Request for Proposals

Benefits Consultant

RFP No. 17-28

Issue Date: September 12, 2017

The Philadelphia Parking Authority is soliciting written responses from qualified firms for the procurement of benefit consulting services under a contract for the Philadelphia Parking Authority.

The Philadelphia Parking Authority requests that responses be submitted by:

2:00 PM EST on October 10, 2017

Delivery Instructions:

Proposals may be Mailed or Hand Delivered
All copies of the RFP must be submitted to: Mary Wheeler Manager of Contract Administration 701 Market Street, Suite 5400 Philadelphia, PA 19106
Emailed or Faxed responses will **NOT** be accepted

THE PHILADELPHIA PARKING AUTHORITY
701 MARKET STREET – SUITE 5400
PHILADELPHIA, PA 19106

BENEFITS CONSULTANT
REQUEST FOR PROPOSALS NO. 17-28

INSTRUCTIONS

SUMMARY	
When:	Proposals must be submitted by 2:00 PM, Tuesday, October 10, 2017.
Where:	Philadelphia Parking Authority **Attention: Mary Wheeler, Manager Contract Administration** 701 Market Street, Suite 5400 Philadelphia, PA 19106
How:	Proposals must be sealed and delivered via certified mail, return receipt requested (to include commercial delivery services) or by hand-delivery. Whether mailed or hand-delivered, all envelopes must display the vendor name and must be boldly and clearly handwritten (*not* typewritten) "Benefits Consultant - RFP No. 17-28". All proposals must be presented with one (1) original and seven (7) copies, individually numbered, and an electronic version consisting of one PDF file.
Mandatory Pre-Proposal Meeting	A mandatory Pre-Proposal Meeting will be held in the offices of the Philadelphia Parking Authority ("the Authority"), located at 701 Market Street, Suite 5400, Philadelphia, Pa 19106 on Tuesday, September 19, 2017 at 11:00 AM.

1. Introduction:

This Request for Proposals ("RFP") is being issued by the Philadelphia Parking Authority ("Authority). The Authority is soliciting written proposals from qualified professional employee benefit consultants for the procurement of benefits consulting services under a contract with the Philadelphia Parking Authority. The Authority is a governmental agency and will approve this award at a public meeting subject to Pennsylvania's Sunshine Act. The Authority is entering a new phase in its ongoing efforts to strategically manage costs and maximize value. The objective is to develop relationships with service providers who can, over a sustained period of time, assist the Authority in maximizing the value and quality of services it buys and identify opportunities to reduce costs and improve management processes.

As part of this initiative, the Authority seeks a licensed insurance Broker and Consultant who will assist in assessing the needs and challenges of the Authority and to develop short-term and long-term solutions.

This RFP offers the opportunity for your company to demonstrate its capability to meet the Authority's needs. Based on the results of this information process, it is the Authority's goal to choose one preferred provider who will provide high caliber service while maintaining the integrity of cost containment, value and optimum pricing to provide our organization with maximum value.

During this procurement process the sole contact at the Authority shall be Mary Wheeler, Manager of Contract Administration, at 701 Market Street, Suite 5400, Philadelphia, PA 19106, mwheeler@philapark.org. As a Request for Proposals (RFP), this is not an invitation to bid and although price is important, other pertinent factors will be taken into consideration.

2. Procurement Questions:

Mary Wheeler is the only Authority representative that may be contacted regarding any question or issue related to this RFP. She may be reached at mwheeler@philapark.org.

Prospective Offerors are encouraged to submit questions concerning this Request for Proposals (RFP) in writing no later than 2:00 PM on Friday, September 29, 2017. Questions concerning this RFP are to be submitted via email to Mary Wheeler at mwheeler@philapark.org with "RFP No. 17-28 Benefits Consultant" listed in the subject line. Only questions submitted in writing will be addressed. The Authority will answer all questions in writing to all qualified Offerors. Any furnished answers will not be official until they have been verified, in writing, by the Authority. The Authority shall not be bound by any verbal information nor shall it be bound by any written information that is not either contained within the RFP or formally issued as an addendum by the Authority. The Authority does not consider questions to be a protest of the specifications or of the solicitation.

3. Clarification of Instructions:

Should the prospective Offeror find a discrepancy in or an omission from the Requirements or Instructions to Offerors, or should she or he be in doubt as to the meaning of any term contained therein, the Offeror shall notify **Mary Wheeler, Manager of Contract Administration** via email at mwheeler@philapark.org prior to the question deadline. All clarification requests will be responded to via written addendum that will be provided to all registered Offerors.

4. Restriction of Contact:

From the issue date of this RFP until the Authority's Board approves the awarding of the contract, **Mary Wheeler is the sole point of contact concerning this RFP**. Any violation of this condition may be cause for the Authority to reject the offending Offeror's proposal. If the Authority later discovers that the Offeror has engaged in any violations of this condition, the Authority may reject the offending Offeror's proposal or rescind its award. Offerors must agree not to distribute any part of their proposals beyond the Authority. An Offeror who shares information contained in its proposal with other Authority personnel and/or competing Offeror personnel may be disqualified.

5. Proposal Conditions:

Sealed proposals must be received in the office of the Philadelphia Parking Authority, 701 Market Street, Suite 5400, Philadelphia, PA 19106, by 2:00 PM on Tuesday, October 10, 2017. Each Offeror shall submit to the Authority the information and forms required, which forms and information shall become the property of the Authority and will not be returned to Offerors, unless a written request to withdraw is received prior to the opening of proposals.

6. Signatures Required:

The proposals *must* be signed in ink in all spaces where signatures are required. In cases of corporation, the signature must be that of a duly authorized officer of the corporation and officer's title must be stated. In cases of partnerships, the signature of a general partner must follow the firm name, using the term "A Member of Firm." In cases of an individual use the term "dba" (Company Name) or as sole owner.

7. Instructions for Affidavit of Non-Collusion:

1. The Non-Collusion Affidavit is material to any contract awarded through a public solicitation.

2. This Non-Collusion Affidavit must be executed by the member, officer or employee of the Offeror who makes the final decision on terms and prices identified in the proposal.

3. Bid rigging or collusion and other efforts to restrain competition, and the making of false sworn statements in connection with the submission of bids are unlawful and may be subject to criminal prosecution. The person who signs the Affidavit below should examine it carefully before signing and assure himself or herself that each statement is true and accurate, making diligent inquiry, as necessary, of all other persons employed by or associated with the Offeror with

responsibilities for the preparation, approval or submission of the proposal.

4. In the case of a proposal submitted by a joint venture, each party to the venture must be identified in the proposal documents, and an Affidavit must be submitted separately on behalf of each party.

5. The term "complementary proposal" as used in the Affidavit has the meaning commonly associated with that term in the request for proposal process, and includes the knowing submission of proposals higher than the proposal of another firm, any intentionally high or noncompetitive proposal, and any other form of proposal submitted for the purpose of giving a false appearance of competition.

6. Failure to file an Affidavit in compliance with these instructions will result in disqualification of the proposal.

8. Proposal Format:

All proposals submitted must conform to the following format requirements. A transmittal letter signed by a person authorized to engage the Offeror in a contract must be included in your proposal. Proposals must be submitted on letter size (8 ½" x 11") paper. The point size font for text must be 10 to 12, and 6 to 8 for exhibits. All documents must contain a one-inch margin. For exhibits, 11x17 paper is acceptable. An electronic version of the Proposal Form can be provided to all prospective Offerors upon request. Forms that are altered by the offeror may be grounds for rejection of the Offerors response.

The tab requirements are as follows:

Tab A - Submittal Letter
Tab B - Experience
Tab C - References
Tab D - Proposal Form and Cost Proposal
Tab E - Technical Response
Tab F - Insurance Requirements
Tab G - Financial Statements
Tab H - Unacceptable Contract and Insurance Terms
Tab I - Additional Information

9. Submittal Letter (TAB A):

Offerors shall submit a cover letter, signed by an authorized principal or agent of the firm, which provides an overview of the respondent's proposal, as well as the name, title, email address and phone number of the person to whom the Authority may direct questions concerning the proposal. Include a statement by the Offeror accepting all terms and conditions contained in this RFP, signed by an officer or individual with authority to bind the firm.

10. Experience (TAB B):

Offerors are to provide a summary of their firm's expertise and experience with health plan analysis and design representing organizations, including government agencies, non-profits and educational institutions in the Commonwealth of Pennsylvania within the past five years.

This summary must include your firm's experience in benefits consulting as described in the Requirements, provide detailed resumes of persons proposed to work directly with the Authority and indicate the level of responsibility of each person (professional staff only).

Resumes are to include educational qualifications and previous work assignments that relate to this RFP. The primary employee anticipated to represent the Authority must be named.

11. References (TAB C):

Offerors must have a minimum of eight years' experience in benefit consulting specified in the Scope of Services, including each of the last 3 years. A minimum of three (3) client references, which encompass the services outlined in this RFP, particularly from other governmental agencies, should be submitted. The client references must include the name of the organization, address, email address, telephone number, individual contact person, the dates services were performed and a description of the services provided.

12. Proposal Form and Fee Proposal (TAB D):

The proposal form contained within this RFP must be submitted in its entirety (except the proposal decline form). All signature lines must be executed in ink (on the original only).

The proposal shall provide an annual fixed fee (zero commissions) to include all services outlined in the Requirements section of the RFP. The fee will be payable by the Authority in twelve equal monthly installments, in arrears. The term of the contract will be one year, with four annual one-year renewals at the Authority's sole discretion. If the Offeror seeks a different fee for any of the five one-year terms, they should be clearly identified in the proposal. Fees will not be negotiated after the contract award.

The consultant's only permitted source of income, revenue or compensation earned in connection with any Authority account is the annual fixed flat rate paid by the Authority. Any other source of income, revenue, consideration or compensation, including, but not limited to, commissions and overrides received by the consultant in connection with an Authority account, must be disclosed and with remitted to the Authority or subtracted from the annual fee proposed.

13. Technical Response (TAB E):

Consultant shall demonstrate a complete understanding of the Authority's requirements, demonstrate their ability to meet all requirements and outline a clear and concise plan to meet the requirements. All questions and request for information detailed in the Requirements portion of this RFP shall be included in this section.

14. Insurance Requirements (TAB F):

The successful Offeror will be required to submit Insurance Coverage as outlined in the Requirements. Each proposal must include a sample certificate of insurance from a recent project that meets the requirements or a letter from its insurance company indicating that they will provide the required insurances as outlined in this RFP.

15. Financial Statements (TAB G):

Financial statements for the last three years that have been audited or reviewed by an independent certified public accountant that is not an employee of the vendor must be submitted. Financial statements need only be included with the original proposal or in a separate envelope marked "Confidential – Company Name".

16. Contract Negotiation:

If successful, this procurement process will result in the presentation of a completed final-form contract to the Authority's Board for approval at a public meeting. To advance that goal a sample contract is included in the Requirements section of this solicitation. Please review the sample contract carefully. Any exceptions or requested changes to the contract **must be clearly noted in the proposal (Tab H)** in order to be considered.

Exceptions or requested changes to the sample contract will be considered a **part of the proposal.** Exceptions or requested changes to the sample contract should be made with great care. The Authority may reject all or some of those changes or exceptions, in its sole discretion.

The successful Offeror will be expected to commence the provision of services upon the execution of a contract for one year. The contract will provide for a series of four subsequent one-year renewals in the Authority's sole discretion at no additional cost to the Authority beyond that provided in contract. The Authority will provide 30 days of notice of its decision to renew this contract. The Authority may terminate the contract at any time in its sole discretion as provided in Section 6 of the sample contract.

17. Contractor Integrity Provisions:

The Authority's Contractor Integrity Provisions are attached to the proposed form contract as Exhibit "A". Those Provisions apply to every Authority contractor and any party seeking to contract with the Authority. By submitting a proposal to this public procurement process, the potential contractor agrees to comply with the Contractor Integrity Provisions.

18. Executed Contract Required:

By submitting a proposal in response to this RFP the Offeror agrees that the Authority will not be bound to any contract, performance or payment obligation until the Authority's Board votes to award a contract to the successful

Offeror and the Authority's Executive Director signs the written contract.

19. Business Licenses:

The proposal should include the Offeror's Philadelphia Activity License (formerly Business Privilege License) number and the Offeror's Federal Tax ID number. If the Offeror does not currently have a Philadelphia Activity License, it must obtain one no later than five business days after the Board awards the contract or sooner. If the Offeror does not believe that it needs a Philadelphia Activity License, an explanation with references to statute and/or the Philadelphia Code should be included with the proposal.

20. Rejection or Acceptance of Proposals:

An Evaluation Committee comprised of Authority personnel will review all proposals. Discussions and negotiations may be conducted with responsible Offerors for the purpose of clarification and of obtaining best and final offers. Responsible offers shall be accorded fair and equal treatment with respect to any opportunity for discussion and revision of proposals. In conducting discussions, there shall be no disclosure of any information derived from proposals submitted by competing Offerors.

