



May 14, 2024

AWARD NOTICE
RP001-24
RP001-24 Provision of Self-Insured Medical and Pharmacy Benefit
Administration on an Annual Contract

Pursuant to the proposals received on February 2, 2024 for RP001-24 Provision of Self-Insured Medical and Pharmacy Benefit Administration on an Annual Contract, the proposal has been awarded to Aetna Life Insurance Company in the amount of \$57,639,938.72. Please note the enclosed tabulation.

We appreciate your proposal and interest in Gwinnett County.

Sincerely,

A handwritten signature in blue ink, appearing to read "Dana Garland", written over a blue horizontal line.

Dana Garland, CPPB, FOII, NIGP-CPP
Purchasing Associate III

DG/bc

Enclosure

RP001-24
 Provision of Self-Insured Medical and 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. dba Anthem Blue Cross and Blue Shield (OC)	Cigna Health and Life Insurance Company (OS)	United HealthCare Services, Inc. (OS)
ITEM #	CRITERIA	POINTS ALLOCATED	TOTAL POINTS	TOTAL POINTS	TOTAL POINTS	TOTAL POINTS
Part I - Technical Criteria						
1	Ability to meet Gwinnett County Requirements	10	8.5	5.25	3.75	3.75
2	Network Strategy	10	8.25	5.75	6.25	2.25
3	Account Management and Client Service	10	7.25	5.5	5.75	6.5
4	Implementation and Administration	10	7.75	5.75	5.25	6.5
5	Clinical Programming & Partner Integration	15	12.25	10.25	4.75	10.75
6	Pharmacy Capabilities	15	12	9.75	7.5	4.25
7	References	10	8	6	3	8
Part I Total		80	64	48.25	36.25	42
Part II - Plan Cost & Financial Criteria						
8	Plan Cost/Trend Guarantee	10	9.51	10		
9	Allowances and credits	5	4.03	5		
10	Performance Guarantees - total fees at risk	5	4	5		
Part II Total		20	17.54	20		
Total Points		100	81.54	68.25	36.25	42

Recommended Vendor:
 Aetna Life Insurance Company
 Attn: Mark Sternat
 151 Farmington Avenue
 Hartford, CT 06156
 Phone: 800-872-3862

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		Aetna Life Insurance Company (OS)	Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. dba Anthem Blue Cross and Blue Shield (OC)
Item #	Description		
Medical Financial Details PEPM			
1	Claims	\$1,643.56	\$1,581.55
2	Total ASO Fees	\$63.34	\$50.60
3	Base ASO Fee	\$29.05	\$35.60
4	Commissions	\$5.00	\$5.00
5	Utilization Review Fees	Included	Included
6	Network Access Fees	\$4.50	Included
7	MHSA Claims Administration	Included	Included
8	Claims Fiduciary	\$2.40	Included
9	Subrogation	Included	Included
10	Capitated Charges	N/A	N/A
11	Customized ID Cards	Included	Included
12	Standard Reporting	Included	Included
13	Summary Plan Description (SPD)	Included	Included
14	Summary of Benefits and Coverage (SBCs)	Included	Included
15	Disease Management Program Fees	\$5.60	\$10.00
16	Run-out Fees	Included	9% of paid run-out claims
17	Concierge Customer Service	\$1.60	Included
18	Radiology Management Program	Included	Included
19	Shared Savings Estimate	Included	No estimate
20	Other-(Med Query, PHR, Online DM, Member Health Engagement Plan, Health Advisor)	\$3.05	N/A
21	Aetna One Advisor	\$7.69	N/A
22	Additional On-site Resource (FTE)	\$4.45	N/A
Medical -Ad Hoc Fees		Included	\$2.93
Pharmacy Financial Details			
1	Administrative Fee	\$1.25 PEPM	\$0.95 PEPM
2	Retail 30 Day Dispensing Fee	\$0.35 Per Script	\$0.30 Per Script
3	Retail 90 Day Dispensing Fee	\$0.20 Per Script	\$0.30 Per Script
4	Mail Order Dispensing Fee	\$0.00 Per Script	\$0.00 Per Script
5	Retail Brand Minimum AWP Discount Guarantee	20.4%	20.0%
6	Retail Generic Minimum AWP Discount Guarantee	85.5%	87.5%
7	90 Day Brand Minimum AWP Discount Guarantee	21.6%	24.0%
8	90 Day Generic Minimum AWP Discount Guarantee	89.2%	87.5%
9	Mail Brand Minimum AWP Discount Guarantee	26.3%	25.0%
10	Mail Generic Minimum AWP Discount Guarantee	89.2%	89.5%
11	Specialty Minimum Brand AWP Discount Guarantee	21.8%	23.5%
12	Pre-implementation Audit Credit	N/A	N/A
13	Other Credit	N/A	N/A
14	Rebate Percentage Shared with the Plan	Greater of 100% per brand script by channel	Greater of 100% per brand script by channel
15	Appeals Fee	\$0.00	\$0.00
16	Prior Authorizations Fee (per review)	\$0.00	\$0.00
Enrollment		\$2,812.00	\$2,812.00
Total Claims Cost*		\$55,460,413.76	\$53,367,776.32
Total Admin Fee**		\$2,179,524.96	\$1,838,373.12
Total Annual Cost		\$57,639,938.72	\$55,206,149.44

* Claims include an adjustment based on network discount analysis

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