100 words.</i>
d. Approximately how long will it take for a staff member to return a call?	<i>100 words.</i>
e. Who will staff lines during normal business hours and after hours? Where is this staff located?	<i>100 words.</i>
f. Does your organization have a dedicated Taft-Hartley customer service team?	<i>Single, Radio group. 1: Yes, 2: No</i>

3.4.1.4 What type of paperwork is involved with a claim from the Fund's point of view and the member's point of view?

200 words.

3.4.1.5 What percent of clean Medicare claims are processed within 10 working days?

Percent.

3.4.1.6 What percent of all Medicare claims are processed within 30 working days?

Percent.

3.4.1.7 What are your administrative procedures when Part B fees are in excess of the Medicare-approved charge?

200 words.

Public School Teachers' Pension and Retirement Fund of Chicago Medicare RFP

3.4.1.8 Please confirm that the Fund will be group billed. Describe your billing process.

200 words.

3.4.1.9 Describe the methodology in determining monthly membership counts used to calculate premium billings.

200 words.

3.4.1.10 Describe the premium billing process including how often invoices will be submitted and when payment is due.

200 words.

3.4.1.11 Please explain the group billing process that would encompass various plans in place in many different states. How would your firm simplify this process for the Fund Office? Will your firm bill a blended national rate?

200 words.

3.4.1.12 Describe the grievance protocols in place for plan participants.

500 words.

3.4.1.13 Describe your customer service arrangement, whether it is outsourced to another vendor, and the location of the servicing center or centers.

200 words.

3.4.1.14 Please provide a list of all additional benefits and services included in your Medicare Advantage plan(s) (e.g., fitness programs, vision discounts, etc.).

500 words.

3.4.1.15 The Fund's Medicare program will be made available to members throughout the United States. Please describe the marketing support you can provide in making presentations to members who will be participating in the program. Please include in your response how you will partner with the Fund in branding the program and what additional fees you would charge for doing so.

500 words.

3.4.1.16 Are there any other services which you would be willing to provide that are not shown in these specifications? If so, please indicate the services and any additional fees you would charge.

Single, Radio group.

1: Yes, explain: [500 words],

2: No

3.4.1.17 Please describe any supplemental programs or benefits your firm includes (such as care management, wellness program, additional benefits).

500 words.

3.4.1.18 Could you handle coverage for retirees who move or travel abroad and continue coverage? If so, please explain.

Public School Teachers' Pension and Retirement Fund of Chicago Medicare RFP

Single, Radio group.

1: Yes, explain: [200 words],

2: No

3.4.1.19 Please confirm that your firm has methods in place to conduct group enrollment. If not, please explain your enrollment process for your solution.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain: [200 words]

3.4.1.20 Explain your enrollment support resources and processes.

500 words.

3.4.1.21 Describe your premium collection and remission process.

200 words.

3.4.1.22 Describe your company's procedures for handling retirees who are eligible for the Part D Low Income Subsidy (LIS). Include in your description how LIS beneficiaries are identified. What obligations are imposed on the Fund with respect to these beneficiaries, and how LIS benefits and premiums are implemented?

500 words.

3.4.1.23 Do you currently perform member satisfaction surveys? If so, provide a copy of the latest results of the survey. The survey should provide the percent of members who indicated that they were "satisfied or very satisfied" with the overall program.

200 words.

3.4.1.24 Are all plans in your solution guaranteed renewable?

Single, Pull-down list.

1: Yes,

2: No

3.4.1.25 Are there any limitations for pre-existing conditions?

Single, Pull-down list.

1: Yes,

2: No

3.4.1.26 Provide samples of all routine Fund reports and their proposed frequency.

Single, Pull-down list.

1: Attached,

2: Not provided

3.4.1.27 What retiree education and communication materials will you make available to the Fund and its retirees?

500 words.

3.4.1.28 Please provide a sample communication strategy that details how you will reach out to and educate retirees about their plan choices.

500 words.

Public School Teachers’ Pension and Retirement Fund of Chicago Medicare RFP

3.4.1.29 What are the premium payment options (annual, monthly, etc.)?

200 words.

3.4.1.30 Please state if the following services listed below are included (Please state Yes/No). In addition, please provide your marketing material which list all services that retirees will have access to under the MAPD arrangement.

Information Requested	Response	If No, explain
a. 24/7 NurseLine	<i>Single, Pull-down list.</i> 1: Yes, 2: No	100 words.
b. Care Management Programs	<i>Single, Pull-down list.</i> 1: Yes, 2: No	100 words.
c. Smoking Cessation	<i>Single, Pull-down list.</i> 1: Yes, 2: No	100 words.
d. Diabetes Education	<i>Single, Pull-down list.</i> 1: Yes, 2: No	100 words.
e. Cardiac Care and Rehabilitation	<i>Single, Pull-down list.</i> 1: Yes, 2: No	100 words.
f. Weight Management Services	<i>Single, Pull-down list.</i> 1: Yes, 2: No	100 words.
g. Caregiving Discounts	<i>Single, Pull-down list.</i> 1: Yes, 2: No	100 words.
h. Silver Sneakers	<i>Single, Pull-down list.</i> 1: Yes, 2: No	100 words.
i. Fitness Discounts	<i>Single, Pull-down list.</i> 1: Yes, 2: No	100 words.
j. Health and Wellness Discounts	<i>Single, Pull-down list.</i> 1: Yes, 2: No	100 words.
k. Vision and Hearing Discounts	<i>Single, Pull-down list.</i> 1: Yes, 2: No	100 words.
l. Utilization Management Program	<i>Single, Pull-down list.</i> 1: Yes, 2: No	100 words.
m. ProActive Case Management	<i>Single, Pull-down list.</i> 1: Yes, 2: No	100 words.