The responsible Offeror whose proposal is determined in writing to be the most advantageous to the Authority, taking into consideration price and all evaluation factors, shall be selected for contract negotiation. In the event the negotiation reveal that a proposal is not the most advantageous or the Offeror selected for negotiation defaults or withdraws from negotiation, the Evaluation Committee may select another proposal for negotiation then determined to be the most advantageous to the Authority, taking into consideration price and all evaluation factors. The Authority may cancel the RFP and reject all proposals at any time prior to award by the Board.

The Authority reserves the right to waive any irregularities in the completion of the forms and papers enclosed in this schedule; to accept or reject any or all proposals; to re-advertise for proposals if desired, and to accept any proposal which, in the judgment of the Authority, will be in the Authority's best interest.

Any form which is required to be submitted and which is incomplete, conditional, obscure, contains additions not called for and not approved by the Authority, or which contains irregularities of any kind, may be cause for rejection of the proposal, in the sole discretion of the Authority. At any time up to the hour and date set for opening of proposals, an Offeror may withdraw its proposal. Such withdrawal must be in writing and sent to the Authority at the address set forth herein by a nationally recognized overnight courier service, certified mail, return receipt requested, or delivered in person. Such withdrawal shall be effective only upon receipt by the Authority evidenced by written confirmation of such receipt and will preclude the submission of another proposal by such Offeror. After the scheduled time for opening of proposals, no Offeror will be permitted to withdraw their proposal, and each Offeror hereby agrees that their proposal shall remain firm for the contract period. A proposal made and opened may be withdrawn with the written permission of the Authority, if the Authority determines in its sole discretion that the proposal is inconsistent with the best interest of the Authority.

21. Unacceptable Proposals:

No proposal will be accepted from or selection made of any person, firm or corporation that is in arrears or in default to the Authority upon any debt or contract, or whose insurer or banking institution is in default as surety or otherwise upon any obligation to the Authority, or has failed in the sole opinion of the Authority to faithfully perform any previous contract with the Authority.

22. Subcontracting:

Any use of subcontractors by an Offeror must be identified in the proposal. During the contract period, use of any subcontractors by the selected Offeror, which were not previously identified in the proposal, must be approved in advance in writing by the Authority.

23. Evaluation and Award:

The Authority determined that it is was not advantageous for it to use a bidding process in order to secure the services identified in this request because it wished to consider criteria other than price in the award process, in particular, the Offeror's qualification, experience and local workforce.

The Authority will evaluate offers consistent with the requirements and specification of this RFP and determine the most responsive Offerors as follows:

- The firm's technical response as evidenced by the proposal submitted……..**Weight: 30%**
- The background and experience of the firm in providing similar services, as well as specific relevant background, education, qualifications and relevant experience of key personnel to be assigned to this contract.....**Weight: 25%**
- Proposed fees and costs, although the Authority is not bound to select the firm who proposes the lowest fees. The Authority reserves the right to negotiate fees with the selected firm……..**Weight: 30%**
- Disadvantaged Business Enterprise (DBE) participation……..**Weight: 5%**
- Information obtained by the Authority from Offeror's references or other clients…….**Weight: 5%**
- Exceptions to form of contract (fewer exceptions equates to more points)……**.Weight: 5%**

24. Notification of Offeror Selection:

The Evaluation Committee will study and evaluate all proposals which are received in accordance with the instructions set forth in the proposal package and may select an Offeror or multiple Offerors and notify all other Offerors of the selection within sixty (60) days after the date the proposals are opened. Such notice shall be in writing and mailed to the address furnished by each respective Offeror in the Submittal Letter. The selected Offeror(s) shall not start the performance of any work prior to the effective date of the Contract and the Authority shall not be liable to pay the selected Offeror for any service or work performed or expenses incurred before the effective date of the Contract. Costs incurred by the Offeror in the preparation of the proposal or during any review or negotiations shall be born exclusively by the Offeror.

25. DM-DBE/DW-DBE/DS-DBE/ Participation:

The Authority values contractual relationships with Minority Business Enterprises (M-DBE), Women Business Enterprises (W-DBE) and Disabled Business Enterprises (DS-DBE) and requests that any such offerors identify themselves by completing the Disadvantaged Business Enterprise (DBE) Participation Submittal form. Any form of discrimination based on race, sex or any other protected class in hiring or subcontracting will result in a termination of the proposal review or contract.

26. Standard Practices:

All work performed under the contract shall be subject to inspection and final approval by the Authority, through the Executive Director or her designee.

27. Document Disclosure:

While documents exchanged by or with the Authority or its agents during this process may be protected from public release by certain terms of Pennsylvania's Right to Know Law (65 P.S. §§67.101–67.3104), Pennsylvania's Procurement Code, or other laws, most documents are not be protected. All Offerors are advised to seek counsel or otherwise educate themselves regarding open records requirements in Pennsylvania.

28. Statement of No Proposal:

All Prospective Offerors that do not intend to submit a proposal are asked to complete the Proposal Decline Form enclosed in the proposal documents. This document must be emailed to the attention of Mary Wheeler, Manager of Contract Administration at mwheeler@philapark.org. Specific comments and observations are encouraged.

29. Shipping and Delivery:

The vendor will be responsible for all shipping and delivery costs required to support the proposal.

THE PHILADELPHIA PARKING AUTHORITY
701 MARKET STREET – SUITE 5400
PHILADELPHIA, PA 19106

BENEFITS CONSULTANT
REQUEST FOR PROPOSALS NO. 17-28

REQUIREMENTS

Scope of Work:

The Philadelphia Parking Authority seeks the services of a benefits consultant with significant experience representing a broad range of clients, particularly those in the public sector to negotiate all group benefit contracts and to solicit competitive quotes from prospective carriers.

The successful Offeror will provide the following benefit consulting services for employee benefit programs to include, but not be limited to the following:

1. Review and make recommendations regarding existing benefit plans, modifications to the existing plan design, cost (rates) and potential benefit plans and options. Recommendations will be presented to the Authority for consideration two months prior to expiration of each policy.
2. Review the Authority's benefits programs on a continuing basis to ensure that the plans are in compliance with governmental regulations and assist with compliance reporting. Alert the Authority regarding any employee communication / distribution deadlines and provide sample documents that may be used to notify employee of any changes.
3. Provide assistance with benefit issues related to coverage, claims, billing and other related matters that may arise during the normal course of business.
4. Provide detailed reporting regarding desired insurance packages and potential carriers to include an analysis of proposals and recommendations.
5. Assist and advise the Authority in contract negotiations with benefit plan providers on matters including, but not limited to, premium rates, benefit levels, performance standards and guarantees, contractual terms and conditions, quality assurance standards, utilization and performance reports, statistical and/or financial reports, and plan specific data such as medical conditions, prescription drugs, high cost procedure, in-patient data, etc.
6. Provide consulting and guidance with respect to government mandates such as FMLA, COBRA, HIPPA, ADA, ACA, USERRA, etc.
7. Provide open enrollment support including, but not limited to, developing timeline, assisting with the development of open enrollment materials, developing and printing sufficient copies of a benefit summary guide, coordinating and participating in open enrollment meetings as reasonable requested.
8. Identify a key contact person to be available to answer questions and resolve issues that arise during the contract period regarding employee benefits packages.
9. Assist the Authority in gathering information from carriers to satisfy internal audits of benefit plans.
10. Provide stop-loss analysis every six month for review.
11. Provide quarterly claims reporting and analysis at least 45 days after the close of each quarter. Quarterly claims reporting and analysis will be provided to the Authority staff either in person or via formal teleconference.

These are minimum expectations. The Authority anticipates that professionals responding to this RFP will provide additional insight, if necessary.

QUESTIONAIRE

Benefits Consultant: All proposals must contain written responses to the following questions or requests for information.

1. Briefly describe your organization and governance structure. Include your experience and qualifications in servicing large groups and carrier alliances. Describe your experience with organizations of similar size, makeup and demographic which may or may not include public entities.
2. Confirm that you serve as a consultant or broker, independently, and are not affiliated with any insurance company, third party administrative agency or provider network.
3. Provide a statement of assurance to the effect that your firm is not currently in violation of any regulatory rules and regulations that may have an impact on your firm's operations.
4. Provide background, industry affiliations and credentials of key management.
5. Outline your ability to negotiate all group benefit contracts of the Authority and to solicit competitive quotes from competing carries.
6. Provide a detailed description of how you can maintain current carrier relationships.
7. Define your marketplace expertise and your ability to negotiate the best rates with existing and alternative carriers.
8. Outline your ability to provide expertise and experience in the areas of health benefits plan analysis and design. Explain in detail the types of analysis you conduct.
9. Describe your expertise in vendor management and auditing, specifically in regard to Third Party Administrators (TPAs).
10. Describe your ability to perform stop-loss analysis.
11. Describe your support before, during and after Open Enrollment.
12. Describe what type of employee communications and education support your company provides? Is this an in-house service or outsourced?
13. Describe how your company will support our organization's efforts to comply with all relevant Health and Welfare Benefits regulation? Describe how you ensure that your clients are kept in compliance, and what type of resources are would be available for the Authority (e.g. filing 1095 form).
14. Describe your knowledge of Healthcare Reform legislation and how you will support us in keeping current with its details and compliant with its regulations.
15. Describe what assistance is provided by your organization for the training and development of our staff on compliance issues.
16. Attach a sample insurance renewal proposal you firm prepared for a client of similar size and complexity of the Authority. You may redact any identifying information deemed proprietary to that client.
17. Attach a sample of claims/analysis/stop-loss reporting that you have prepared for a similar client of size and complexity of the Authority. You may redact identifying information deemed proprietary to that client.
18. Identify what added value your firm will provide access to beyond your firm's internal expertise (e.g. pharmacy specialist).

CURRENT BENEFIT PLANS

All benefit plans have plan years that start April 1 and end March 31 of the following year.

Healthcare
Independence Blue Cross (plan administrator)
HM Insurance (stop-loss provider integrated with prescription drug)
Incumbent carrier since April 1, 2006
Benefit plan self-funded since April 1, 2015
Contract expires April 1, 2018
Approximately 600 Current and Retirees

Prescription Drug
Meritain (plan administrator and COBRA administrator)
CVS/Caremark (pharmacy benefit manager)
HM Insurance (stop-loss provider integrated with healthcare)
Incumbent carrier since April 1, 2016
Benefit plan self-funded since April 1, 2006
Contract expires April 1, 2018
Approximately 640 Current and Retirees

Dental
Delta Dental of Pennsylvania
Incumbent carrier since January 1, 2012
Benefit plan self-funded since April 1, 2016
Contract expires April 1, 2018
Approximately 675 Current and Retirees

Vision Care
Vision Benefits of America
Incumbent carrier since April 1, 2006
Benefit plan fully insured
Contract expires April 1, 2018
Approximately 675 Current and Retirees

Life and Disability
CIGNA
Incumbent carrier since April 1, 2014
Benefit plan fully insured
Contract expires April 1, 2020
Approximately 1050 Current, Union and Retirees

Retiree Medical Plan
The Hartford (medigap supplement provider)
Benistar (plan administrator)
Incumbent carrier since January 1, 2014
Benefit plan fully insured since January 1, 2014
Contract expires December 31, 2017
Approximately 91 Retirees

Group Life Insurance

Class 1: 1.5 times annual salary rounded to highest thousand dollars; cap of $250,000
Class 2: $25,000 flat benefit amount
Class 3: $30,000 flat benefit amount
Class 4: $8,000 flat benefit (District Council 33 employees who retired before 2005)
Class 5: $12,000 flat benefit (District council 33/47 employees who retired after 2005)

Group Short-Term Disability

Class 1: Benefit amount – lesser of $400 per week or 60% of weekly wage
Benefit period – 52 weeks
Elimination period – 14 days

Class 2: Benefit amount - $300 per week flat benefit
Benefit period – 26 weeks
Elimination period – 7 weeks

Group Long-Term Disability

Class 1: Benefit amount – 60% of monthly wage, cap of $5,000
Benefit period – Normal social security retirement age
Elimination period – 52 weeks
Definition of disability – own occupation 2 years, any occupation after 2 years

Attachments:

A. Healthcare Summary Plan
B. HMO Plan Summary
C. POS Plan Summary
D. PPO Plan Summary
E. Delta Dental Summary
F. Vision Benefits of America Summary
G. Group Retiree Insurance Plan Summary

THE PHILADELPHIA PARKING AUTHORITY
INSURANCE AND INDEMNIFICATION REQUIREMENTS
RFP No. 17-28 BENEFITS CONSULTANT

Prior to commencement of the contract and until completion of your work, _____ shall, at its sole expense, maintain the following insurance on it's own behalf, with an insurance company or companies having an A.M. Best Rating of "A-: Class VII" or better, and furnish to The Philadelphia Parking Authority Certificates of Insurance evidencing same. Coverage must be written on an "occurrence" basis (exception – professional and environmental/pollution liability may be written on a "claims-made basis) and shall be maintained without interruption through the entire period of this agreement.

