



CITY OF HOUSTON  
DHMO RATE QUOTATION FORM  
EXHIBIT 6A

Please do not alter, add or delete rows. Rates must be self-supporting (not contingent on selling DPPO). You may indicate any discounts to rates if awarded both DPPO and the comments section. Multi-year rates will be given a higher weighting in scoring, followed by rate caps and then one year rates.

Current Benefits				
	7/1/2016 - 6/30/2017	7/1/2017 - 6/30/2018	7/1/2018 - 6/30/2019	7/1/2019 - 6/30/2020
<b>Enrollment Assumptions</b>				
Employee Only / Retiree Only	6,764	6,764	6,764	6,764
Employee + One Dependent / Retiree + One Dependent	2,376	2,376	2,376	2,376
Employee + Family / Retiree + Family	5,301	5,301	5,301	5,301
<b>Total</b>	14,441	14,441	14,441	14,441
<b>Monthly Premium Rates *</b>				
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
Employee + One Dependent	\$0.00	\$0.00	\$0.00	\$0.00
Employee + Family	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total Monthly Premium</b>	\$0	\$0	\$0	\$0
<b>Total Annual Premium</b>	\$0	\$0	\$0	\$0
Are there any additional costs not included in your rates? If so, please identify.				
<b>Rate Guarantees</b>				
Indicate if Rate is Guaranteed as shown, or a Maximum Rate Cap?				
<b>Schedule of Benefits</b>				
Indicate the schedule name/number you are proposing for each year.				
<b>Commissions</b>				
Commissions excluded? If NO, indicate amount in comments				

\* Use tier ratio of 1.0, 2.3, 3.15

<b>Comments</b>
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Authorized Signature	
Authorized Name	
Vendor Name	
Date	
Contact Phone Number	

Current Benefits - Include Anesthesia for Pediatric Patients				
	7/1/2016 - 6/30/2017	7/1/2017 - 6/30/2018	7/1/2018 - 6/30/2019	7/1/2019 - 6/30/2020
<b>Enrollment Assumptions</b>				
Employee Only / Retiree Only	6,764	6,764	6,764	6,764
Employee + One Dependent / Retiree + One Dependent	2,376	2,376	2,376	2,376
Employee + Family / Retiree + Family	5,301	5,301	5,301	5,301
Total	14,441	14,441	14,441	14,441
<b>Monthly Fully Insured Premium Rates*</b>				
Employee Only / Retiree Only	\$0.00	\$0.00	\$0.00	\$0.00
Employee + One Dependent / Retiree + One Dependent	\$0.00	\$0.00	\$0.00	\$0.00
Employee + Family / Retiree + Family	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total Monthly Premium</b>	\$0	\$0	\$0	\$0
<b>Total Annual Premium</b>	\$0	\$0	\$0	\$0
Are there any additional costs not included in your rates? If so, please identify.				
<b>Rate Guarantees</b>				
Indicate if Rate is Guaranteed as shown, or a Maximum Rate Cap?				
<b>Participation</b>				
Minimum Participation Requirements				

\* Use tier ratio of 1.0, 2.3, 3.15

<b>Comments</b>

Authorized Signature	
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Contact Phone Number	

Other - Define (Add additional rate sheets if more than one alternative plan is offered)				
	7/1/2016 - 6/30/2017	7/1/2017 - 6/30/2018	7/1/2018 - 6/30/2019	7/1/2019 - 6/30/2020
<b>Enrollment Assumptions</b>				
Employee Only / Retiree Only	6,764	6,764	6,764	6,764
Employee + One Dependent / Retiree + One Dependent	2,376	2,376	2,376	2,376
Employee + Family / Retiree + Family	5,301	5,301	5,301	5,301
Total	14,441	14,441	14,441	14,441
<b>Monthly Fully Insured Premium Rates*</b>				
Employee Only / Retiree Only	\$0.00	\$0.00	\$0.00	\$0.00
Employee + One Dependent / Retiree + One Dependent	\$0.00	\$0.00	\$0.00	\$0.00
Employee + Family / Retiree + Family	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total Monthly Premium</b>	\$0	\$0	\$0	\$0
<b>Total Annual Premium</b>	\$0	\$0	\$0	\$0
Are there any additional costs not included in your rates? If so, please identify.				
<b>Rate Guarantees</b>				
Indicate if Rate is Guaranteed as shown, or a Maximum Rate Cap?				
<b>Participation</b>				
Minimum Participation Requirements				

\* Use tier ratio of 1.0, 2.3, 3.15

<b>Comments</b>

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Authorized Name	
Vendor Name	
Date	
Contact Phone Number	



7/1/2020-6/30-2021
6,764
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5,301
14,441
\$0.00
\$0.00
\$0.00
\$0
\$0


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