Public School Teachers’ Pension and Retirement Fund of Chicago Medicare RFP

n. Customized Communications	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>100 words.</i>
o. Home Visits	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>100 words.</i>
p. OTC Benefits	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>100 words.</i>
q. Other	<i>100 words.</i> Nothing required	

3.4.2 Medicare Supplement Plan G

3.4.2.1 Indicate the person(s) who would be the dedicated account representative.

200 words.

3.4.2.2 Will you provide dedicated clinical staffing, account management and customer service representatives to the Fund?

Single, Pull-down list.

1: Yes,

2: No

3.4.2.3 Please provide the following information regarding your organization's service to the client.

Information Requested	Response
a. Will you provide on-line system access to the plan sponsor for verification/review of members' enrollments?	<i>Single, Radio group.</i> 1: Yes, 2: No
b. Will a dedicated toll-free number be made available to the plan sponsor and participants to handle claims or other service issues?	<i>Single, Radio group.</i> 1: Yes, 2: No
c. What hours will the lines be staffed?	<i>100 words.</i>
d. Approximately how long will it take for a staff member to return a call?	<i>100 words.</i>
e. Who will staff lines during normal business hours and after hours? Where is this staff located?	<i>100 words.</i>
f. Does your organization have a dedicated Taft-Hartley customer service team?	<i>Single, Radio group.</i> 1: Yes, 2: No

Public School Teachers' Pension and Retirement Fund of Chicago Medicare RFP

3.4.2.4 What type of paperwork is involved with a claim from the Fund's point of view and the member's point of view?

200 words.

3.4.2.5 What percent of clean Medicare claims are processed within 10 working days?

Percent.

3.4.2.6 What percent of all Medicare claims are processed within 30 working days?

Percent.

3.4.2.7 What are your administrative procedures when Part B fees are in excess of the Medicare-approved charge?

200 words.

3.4.2.8 Please confirm that the Fund will be group billed. Describe your billing process.

200 words.

3.4.2.9 Describe the methodology in determining monthly membership counts used to calculate premium billings.

200 words.

3.4.2.10 Describe the premium billing process including how often invoices will be submitted and when payment is due.

200 words.

3.4.2.11 Please explain the group billing process that would encompass various plans in place in many different states. How would your firm simplify this process for the Fund Office? Will your firm bill a blended national rate?

200 words.

3.4.2.12 Describe the grievance protocols in place for plan participants.

500 words.

3.4.2.13 Describe your customer service arrangement, whether it is outsourced to another vendor, and the location of the servicing center or centers.

200 words.

3.4.2.14 Please provide a list of all additional benefits and services included in your Medicare Advantage plan(s) (e.g., fitness programs, vision discounts, etc.).

500 words.

3.4.2.15 The Fund's Medicare program will be made available to members throughout the United States. Please describe the marketing support you can provide in making presentations to members who will be participating in the program. Please include in your response how you will partner with the Fund in branding the program and what additional fees you would charge for doing so.

500 words.

Public School Teachers' Pension and Retirement Fund of Chicago Medicare RFP

3.4.2.16 Are there any other services which you would be willing to provide that are not shown in these specifications? If so, please indicate the services and any additional fees you would charge.

Single, Radio group.

1: Yes, explain: [500 words],

2: No

3.4.2.17 Please describe any supplemental programs or benefits your firm includes (such as care management, wellness program, additional benefits).

500 words.

3.4.2.18 Could you handle coverage for retirees who move or travel abroad and continue coverage? If so, please explain.

Single, Radio group.

1: Yes, explain: [200 words],

2: No

3.4.2.19 Please confirm that your firm has methods in place to conduct group enrollment. If not, please explain your enrollment process for your solution.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain: [200 words]

3.4.2.20 Explain your enrollment support resources and processes.

500 words.

3.4.2.21 Describe your premium collection and remission process.

200 words.

3.4.2.22 Describe your company's procedures for handling retirees who are eligible for the Part D Low Income Subsidy (LIS). Include in your description how LIS beneficiaries are identified. What obligations are imposed on the Fund with respect to these beneficiaries, and how LIS benefits and premiums are implemented?

500 words.

3.4.2.23 Do you currently perform member satisfaction surveys? If so, provide a copy of the latest results of the survey. The survey should provide the percent of members who indicated that they were "satisfied or very satisfied" with the overall program.

200 words.

3.4.2.24 Are all plans in your solution guaranteed renewable?

Single, Pull-down list.

1: Yes,

2: No

3.4.2.25 Are there any limitations for pre-existing conditions?

Single, Pull-down list.

1: Yes,

2: No

Public School Teachers’ Pension and Retirement Fund of Chicago Medicare RFP

3.4.2.26 Provide samples of all routine Fund reports and their proposed frequency.

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

3.4.2.27 What retiree education and communication materials will you make available to the Fund and its retirees?

500 words.

3.4.2.28 Please provide a sample communication strategy that details how you will reach out to and educate retirees about their plan choices.

500 words.

3.4.2.29 What are the premium payment options (annual, monthly, etc.)?

200 words.

3.4.2.30 Please state if the following services listed below are included (Please state Yes/No). In addition, please provide your marketing material which list all services that retirees will have access to under the MAPD arrangement.

