



CITY OF HOUSTON
DPPO (Passive PPO) RATE QUOTATION FORM
EXHIBIT 6B - CURRENT & PROPOSED PLAN DESIGN RATES

If bidding, this form must be completed in its entirety. Please do not alter, add or delete rows. Failure to complete this exhibit as requested may result in rejection. This form must be self-supporting (not contingent on selling the DHMO). You may indicate any discounts to rates if awarded both DPPO and DHMO coverages in the comments. If awarded both DPPO and DHMO coverages, the DPPO rates will be given a higher weighting in scoring, followed by rate caps and then one year rates.

Current Benefits - 90th percentile OON				
	7/1/2016 - 6/30/2017	7/1/2017 - 6/30/2018	7/1/2018 - 6/30/2019	7/1/2019 - 6/30/2020
Enrollment Assumptions				
Employee Only / Retiree Only	4,372	4,372	4,372	4,372
Employee + One Dependent / Retiree + One Dependent	2,095	2,095	2,095	2,095
Employee + Family / Retiree + Family	3,491	3,491	3,491	3,491
Total	9,958	9,958	9,958	9,958
Monthly Fully Insured Premium Rates*				
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
Total Monthly Premium	\$0	\$0	\$0	\$0
Total Annual Premium	\$0	\$0	\$0	\$0
Are there any additional costs not included in your rates? If so, please identify.				
Rate Guarantees				
Indicate if Rate is Guaranteed as shown, or a Maximum Rate Cap?				
Participation				
Minimum Participation Requirements				

* Use tier ratio of 1.0, 2.3, 3.15

Comments

Authorized Signature	
Authorized Name	
Vendor Name	
Date	
Contact Phone Number	

INCREASE THE MAXIMUM ANNUAL BENEFIT LIMIT OF \$1,500 to \$2,000 - 90th percentile OON				
	7/1/2016 - 6/30/2017	7/1/2017 - 6/30/2018	7/1/2018 - 6/30/2019	7/1/2019 - 6/30/2020
Enrollment Assumptions				
Employee Only / Retiree Only	4,372	4,372	4,372	4,372
Employee + One Dependent / Retiree + One Dependent	2,095	2,095	2,095	2,095
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Total	9,958	9,958	9,958	9,958
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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
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Total Annual Premium	\$0	\$0	\$0	\$0
Are there any additional costs not included in your rates? If so, please identify.				
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Participation				
Minimum Participation Requirements				

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INCREASE THE ORTHODONTIC MAXMIUM ANNUAL BENEFITS OF \$1,000 TO \$1,500 - 90th Percentile OON				
	7/1/2016 - 6/30/2017	7/1/2017 - 6/30/2018	7/1/2018 - 6/30/2019	7/1/2019 - 6/30/2020
Enrollment Assumptions				
Employee Only / Retiree Only	4,372	4,372	4,372	4,372
Employee + One Dependent / Retiree + One Dependent	2,095	2,095	2,095	2,095
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Minimum Participation Requirements				

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Minimum Participation Requirements				

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Comments

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Current Benefits - 90th percentile OON - 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
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INCREASE THE MAXIMUM ANNUAL BENEFIT LIMIT OF \$1,500 to \$2,000 - 90th percentile OON - 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
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INCREASE THE ORTHODONTIC MAXMIUM ANNUAL BENEFITS OF \$1,000 TO \$1,500 - 90th Percentile OON - Include Anesthesia for Pediatric P

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INCREASE THE ORTHODONTIC MAXMIUM ANNUAL BENEFITS OF \$1,000 TO \$2,000 - 90th percentile OON - Include Anesthesia for Pediatric P

	7/1/2016 - 6/30/2017	7/1/2017 - 6/30/2018	7/1/2018 - 6/30/2019	7/1/2019 - 6/30/2020
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Comments

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Other - Define (Add additional rate sheets if more than one alternative plan is offered) - 90th percentile OON