1. Workers' Compensation and Employers Liability: in the State in which the work is to be performed and elsewhere as may be required and shall include, where applicable, U.S. Longshoremen's and Harbor Workers' Coverage.
   a) Workers' Compensation Coverage: Statutory Requirements
   b) Employers Liability Limits not less than:

Bodily Injury by Accident:	$500,000 Each Accident
Bodily Injury by Disease:	$500,000 Each Employee
Bodily Injury by Disease:	$500,000 Policy Limit

2. Commercial General Liability: including Premises-Operations, Independent Contractors, Products/Completed Operation, Broad Form Property Damage, Contractual Liability (including Liability for Employee Injury assumed under a Contract), and Personal Injury Coverage.
   a) Occurrence Form with the following limits:

(1)	General Aggregate:	$2,000,000
(2)	Products/Completed Operations Aggregate:	$1,000,000
(3)	Each Occurrence:	$1,000,000
(4)	Personal and Advertising Injury:	$1,000,000
(5)	Fire Damage (any one fire):	$ 50,000
(6)	Medical Expense (any one person):	$ 5,000

   b) General Aggregate must apply on a Per Location Basis
   c) Owner must be named as additional insured as shown in requirement #10.

3. Automobile Liability: (Note: if no owned vehicles, show at least hired and non owned coverage)
   a) Coverage to include:
      (1) All Owned, Hired and Non-Owned Vehicles
      (2) Contractual Liability Coverage (including Liability for Employee Injury assumed under a Contract)
   b) Per Accident Combined Single Limit: $1,000,000
   c) Owner must be named as additional insured as shown in requirement #10.

4. Excess / Umbrella Liability Insurance with a minimum acceptable limit of coverage of $5,000,000 (or the final limit decided to be appropriate) per occurrence and aggregate. Such coverage shall be excess of the general liability insurance, business auto liability insurance, employers liability & cyber liability as required by this contract. Owner must be named as additional insured as shown in requirement #10. If the excess liability does not cover over the cyber liability insurance, then the required minimum cyber liability insurance limit will be $5,000,000.

1. If professional services are involved - Professional (E&O) Liability Insurance with minimum acceptable limits of $1,000,000 per claim, $2,000,000 aggregate. Claims-made is acceptable.

2. If any work involves or includes handling, transporting, disposing or performing work or operations with hazardous substances or constituents, contaminants, waste, toxic materials, or any potential pollutants – Environmental/Pollution Liability Insurance with minimum acceptable limits of $3,000,000 per occurrence. Owner must be named as additional insured as shown in requirement #10. Claims-made is acceptable.

3. If any work involves web-based or cyber services – Cyber Liability Insurance, including 3rd party privacy, with minimum limits of $1,000,000 per claim and excess limits as described in requirement #4 above. Owner must be named as additional insured as shown in requirement #10.

4. Deductibles or Self Insured Retention's: "if applicable"
None of the policies of insurance required by this agreement shall contain deductibles or self-insured retention's in excess of $25,000. _____ is responsible to pay any and all deductibles and/or self-insured retentions that may apply to the required insurance.

9. Financial Rating of Insurance Companies:
   a) A.M. Best Rating: A- (Excellent) or Higher
   b) A.M. Best Financial Size Category: Class VII or Higher

10. The Philadelphia Parking Authority, The City of Philadelphia, The Commonwealth of Pennsylvania its agents, employees, representatives, officers and directors individually and collectively, shall be added as ADDITIONAL INSUREDS on the policies as noted above even for claims regarding their Sole Negligence. _____'s coverage shall be primary and non-contributory to any other coverage available to Philadelphia Parking Authority, including, without limitation, coverage maintained by Philadelphia Parking Authority wherein Philadelphia Parking Authority is named insured, and that no act of omission shall invalidate the coverage.

11. It is agreed that _____ insurance will not be cancelled, materially changed or non-renewed without at least thirty (30) days written notice to The Philadelphia Parking Authority, 701 Market Street, Suite 5400, Philadelphia, PA 19106, by Certified Mail-Return Receipt Requested.

12. Waiver of Rights of Recovery and Waiver of Rights of Subrogation:
   a) _____ waives all rights of recovery against The Philadelphia Parking Authority and all additional Insureds for loss or damage covered by any of the insurance maintained by _____ pursuant to this Contract.
   b) _____ and its respective insurance carriers hereby waive all rights of subrogation against The Philadelphia Parking Authority and all additional insureds for loss or damage covered by any of the insurance maintained by _____ Pursuant to this contract.
   c) If any of the policies of insurance required under this Contract require an endorsement to provide for the waiver of subrogation set forth in b, above, then the named insured's of such policies will cause them to be endorsed.

13. The amount of insurance provided in the aforementioned insurance coverages, shall not be construed to be a limitation of the liability on the part of the _____.

None of the requirements contained herein as to the types, limits, or Philadelphia Parking Authority's approval of insurance coverage to be maintained by _____ are intended to and shall not in any manner, limit, qualify, or quantify the liabilities and obligations assumed by _____ under the Contract Documents, any other agreement with _____, or otherwise provided by law.

14. Any type of insurance or any increase in limits of liability not described above which the Authority requires for its own protection or on account of statue shall be its own responsibility and at its own expense.

15. The carrying of insurance shall in no way be interpreted as relieving _____of any responsibility or liability under the contract.

16. Prior to the commencement of work or use of premises,_____ shall file Certificates of Insurance with The Philadelphia Parking Authority, which shall be subject to The Philadelphia Parking Authority's approval of adequacy of protection and the satisfactory character of the insurer. The Certificates of Insurance should be mailed within five days of receipt of these insurance requirements to The Philadelphia Parking Authority, 701 Market Street, Suite 5400, Philadelphia, PA 19106, regardless of when your work will start. Project description and Job Number must be shown on the Certificate of Insurance.

    In the event of a failure of _____ to furnish and maintain said insurance and to furnish satisfactory evidence thereof, The Philadelphia Parking Authority shall have the right (but not the obligation) to take out and maintain the same for all parties on behalf of _____ who agrees to furnish all necessary information thereof and to pay the cost thereof to The Philadelphia Parking Authority immediately upon presentation of an invoice.

17. Failure of _____ to obtain and maintain the required insurance shall constitute a breach of contract and _____ will be liable to the Philadelphia Parking Authority for any and all cost, liabilities, damages, and penalties (including attorney's fees, court, and settlement expenses) resulting from such breach, unless the Philadelphia Parking Authority provides _____ with a written waiver of the specific insurance requirement.

18. None of the requirements contained herein as to the types, limits, or PPA's approval of insurance coverage to be maintained by _____ are intended to and shall not in any manner, limit, qualify, or quantify the liabilities and obligations assumed by _____ under the Contract Documents, any other agreement with the PPA, or otherwise provided by law.

19. _____ shall require all subcontractors (of every tier) to meet the same insurance criteria as required of _____. The subcontractor's insurance must name the PPA as additional insured. _____ shall maintain each subcontract's certificate of insurance on file and provide such information to the PPA for review upon request.

20. Failure of _____ to provide insurance as herein required or failure of PPA to require evidence of insurance or to notify _____ of any breach by _____ of the requirements of this Section shall not be deemed to be a waiver of any of the terms of the Contract Documents, nor shall they be deemed to be a waiver of the obligation of _____ to defend, indemnify, and hold harmless the indemnified parties as required herein. The obligation to procure and maintain any insurance required is a separate responsibility of _____ and independent of the duty to furnish a copy or certificate of such insurance policies.

21. _____ agrees to indemnify, hold harmless and defend The Philadelphia Parking Authority, The City of Philadelphia, The Commonwealth of Pennsylvania and their agents, employees, representatives, officers and directors (the "Indemnified Parties" individually and collectively) from and against any and all liability for loss, damage or expense for which the Indemnified Parties may be held liable by reason of injury (including death) to any person (including _____ employees/volunteers) or damage to any property of whatsoever kind or nature arising out of or in any manner connected with the activities of _____ whether or not due in whole or in part to any act, omission, or negligence of the Indemnified Parties or any of their agents, employees, representatives, officers, directors, stockholders, Subcontractors, third parties or parent, subsidiary and affiliated companies, whether known or unknown to The Philadelphia Parking Authority or _____ . It is expressly understood and agreed that the indemnity contained in this paragraph covers claims by _____ employees / volunteers. It is further expressly agreed _____ assumes the fullest extent of all obligations to indemnify and defend all parties whom The Philadelphia Parking Authority is obligated to indemnify and defend in The Philadelphia Parking Authority's contract with others (whether or not such obligations may extend beyond those addressed in this Agreement.)

AGREEMENT FOR EMPLOYEE BENEFITS CONSULTANT SERVICES
BY AND BETWEEN
THE PHILADELPHIA PARKING AUTHORITY
AND _____

Contract No. K-17-00___

THIS AGREEMENT effective as of the ____ day of _____, 2017 by and between **The Philadelphia Parking Authority**, an agency of the Commonwealth of Pennsylvania and a body corporate and politic, with its principal address at 701 Market Street, Suite 5400, Philadelphia, PA 19106 (the **"Authority"**) and _____ with a registered address at _____, _____, _____ (**"Company"**).

WITNESSETH:

WHEREAS, the Authority, a public body corporate and politic organized and existing under the Act of 2001, June 19, P.L. 287, No. 22, as amended;

WHEREAS, the Authority sought the assistance of a professional employee benefits consultant to advise the Authority concerning its search for innovative and cost-efficient employee benefits providers through Request for Proposal No. 17-28 "Benefits Consultant" (hereinafter "RFP"), a true and correct copy of the RFP is attached hereto as Exhibit "B";

WHEREAS, upon review of Company's Proposal responding to the RFP submitted to the Authority on _____, ("Proposal") the Authority's Board voted at a public meeting to award this contract to Company. A true and correct copy of the Proposal is attached hereto as Exhibit "C".

NOW, THEREFORE, in consideration of the covenants and conditions contained herein, intending to be legally bound, the parties hereto hereby agree as follows:

1. SERVICES.

The Authority hereby engages and Company hereby agrees to provide services ("Services") as provided below:

A. To provide Services identified in Section _____ of the Proposal in the most cost effective manner utilizing personnel at the level of competence required relative to the nature of the work, and to follow all applicable federal, state, or local laws; and

B. To coordinate the fulfillment of this Agreement with the Authority's Project Manager for the implementation of the Services. The Authority's Project Manager shall be William R. Raymond, who may be reached at 215-683-_____ or by e-mail at _____@philapark.org. However, the parties agree that only the Authority's Board or Executive Director may consent to any alteration or amendment to this Agreement, and in each such case in writing.

C. To comply fully with all requirements and terms of this Agreement, the RFP and the Proposal.

2. TERM.

The term of this Agreement shall commence on the date first written above and shall end one (1) year thereafter, with four (4) one-year Options to Renew at the sole discretion of the Authority, subject to the other provisions of this Agreement. The Authority shall provide 30 days written notice of its option to renew for each one-year term permitted by this Agreement. The term of this Agreement may not be extended beyond 5 years.

3. CONSIDERATION AND PAYMENT.

A. For the provisions of Services described herein, the Authority shall pay the Company in accordance with Section _____ of its _____(date) Proposal. Company agrees to accept such amounts resulting from the Services performed as the sole and full compensation for such Services.

B. The Company shall invoice the Authority monthly and in arrears for payment for Services as provided in this Agreement in a form acceptable to the Authority. All invoices shall be forwarded to _____at the Authority's address provided above.

C. At no time will Company be reimbursed for any administrative or overhead costs incurred by Company in fulfilling the terms of this Agreement, including, but not limited to, any time, fees or expenses associated with Company's travel, fuel, lodging, food, or photocopying in connection with Company's Services without the advanced written approval of the Project Manager.

4. NO SOLICITATION/CONFLICTS OF INTEREST.

A. Company does hereby warrant and represent that the laws of the Commonwealth of Pennsylvania have not been violated as they relate to the procurement or performance of this Agreement by any conduct, including payment or giving of any fee, commission, compensation, gift, gratuity or consideration of any kind, directly or indirectly to any Authority employee, officer or Company.

B. To the best of Company's knowledge, no Authority member or officer, and no employee of the Authority has any interest (whether contractual, non-contractual, financial or otherwise) in this transaction or in the business of Company. If such transaction comes to the knowledge of the Company at any time, a full and complete disclosure of such information shall be made to the Authority.

C. Company hereby acknowledges receipt and acceptance of the Authority's Contractor Integrity Provisions attached hereto as Exhibit "A". Company, for itself, its agents and employees agrees to adhere to the Contractor Integrity Provisions and understands that failure to do so may result in the cancellation of this contract and the reporting of any offending event for investigation.