Information Requested	Response	If No, explain
a. 24/7 NurseLine	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>100 words.</i>
b. Care Management Programs	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>100 words.</i>
c. Smoking Cessation	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>100 words.</i>
d. Diabetes Education	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>100 words.</i>
e. Cardiac Care and Rehabilitation	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>100 words.</i>
f. Weight Management Services	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>100 words.</i>
g. Caregiving Discounts	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>100 words.</i>
h. Silver Sneakers	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>100 words.</i>

Public School Teachers’ Pension and Retirement Fund of Chicago Medicare RFP

i. Fitness Discounts	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>100 words.</i>
j. Health and Wellness Discounts	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>100 words.</i>
k. Vision and Hearing Discounts	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>100 words.</i>
l. Utilization Management Program	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>100 words.</i>
m. ProActive Case Management	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>100 words.</i>
n. Customized Communications	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>100 words.</i>
o. Home Visits	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>100 words.</i>
p. OTC Benefits	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>100 words.</i>
q. Other	<i>100 words.</i> Nothing required	

3.5 Implementation

3.5.1 Provide a proposed implementation plan and timetable, beginning with the award of business to effective date of coverage, including:

Information Requested	Response
a. Steps required to implement the program	<i>500 words.</i>
b. Role played by the Fund	<i>200 words.</i>
c. Eligibility Feed	<i>200 words.</i>
d. Production and distribution of ID cards, and enrollment materials	<i>200 words.</i>
e. Contacts and personnel assigned to each step of the implementation process	<i>200 words.</i>
f. Establishment of bank accounts, on-line plan information	<i>200 words.</i>

3.5.2 Please provide an implementation allowance for the Plan for use of assisting in the implementation process or for other various services.

100 words.

Public School Teachers’ Pension and Retirement Fund of Chicago Medicare RFP

3.5.3 If you are able to provide an implementation allowance, please state what it can be used for.
100 words.

3.5.4 Please provide any other allowances you can offer:

	Response
a.	100 words.
b.	100 words.
c.	100 words.

3.6 Providers

3.6.1 Please list the national and regional providers (refer to Exhibits B-1 and B-2) that currently do not accept members enrolled in your open access Medicare Advantage PPO network and/or your Medicare Advantage HMO network:

Hospital System	Response	If no, please indicate if you are currently negotiating a contract allowing them to accept your members. If not, describe their circumstances for their not accepting your patients.	If yes, please indicate if they have a Medicare Advantage PPO and/or Medicare Advantage HMO contract in place with your organization.
a. Mayo Clinic	Single, Pull-down list. 1: Yes, 2: No.	100 words.	100 words.
b. Cleveland Clinic	Single, Pull-down list. 1: Yes, 2: No	100 words.	100 words.
c. University of Chicago	Single, Pull-down list. 1: Yes, 2: No	100 words.	100 words.
d. Northwestern University	Single, Pull-down list. 1: Yes, 2: No	100 words.	100 words.
e. Rush Health System	Single, Pull-down list. 1: Yes, 2: No	100 words.	100 words.
f. NorthShore Health System	Single, Pull-down list. 1: Yes, 2: No	100 words.	100 words.

Public School Teachers' Pension and Retirement Fund of Chicago Medicare RFP

g. Other (Explain)	100 words. Nothing required		
--------------------	-----------------------------	--	--

3.6.2 When a non-network provider does not accept your members, explain your negotiation methods for getting them to do so.

100 words.

3.6.3 What % of hospital providers nationally are contracted in your Medicare Advantage PPO Network? In your Medicare Advantage HMO Network?

	Hospital Providers
Medicare Advantage PPO Network	Percent.
Medicare Advantage HMO Network	Percent.

3.6.4 What % of non-hospital providers nationally are contracted in your Medicare Advantage PPO network? In your Medicare Advantage HMO Network?

	Hospital Providers
Medicare Advantage PPO Network	Percent.
Medicare Advantage HMO Network	Percent.

3.6.5 How are member resolutions handled when they go to a provider that is not accepting your Medicare Advantage PPO Network and/or your Medicare Advantage HMO Network?

100 words.

3.6.6 Are you able to provide a list of providers to members that are not currently accepting your Medicare Advantage PPO and/or Medicare Advantage HMO Network?

500 words.

3.6.7 For the Medicare Advantage Plans (PPO & HMO), what solution is your firm proposing for retirees who do not live in or near the PPO or HMO network area?

200 words.

3.6.8 Are there any specific areas, where Fund members reside, in which your firm has had difficulty contracting with physicians for your Medicare plans?

200 words.

3.6.9 If a retiree temporarily resides in one part of the country (e.g., Florida) for part of the year, but has primary residence in another state, will this retiree experience any difference in out-of-pocket cost-sharing or limited access to care during his or her temporary residence?

200 words.

3.6.10 Please describe your outlook for the long-term sustainability and cost control of your firm's Medicare Advantage plans given the recent reductions and incentives for quality improvement by CMS for funding for these plans.

Public School Teachers’ Pension and Retirement Fund of Chicago Medicare RFP

200 words.

3.7 Plan Designs

3.7.1 Medicare Supplement Plan Design

3.7.1.1 Please complete the table of your proposed Medicare Supplement Plan Design.

Requested Medical Benefits All Providers Accepting Medicare	Proposed Plan Medicare Covered Services	Response	If not confirmed, provide deviation
	Retiree Pays		
Plan Deductible	Part B Deductible Only	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.
Plan OOP Maximum	Part B Deductible Only	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.
Lifetime Maximum	None	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.
Inpatient (includes MHSA and Pregnancy)			
Inpatient Acute (inc. Substance Abuse and Rehab) – copay per admission	\$0	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.
Inpatient Acute – Coverage Limit (days)	up to an additional 365 days after Medicare benefits are used up	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.
Inpatient Psychiatric –	\$0	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.
Coverage Limit (lifetime days) – Mental Health	190	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.
Skilled Nursing Facility			
Benefit Period – 1-20 days	\$0	<i>Single, Pull-down list.</i>	200 words.

