

EXHIBIT A-1

SCOPE OF SERVICES/TERMS AND CONDITIONS

THIRD PARTY ADMINISTRATION, INDIVIDUAL STOP LOSS AND AGGREGATE STOP LOSS FOR SELF-FUNDED MEDICAL PLAN, GROUP TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT

RFP No.: **2016-235-07-27-YZV**

Background Information

Hidalgo County (hereinafter referred to as HIDALGO COUNTY) is located in Hidalgo County, Texas. The majority of the 4,100 insured employees, retirees and COBRA participants participating in HIDALGO COUNTY's self-funded health benefit plan use the services of providers located in Hidalgo County, the current enrollments in the Health Plans are available on HIDALGO COUNTY's census attached.

Blue Cross Blue Shield of Texas has insured the Health Plan since February 1, 2008. Initially the plan was a fully insured plan but moved to a self-funded plan on February 01, 2005. The health plans have conformed to the requirements of the PPACA legislation for Grandfathered Health Plans.

The rate history for Blue Cross Blue Shield of Texas stop loss insurance coverage is available on the HIDALGO COUNTY's rate history attachment.

HIDALGO COUNTY desires to receive proposals for continuation of the self-funded health plan based on duplication of existing Plan of Benefits.

You may submit your proposal with the prescription portion of the RFP on a stand alone basis or combined the medical.

QUESTIONNAIRE

1. May HIDALGO COUNTY's Insurance Department speak directly to a claim examiner for questions related to payment of a claim? Yes _____ No _____

2. Are hospital audit charges, medical records, etc – considered eligible expenses related to investigation of claim? Yes _____ No _____

3. May Hidalgo County independently negotiate with providers? Yes _____ No _____

4. Will any claimant be excluded or assigned a higher deductible (lasered)?
Yes _____ No _____

If so, please describe: _____

5. Did you provide a Specimen Stop Loss Contract? Yes _____ No _____

6. Does your Stop Loss insurance contract have any exclusions or limitations that are more restrictive than those used in HIDALGO COUNTY's medical plan document?
Yes _____ No _____

If so, please describe: _____

7. Are the active-at-work and disabled dependent provisions waived for the effective date of the contract? Yes _____ No _____

8. If Centers of Excellence are used for your transplant coverage, please provide specific information about facilities, cost and the procedures to be used: Please attach a benefit description or sample policy schedule with complete information about the benefit plan.

9. What period of time are quoted rates guaranteed? _____

10. Is a longer rate guarantee available? Yes _____ No _____

If so, please describe: _____

11. Are quoted rates net of agent commission, incentives, bonus overrides? Yes _____ No _____

OPTION 1: Hidalgo County is seeking bids that do not include agent commissions, incentive payments, or overrides.

12. Do quoted rates include advance funding for Specific Claims? Yes _____ No _____