5. INABILITY OF COMPANY TO PERFORM.

The inability of Company to perform or provide the Services under this Agreement, for any reason, shall automatically terminate this Agreement, whereupon all liabilities or obligations for payment hereunder shall terminate as of the date of such termination.

6. TERMINATION FOR CONVENIENCE OF AUTHORITY.

The Authority and Company agree that this Agreement may be terminated by the Authority with or without cause upon five (5) days' notice in writing by the Authority to Company. If the Agreement is terminated by the Authority, as provided herein, Company will be paid any compensation outstanding for the Services satisfactorily performed pursuant to Section 3 herein for the period prior to the date of termination. In such event, all memoranda, records, data, information and other documents prepared by Company shall become the property of the Authority and shall be forthwith delivered to the Authority. The payments to be made to Company hereunder are the Company's sole remedy and right with respect to termination under this paragraph.

7. GENERAL TERMS AND CONDITIONS.

A. Right to Know Law Provisions.

1. The Pennsylvania Right-to-Know Law, 65 P.S. §§ 67.101-3104, ("RTKL") applies to this Agreement.

2. If the Authority requires the assistance of the Company as to any request or other issue related to the RTKL in regard to this Agreement ("Requested Information"), it will notify the Company using the contact information provided in this Agreement. Upon written notification from the Authority that it requires the Company's assistance in responding to such a request under the RTKL the Company must:

i. Provide the Authority, within 5 days after receipt of written notification, with copies of any document or information in the Company's possession arising out of this Agreement that the Authority reasonably believes is Requested Information and may be a public record under the RTKL; and

ii. Provide such other assistance as the Authority may reasonably request, in order to comply with the RTKL with respect to this Agreement.

3. If the Company considers the Requested Information to be exempt from production under the RTKL, the Company must notify the Authority and provide, within 5 days of receiving the written notification, a written statement signed by a representative of the Company explaining why the requested material is exempt from public disclosure under the RTKL and identifying the specific provision of the RTKL that renders some or all of the Requested Information exempt from disclosure.

4. The Authority will rely upon the written statement from the Company in denying a RTKL request for the Requested Information unless the Authority determines that the Requested Information is clearly not protected from disclosures under the RTKL. In the event the Authority determines that the Requested Information is clearly not exempt from disclosure, the Company must provide the Requested Information to the Authority within 5 days of receipt of written notification of the Authority's determination.

5. The Authority will reimburse the Company for any costs associated with complying with these provisions only to the extent allowed under the fee schedule established by the Office of Open Records or as otherwise provided by the RTKL if the fee schedule is inapplicable.

6. If the Company fails to provide the Requested Information as provided in paragraph No. 4. ("Company's Refusal") the party requesting the information may have the right to challenge that failure to disclose before the Pennsylvania Office of Open Records ("OOR") and potentially the courts. Company hereby understands and agrees that the Authority will not argue in favor of the Company's non-disclosure of the Requested Information and will inform the tribunal that it directed Company to produce such information.

7. In the event of administrative or legal proceedings, or both, related to Company's Refusal, the following will apply:

i. Company will defend the Authority, at its sole cost, before an agency or court as to any matter or claim related to Company's Refusal. Company will provide that defense through independent legal counsel agreed to in advance by the Authority, in its sole discretion.

ii. Company further agrees that it will indemnify and hold the Authority harmless for any damages, penalties, costs, detriment or harm that the Authority may incur as a result of the Company's failure to releases Requested Information, including any statutory damages or order to pay any party's attorney's fees.

8. As between the parties, the Company agrees to waive all rights or remedies that may be available to it as a result of the Authority's disclosure of Requested Information pursuant to the RTKL.

9. The Company's duties relating to the RTKL are continuing duties that survive the expiration or termination of this Agreement and shall continue as long as the Company has Requested Information in its possession.

B. Force Majeure.

Neither contracting party will be liable for inadequate performance to the extent caused by a condition (for example, natural disaster, act of war or terrorism, riot, labor condition and governmental action) that was beyond the party's reasonable control.

C. No Third-Party Beneficiaries.

There are no third-party beneficiaries to this Agreement.

D. Maintenance of Records.

Regardless of the impact of the Right-to-Know Law, Company shall maintain all data, records, memoranda, statements of services rendered, correspondence and copies thereof, in adequate form, detail and arrangement, for the Authority's benefit for a minimum of three (3) years following the termination or expiration of this Agreement. Such information must be maintained in a secure and professionally reasonable manner. Thereafter, Company shall contact the Authority before disposing of any such materials and the Authority may direct that some or all of such materials be delivered to the Authority.

E. Assignment.

This Agreement may not be transferred or assigned by Company without the prior written consent of the Authority which consent may be withheld in the sole discretion of the Authority, any transfer or assignment made without the prior written consent of the Authority shall be void.

F. Non-Discrimination.

Company agrees to abide by all legal provisions regarding non-discrimination in hiring and contracting made applicable by federal, state and local laws.

G. Notices.

Any legal notice or demand given by one party to the other under this Agreement shall be in writing and served by a delivery service, against written receipt or signed proof of delivery addressed to the other party at the address set forth above, unless a party shall have provided written notice to the other identifying a new address for notice. Notice to the Authority shall be labeled "c/o/ General Counsel". All notices shall be deemed given on the day after the notice was given to the courier or Postal service.

H. Captions.

The captions in this Agreement are for convenience only and are not a part of this Agreement and do not in any way define, limit, describe or amplify the terms and provisions of this Agreement or the scope or intent thereof.

I. General Indemnity.

Company, for itself, its successors, assigns, agents, and sub-Contractors hereby agrees to indemnify, hold harmless and defend the Authority and its agents, employees, representatives, attorneys, officers and directors (the Indemnified Parties) from and against any and all liability for losses, (including those related to business interruption), damage (including special, consequential and incidental) liabilities, claims, demands, causes of action or expense (including attorney's fees and expenses) for which the Indemnified Parties may be held liable by reason of injury (including death or workers compensation) to any person (including Company's employees) or damage to any property of whatsoever kind or nature arising out of or in any manner connected with the work to be performed for the Indemnified Parties (including, but not limited to, work performed under this contract, work performed under Change Order, or any such other work performed for or on behalf of the Indemnified Parties). This obligation to indemnify, defend and hold harmless shall survive termination of this Agreement.

J. Entire Agreement.

This Agreement contains the entire agreement of the parties with respect to the matter covered by this Agreement. No other agreement, statement, representation, understanding or promise made by any party or by any employee, officer, or agent or any party, that is contained in this Agreement, shall be binding or valid. Any revisions, additions, and/or modifications of this Agreement must be set forth in writing and signed by all parties.

K. Exhibits and Interpretation.

All Exhibits to this Agreement are hereby incorporated by reference as though set forth fully herein. The contracting parties acknowledge and agree that (i) each party reviewed and negotiated the terms and provisions of this Agreement and has contributed to it; and (ii) the rule of construction to the effect that any ambiguities are resolved against the drafting party shall not be employed in the interpretation of the Agreement, regardless of which party was generally responsible for the preparation of this Agreement.

L. Order of Precedence.

In the event of an inconsistency between provisions of this Agreement, it shall be resolved by giving precedence in the following order: (1) the main body of this Agreement (not including Exhibits); (2) the RFP (Exhibit "B"), (3) the Company's Proposal (Exhibit "C") and (4) all other exhibits. It is Company's responsibility to study this Agreement and to report at once in writing to the Authority any errors, inconsistencies, discrepancies, omissions or conflicts discovered between any provisions of the Agreement. Any work performed by the Company prior to receiving a written response from the Authority with respect to any alleged error, inconsistency, discrepancy, omission or conflict shall be at the Company's own risk and expense.

M. Specific Proposals.

It is understood that the Authority shall have the absolute discretion to accept, reject or modify any proposal or offer which Company may bring to the Authority's attention during the term of this Agreement. The Authority may direct that Company suspend or modify any of its Services related to this Agreement at any time.

N. Independent Contractor.

Company agrees that it, as well its employees, are independent contractors as to any Services provided and this Agreement is not intended to create any form of employment relationship.

O. Applicable Law and Venue.

This Agreement shall be governed by and interpreted and enforced in accordance with the laws of the Commonwealth of Pennsylvania (without regard to any conflict of laws provisions) and the decisions of the Pennsylvania courts. The parties hereto irrevocably consent to the exclusive jurisdiction of the First Judicial District of Pennsylvania, being the Philadelphia Court of Common Pleas and waiving any claim or defense that such forum is not convenient or proper. Company agrees that the Philadelphia Court of Common Pleas shall have *in personam* jurisdiction over it, and consents to service of process in any manner authorized by Pennsylvania law.

P. Taxes.

1. Company hereby certifies that neither it, nor any of its parent or subsidiary entities, is delinquent or overdue in the payment of any tax or fee to the City or County of Philadelphia or the Commonwealth of Pennsylvania. Company also certifies that its Philadelphia Activity License No. is: _____. Company further certifies that its Federal Tax ID. No. is: _____.

2. As an agency of the Commonwealth of Pennsylvania, and a local government agency, the Authority is exempt from the payment of state and local sales and use and other taxes on material, equipment or other personal property. Company agrees that the fees, prices or rates stated in this Agreement (1) do not include any state or local taxes, surcharges or fees on the Authority in connection with this transaction, and (2) do include all other applicable taxes for which Company is liable. In the event Company's performance under this Agreement creates a tax liability, such taxes, including but not limited to, real estate taxes, school taxes, use & occupancy taxes, and sales taxes shall be the sole obligation of Company, and Company shall maintain current accounts as to the payment of such taxes and be liable over to the Authority for any taxes assesses against the Authority as a result of Company's performance under this Agreement.

Q. Ownership of Authority Materials.

As between the parties, the Authority shall own and retain all right, title and interest in and to all Authority data, records, policies, statements, advertisements, programs, procedures, files, any and all Authority Provided Resources, such as, documents, or data provided by the Authority, including but not limited to the RFP, and all written summaries, findings and reports, and proposed policies and procedures produced by Company pursuant to this Agreement.

R. Insurance.

Company agrees to provide the Authority the appropriate certificates of insurance in accordance with the Insurance Requirements of the RFP.

S. Waiver.

No term or provision hereof shall be deemed waived by the parties unless such waiver or consent shall be in writing signed by both parties. No breach shall be excused unless it is in writing signed by the non-breaching party.

T. Separation Clause.

If any provision of this Agreement, or the application of any provision to any person or circumstances, is held invalid or unenforceable, the remainder of this Agreement and the application of such provision(s) to other persons or circumstances shall remain valid and enforceable.

IN WITNESS WHEREOF, and intending to be legally bound pursuant to the Uniform Written Obligations Act, 33 P.S. 6, the parties have set their hands and seals on the date first above written.

The Philadelphia Parking Authority

Attest:_____

Print Name:_____

Print Title:_____

By:_____
Clarena I.W. Tolson
Executive Director

APPROVED AS TO FORM

By: _____
Office of General Counsel

Company Name

Witness: _____

Print Name:_____

Print Title:_____

By: _____

Print Name: _____

Print Title:_____

EXHIBIT A
Philadelphia Parking Authority
CONTRACTOR INTEGRITY PROVISIONS

1. Definitions.

a. **Confidential Information** means information that is not public knowledge, or available to the public on request, disclosure of which would give an unfair, unethical, or illegal advantage to another desiring to contract with the Authority.

b. **Consent** means written permission signed by a duly authorized officer or employee of the Authority, provided that where the material facts have been disclosed, in writing, by prequalification, bid proposal, or contractual terms, the Authority shall be deemed to have consented by virtue of execution of this Contract.

c. **Contractor** means the individual or entity that has entered into this Contract with the Authority, including directors, officers, partners, managers, key employees, and owners of more than a 5% interest.

d. **Contractor Related Parties** means any affiliates of the Contractor and the Contractor's officers and directors.

e. **Financial interest** mean any financial interest in a legal entity engaged in business for profit which comprises more than 5% of the equity of the business or more than 5% of the assets of the economic interest in indebtedness

f. **Gift** means any conveyance of anything of value, including cash, a gratuity (tip), favor, entertainment (including tickets to sporting events), travel, food, drink, a loan, employment or services.

2. The Contractor shall maintain the highest standards of integrity in the performance of this Contract and shall take no action in violation of state or federal laws, regulations, or other requirements that govern contracting with the Authority, including these Contractor Integrity Provisions.

3. The Contractor shall not disclose to others any confidential information gained by virtue of this Contract.

4. Contractor, its affiliates, agents, employees and anyone in privity with Contractor shall not, in connection with this or any other agreement with the Authority, directly or indirectly, offer, confer, or agree to confer any pecuniary benefit or gift on anyone, for any reason, including as consideration for the decision, opinion, recommendation, vote, other exercise of discretion, or violation of a known legal duty by any officer or employee of the Authority.