Public School Teachers' Pension and Retirement Fund of Chicago Medicare RFP

		1: Confirmed, 2: Not confirmed	
Benefit Period – 21-100 days	\$0	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.
Coverage Limit (days)	100	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.
Hospital Stay Required?	Yes	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.
Home Health Care			
Benefit	\$0	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.
Coverage Limit	Medicare Covered Services	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.
Outpatient			
Ambulance	\$0	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.
Outpatient Surgery	\$0	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.
Speech, Physical, & Occupational Therapy, Outpatient Rehab	\$0	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.
Outpatient Non-Surgical	\$0	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.
Emergency Room (waived if admitted)	\$0	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.
Urgent Care (PCP/SCP office)	\$0	<i>Single, Pull-down list.</i>	200 words.

Public School Teachers' Pension and Retirement Fund of Chicago Medicare RFP

		1: Confirmed, 2: Not confirmed	
PCP Office Visit	\$0	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.
SCP Office Visit	\$0	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.
MHSA Outpatient Visit	\$0	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.
MHSA Inpatient	\$0	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.
Chiro Visit – Medicare Covered Services	\$0	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.
Chiro Coverage Limit	N/A	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.
Advanced Imaging & Radiation Therapy	\$0	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.
X-Ray	\$0	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.
Lab Services (Pathology)	\$0	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.
Short Term Rehabilitation Service	\$0	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.
Short Term Rehabilitation Max Per Year	\$0	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.

Public School Teachers' Pension and Retirement Fund of Chicago Medicare RFP

DME	\$0	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.
Supplies	\$0	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.
Part B Drugs	\$0	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.
Diabetic Part B Covered Supplies	\$0	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.
Dental, Medicare Covered Services Only	\$0	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.
Wellness			
Routine Physical Exams	\$0	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.
Physical Coverage Limits	Annual Wellness Visit	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.
Immunization Coverage (Flu shots, Pneumonia, Hepatitis B)	\$0	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.
Other HRC Wellness	\$0	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.
Supplemental Benefits			
Foreign Travel	20% for Medicare covered services	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.
At Home Recovery	N/A	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.

Public School Teachers’ Pension and Retirement Fund of Chicago Medicare RFP

Vision Exam: Medicare Covered	\$0	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.
Routine Eye Exam	N/A	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.
Eye Wear: Medicare Covered	\$0	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.
Eye Wear: Coverage Limit	N/A	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.
Hearing Exams Coverage	\$0 for Medicare covered services	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.
Hearing Aid Coverage	N/A	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.
Coverage Exclusions			
		200 words.	

3.7.2 Medicare Advantage PPO Plan Design

3.7.2.1 Please complete the table of your proposed MA Plan Design.

Current Medical Benefits	Passive Plan – Current In-Network and Out-of-Network (no differential) An asterisk (*) indicates the deductible applies	Response	If not confirmed, provide deviation	Actuarial Equivalent Alternate Plan In-Network and Out-of-Network (no differential)	Deductible Applies
	Retiree Pays				
Plan Deductible	\$175	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No

Public School Teachers’ Pension and Retirement Fund of Chicago Medicare RFP

Plan OOP Maximum	\$1,500 (includes deductible)	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
Lifetime Coverage Maximum	None	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
Inpatient (includes MHSAs and Pregnancy)					
Inpatient Acute (inc. Substance Abuse and Rehab) – copay per admission	\$0*	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
Inpatient Acute – Coverage Limit (days)	None	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
Inpatient Psychiatric	\$0*	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
Coverage Limit (lifetime days) – Mental Health	190	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
Skilled Nursing Facility					
Benefit Period – 1-20 days	\$0*	<i>Single, Pull-down</i>	200 words.	200 words.	<i>Single, Pull-down list.</i>

Public School Teachers' Pension and Retirement Fund of Chicago Medicare RFP

		<i>list.</i> 1: Confirmed, 2: Not confirmed			1: Yes, 2: No
Benefit Period – 21-100 days	\$0*	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
Coverage Limit (days)	100	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
Hospital Stay Required?	No	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
Home Health Care					
Benefit	\$0*	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
Coverage Limit	None	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
Outpatient					
Ambulance	\$0*	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No

Public School Teachers' Pension and Retirement Fund of Chicago Medicare RFP

Outpatient Surgery	\$0*	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
Speech, Physical, & Occupational Therapy, Outpatient Rehab	\$0*	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
Outpatient Non-Surgical	\$0*	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
Emergency Room (waived if admitted)	\$0*	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
Urgent Care (PCP/SCP office)	\$0*	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
PCP Office Visit	\$0*	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
SCP Office Visit	\$0*	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No

Public School Teachers’ Pension and Retirement Fund of Chicago Medicare RFP

MHSA Outpatient Visit	\$0*	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.	Single, Pull-down list. 1: Yes, 2: No
MHSA Inpatient Visit	\$0*	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.	Single, Pull-down list. 1: Yes, 2: No
Chiro Visit – Medicare covered services	\$0	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.	Single, Pull-down list. 1: Yes, 2: No
Chiro Coverage Limit	None	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.	Single, Pull-down list. 1: Yes, 2: No
Podiatrist Visit – Medicare Covered Services	\$0*	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.	Single, Pull-down list. 1: Yes, 2: No
Advanced Imaging & Radiation Therapy	\$0*	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.	Single, Pull-down list. 1: Yes, 2: No
X-Ray	\$0*	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.	Single, Pull-down list. 1: Yes, 2: No