	7/1/2016 - 6/30/2017	7/1/2017 - 6/30/2018	7/1/2018 - 6/30/2019	7/1/2019 - 6/30/2020
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PLEASE NOTE: THERE ARE A MINIMUM OF 16 EXHIBITS THAT NEED TO BE COMPLETED. SCROLL DOWN.

on of your offer. Rates
 nents section. Multi-year

7/1/2020-6/30-2021
4,372
2,095
3,491
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\$0.00
\$0.00
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\$0

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Current Benefits - 80th percentile OON			
	7/1/2016 - 6/30/2017	7/1/2017 - 6/30/2018	7/1/2018 - 6/30/2019
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INCREASE THE MAXIMUM ANNUAL BENEFIT LIMIT OF \$1,500 to \$2,000 - 80th percentile			
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7/1/2020-6/30-2021
4,372
2,095
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INCREASE THE ORTHODONTIC MAXMIUM ANNUAL BENEFITS OF \$1,000 TO \$1,500 - 80th Per			
	7/1/2016 - 6/30/2017	7/1/2017 - 6/30/2018	7/1/2018 - 6/30/2019
Enrollment Assumptions			
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Patients

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Are there any additional costs not included in your rates? If so, please identify.			
Rate Guarantees			
Indicate if Rate is Guaranteed as shown, or a Maximum Rate Cap?			
Participation			
Minimum Participation Requirements			

* Use tier ratio of 1.0, 2.3, 3.15

Comments

Authorized Signature	
Authorized Name	
Vendor Name	
Date	
Contact Phone Number	

TED. PLEASE

7/1/2019 - 6/30/2020		7/1/2020-6/30-2021	
4,372		4,372	
2,095		2,095	
3,491		3,491	
9,958		9958	
\$0.00		\$0.00	
\$0.00		\$0.00	
\$0.00		\$0.00	
\$0		\$0	
\$0		\$0	

Centile OON

7/1/2019 - 6/30/2020	7/1/2020-6/30-2021
4,372	4,372
2,095	2,095
3,491	3,491
9,958	9,958
\$0.00	\$0.00
\$0.00	\$0.00
\$0.00	\$0.00
\$0	\$0
\$0	\$0

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centile OON

7/1/2019 - 6/30/2020	7/1/2020-6/30-2021
4,372	4,372
2,095	2,095
3,491	3,491
9,958	9,958
\$0.00	\$0.00
\$0.00	\$0.00
\$0.00	\$0.00
\$0	\$0
\$0	\$0

7/1/2019 - 6/30/2020		7/1/2020-6/30-2021	
4,372		4,372	
2,095		2,095	
3,491		3,491	
9,958		9,958	
\$0.00		\$0.00	
\$0.00		\$0.00	
\$0.00		\$0.00	
\$0		\$0	
\$0		\$0	

Anesthesia for Pediatric Patients	
7/1/2019 - 6/30/2020	7/1/2020-6/30-2021
4,372	4,372
2,095	2,095
3,491	3,491
9,958	9,958
\$0.00	\$0.00
\$0.00	\$0.00
\$0.00	\$0.00
\$0	\$0
\$0	\$0

Anesthesia for Pediatric Patients

7/1/2019 - 6/30/2020	7/1/2020-6/30-2021
4,372	4,372
2,095	2,095
3,491	3,491
9,958	9,958
\$0.00	\$0.00
\$0.00	\$0.00
\$0.00	\$0.00
\$0	\$0
\$0	\$0

Anesthesia for Pediatric Patients

7/1/2019 - 6/30/2020	7/1/2020-6/30-2021
4,372	4,372
2,095	2,095
3,491	3,491
9,958	9,958
\$0.00	\$0.00
\$0.00	\$0.00
\$0.00	\$0.00
\$0	\$0
\$0	\$0

centile OON

7/1/2019 - 6/30/2020	7/1/2020-6/30-2021
4,372	4,372
2,095	2,095
3,491	3,491
9,958	9958
\$0.00	\$0.00
\$0.00	\$0.00
\$0.00	\$0.00
\$0	\$0
\$0	\$0

