



**Town of Bristol
Request for Proposal
Health Insurance**

The Town of Bristol, NH seeks proposals from qualified health insurance providers for health insurance coverage.

Instructions: Three copies of the proposal should be submitted in a sealed envelope to the Kelly Lacasse, Human Resources Coordinator, Board of Selectmen's Office, 230 Lake Street, Bristol, NH 03222. Proposals must be received at this address no later than 3:00PM on Thursday, November 10th, 2011.

Proposal prices must be effective for the period from July 1, 2012 through December 31st, 2013. Contact Kelly Lacasse, at 603-744-3354 ext. 28 to request bid specifications or visit our website at www.townofbristolnh.org.

**** The Town of Bristol reserves the right to accept or reject any and all proposals or parts thereof, to accept the proposal they deem to be in the best interest of the Town, and to waive any bid formality.**



The information below is provided for developing a proposal for the Town of Bristol's health insurance coverage. For additional information, please contact Kelly Lacasse, Human Resources Coordinator, at 603-744-3354 ext. 28 or klacasse@townofbristolnh.org.

The Town of Bristol currently receives its health insurance from Primex. The Town offers one health insurance plan to employees:

Harvard Pilgrim HMO High LWFF \$10/ \$500/ \$1,000; \$10/\$30/\$50 Retail and Mail

Current enrollment:

Individual: 10 subscribers

Two-person: 9 subscribers

Family: 11 subscribers

Retiree's: 5 subscribers (3 are Medicare Enhance)

(Please see the attached summary of benefits)

Proposal Requirements:

- 1) Please propose a health plan which closely resembles the Town's current health plan and suggest alternatives which may be considered.
- 2) Medical subsidy payments are administered by Primex through New Hampshire Retirement System (NHRS) to eligible employees. Proposals must include direct billing options to NHRS.
- 3) COBRA is administered by Primex and the Town would like to continue this practice. Please include this requirement in the proposal.
- 4) Proposals prices must be effective for the period of July 1, 2012 through December 31, 2013 (18 month period) to return to a calendar year policy.



Town of Bristol

Primex³Health
HMO High \$10 \$500 Option (LWFF)

Alternative Carrier:
Plan Name:

Hospital inpatient (Including Day Surgery)	100% after deductible (coronary care, hospital services, intensive care, physician and surgeon services including consultation, room and board)	
Hospital Outpatient	100% (anesthesia, chemo, endoscopic procedures, laboratory tests, x-rays, physician and surgeon services, radiation therapy)	
MRI / CT Scans	100% after deductible	
Emergency Room	\$50 copay (waived if admitted)	
Ambulance Services	100% after deductible	
Preventive Care ¹	100% (routine physical, gynecological and well child examinations; immunizations, including flu shots; breast, cervical and colorectal cancer screenings and other age appropriate screenings)	
Office Visits / Physician Services (Services Coded Other Than Preventive Care)	\$10 copay (allergy tests and treatments, changes and removals of casts, family planning services, nutritional counseling, treatment of temporomandibular joint dysfunction (TMD), sick visits, vision and hearing screenings)	
Allergy Injections	\$5 copay	
Maternity Services	\$10 copay initial visit; prenatal and postpartum care, routine nursery charges for newborn 100%; hospital services for mother including inpatient physician services 100% after deductible	
Routine Eye Exams*	\$10 copay; 1 visit / cy Member Savings Discounts - frames & lenses	
Pediatric Dental Preventive Care*	100% for children under 13; 2 visits / cy including examination, cleaning, x-rays and fluoride treatment	
Prescription Drugs - Retail Pharmacy	\$10/\$30/\$50 for 30 days open formulary	
Prescription Drugs - Mail Order Program	\$10/\$30/\$50 for 90 days open formulary	
Home Health Care Services	100%	
Skilled Nursing Facility Services	100% after deductible, 100 day max / cy	
Inpatient Rehabilitation Services	100% after deductible, 60 day max / cy	
Physical / Speech / Occupational Therapy	\$10 copay, combined 40 visit max / cy	
Chiropractic Care*	\$10 copay, 12 visit max / cy	
Durable Medical Equipment (DME)	80% (breast prostheses, including replacements and mastectomy bras, prosthetic devices, ostomy supplies, prosthetic arms and legs)	
Oxygen and Respiratory Equipment	100%	
Inpatient Mental Health Services	100%	
Inpatient Substance Abuse Services	100%	
Outpatient Mental Health Services	\$10 copay (\$10 if group)	
Outpatient Substance Abuse Services	\$10 copay (\$10 if group)	
Deductible: Individual / Family	\$500 / \$1,000	
Maximum Annual Cost: Individual / Family	\$1,500 / \$3,000 + Rx Copays	
Maximum Lifetime Benefit	Unlimited	

This plan is designed to be in compliance with the Patient Protection and Affordable Care Act of 2010.

This is only a summary of benefits, please consult appropriate schedule of benefits.

¹ Under federal law, the list of preventive care services is subject to change.

* No referral needed for this service.

cy = calendar year

max = maximum

Sep-11



Town of Bristol
Primex³ Health
Medicare Enhance \$5 (30)

Alternative Carrier:
Plan Name:

2011 Medicare
Part A & B Coverage

	2011 Medicare Part A & B Coverage	Alternative Carrier: Plan Name:
Hospital Inpatient (Including Day Surgery)**	Covered Under Part A	
Days 1 - 60 in Benefit Period	100% after Medicare Part A Deductible (\$1,132 per benefit period)	100%
Days 61 - 90 in Benefit Period	100% after Medicare Part A Deductible (\$1,132 per benefit period)	90 day max / benefit period
Hospital Outpatient	100% after Medicare Part B Deductible (\$162 / cy) and Coinsurance (varies by service)	100%
MRI / CT Scans	100% after Medicare Part B Deductible (\$162 / cy) and Coinsurance (varies by service)	100%
Emergency Services	80% after Medicare Part B Deductible and Coinsurance	\$30 copay (waived if admitted)
Ambulance Services	100% after Medicare Part B Deductible	100%
Physician Services / Office Visits Including Preventive Care, Office Visit Charge***	80% after Medicare Part B Deductible and Coinsurance	\$5 copay
Preventive Care	100%	100%
Allergy Injections	100% after Medicare Part B Deductible (\$162 / cy) and Coinsurance (varies by service)	\$5 copay
Routine Eye Exams	100% after Medicare Part B Deductible (\$162 / cy) and Coinsurance (varies by service)	\$5 copay
Prescription Drugs - Retail	100% after Medicare Part B Deductible (\$162 / cy) and Coinsurance (varies by service)	\$5 copay
Prescription Drugs - Mail Order	Not Covered	Member Savings Discounts - frames & lenses \$100 reimbursement - frames & lenses per year open formulary
Home Health Care Services	Not Covered	\$10/\$30/\$50 for 90 days open formulary
Skilled Nursing Facility	Covered Under Part A, 100%	100%
Days 1 - 20		
Days 21 - 100		
Physical / Speech / Occupational Therapy	Covered Under Part A; 100 day max / benefit period	100%
Chiropractic Care	100% after Part A Deductible (\$141.50 per day)	100 day max / benefit period
Durable Medical Equipment (DME)	100% after Medicare Part B Deductible (\$162 / cy) and Coinsurance (varies by service)	\$5 copay for each Medicare covered visit
Inpatient Mental Health	100% after Medicare Part B Deductible (\$162 / cy) and Coinsurance (varies by service)	\$5 copay for each Medicare covered visit
Inpatient Substance Abuse	100% after Medicare Part B Deductible (\$162 / cy) and Coinsurance (varies by service)	100%
Outpatient Mental Health	100% after Part A Deductible	100% max / cy
Outpatient Substance Abuse	100% after Part A Deductible	30 day max / cy
Deductible: Individual	Part A and Part B Deductibles Apply	\$5 copay
Maximum Annual Cost: Individual	Part A and Part B Deductibles/Coinsurance + Rx Costs	\$5 copay
Maximum Lifetime Benefit	Unlimited	24 visit max / cy
		\$500 max / cy
		None
		Copays
		Unlimited

cy = calendar year
 max = maximum
 * This deductible does not include the caregiver provision.
 ** An additional 60 "Lifetime Reserve" days are available to each enrolled member who exceeds the 90 day maximum per benefit period. 2011 Medicare coinsurance for this benefit is \$56 per day.
 A Benefit Period begins the first day of hospitalization and ends after you haven't received any inpatient hospital care for 90 consecutive days.
 ***Office Visit copay may be charged for preventive care services if billed as an office visit.
 Certain benefit maximums may apply. This is only a summary of benefits; please consult appropriate Schedule of Benefits for more information.
 NOTE: Medicare Parts A & B is a calendar year plan. Rates and benefits are subject to change on the first of January each year. The plan year for Medicare Enhance coincides with your employer group's July renewal.