Public School Teachers' Pension and Retirement Fund of Chicago Medicare RFP

Lab Services (Pathology)	\$0*	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.	Single, Pull-down list. 1: Yes, 2: No
Short Term Rehabilitation Service	None	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.	Single, Pull-down list. 1: Yes, 2: No
Short Term Rehabilitation Max Per Year	\$0*	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.	Single, Pull-down list. 1: Yes, 2: No
DME	\$0*	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.	Single, Pull-down list. 1: Yes, 2: No
Supplies	\$0*	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.	Single, Pull-down list. 1: Yes, 2: No
Part B Drugs	\$0	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.	Single, Pull-down list. 1: Yes, 2: No
Diabetic Part B Covered Supplies	\$0	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.	Single, Pull-down list. 1: Yes, 2: No

Public School Teachers' Pension and Retirement Fund of Chicago Medicare RFP

Dental, Medicare Covered Services Only	\$0*	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.	Single, Pull-down list. 1: Yes, 2: No
Wellness					
Routine Physical Exams	\$0	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.	Single, Pull-down list. 1: Yes, 2: No
Physical Coverage Limits	1 routine physical exam per plan year	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.	Single, Pull-down list. 1: Yes, 2: No
Immunization Coverage (Flu shots, Pneumonia, Hepatitis B)	\$0	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.	Single, Pull-down list. 1: Yes, 2: No
Other HRC Wellness	Fitness benefit included	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.	Single, Pull-down list. 1: Yes, 2: No
Supplemental Benefits					
Foreign Travel	100% coverage for urgently needed services and for emergency department services less the applicable copay	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.	Single, Pull-down list. 1: Yes, 2: No
At Home Recovery	For 30 days following all inpatient and skilled nursing facility discharges: 28 home-delivered	Single, Pull-down list. 1:	200 words.	200 words.	Single, Pull-down list. 1: Yes, 2: No

Public School Teachers' Pension and Retirement Fund of Chicago Medicare RFP

	meals, 12 one-way rides to medically related appointments and pharmacy, 6 hours in-home personal care	Confirmed, 2: Not confirmed			
Vision Exam: Medicare Covered	\$0	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.	Single, Pull-down list. 1: Yes, 2: No
Routine Eye Exam	\$0	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.	Single, Pull-down list. 1: Yes, 2: No
Eye Wear: Medicare Covered	\$0	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.	Single, Pull-down list. 1: Yes, 2: No
Eye Wear: Coverage Limit	Plan pays up to \$300 combined allowance for eyeglasses and contact lenses every 12 months	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.	Single, Pull-down list. 1: Yes, 2: No
Hearing Exams Coverage	\$0	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.	Single, Pull-down list. 1: Yes, 2: No
Hearing Aid Coverage	Plan pays a \$1,000 allowance (combined for both ears) for hearing aids every 3 years	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.	Single, Pull-down list. 1: Yes, 2: No
Coverage Exclusions					

Public School Teachers’ Pension and Retirement Fund of Chicago Medicare RFP

		200 words.		
--	--	------------	--	--

3.7.3 Medicare Advantage HMO Plan Design

3.7.3.1 Please complete the table of your proposed MA HMO Plan Design.

Current Medical Benefits	Passive Plan – Requested (Current)	Response	If not confirmed, provide deviation	Actuarial Equivalent Alternate Plan	Deductible Applies
	Retiree Pays				
Plan Deductible	N/A	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.	Single, Pull-down list. 1: Yes, 2: No
Plan OOP Maximum	\$2,500	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.	Single, Pull-down list. 1: Yes, 2: No
Lifetime Coverage Maximum	N/A				
Inpatient (includes MHS and Pregnancy)					
Inpatient Acute (inc. Substance Abuse and Rehab) – copay per admission	\$150 copayment per day	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.	Single, Pull-down list. 1: Yes, 2: No
Inpatient Acute – Coverage Limit (days)	Days 1-5	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.	Single, Pull-down list. 1: Yes, 2: No
Inpatient Psychiatric –	\$150 copayment per day	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.	Single, Pull-down list. 1: Yes, 2: No
Coverage Limit (lifetime days) – Mental Health	Days 1-5 190 day lifetime limit in psychiatric facility	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.	Single, Pull-down list. 1: Yes, 2: No

Public School Teachers' Pension and Retirement Fund of Chicago Medicare RFP

Skilled Nursing Facility					
Benefit Period – 1-20 days	\$0	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
Benefit Period – 21-100 days	\$25	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
Coverage Limit (days)	Plan pays \$0 after 100 days	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
Hospital Stay Required?	No	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
Home Health Care					
Benefit	\$0	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
Coverage Limit	Excludes Personal Home Care	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
Outpatient					
Ambulance	\$50 copay per date of service, limited to Medicare-covered transportation	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
Outpatient Surgery	\$100	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
Speech, Physical, & Occupational Therapy, Outpatient Rehab	\$40	<i>Single, Pull-down list.</i> 1: Confirmed,	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No

Public School Teachers' Pension and Retirement Fund of Chicago Medicare RFP

		2: Not confirmed			
Outpatient Non-Surgical	Copay \$20-\$100 Coinsurance 20% -0%	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
Emergency Room (waived if admitted)	\$50 waived if admitted within 24 hours	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
Urgent Care (PCP/SCP office)	\$10 at PCP \$25 at SPC	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
PCP Office Visit	\$10	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
SCP Office Visit	\$25	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
MHSA Outpatient Visit	\$40	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
MHSA Inpatient Visit	\$150	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
Chiro Visit – Medicare covered services	\$20	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
Chiro Coverage Limit	N/A	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No

Public School Teachers' Pension and Retirement Fund of Chicago Medicare RFP

Podiatrist Visit – Medicare Covered Services	\$25	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
Advanced Imaging & Radiation Therapy	\$50 or 0% (depending on place of service)	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
X-Ray	0%	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
Lab Services (Pathology)	0%	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
Short Term Rehabilitation Service	\$40	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
Short Term Rehabilitation Max Per Year	N/A	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
DME	10%	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
Supplies	0% for Diabetic Monitoring Supplies/ 10% Medical Supplies	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
Part B Drugs	20%	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
Diabetic Part B Covered Supplies	0%	<i>Single, Pull-down list.</i> 1: Confirmed,	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No

Public School Teachers' Pension and Retirement Fund of Chicago Medicare RFP

		2: Not confirmed			
Dental, Medicare Covered Services Only	\$25	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.	Single, Pull-down list. 1: Yes, 2: No
Wellness					
Routine Physical Exams	0%	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.	Single, Pull-down list. 1: Yes, 2: No
Physical Coverage Limits	1 visit per year	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.	Single, Pull-down list. 1: Yes, 2: No
Immunization Coverage (Flu shots, Pneumonia, Hepatitis B)	0%	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.	Single, Pull-down list. 1: Yes, 2: No
Other HRC Wellness	0%	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.	Single, Pull-down list. 1: Yes, 2: No
Supplemental Benefits					
Foreign Travel	\$50 copayment <ul style="list-style-type: none"> Waived if admitted within 24 hours. Limited to emergency Medicare-covered services	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.	Single, Pull-down list. 1: Yes, 2: No
At Home Recovery	0%	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.	Single, Pull-down list. 1: Yes, 2: No
Vision Exam: Medicare Covered		Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.	Single, Pull-down list. 1: Yes, 2: No
Routine Eye Exam	\$25	Single, Pull-down list.	200 words.	200 words.	Single, Pull-down list.

Public School Teachers' Pension and Retirement Fund of Chicago Medicare RFP

		1: Confirmed, 2: Not confirmed			1: Yes, 2: No
Eye Wear: Medicare Covered	0%	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
Eye Wear: Coverage Limit	for eyeglasses and contacts following cataract surgery	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
Hearing Exams Coverage	N/A	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
Hearing Aid Coverage	N/A	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
Coverage Exclusions					
	Plan coverage and exclusions are based on Medicare guidelines.		200 words.		

3.7.4 HMO PDP Plan Design

3.7.4.1 Please complete the table of your proposed HMO Plan Design.

Current Prescription Drug Benefits	Benefit - Requested (Current)	Response	If not confirmed, provide deviation	Actuarial Equivalent Alternate Plan
Plan Design(s)				
Retail 30				
Deductible	None	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.

Public School Teachers' Pension and Retirement Fund of Chicago Medicare RFP

Generic (Tier 1)	\$5	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.
Non-Preferred Generic (Tier 2)	\$30	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.
Non-Preferred Brand (Tier 3)	\$45	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.
Specialty	25% (\$150 maximum out-of pocket per prescription)	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.
Retail 90				
Generic (Tier 1)	\$15	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.
Non-Preferred Generic (Tier 2)	\$90	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.
Non-Preferred Brand (Tier 3)	\$135	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.
Specialty	N/A	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.
Mail Order				
Generic (Tier 1)	\$0	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.

Public School Teachers' Pension and Retirement Fund of Chicago Medicare RFP

Non-Preferred Generic (Tier 2)	\$60	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.
Non-Preferred Brand (Tier 3)	\$90	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.
Specialty	25% (\$150 maximum out-of pocket per prescription)/ 30 days only - 90 days N/A	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.
Other				
Retail Days Supply Limits	Up to 30 days or 90 days	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.
Mail Days Supply Limits	31-90 days	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.
Retail/Mail Specialty Days Supply Limits	Up to 30 days	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.
Mail Days Specialty Supply Limits	Up to 30 days	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.
Deductible	N/A	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.
TrOOP	\$7,400	Single, Pull-down list. 1: Confirmed, 2: Not confirmed	200 words.	200 words.
Full Coverage in Donut Hole	Yes-same as ICL	Single, Pull-down list.	200 words.	200 words.

Public School Teachers' Pension and Retirement Fund of Chicago Medicare RFP

		1: Confirmed, 2: Not confirmed		
Catastrophic Coverage	Member pays the greater of \$4.15 for generic/preferred multi-source drugs/biosimilars and \$10.35 for all other drugs; OR 5% coinsurance up to the limits below: 30-day Retail Tiers: \$5/\$30/\$45/\$150 90-day Retail Tiers: \$15/\$90/\$135 30-day Mail Order Tiers: \$5/\$30/\$45/\$150 90-day Mail Order Tiers: \$0/\$60/\$90	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.
Non-Part D Drugs Cough and Colds Erectile Dysfunction Weight Loss/Gain Cosmetic and/or Hair Growth Fertility Agents Prescription Vitamins/Minerals	N/A	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.
Utilization Management				
DAW Penalties Included	N/A	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.
QL and PA Included	Yes	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.
Step Therapy Included	Yes	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.
B vs D Drugs Included	Yes	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.
Grievances & Appeals Included	Yes	<i>Single, Pull-down list.</i> 1: Confirmed,	200 words.	200 words.

Public School Teachers’ Pension and Retirement Fund of Chicago Medicare RFP

		2: Not confirmed		
Disease Mgmt. Program Included	Yes	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.
MTM Included	Yes	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.
Subsidies and Penalties				
Low Income Subsidy	Yes	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.
IRMAA	Yes	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.
Late Enrollment Penalty	Yes	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	200 words.	200 words.

3.8 Fee Quotation

3.8.1 Fee Tables

3.8.1.1 Please provide the per-Medicare eligible person (individual) per month premium for the product(s) you are proposing. Provide premiums that you would propose to charge the Fund. All fees should be based on an anticipated effective date of January 1, 2024.

* PIPM = per eligible individual per month

Notes for Medicare Supplement Fee Quotation:

- This will be a new group supplement plan open to anyone eligible for Medicare on or after January 1, 2020.
- No one in the AARP Medigap Plan F will be eligible for the new supplement plan.
- There are 917 individuals currently enrolled in UHC MA PPO and/or Humana MAPD HMO who could choose the new supplement plan for 1/1/2024, instead of continuing in the MA or MAPD plans.
- Additionally, there will be some number of new retirees and age-ins during 2023 that would also be eligible

Public School Teachers' Pension and Retirement Fund of Chicago Medicare RFP

for the new supplement plan for 1/1/2024, in addition to the MA PPO and MAPD HMO plans.

- We have no way to know how many of those eligible for the new supplement plan will select it.

Medicare Supplement Fee Quotation- Fully-Insured Monthly Premium Rates	Cost per PIPM
MS (PIPM)	Dollars.

3.8.1.2 Please provide the per-Medicare eligible person (individual) per month premium for the product(s) you are proposing. Provide premiums that you would propose to charge the Fund. All fees should be based on an anticipated effective date of January 1, 2024.

* PIPM = per eligible individual per month

MA PPO Fee Quotation - Fully-Insured Monthly Premium Rates	Cost per PIPM
MA (PIPM)	Dollars.
Total Lives	The Segal Company (all at once). Integer. All 7,659
Total Premium (PIPM)	For comparison. \$0.00
Monthly Premium	For comparison. \$0
Annual Premium	\$0
Rank	Hidden. For comparison. Rank not available (Incomplete Answer)

3.8.1.3 Please provide the per-Medicare eligible person (individual) per month premium for the product(s) you are proposing. Provide premiums that you would propose to charge the Fund. All fees should be based on an anticipated effective date of January 1, 2024.

* PIPM = per eligible individual per month

MAPD HMO Fee Quotation- Fully-Insured Monthly Premium Rates	Cost per PIPM
MA (PIPM)	Dollars.
PDP (PIPM)	Dollars.
Total Lives	The Segal Company (all at once). Integer. All 561
Total Premium (PIPM)	For comparison. \$0.00
Monthly Premium	For comparison. \$0
Annual Premium	\$0

Public School Teachers’ Pension and Retirement Fund of Chicago Medicare RFP

Rank	Hidden. <i>For comparison.</i> Rank not available (Incomplete Answer)
-------------	--

3.8.2 Fee Questions - All Plans

3.8.2.1 Will you guarantee your rates for multiple years? If so, how long? The Fund Expects a minimum two-year guarantee.

Single, Radio group.

1: Yes, explain: [100 words],

2: No, explain: [100 words]

3.8.2.2 Will quoted rates change based upon the level of actual enrollment among the three plans in 2024? If so please explain.

Single, Radio group.

1: Yes, explain: [100 words],

2: No, explain: [100 words]

3.8.2.3 List all the deviations and coverage exclusions from the current in-network plan designs.

500 words.

3.8.2.4 Do your premiums include commissions that are embedded and cannot be removed?

Single, Radio group.

1: Yes,

2: No, explain: [500 words]

3.8.2.5 Do your fees change based on whether or not commissions are paid? If yes, please provide quotes both including and excluding commissions.

Single, Radio group.

1: Yes, explain: [100 words],

2: No

3.8.2.6 What amount are the commissions/percentages, if included?

100 words.

3.8.2.7 What has been the average percentage increase in your Medicare Advantage PPO, Medicare Advantage HMO and Medicare Supplement premiums in each of the past three (3) years?

	Medicare Advantage PPO	Medicare Advantage HMO	Medicare Supplement
Year 1	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>
Year 2	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>
Year 3	<i>Percent.</i>	<i>Percent.</i>	<i>Percent.</i>

3.8.2.8 Define the renewal methodology you will commit to using in subsequent renewals, including the following:

Public School Teachers' Pension and Retirement Fund of Chicago Medicare RFP

Information Requested	Response
a. Credibility weighting _____% actual claim experience and _____% manual rates.	500 words.
b. Retention PIPM _____. Please break down how your retention is allocated (e.g., marketing, admin, overhead, commissions, premium taxes).	200 words.
c. Please specify the methodology and basis used for plan trend rates.	200 words.

3.8.2.9 Would you agree to assign credibility to the Fund's experience trend? If so, please describe.

Single, Radio group.

1: Yes, explain: [100 words] ,

2: No

3.8.2.10 For the renewal provide any other pertinent assumptions used in your renewal calculations.

100 words.

3.8.2.11 Provide a sample of your renewal calculation worksheet.

Single, Pull-down list.

1: Attached,

2: Not provided

3.8.2.12 Please indicate the actuarial value of all of your proposed plans as compared to the actuarial value of the current plan today and for the alternative plan design (if proposed).

	Response
MA PPO	100 words.
MAPD HMO	100 words.
Medicare Supplement	100 words.

3.8.3 Fee Questions - Medicare Advantage Plans

3.8.3.1 For your organization's Prescription Drug component of your MAPD HMO Plan, please provide a current formulary and any other pertinent information used to assess your proposal. Please provide a list of drugs (by name only) that are on your formulary that are not covered by Medicare Part D in Excel format, including, if available the percentage of utilization of each drug (by name only) as a percentage of all drugs utilized for the last 12 months for your Medicare Prescription Drug book of business. Do not list various strengths of drugs separately.

Single, Pull-down list.

1: Attached,

2: Not provided

Public School Teachers' Pension and Retirement Fund of Chicago Medicare RFP

3.8.3.2 For the MA HMO PD Please advise if the quoted fee includes coverage for lifestyle drugs. If not, please advise on any additional fee(s) if the Fund were to add some or all of the following lifestyle drug buy ups to the plan:

- a. Cough and Colds
- b. Erectile Dysfunction
- c. Weight Loss/Gain
- d. Cosmetic and/or Hair Growth
- e. Prescription Vitamins/Minerals
- f. Fertility Agents

Single, Radio group.

1: Yes, explain: [100 words],

2: No, explain: [100 words]

3.8.3.3 Indicate any utilization management rules including quantity limitations, prior authorization, step therapy or other limitations or requirements for the prescription drug component of the MAPD.

100 words.

3.8.3.4 Please indicate the amount of CMS reimbursement your firm is receiving If segregated by product, please indicate separately for your PPO, HMO and Prescription Drug components.

	Response
MA PPO	<i>100 words.</i>
MA HMO	<i>100 words.</i>
PD on HMO Product	<i>100 words.</i>

3.8.4 Fee Questions - Medicare Supplement Plan

3.8.4.1 Do you include full administration services to include, but not be limited to, billing, enrollment, communications, customer service and claim resolution?

100 words.

3.8.4.2 Is coverage guaranteed issue and guaranteed renewable for each participant?

100 words.

3.8.4.3 Do you provide a discount for couples residing at the same address if both are enrolled and upon enrollment (attainment of age 65) of a spouse or retiree when one is already enrolled?

100 words.

3.8.4.4 Do you allow for ongoing mid-year enrollments of pre-Medicare retirees/spouses upon attainment of age 65 during any plan year (age-ins)?

100 words.

Public School Teachers' Pension and Retirement Fund of Chicago Medicare RFP

3.9 Performance Guarantees

The Fund seeks specific performance guarantees. Please complete the tables below. In addition, you may provide other guarantees designed to differentiate your program. All guarantees shall be set and measured annually. Measurement of performance guarantees may be based on internal self-reporting, subject to independent audit.

3.9.1 Medicare Supplement

Question	Standard	Penalty Amount at Risk	Penalty Amount Due Date
a. Billing accuracy	100 words.	100 words.	100 words.
b. Member telephone response time	100 words.	100 words.	100 words.
c. Member complaint resolution	100 words.	100 words.	100 words.
d. General member survey results	100 words.	100 words.	100 words.
3. Clean implementation (criteria to be mutually agreed in advance of effective date)	100 words.	100 words.	100 words.
f. Delivery of standard reports	100 words.	100 words.	100 words.
g. Mail order turnaround time	100 words.	100 words.	100 words.
h. Pharmacy audit resolution	100 words.	100 words.	100 words.
i. System down time	100 words.	100 words.	100 words.
j. Billing error credit back to plan by next billing cycle	100 words.	100 words.	100 words.
k. Other	100 words.	100 words.	100 words.

3.9.2 MA PPO Plan

Question	Standard	Penalty Amount at Risk	Penalty Amount Due Date
a. Billing accuracy	100 words.	100 words.	100 words.
b. Member telephone response time	100 words.	100 words.	100 words.
c. Member complaint resolution	100 words.	100 words.	100 words.

Public School Teachers' Pension and Retirement Fund of Chicago Medicare RFP

d. General member survey results	100 words.	100 words.	100 words.
3. Clean implementation (criteria to be mutually agreed in advance of effective date)	100 words.	100 words.	100 words.
f. Delivery of standard reports	100 words.	100 words.	100 words.
g. Mail order turnaround time	100 words.	100 words.	100 words.
h. Pharmacy audit resolution	100 words.	100 words.	100 words.
i. System down time	100 words.	100 words.	100 words.
j. Billing error credit back to plan by next billing cycle	100 words.	100 words.	100 words.
k. Other	100 words.	100 words.	100 words.

3.9.3 MAPD HMO Plan

Question	Standard	Penalty Amount at Risk	Penalty Amount Due Date
a. Billing accuracy	100 words.	100 words.	100 words.
b. Member telephone response time	100 words.	100 words.	100 words.
c. Member complaint resolution	100 words.	100 words.	100 words.
d. General member survey results	100 words.	100 words.	100 words.
3. Clean implementation (criteria to be mutually agreed in advance of effective date)	100 words.	100 words.	100 words.
f. Delivery of standard reports	100 words.	100 words.	100 words.
g. Mail order turnaround time	100 words.	100 words.	100 words.
h. Pharmacy audit resolution	100 words.	100 words.	100 words.
i. System down time	100 words.	100 words.	100 words.
j. Billing error credit back to plan by next billing cycle	100 words.	100 words.	100 words.

Public School Teachers’ Pension and Retirement Fund of Chicago Medicare RFP

k. Other	100 words.	100 words.	100 words.
----------	------------	------------	------------

4 Response and Reference Documents

4.1 Certification Form

4.1.1 Complete the attached and upload as part of your response.

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

Attached Document(s): [Public School Teachers’ Pension and Retirement Fund of Chicago Medicare RFP Certification Letter.docx](#)

4.2 Reference Documents

4.2.1 Reference documentation is located on the Manage Documents page. A link has been provided in the left-hand side menu.

The exhibits on Manage Documents provide further details needed to complete the bid evaluation.