5. Contractor confirms that no Authority officer or employee holds a financial interest in Contractor.

6. Contractor shall have no financial interest with or in any other contractor, subcontractor, or supplier providing services, labor, or material under this contract, unless the financial interest is disclosed to the Authority in writing and the Authority consents to Contractor's financial interest prior to the Authority's execution of the contract. Contractor shall disclose the financial interest to the Authority at the time of bid or proposal submission, or if no bids or proposals are solicited, no later than Contractor's submission of the contract signed by Contractor.

7. When Contractor has reason to believe that any breach of ethical standards as set forth in law or these Contractor Integrity Provisions has occurred or may occur, including but not limited to contact by an Authority officer or employee which, if acted upon, would violate such ethical standards, Contractor shall immediately notify the Authority contracting officer or the Authority's Office General Counsel in writing.

8. Contractor, by submission of its bid or proposal and/or execution of this contract and by the submission of any bills, invoices or requests for payment pursuant to the contract, certifies and represents that it has not violated any of these Contractor Integrity Provisions in connection with the submission of the bid or proposal, during any contract negotiations or during the term of the contract, to include any extensions thereof.

9. Contractor agrees to reimburse the Authority for the reasonable costs of investigation incurred by the Authority's Office of General Counsel, or its designee, for investigations of the Contractor's compliance with the terms of this or any other agreement between the Contractor and the Authority that results in the suspension or debarment of the Contractor. Contractor shall not be responsible for investigative costs for investigations that do not result in the Contractor's suspension or debarment.

10. Contractor shall cooperate with the Authority's Office of General Counsel, or its designee, in its investigation of any alleged officer or employee breach of ethical standards and any alleged Contractor non-compliance with these Contractor Integrity Provisions. Contractor agrees to make identified Contractor employees available for interviews at reasonable times and places. Contractor, upon the inquiry or request of an investigator, shall provide, or if appropriate, make promptly available for inspection or copying, any information of any type or form deemed relevant by the Authority's designated investigator to Contractor's integrity and compliance with these provisions. Such information may include, but shall not be limited to, Contractor's business or financial records, documents or files of any type or form that refer to or concern this contract. Contractor shall incorporate this paragraph in any agreement, contract or subcontract it enters into in the course of the performance of this contract/agreement solely for the purpose of obtaining subcontractor compliance with this provision. The incorporation of this provision in a subcontract shall not create privity of contract between the Authority and any such subcontractor, and no third party beneficiaries shall be created thereby.

11. For violation of any of these Contractor Integrity Provisions the Authority may terminate this and any other contract with Contractor, claim liquidated damages in an amount equal to the value of anything received in breach of these Provisions, claim damages for all additional costs and expenses incurred in obtaining another contractor to complete performance under this contract, and debar and suspend Contractor from doing business with the Authority. These rights and remedies are cumulative, and the use or non-use of any one shall not preclude the use of all or any other. These rights and remedies are in addition to those the Commonwealth may have under law, statute, regulation, or otherwise.

12. Contractor certifies to the best of its knowledge and belief that within the last five (5) years Contractor or Contractor Related Parties have not:

a) been indicted or convicted of a crime involving moral turpitude or business honesty or integrity in any jurisdiction;
b) been suspended, debarred or otherwise disqualified from entering into any contract with any governmental agency;
c) had any business license or professional license suspended or revoked;
d) had any sanction or finding of fact imposed as a result of a judicial or administrative proceeding related to fraud, extortion, bribery, bid rigging, embezzlement, misrepresentation or anti-trust; and
e) been, and is not currently, the subject of a criminal investigation by any federal, state or local prosecuting or investigative agency and/or civil anti-trust investigation by any federal, state or local prosecuting or investigative agency.

If Contractor cannot so certify to the above, then it must submit along with its bid, proposal or contract a written explanation of why such certification cannot be made and the Authority will determine whether a contract may be entered into with the Contractor. The Contractor's obligation pursuant to this certification is ongoing from and after the effective date of the contract through the termination date thereof. Accordingly, the Contractor shall have an obligation to immediately notify the Authority in writing if at any time during the term of the contract if becomes aware of any event which would cause the Contractor's certification or explanation to change. Contractor acknowledges that the Authority may, in its sole discretion, terminate the contract for cause if it learns that any of the certifications made herein are currently false due to intervening factual circumstances or were false or should have been known to be false when entering into the contract.

Exhibit "B"
Request for Proposal

Exhibit "C"
Company's Proposal

NAME OF PRIME OFFEROR.....

THE PHILADELPHIA PARKING AUTHORITY
701 MARKET STREET – SUITE 5400
PHILADELPHIA, PA 19106

BENEFITS CONSULTANT
REQUEST FOR PROPOSALS No. 17-28

PROPOSAL FORM

1. The undersigned submits this proposal in response to the above referenced Request for Proposal No. 17-28 ("RFP"), being familiar with and understanding the advertised notice of opportunity, Instructions, Proposal Form, Affidavit of Non-Collusion, Requirements, and Addenda if any (the "Proposal Documents"), as prepared by the Philadelphia Parking Authority and posted on the Authority's Internet website and on file in the office of the Authority at 701 Market Street, Suite 5400, Philadelphia, Pa 19106. The party submitting a proposal is the "Offeror".

2. The Authority reserves the right to withdraw and cancel this request for proposal process prior to opening or to reject any and all proposals after proposals are opened if in the best interest of the Authority, in the Authority's sole discretion. If the Authority accepts Offeror's proposal, Offeror agrees to execute a contract memorializing the proposal's terms if the contract is delivered to Offeror within 60 days of the proposal opening date. This provision will not be interpreted to preclude the execution of a contract related to this RFP outside of that 60 day period.

3. Offeror acknowledges receipt of the following addenda:

Addendum	Date
_____	_____
_____	_____
_____	_____

4. **Cost Proposal:** The proposal shall provide an annual fixed fee (zero commissions) to include all services outlined in the Requirements section of the RFP and the offerors proposal. The fee will be payable by the Authority in twelve equal monthly installments, in arrears. The consultant's only permitted source of income, revenue or compensation earned in connection with any Authority account is the annual fixed flat rate paid by the Authority. Any other source of income, revenue, consideration or compensation, including, but not limited to, commissions and overrides received by the consultant in connection with an Authority account, must be disclosed and with remitted to the Authority or subtracted from the annual fee proposed.

5. **Term of Contract:** The successful Offeror will be expected to commence the provision of services upon the execution of a contract for one year. The contract will provide for a series of four subsequent one-year renewals in the Authority's sole discretion at no additional cost to the Authority beyond that provided in contract. The Authority will provide 30 days of notice of its decision to renew this contract.

NAME OF PRIME OFFEROR.....

6. Requirement Statement: The undersigned Offeror agrees to provide Benefits Consultant Services as specified in the Requirements, any Addenda, if issued and the Offeror's Proposal.

_____
Signature

_____
Name
(Please Print)

_____
Title

_____
Date

7. Offeror Signatures:

If offer is by an individual or partnership, form must be dated and signed here:

Signature of Owner of Partner	Business Name of Offeror
Typed or Printed Name	Street Address
Title	City/State/ ZIP Code
Date	Telephone Number

If proposal is by a corporation, form must include the date and be signed here by (a) President or Vice President, and (b) Secretary, Assistant Secretary, Treasurer, or Assistant Treasurer, and (c) a corporate seal must be affixed. If this form is not so signed, a corporate resolution authorizing form of execution must be attached to this proposal.

Signature	Signature
Typed or Printed Name	Typed or Printed Name
Title	Title
Business Name of Offeror	
Street Address	SEAL:
City/State/ZIP Code	
Telephone Number	
Date	

8. Affidavit of Non-Collusion:

State of: _____ RFP No. _____
County of: _____

I state that I am _____ (Title) of _____ (Name of my organization) and that I am authorized to make this affidavit on behalf of my firm, and its owners, directors, and officers. I am the person responsible in my firm for the price(s) and the amount of this proposal and I have placed my signature below.

I state that:

(1) The price(s) and amount of this proposal have been arrived at independently and without consultation, communication or agreement with any other contractor, Offeror or potential Offeror.

(2) Neither the price(s) nor the amount of this proposal, and neither the terms nor the approximate price(s) nor approximate amount of this proposal, have been disclosed to any other firm or person who is a bidder or potential offeror, and they will not be disclosed before proposal opening.

(3) No attempt has been made or will be made to induce any firm or person to refrain from submitting a proposal in response to this RFP, or to submit a proposal higher than this proposal, or to submit any intentionally high or noncompetitive proposal or other form of complementary proposal.

(4) The proposal of my organization is made in good faith and not pursuant to any agreement or discussion with, or inducement from, any firm or person to submit a complementary or other noncompetitive bid. I have read, understand and will abide by the Authority's Contractor Integrity Provisions.

(5) _____ (my organization's name) its affiliates, subsidiaries, officers, directors and employees are not currently under investigation by any governmental agency and have not in the last four years been convicted or found liable for any act prohibited by State or Federal law in any jurisdiction, involving conspiracy or collusion with respect to bidding on any public contract, except as follows:

I state that _____ (my organization's name) understands and acknowledges that the above representations are material and important and will be relied on by The Philadelphia Parking Authority when awarding the contract for which this proposal is submitted. I understand and my organization understands that any misstatement in this affidavit is and shall be treated as fraudulent concealment from The Philadelphia Parking Authority of the true facts relating to the submission of bids / proposals for this contract.

_____
Signature

SWORN TO AND SUBSCRIBED
BEFORE ME THIS _____DAY
OF 2017

_____
Printed Name

_____
Notary Public
My Commission Expires: _____

9. Qualifications:

a.	**Type of business**:	Individually owned	□
	Check one	Partnership	□
		Corporation	□
		Other	□
b.	**Number of employee**s:	Under 25	□
	Check one	Under 50	□
		Under 100	□
		Over 100	□

c. If you have had previous contracts with the Authority, list date and product or service provided:

i.....

ii.....

iii.....

d. Philadelphia Business Activities License Number: _____

e. Federal EIN Number:_____

INTENTIONALLY

LEFT BLANK

Philadelphia Parking Authority

DISADVANTAGED BUSINESS ENTERPRISE (DBE) PARTICIPATION SUBMITTAL

RFP Name and Number: _____

Offeror Firm: _____

Offeror Name: _____ Email: _____

OFFEROR INFORMATION:

Is your firm a verified Disadvantaged Minority (DM-DBE), Disadvantaged Disabled (DS-DBE), and/or Disadvantaged Women Owned Businesses (DW-DBE)? □ Yes □ No (MUST check one)

If yes, please identify each category that applies to your business:

1. _____.
2. _____.
3. _____. (attach additional sheets if necessary)

The Offeror will need to attach confirmation of the DBE designation by a reviewing governmental agency in the Commonwealth of Pennsylvania. This confirmation can include the City of Philadelphia, the Commonwealth government, including the Department of General Services or another governmental entity engaged in the confirmation of disadvantaged businesses.

MANAGER CONTRACT ADMINISTRATION
THE PHILADELPHIA PARKING AUTHORITY
701 MARKET STREET, SUITE 5400
PHILADELPHIA, PA 19106

Proposal Decline Form: RFP No. 17-28 – Benefits Consultant

If you did not submit an offer to the Authority for this solicitation, please return this form immediately.

The undersigned vendor declines to submit an offer for this project.

Name: _____

□ Requirements too "tight" (explain below)
□ Unable to meet time period for responding to this RFP
□ We do not offer this product or service
□ Our schedule would not permit us to perform
□ Unable to meet Requirements
□ Unable to meet Bond/Insurance Requirements
□ Requirements unclear (explain below)
□ Unable to meet Insurance Requirements
□ Unable to meet Contract Requirements (explain below)
□ Other (specify below)

Comments:

Upon completion of this form, please email the form to Mary Wheeler, Manager of Contract Administration at mwheeler@philapark.org.

Attachment A

Healthcare Plan Summary

Independence | **Phila Parking Authority**

Coverage Period: Beginning on or after 04/01/2013

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: HUSBAND/WIFE | **PlanType:** HMO

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.ibx.com or by calling 1-800-ASK-BLUE.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	$0	See the chart starting on page 2 for your other costs for services this plan covers.
Are there other deductibles for specific services?	No.	You don't have to meet **deductibles** for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out-of-pocket limit on my expenses?	$1,000 person / $2,000 family	The **out-of-pocket limit** is the most you could pay during a policy period for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit?	Coinsurance, deductibles, premiums, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the **out-of-pocket limit**.
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for *specific* covered services, such as office visits.
Does this plan use a network of providers?	Yes. See **www.ibx.com/find_a_provider** or call **1-800-ASK-BLUE** for a list of participating providers.	If you use an in-network doctor or other health care **provider**, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network **provider** for some services. Plans use the term in-network, **preferred**, or participating for **providers** in their **network**. See the chart starting on page 2 for how this plan pays different kinds of **providers**.
Do I need a referral to see a specialist?	Yes. Electronic referral required.	This plan will pay some or all of the costs to see a **specialist** for covered services but only if you have the plan's permission before you see the **specialist**
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed in the Excluded Services & Other Covered Services section. See your policy or plan document for additional information about **excluded services**.

- **Copayments** are fixed dollar amounts (for example, $15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is $1,000, your **coinsurance** payment of 20% would be $200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges $1,500 for an overnight stay and the **allowed amount** is $1,000, you may have to pay the $500 difference. (This is called **balance billing**.)
- This plan may encourage you to use participating **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use		Limitations & Exceptions
		a Referred Provider	an Out Of Network Provider	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$15 Copayment	Not Covered	----------none----------
	Specialist visit	$30 Copayment	Not Covered	PCP referral required.
	Other practitioner office visit	$30 Copayment	Not Covered	Spinal manipulations limited to 20 visits per benefit period. PCP referral required.
	Preventive care / screening / immunization	No Charge	Not Covered	Age and frequency schedules may apply.
If you have a test	Diagnostic test (x-ray, blood work)	$30 Copayment(X-Ray)/ No Charge(Blood Work)	Not Covered	PCP referral required for x-rays. Requisition form required for lab work.
	Imaging (CT/PET scans, MRIs)	$30 Copayment	Not Covered	Precertification required. Imaging copay not applicable if performed in ER or office setting.
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at http://www.ibx.com/preapproval	Generic drugs	$5 Copayment (Retail)/ $5 Copayment (1-30 days supply)(Mail Order); $5 Copayment (31-90 days supply)(Mail Order)	70%	Prior authorization required on some drugs; age, gender and quantity limits for some drugs; days supply limits on retail & mail order.

Common Medical Event	Services You May Need	Your Cost If You Use		Limitations & Exceptions
		a Referred Provider	an Out Of Network Provider	
	Preferred brand drugs	$25 Copayment (Retail)/ $25 Copayment (1-30 days supply)(Mail Order); $25 Copayment (31-90 days supply)(Mail Order)	70%	Prior authorization required on some drugs; age, gender and quantity limits for some drugs; days supply limits on retail & mail order.
	Non-preferred brand drugs	$40 Copayment (Retail)/ $40 Copayment (1-30 days supply)(Mail Order); $40 Copayment (31-90 days supply)(Mail Order)	70%	Prior authorization required on some drugs; age, gender and quantity limits for some drugs; days supply limits on retail & mail order.
	Specialty drugs	No Charge	Not Covered	Prior-authorization required. A complete list of drugs requiring prior-authorization is available at www.ibx.com/preapproval
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No Charge	Not Covered	Some outpatient surgeries require precertification. A complete list of surgeries requiring precertification is available at www.ibx.com/preapproval
	Physician/surgeon fees	No Charge	Not Covered	Some outpatient surgeries require precertification. A complete list of surgeries requiring precertification is available at www.ibx.com/preapproval
If you need immediate medical attention	Emergency room services	$150 Copayment	$150 Copayment	Your costs for Emergency Room services are waived if you are admitted to the hospital.
	Emergency medical transportation	No Charge	No Charge	----------none----------
	Urgent care	$50 Copayment	Not Covered	Your costs for urgent care are based on care received at a designated urgent care center or facility, not your physician's office. Costs may vary depending on where you receive care.
If you have a hospital stay	Facility fee (e.g., hospital room)	No Charge	Not Covered	Precertification required.
	Physician/surgeon fee	No Charge	Not Covered	Precertification required.
If you have mental health, behavioral health, or substance	Mental/Behavioral health outpatient services	$30 Copayment	Not Covered	----------none----------

Common Medical Event	Services You May Need	Your Cost If You Use		Limitations & Exceptions
		a Referred Provider	an Out Of Network Provider	
abuse needs	Mental/Behavioral health inpatient services	No Charge	Not Covered	Precertification required.
	Substance abuse disorder outpatient services	$30 Copayment	Not Covered	Precertification required.
	Substance abuse disorder inpatient services	No Charge	Not Covered	Precertification required.
If you are pregnant	Prenatal and postnatal care	$15 Copayment	Not Covered	Your cost is for first OB visit only.
	Delivery and all inpatient services	No Charge	Not Covered	Pre-notification requested
If you need help recovering or have other special health needs	Home health care	No Charge	Not Covered	Precertification required.
	Rehabilitation services	$30 Copayment	Not Covered	Speech Therapy: 20 visits per benefit period; Physical/Occupational Therapies: 30 visits combined per benefit period. PCP referral required.
	Habilitation services	$30 Copayment	Not Covered	Speech Therapy: 20 visits per benefit period; Physical/Occupational Therapies: 30 visits combined per benefit period. PCP referral required.
	Skilled nursing care	No Charge	Not Covered	120 day limit per benefit period. Precertification required.
	Durable medical equipment	No Charge	Not Covered	Precertification required for purchases (including repairs and replacements) over $500 and all rentals
	Hospice service	No Charge	Not Covered	----------none----------
If your child needs dental or eye care	Eye exam	$30 Copayment	Not Covered	Once every two calendar years.
	Glasses	Not Covered	Not Covered	----------none----------
	Dental check-up	Not Covered	Not Covered	----------none----------

Attachment B

HMO Plan Summary

Keystone Health Plan East

HMO C1-F1

Keystone HEALTH PLAN EAST

Phila Parking Authority

Keystone Health Plan East is a Health Maintenance Organization (HMO). This is a managed care program. Coverage is available when your care is provided or referred by a Keystone primary care physician (PCP). Your Keystone PCP may also refer you to other Keystone providers for care, if needed.

To get the most out of your benefits program, below are some key terms that you will need to understand.

- **Referral** - Documentation from your PCP authorizing care at a participating specialist for covered services.
- **Preapproval/Precertification** - Approval from Independence Blue Cross (IBC) for non-emergency or elective hospital admissions and procedures prior to the admission or procedure. Your participating provider will contact IBC for authorization. For more information on the services requiring precertification, please refer to the back page of this summary.
- **Designated site** - PCPs are required to choose one radiology, physical therapy, occupational therapy, and laboratory provider where they will send all their Keystone members. You can view the sites selected by your PCP at www.ibx.com.

Your Member Handbook will provide additional details about your benefits program. It will include information about exclusions and benefit limitations. It is important to note that this program may not cover all your health care services. Services may not be covered because they are not included under your benefits contract, not medically necessary, or limited by a benefit maximum (e.g., visit limit). After reviewing this information, please contact our Customer Service department if you have additional questions.

Benefit	Coverage
Benefit Period	Calendar year*
Doctor's Office Visits	
Primary Care Services	$15 Copayment
Specialist Services	$30 Copayment
Preventive Care for Adults and Children	100%
Pediatric Immunizations	100% (office visit copayment does not apply)
Routine Eye Exam	$30 Copayment (once every two calendar years)
Routine Gynecological Exam/PAP 1 per calendar year for women of any age (No referral required)	100%
Mammogram (No referral required)	100%
Nutrition Counseling For Weight Management 6 visits per calendar year	100%

* A calendar year benefit period begins on January 1 and ends on December 31. The deductible and out-of-pocket maximum amount resets to $0 at the start of the calendar year on January 1.

The benefits may be changed by IBC to comply with applicable federal/state laws and regulations.

Independence Blue Cross

Benefits are administered by Keystone Health Plan East, a subsidiary of Independence Blue Cross-independent licensees of the Blue Cross and Blue Shield Association.

www.ibx.com

03/13 - PA - 51+ HMO C1-F1 S$15 ER$50 PD100% D100% B100% R$15 CR$15
113669

Benefit	Coverage
Outpatient Laboratory/Pathology	100%
Maternity	
First OB Visit	$15 Copayment
Hospital	100%
Inpatient Hospital Services	
Facility	100%
Physician/Surgeon	100%
Inpatient Hospital Days	Unlimited
Outpatient Surgery	
Facility	100%
Physician/Surgeon	100%
Emergency Room	$150 Copayment (waived if admitted)
Urgent Care Center	$50 Copayment
Ambulance	
Emergency	100%
Non-Emergency	100%
Outpatient X-Ray/Radiology+	
Routine Radiology/Diagnostic	$30 Copayment
MRI/MRA, CT/CTA Scan, PET Scan	$30 Copayment
Therapy Services	
Physical and Occupational 30 total visits combined per calendar year	$30 Copayment
Cardiac Rehabilitation 36 visits per calendar year	$30 Copayment
Pulmonary Rehabilitation 36 visits per calendar year	$30 Copayment
Speech 20 visits per calendar year	$30 Copayment
Orthoptic/Pleoptic 8 sessions lifetime maximum	$30 Copayment
Spinal Manipulations 20 visits per calendar year	$30 Copayment
Allergy Injections (Copayment waived if no office visit is charged)	100%
Injectable Medications	
Standard Injectables	100%**
Biotech/Specialty Injectables	100%
Chemo/Radiation/Dialysis	100%
Outpatient Private Duty Nursing 360 hours per calendar year	100%
Skilled Nursing Facility 120 days per calendar year	100%
Hospice and Home Health Care	100%

** Office visits subject to copayment.

+ Copayment not applicable when service is performed in Emergency Room or office setting.

The benefits may be changed by IBC to comply with applicable federal/state laws and regulations.

Benefit	Coverage
Durable Medical Equipment and Prosthetics	100%
Mental Health Care	
Outpatient	$30 Copayment
Inpatient	100%
Serious Mental Illness Care	
Outpatient	$30 Copayment
Inpatient	100%
Substance Abuse Treatment	
Outpatient/Partial Facility Visits	$30 Copayment
Rehabilitation	100%
Detoxification	100%
Annual Copayment Maximum (includes copayments only)	
Individual	$1,000
Family	$2,000

The benefits may be changed by IBC to comply with applicable federal/state laws and regulations.

What Is Not Covered?

- Services not medically necessary
- Service or supplies which are experimental or investigative except, when approved by Keystone Health Plan East, Routine Costs associated with Qualifying Clinical Trials
- Hearing aids, hearing examinations/tests for the prescription/fitting of hearing aids, and cochlear electromagnetic hearing devices
- Assisted fertilization techniques such as in-vitro fertilization, GIFT and ZIFT
- Reversal of voluntary sterilization
- Expenses related to organ donation for non-member recipients
- Dental care, including dental implants, and non-surgical treatment of temporomandibular joint syndrome (TMJ)
- Music therapy, equestrian therapy and hippotherapy
- Treatment of sexual dysfunction not related to organic disease except for sexual dysfunction resulting from an injury
- Routine foot care, unless medically necessary or associated with the treatment of diabetes
- Foot orthotics, except for orthotics and podiatric appliances required for the prevention of complications associated with diabetes
- Cranial prostheses including wigs intended to replace hair
- Routine physical exams for non-preventive purposes such as insurance or employment applications, college, or premarital examinations
- Immunizations for travel or employment
- Services or supplies payable under Workers' Compensation, Motor Vehicle Insurance, or other legislation of similar purpose
- Cosmetic services/supplies
- Outpatient services that are not performed by your Primary Care Physician's Designated Provider
- Alternative Therapies/complementary medicine
- Self-injectable drugs

This summary represents only a partial listing of benefits and exclusions of the Keystone Health Plan East program described in this summary. If your employer purchases another program, the benefits and exclusions may differ. Also, benefits and exclusions may be further defined by medical policy. This managed care plan may not cover all of your health care expenses. Read your contract/member handbook carefully to determine which health care services are covered. If you need more information, please call 215-241-2240 (if calling within Philadelphia) or 1-800-227-3115 (outside Philadelphia).

Services That Require Precertification

INPATIENT SERVICES

- Surgical and Nonsurgical Inpatient Admissions
- Acute Rehabilitation
- Skilled Nursing Facility
- Inpatient Hospice

OUTPATIENT FACILITY/OFFICE SERVICES
(other than inpatient)

- MRI/MRA
- CT/CTA Scan
- PET Scan
- Nuclear Cardiac Studies
- Hyperbaric Oxygen
- Hysterectomy
- Cataract Surgery
- Cochlear implant surgery
- Nasal Surgery for Submucous Resection and Septoplasty
- Transplants (except cornea)
- Pain management procedures (including epidural injections, transforaminal epidural injections, paravertebral facet joint injections)
- Obesity Surgery
- Day Rehabilitation Programs
- Dental Services as a Result of Accidental Injury
- Uvulopalatopharyngoplasty
(including laser-assisted)

ALL HOME CARE SERVICES
(including infusion therapy in the home)

INFUSION THERAPY DRUGS in an OUTPATIENT FACILITY or in a PROFESSIONAL PROFESSIONAL PROVIDER'S OFFICE
(See list included in your Open Enrollment packet)

MATERNITY ADMISSION AND BIRTHING CENTER (prenotification requested only)

ELECTIVE (non-emergency) AMBULANCE TRANSPORT

OUTPATIENT PRIVATE DUTY NURSING

PROSTHETICS AND ORTHOTICS
Purchase items over $500, including repairs and replacements (except ostomy supplies)

DURABLE MEDICAL EQUIPMENT
Purchase items over $500 including, repairs and replacements, and ALL rentals (except oxygen, diabetic supplies and unit dose medication for nebulizer)

RECONSTRUCTIVE PROCEDURES & POTENTIALLY COSMETIC PROCEDURES

- Blepharoplasty/ptsosis repair
- Breast: reconstruction, reduction, augmentation, mammoplasty, mastopexy, insertion and removal of breast implants
- Canthopexy/canthoplasty
- Cervicoplasty
- Chemical Peels
- Dermabrasion
- Excision of excessive skin and/or subcutaneous tissue
- Genetically and bio-engineered skin substitutes for wound care
- Hair transplant
- Injectable dermal fillers
- Keloid Removal
- Labiaplasty
- Lipectomy, Liposuction, or any other excess fat removal procedure
- Orthognathic surgery procedures, including but not limited to, bone graft, genioplasty, osteoplasty, mentoplasty, osteotomies
- Otoplasty
- Rhinoplasty
- Rhytidectomy
- Scar Revision
- Skin closures, including skin grafts, skin flaps, tissue grafts
- Sex reassignment surgery
- Surgical treatment of gynecomastia
- Surgery for varicose veins, including perforators and sclerotherapy

MENTAL HEALTH/SERIOUS MENTAL ILLNESS/SUBSTANCE ABUSE

- Mental health and serious mental illness treatment
(Inpatient/partial hospitalization programs/intensive outpatient programs)
- Substance Abuse Treatment
(Inpatient/Outpatient/Partial Hospitalization)

BIOTECHNOLOGY/SPECIALTY INJECTABLE DRUGS
(See list included in your open enrollment packet)

SERVICES BY A NON-PARTICIPATING PHYSICIAN/PROVIDER FOR NON-EMERGENCY SERVICES

Preapproval is not a determination of eligibility or a guarantee of payment. Coverage and payment are contingent upon, among other things, the patient being eligible, i.e., actively enrolled in the health benefits plan when the preapproval is issued and when approved services occur. Coverage and payment are also subject to limitations, exclusions, and other specific terms of the health benefits plan that apply to the coverage request. Preapproval list subject to change annually.

In addition to the preapproval requirements listed above, you should contact Independence Blue Cross and provide prenotification for certain categories of treatment so you will know prior to receiving treatment whether it is a covered service. The categories of treatment (in any setting) include:

- Any surgical procedure that may be considered potentially cosmetic; and
- Any procedure, treatment, drug, or device that represents new or emerging technology and
- Services that might be considered experimental/investigative.

Your PCP should be able to assist you in determining whether a proposed treatment falls into one of these three categories and should generally provide this prenotification for you.

PENALTIES:

It is the network provider's responsibility to obtain preapproval for the services listed. Members are held harmless from financial penalties if the network provider does not obtain preapproval.

Attachment C

POS Plan Summary

Keystone Direct POS

C1-F1-O1

Keystone HEALTH PLAN EAST
DIRECT POS

Phila Parking Authority

Keystone Direct POS lets you maintain freedom of choice by allowing you to select your own doctors and hospitals. Under this plan, you must select a Primary Care Physician, but can access most care in-network or out-of-network without a referral. Referrals are required for routine radiology/diagnostic, spinal manipulation and physical/occupational therapy. You maximize your benefits when you access care from a Keystone participating provider. If you access care from a provider who does not participate in our network higher out-of-pocket costs apply.

To get the most out of your benefits program, below are some key terms that you will need to understand.

- **Referral** - Documentation from your PCP authorizing care at a participating specialist for covered services.
- **Preapproval/Precertification** - Approval from Independence Blue Cross (IBC) for non emergency or elective hospital admissions and procedures prior to the admission or procedure. For in-network (referred) services, your participating provider will contact IBC for authorization. For out-of-network (self-referred) services, you are responsible for obtaining approval for certain services. For more information on the services requiring precertification, please refer to the back page of this summary.
- **Designated site** - PCPs are required to choose one radiology, physical therapy, occupational therapy, and laboratory provider where they will send all their Keystone members. You can view the sites selected by your PCP at www.ibx.com.

Your Member Handbook will provide additional details about your benefits program. It will include information about exclusions and benefits limitations. It is important to note that this program may not cover all your health care services. Services may not be covered because they are not included under your benefits contract, not medically necessary, or limited by a benefit maximum (e.g., visit limit). After reviewing this information, please contact our Customer Service department if you have additional questions.

Benefit	In-Network	Out-of-Network*
BENEFIT PERIOD	Calendar Year[5]	Calendar Year[5]
DEDUCTIBLE		
Individual	$0	$500
Family	$0	$1,500
COINSURANCE LIMIT (includes coinsurance only)		
Individual	None	$3,000
Family	None	$9,000
LIFETIME MAXIMUM	Unlimited	Unlimited
ANNUAL COPAYMENT MAXIMUM (includes copayments only)		
Individual	$1,000	Not Applicable
Family	$2,000	Not Applicable
DOCTOR'S OFFICE VISITS		
Primary Care Services	$15 Copayment[1]	70%, after deductible
Specialist Services	$30 Copayment	70%, after deductible

* Out-of-Network providers may bill you the difference between the plan allowance, which is the amount paid by the plan, and the provider's actual charge. This amount may be significant.

1 Must go to the Primary Care Physician chosen by the member.

5 A calendar year benefit period begins on January 1 and ends on December 31. The deductible and out-of-pocket maximum amount start at $0 at the beginning of each calendar year on January 1.

To receive maximum benefits, services must be provided by a Keystone participating provider. This is a highlight of benefits available. The benefits and exclusions for In-Network and Out-of-Network Care are not the same. All benefits are provided in accordance with the HMO group contract and Out-of-Network benefit booklet/certificate.

The benefits may be changed by IBC to comply with the applicable federal/state laws and regulations.

Independence Blue Cross®

In-network benefits are underwritten or administered by Keystone Health Plan East;
Out-of-network benefits are underwritten or administered by QCC Insurance Company, subsidiaries of Independence Blue Cross-independent licensees of the Blue Cross and Blue Shield Association.

www.ibx.com

03/13 - PA - 51+ POSD C1-F1-O1 S$15 ER$50 R$15 CR$15
113671

Benefit	In-Network	Out-of-Network
To receive the highest level of benefit, you must receive the following services from your Primary Care Physician's designated sites. You can view your Primary Care Physician's designated sites at www.ibx.com.		
OUTPATIENT X-RAY/RADIOLOGY*		
Routine Radiology/Diagnostic	$30 Copayment[2]	70%, after deductible
MRI/MRA, CT/CTA Scan, PET Scan	$30 Copayment	70%, after deductible
OUTPATIENT LABORATORY/PATHOLOGY[4]	100%	70%, after deductible
PHYSICAL AND OCCUPATIONAL THERAPIES 30 total visits per year for PT/OT combined	$30 Copayment[2]	70%, after deductible
To receive the highest level of benefits, you can see any Keystone Health Plan East participating provider for the following services.		
SPINAL MANIPULATIONS 20 visits per year	$30 Copayment[2]	70%, after deductible
THERAPY SERVICES		
Cardiac Rehabilitation 36 visits per year	$30 Copayment	70%, after deductible
Pulmonary Rehabilitation 36 visits per year	$30 Copayment	70%, after deductible
Speech 20 visits per year	$30 Copayment	70%, after deductible
Orthoptic/Pleoptic 8 session lifetime maximum	$30 Copayment	70%, after deductible
INPATIENT HOSPITAL SERVICES		
Facility	100%	70%, after deductible[3]
Physician/Surgeon	100%	70%, after deductible[3]
INPATIENT HOSPITAL DAYS	Unlimited	70[3]
OUTPATIENT SURGERY		
Facility	100%	70%, after deductible
Physician/Surgeon	100%	70%, after deductible
EMERGENCY ROOM	$150 Copayment (waived if admitted)	$150 Copayment (waived if admitted), NO deductible
URGENT CARE CENTER	$50 Copayment	70%, after deductible
AMBULANCE		
Emergency	100%	100%, NO deductible
Non-Emergency	100%	70%, after deductible
MATERNITY		
First OB Visit	$15 Copayment	70%, after deductible
Hospital	100%	70%, after deductible[3]
ROUTINE GYNECOLOGICAL EXAM/PAP 1 per year for women of any age	100%	70%, NO deductible
MAMMOGRAM	100%	70%, NO deductible
NUTRITION COUNSELING FOR WEIGHT MANAGEMENT 6 visits per year	100%	70%, after deductible
PREVENTIVE CARE FOR ADULTS AND CHILDREN	100%[1]	70%, NO deductible
PEDIATRIC IMMUNIZATIONS	100% (office visit copayment does not apply)	70%, NO deductible
ROUTINE EYE EXAM	$30 Copayment (once every two years)	Not Covered
ALLERGY INJECTIONS (Office visit copayment waived if no office visit is charged)	100%	70%, after deductible
INJECTABLE MEDICATIONS		
Standard Injectables	100%**	70%, after deductible
Biotech/Specialty Injectables	$50 Copayment	70%, after deductible

* Out-of-Network providers may bill you the difference between the plan allowance, which is the amount paid by the plan, and the provider's actual charge. This amount may be significant.

** Office visits subject to copayment.

*** Copayment not applicable when service performed in Emergency Room or office setting.

1 Must go to the Primary Care Physician chosen by the member.

2 Referral required from Primary Care Physician.

3 Inpatient hospital day limit combined for all self-referred inpatient medical, maternity, maternity, mental health, serious mental illness, substance abuse and detoxification services.

4 Lab requisition form required from an in-network provider.

To receive maximum benefits, services must be provided by a Keystone participating provider. This is a highlight of benefits available. The benefits and exclusions for In-Network and Out-of-Network Care are not the same. All benefits are provided in accordance with the HMO group contract and Out-of-Network benefit booklet/certificate.

The benefits may be changed by IBC to comply with the applicable federal/state laws and regulations.

Benefit	In-Network	Out-of-Network*
CHEMO/RADIATION/DIALYSIS	100%	70%, after deductible
OUTPATIENT PRIVATE DUTY NURSING 360 hours per year	90%	70%, after deductible
SKILLED NURSING FACILITY	100% 120 days per year	70%, after deductible 60 days per year
HOSPICE AND HOME HEALTH CARE	100%	70%, after deductible
DURABLE MEDICAL EQUIPMENT	70%	50%, after deductible
PROSTHETICS	70%	50%, after deductible
MENTAL HEALTH CARE		
Outpatient	$30 Copayment	70%, after deductible
Inpatient	100%	70%, after deductible[3]
SERIOUS MENTAL ILLNESS CARE		
Outpatient	$30 Copayment	70%, after deductible
Inpatient	100%	70%, after deductible[3]
SUBSTANCE ABUSE TREATMENT		
Outpatient/Partial Facility Visits	$30 Copayment	70%, after deductible
Inpatient Rehabilitation	100%	70%, after deductible[3]
Detoxification	100%	70%, after deductible[3]

* Out-of-Network providers may bill you the difference between the plan allowance, which is the amount paid by the plan, and the provider's actual charge. This amount may be significant.

3 Inpatient hospital day limit combined for all self-referred inpatient medical, maternity, maternity, mental health, serious mental illness, substance abuse and detoxification services.

To receive maximum benefits, services must be provided by a Keystone participating provider. This is a highlight of benefits available. The benefits and exclusions for In-Network and Out-of-Network Care are not the same. All benefits are provided in accordance with the HMO group contract and Out-of-Network benefit booklet/certificate.

The benefits may be changed by IBC to comply with the applicable federal/state laws and regulations.

What Is Not Covered?

- Services not medically necessary
- Service or supplies which are experimental or investigative, except routine costs associated with qualifying clinical trials and when approved by Keystone Health Plan East
- Hearing aids, hearing examinations/tests for the prescription/fitting of hearing aids, and cochlear electromagnetic hearing devices
- Assisted fertilization techniques such as in-vitro fertilization, GIFT, and ZIFT
- Reversal of voluntary sterilization
- Expenses related to organ donation for non-member recipients
- Acupuncture
- Dental care, including dental implants, and non-surgical treatment of temporomandibular joint syndrome (TMJ)
- Music therapy, equestrian therapy, and hippotherapy
- Treatment of sexual dysfunction not related to organic disease, except for sexual dysfunction resulting from an injury
- Routine foot care, unless medically necessary or associated with the treatment of diabetes
- Foot orthotics, except for orthotics and podiatric appliances required for the prevention of complications associated with diabetes
- Cranial prostheses including wigs intended to replace hair
- Routine physical exams for non-preventive purposes such as insurance or employment applications, college, or premarital examinations
- Immunizations for travel or employment
- Services or supplies payable under Workers' Compensation, Motor Vehicle Insurance, or other legislation of similar purpose
- Cosmetic services/supplies
- Alternative Therapies/complementary medicine
- Self-injectable drugs

This summary represents only a partial listing of benefits and exclusions of the Keystone Direct POS program described in this summary. If your employer purchases another program, the benefits and exclusions may differ. Also, benefits and exclusions may be further defined by medical policy. This managed care plan may not cover all of your health care expenses. Read your HMO group contract/member handbook and Out-of-Network group health benefits booklet/certificate carefully to determine which health care services are covered. If you need more information, please call 215-241-2240 (if calling within Philadelphia) or 1-800-227-3115 (outside Philadelphia).

Services that require preapproval/precertification

INPATIENT SERVICES

- Surgical and Nonsurgical Inpatient Admissions
- Acute Rehabilitation
- Skilled Nursing Facility
- Inpatient Hospice

OUTPATIENT FACILITY/OFFICE SERVICES
(other than inpatient)

- MRI/MRA
- CT/CTA Scan
- PET Scan
- Nuclear Cardiac Studies
- Hyperbaric Oxygen
- Hysterectomy
- Cataract Surgery
- Cochlear implant surgery
- Nasal Surgery for Submucous Resection and Septoplasty
- Transplants (except cornea)
- Pain management procedures (including epidural injections, transforaminal epidural injections, paravertebral facet joint injections)
- Obesity Surgery
- Day Rehabilitation Programs
- Dental Services as a Result of Accidental Injury
- Uvulopalatopharyngoplasty
(including laser-assisted)

ALL HOME CARE SERVICES
(including infusion therapy in the home)

INFUSION THEARAPY DRUGS
Administered in an Outpatient Facility or in a Professional Provider's Office (see list included in your open enrollment packet)

MATERNITY ADMISSION AND BIRTHING CENTER (prenotification requested only)

ELECTIVE (non-emergency) AMBULANCE TRANSPORT

OUTPATIENT PRIVATE DUTY NURSING

PROSTHETICS AND ORTHOTICS
Purchase items over $500, including repairs and replacements (except ostomy supplies)

DURABLE MEDICAL EQUIPMENT
Purchase items $500, inluding repairs and replacements, and ALL rentals (except oxygen, diabetic supplies and unit dose medication for nebulizer)

RECONSTRUCTIVE PROCEDURES & POTENTIALLY COSMETIC PROCEDURES

- Blepharoplasty/ptsosis repair
- Breast: reconstruction, reduction, augmentation, mammoplasty, mastopexy, insertion and removal of breast implants
- Canthopexy/canthoplasty
- Cervicoplasty
- Chemical Peels
- Dermabrasion
- Excision of excessive skin and/or subcutaneous tissue
- Genetically and bio-engineered skin substitutes for wound care
- Hair transplant
- Injectable dermal fillers
- Keloid Removal
- Labiaplasty
- Lipectomy, liposuction, or any other excess fat removal procedure
- Orthognathic surgery procedures, including but not limited to, bone graft, genioplasty, osteoplasty, mentoplasty, osteotomies
- Otoplasty
- Rhinoplasty
- Rhytidectomy
- Scar Revision
- Skin closures, including skin grafts, skin flaps, tissue grafts
- Sex reassignment surgery
- Surgical treatment of gynecomastia
- Surgery for varicose veins, including perforators and sclerotherapy

MENTAL HEALTH/SERIOUS MENTAL ILLNESS/SUBSTANCE ABUSE

- Mental health and serious mental illness treatment
(Inpatient/partial hospitalization programs/intensive outpatient programs)
- Substance Abuse Treatment
(Inpatient/Outpatient/Partial Hospitalization)

BIOTECHNOLOGY/SPECIALTY INJECTABLE DRUGS (see list included in your open enrollment packet)

SERVICES BY A NON-PARTICIPATING PHYSICIAN/PROVIDER FOR NON-EMERGENCY SERVICES (IN-NETWORK CARE)

Preapproval/precertification is not a determination of eligibility or a guarantee of payment. Coverage and payment are contingent upon, among other things, the patient being eligible, i.e., actively enrolled in the health benefits plan when the preapproval/precertification is issued and when approved services occur. Coverage and payment are also subject to limitations, exclusions, and other specific terms of the health benefits plan that apply to the coverage request. Preapproval/precertification list subject to change annually.

In addition to the preapproval/precertification requirements listed above, you should contact KHPE and provide prenotification for certain categories of treatment so you will know prior to receiving treatment whether it is a covered service. This applies to network providers and members who elect to recieve treatment provided by out-of-network providers (for members using Out-of-Network care). The categories of treatment (in any setting) include:

- Any surgical procedure that may be considered potentially cosmetic; and
- Any procedure, treatment, drug, or device that represents 'new or emerging technology;' and
- Services that might be considered experimental/investigative.

Your provider should be able to assist you in determining whether a proposed treatment falls into one of these three categories. You are encouraged to have your provider place the call for you.

PENALTIES:

POS In-Network Care: It is the network provider's responsibility to obtain preapproval for services listed. Members are held harmless from financial penalties if the network provider does not obtain preapproval.

POS Out-of-Network Care: It is the member's responsibility to initiate precertification for the services listed. The member will be subject to a 20% reduction in benefits if precertification is not obtained for the inpatient/outpatient treatment services listed above.

Attachment D

PPO Plan Summary

Personal Choice

PC C1-F1-O2

Personal CHOICE®

Phila Parking Authority

Personal Choice® pur popular Preferred Provider Organization (PPO), gives you freedom of choice by allowing you to choose your own doctors and hospitals. You can maximize your coverage by accessing care through Personal Choice's large network of hospitals, doctors and specialists, or by accessing care through preferred providers that participate in the BlueCard® PPO program. Of course, with Personal Choice, you have the freedom to select providers who do not participate in the Personal Choice network or BlueCard PPO program. However, if you receive services from out-of-network providers, you will have higher out-of-pocket costs and may have to submit your claim for reimbursement.

With Personal Choice...

- You do not need to enroll with a primary care physician
- You never need a referral

Benefit	In-Network	Out-of-Network[1]
BENEFIT PERIOD	Calendar Year*	Calendar Year*
DEDUCTIBLE		
Individual	$0	$1,500
Family	$0	$4,500
OUT-OF-POCKET MAXIMUM (includes coinsurance only)		
Individual	None	$10,000
Family	None	$30,000
LIFETIME MAXIMUM	Unlimited	Unlimited
DOCTOR'S OFFICE VISITS		
Primary Care Services	$15 Copayment	50%, after deductible
Specialist Services	$30 Copayment	50%, after deductible
PREVENTIVE CARE FOR ADULTS AND CHILDREN	100%	50%, NO deductible
PEDIATRIC IMMUNIZATIONS	100% (office visit copayment does not apply)	50%, NO deductible
ROUTINE GYNECOLOGICAL EXAM/PAP 1 per year for women of any age[3]	100%	50%, NO deductible
MAMMOGRAM	100%	50%, NO deductible
NUTRITION COUNSELING FOR WEIGHT MANAGEMENT 6 visits per year[3]	100%	50%, after deductible

1 Non-Preferred Providers may bill you the differences between the Plan allowance, which is the amount paid by Independence Blue Cross (IBC), and the actual charge of the provider. This amount may be significant. Claims payments for Non-Preferred Professional Providers (physicians) are based on the lesser of the Medicare Professional Allowable Payment or the actual charge of the provider. For covered services that are not recognized or reimbursed by Medicare, payment is based on the lesser of the Independence Blue Cross (IBC) applicable proprietary fee schedule or the actual charge of the provider. For covered services not recognized or reimbursed by Medicare or IBC's fee schedule, payment is 50% of the actual charge of the provider. It is important to note that all percentages for out-of-network services are percentages of the Plan allowance, not the actual charge of the provider.

3 Combined in/out-of-network

* A calendar year benefit period begins on January 1 and ends on December 31. The deductible and out-of-pocket maximum amount start at $0 at the beginning of each calendar year on January 1.

The benefits may be changed by IBC to comply with applicable federal/state laws and regulations.

Independence Blue Cross®

Benefits underwritten or administered by QCC Insurance Company, a subsidiary of Independence Blue Cross-independent licensees of the Blue Cross and Blue Shield Association.

www.ibx.com

03/13 - PA - 51+ PC C1-F1-O2 S$15 ER$50 R$15 CR$15
113673

Benefit	In-Network	Out-of-Network[1]
OUTPATIENT LABORATORY/PATHOLOGY	100%	50%, after deductible
MATERNITY		
First OB visit	$15 Copayment	50%, after deductible
Hospital	100%	50%, after deductible
INPATIENT HOSPITAL SERVICES		
Facility	100%	50%, after deductible
Physician/Surgeon	100%	50%, after deductible
INPATIENT HOSPITAL DAYS	Unlimited	70
OUTPATIENT SURGERY		
Facility	100%	50%, after deductible
Physician/Surgeon	100%	50%, after deductible
EMERGENCY ROOM	$150 Copayment (Copayment waived if admitted)	$150 Copayment (Copayment waived if admitted); no deductible
URGENT CARE CENTER	$50 Copayment	50%, after deductible
AMBULANCE		
Emergency	100%	100%, NO deductible
Non-emergency	100%	50%, after deductible
OUTPATIENT X-RAY/RADIOLOGY (Copayment not applicable when service performed in ER or office setting)		
Routine Radiology/Diagnostic	$30 Copayment	50%, after deductible
MRI/MRA, CT/CTA, PET Scan	$30 Copayment	50%, after deductible
THERAPY SERVICES		
Physical and occupational 30 total visits per year for PT/OT combined[3]	$30 Copayment	50%, after deductible
Cardiac Rehabilitation 36 visits per year[3]	$30 Copayment	50%, after deductible
Pulmonary Rehabilitation 36 visits per year[3]	$30 Copayment	50%, after deductible
Speech 20 visits per year[3]	$30 Copayment	50%, after deductible
Orthoptic/Pleoptic 8 session lifetime maximum[3]	$30 Copayment	50%, after deductible
SPINAL MANIPULATIONS 20 visits per year[3]	$30 Copayment	50%, after deductible
ALLERGY INJECTIONS (Office visit copayment waived if no office visit is charged)	100%, after deductible	50%, after deductible
INJECTABLE MEDICATIONS		
Standard Injectables	100%[2]	50%, after deductible
Biotech/Specialty Injectables	$50 Copayment	50%, after deductible
CHEMO/RADIATION/DIALYSIS	100%	50%, after deductible
OUTPATIENT PRIVATE DUTY NURSING 360 hours per year[3]	90%	50%, after deductible
SKILLED NURSING FACILITY 120 days per year[3]	100%	50%, after deductible
HOSPICE AND HOME HEALTH CARE	100%	50%, after deductible
DURABLE MEDICAL EQUIPMENT	70%	50%, after deductible
PROSTHETICS	70%	50%, after deductible
MENTAL HEALTH CARE		
Outpatient 20 visits per year[3]	$30 Copayment	50%, after deductible
Inpatient 30 days per year[3]	100%	50%, after deductible

1 Non-Preferred Providers may bill you the differences between the Plan allowance, which is the amount paid by Independence Blue Cross (IBC), and the actual charge of the provider. This amount may be significant. Claims payments for Non-Preferred Professional Providers (physicians) are based on the lesser of the Medicare Professional Allowable Payment or the actual charge of the provider. For covered services that are not recognized or reimbursed by Medicare, payment is based on the lesser of the Independence Blue Cross (IBC) applicable proprietary fee schedule or the actual charge of the provider. For covered services not recognized or reimbursed by Medicare or IBC's fee schedule, payment is 50% of the actual charge of the provider. It is important to note that all percentages for out-of-network services are percentages of the Plan allowance, not the actual charge of the provider.

2 Office visit subject to copayment

3 Combined in/out-of-network

The benefits may be changed by IBC to comply with applicable federal/state laws and regulations.

Benefit	In-Network	Out-of-Network[1]
SERIOUS MENTAL ILLNESS CARE		
Outpatient 60 days per year[3]	$30 Copayment	50%, after deductible
Inpatient 30 days per year[3]	100%	50%, after deductible
SUBSTANCE ABUSE TREATMENT		
Outpatient/Partial Facility Visits 60 visits per year[3] ,120 visits lifetime maximum[3]	$30 Copayment	50%, after deductible
Rehabilitation 30 days per year[3] ,90 day lifetime maximum[3]	100%	50%, after deductible
Detoxification 7 days per admission[3] ,4 admissions lifetime maximum[3]	100%	50%, after deductible

1 Non-Preferred Providers may bill you the differences between the Plan allowance, which is the amount paid by Independence Blue Cross (IBC), and the actual charge of the provider. This amount may be significant. