EVALUATION CRITERIA

RFP E-37-18 – Group Health Benefits Coverage

VENDOR NAME: Florida Blue (BCBS)

	Criteria	Point Range	Score
1	Prior experience / listed reference level of satisfaction	0-10	10
2	Benefits equal to or better than current plan	0-15	15
3	Provider network	0-15	14
4	Qualifications of personnel	0-15	15
5	Availability of personnel	0-15	15
6	System for paying claims	0-10	10
7	Referral system	0-5	5
8	Premium cost PPO (Employee / Dependent combined)	0-7.5	7
9	Premium cost HMO (Employee / Dependent combined)	0-7.5	7
	Total	**0-100**	98

- Current provider
- excellent customer service for City.
- monthly on-site customer Ser. rep.
- wellness funding of $100,000
- reduced premium to City.
- comply with ACA and Health care reform.

E Beecher 8/1/18 Eddie C. Beecher

Signature of Evaluator Date Printed Name

EVALUATION CRITERIA

RFP E-37-18 – Group Health Benefits Coverage

VENDOR NAME: Deer Oak (EAP)

	Criteria	Point Range	Score
1	Prior experience / listed reference level of satisfaction	0-10	5
2	Benefits equal to or better than current plan	0-15	5
3	Provider network	0-15	10
4	Qualifications of personnel	0-15	10
5	Availability of personnel	0-15	10
6	System for paying claims	0-10	8
7	Referral system	0-5	2
8	Premium cost PPO (Employee / Dependent combined)	0-7.5	0
9	Premium cost HMO (Employee / Dependent combined)	0-7.5	0
	Total	**0-100**	50

- Concern for telephonic consults only VS current personal consults.
- not aquainted with Florida Blue / BCBS as a provider.

E Beecher 8/1/18 Eddie C. Beecher

Signature of Evaluator Date Printed Name

EVALUATION CRITERIA

RFP E-37-18 – Group Health Benefits Coverage

VENDOR NAME: Blue Cross & Blue Shield of Florida Inc

	Criteria	Point Range	Score
1	Prior experience / listed reference level of satisfaction	0-10	10
2	Benefits equal to or better than current plan	0-15	~~10~~ 15
3	Provider network	0-15	15
4	Qualifications of personnel	0-15	15
5	Availability of personnel	0-15	15
6	System for paying claims	0-10	10
7	Referral system	0-5	5
8	Premium cost PPO (Employee / Dependent combined)	0-7.5	7
9	Premium cost HMO (Employee / Dependent combined)	0-7.5	7
	Total	**0-100**	99

Current provider - saving of over 3% from current plan to new proposal.

[signature] 8/1/18 Allison Feurtado

Signature of Evaluator Date Printed Name

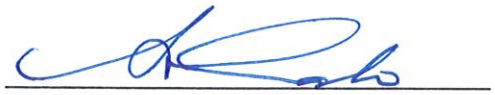
EVALUATION CRITERIA

RFP E-37-18 – Group Health Benefits Coverage

VENDOR NAME: Deer Oaks EAP Services LLC

	Criteria	Point Range	Score
1	Prior experience / listed reference level of satisfaction	0-10	7
2	Benefits equal to or better than current plan	0-15	5
3	Provider network	0-15	0
4	Qualifications of personnel	0-15	15
5	Availability of personnel	0-15	8
6	System for paying claims	0-10	10
7	Referral system	0-5	0
8	Premium cost PPO (Employee / Dependent combined)	0-7.5	0
9	Premium cost HMO (Employee / Dependent combined)	0-7.5	0
	Total	**0-100**	45

Not compatible with our current medical provider - only providing EAP Services not medical or dental Services



8/1/18

Allison Feurtado

Signature of Evaluator | Date | Printed Name

EVALUATION CRITERIA

RFP E-37-18 – Group Health Benefits Coverage

VENDOR NAME: Florida Blue - BCBS

	Criteria	Point Range	Score
1	Prior experience / listed reference level of satisfaction	0-10	10
2	Benefits equal to or better than current plan	0-15	15
3	Provider network	0-15	15
4	Qualifications of personnel	0-15	13
5	Availability of personnel	0-15	14
6	System for paying claims	0-10	10
7	Referral system	0-5	5
8	Premium cost PPO (Employee / Dependent combined)	0-7.5	7
9	Premium cost HMO (Employee / Dependent combined)	0-7.5	7
	Total	**0-100**	96

Current provider proposal with same level of benefits with a 3% rate reduction.

C Lawrence — Signature of Evaluator

8/1/18 — Date

Cindy Lawrence — Printed Name

EVALUATION CRITERIA

RFP E-37-18 – Group Health Benefits Coverage

VENDOR NAME: Deer Oaks

	Criteria	Point Range	Score
1	Prior experience / listed reference level of satisfaction	0-10	5
2	Benefits equal to or better than current plan	0-15	7
3	Provider network	0-15	9
4	Qualifications of personnel	0-15	9
5	Availability of personnel	0-15	5
6	System for paying claims	0-10	4
7	Referral system	0-5	0
8	Premium cost PPO (Employee / Dependent combined)	0-7.5	0
9	Premium cost HMO (Employee / Dependent combined)	0-7.5	0
	Total	**0-100**	39

Counseling services are not strictly one-on-one and in person. Deer Oaks is not a provider under the current health care provider.

C. Lawrence — Signature of Evaluator

8/1/18 — Date

Cindy Lawrence — Printed Name

EVALUATION CRITERIA

RFP E-37-18 – Group Health Benefits Coverage

VENDOR NAME: Blue Cross Blue Shield

	Criteria	Point Range	Score
1	Prior experience / listed reference level of satisfaction	0-10	10
2	Benefits equal to or better than current plan	0-15	15
3	Provider network	0-15	10
4	Qualifications of personnel	0-15	15
5	Availability of personnel	0-15	15
6	System for paying claims	0-10	8
7	Referral system	0-5	5
8	Premium cost PPO (Employee / Dependent combined)	0-7.5	7
9	Premium cost HMO (Employee / Dependent combined)	0-7.5	7
	Total	**0-100**	92

City's incumbent carrier
good proposal
3% Reduction w/ same benefits currently provided

Robert McCaughan
Signature of Evaluator

8/1/18
Date

Robert McCaughan
Printed Name

EVALUATION CRITERIA

RFP E-37-18 – Group Health Benefits Coverage

VENDOR NAME: Deer Oaks EAP Services, LLC

	Criteria	Point Range	Score
1	Prior experience / listed reference level of satisfaction	0-10	8
2	Benefits equal to or better than current plan	0-15	0
3	Provider network	0-15	10
4	Qualifications of personnel	0-15	15
5	Availability of personnel	0-15	10
6	System for paying claims	0-10	5
7	Referral system	0-5	5
8	Premium cost PPO (Employee / Dependent combined)	0-7.5	0
9	Premium cost HMO (Employee / Dependent combined)	0-7.5	0
	Total	**0-100**	53

Limited Response to EAP only. I would not give this proposal consideration to be City's Carrier since it prefers to only provide EAP service

EAP ONLY

Not option as Carrier

Robert McCaughan 8/1/18

Signature of Evaluator Date

Robert McCaughan

Printed Name