



Gwinnett

GWINNETT COUNTY
DEPARTMENT OF FINANCIAL SERVICES
PURCHASING DIVISION

75 Langley Drive | Lawrenceville, GA 30046-6935
(O) 770.822.8720 | (F) 770.822.8735
www.gwinnettcounty.com

April 16, 2019

**AWARD NOTICE
RP001-19**

Provision of Medical and Pharmacy Benefit Administration on an Annual Contract

Pursuant to the proposals received on January 14, 2019 for proposal RP001-19, Provision of Medical and Pharmacy Benefit Administration on an Annual Contract, the proposal has been awarded to Aetna Life Insurance Company in the amount of \$41,743,972.00. Please note the enclosed proposal tabulation.

We appreciate your proposal and interest in Gwinnett County.

Sincerely,

Dana Garland, CPPB
Purchasing Associate III

DG/bt

Enclosure



RP001-19

Provision of Medical & Pharmacy Benefit Administration on an Annual Contract

Department of Human Resources

			Aetna Life Insurance Company (OS)	Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. d/b/a Anthem Blue Cross and Blue Shield (L)	United HealthCare Services, Inc. (OS)
ITEM #	CRITERIA	POINTS ALLOCATED	TOTAL POINTS	TOTAL POINTS	TOTAL POINTS
1	Ability to Meet GCBOC's Requirements	20	16.33	11.67	16.33
2	Experience and Capabilities	20	16.33	11.33	17.00
3	Network Access and Provider Disruption	10	8.00	2.00	5.50
4	Performance Guarantees	10	8.00	5.00	5.00
5	Pharmacy Capabilities	15	12.75	10.50	11.25
	SUB-TOTAL	75	61.41	40.50	55.08
6	Cost	25	24.52	25.00	22.58
	TOTAL	100	85.93	65.50	77.66

Recommended Vendor:

Aetna Life Insurance Company

Attn: Mark Sternat

151 Farmington Avenue

Hartford, CT 06156

Phone: 800-872-3862

Email: sternatm@aetna.com

RP001-19
 Provision of Medical & Pharmacy Benefit Administration on an Annual Contract
 Department of Human Resources

		Aetna Life Insurance Company (OS)	Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. d/b/a Anthem Blue Cross and Blue Shield (L)	United HealthCare Services, Inc. (OS)
ITEM #	DESCRIPTION			
Medical Financial Details PEPM				
1	Claims	\$1,504.67	\$1,477.17	\$1,508.53
2	Total ASO Fees	\$47.44	\$34.21	\$39.99
3	Base ASO Fee	\$25.49	\$21.00	\$34.24
4	Commissions	\$5.00	\$5.00	\$5.00
5	Utilization Review Fees	Included	Included	Included
6	Network Access Fees	\$4.50	Included	Included
7	MHSA Claims Administration	Included	Included	Included
8	Claims Fiduciary	\$2.40	Included	\$0.75
9	Capitated Charges	N/A	Included	N/A
10	Customized ID Cards	Included	Included	Charges of \$2,500 per card/template (not to exceed \$25,000)
11	Disease Management Program Fees	\$5.20	\$4.52	Included
12	Run-out Fees	Included	6% of run out claims	Processing of run-out claims for six months following the termination of our contract.
13	Other-(Med Query, PHR, Online DM, Member Health Engagement Plan, Health Advisor)	\$4.85	\$0.69	\$0.00
14	Stop Loss Coordination Fee (excluded from total fee)	\$4,600/year	\$3.00	Included
Pharmacy Financial Details				
1	Administrative Fee	\$0.00 PEPM	\$0.00 PEPM	\$0.00 PEPM
2	Retail 30 Day Dispensing Fee	\$0.95 Per Script	\$0.60 Per Script	\$1.00 Per Script
3	Retail 90 Day Dispensing Fee	\$0.80 Per Script	\$0.40 Per Script	\$0.05 Per Script
4	Mail Order Dispensing Fee	\$0.00 Per Script	\$0.00 Per Script	\$0.00 Per Script
5	Retail Brand Minimum AWP Discount Guarantee	17.1%	18.0%	16.4%
6	Retail Generic Minimum AWP Discount Guarantee	80.0%	82.0%	81.0%
7	90 Day Brand Minimum AWP Discount Guarantee	20.1%	20.9%	22.0%
8	90 Day Generic Minimum AWP Discount Guarantee	80.0%	83.0%	81.0%
9	Mail Brand Minimum AWP Discount Guarantee	25.3%	24.0%	25.5%
10	Mail Generic Minimum AWP Discount Guarantee	82.0%	85.0%	86.0%
11	Specialty Minimum Brand AWP Discount Guarantee	17.0% OED	18.5% OED	Drug By Drug
12	Program Implementation Credit/Allowance	N/A	\$5.00 PMPY	Included in PMF
13	Pre-implementation Audit Credit	N/A	\$10,000.00	Included in PMF
14	Other Credit	N/A	PMF \$1.50 PMPY	\$50,000.00
15	Rebate Percentage Shared with the Plan	Greater of 100% per brand script by channel	Greater of 100% per brand script by channel	Greater of 100% per brand script by channel
16	Appeals Fee	\$0.00	\$0.00	\$0.00
17	Prior Authorizations Fee (per review)	\$0.00	\$0.00	\$55.00 Per Review
Enrollment		2,241	2,241	2,241
Total Claims Cost*		\$40,463,615	\$39,724,063	\$40,567,503
Total Admin Fee**		\$1,280,356	\$1,215,415	\$1,075,411
Total Annual Cost		\$41,743,972	\$40,939,478	\$41,642,914

* Claims include an adjustment based on network discount analysis

** Anthem administrative fee includes estimated run-out fees for processing run-out claims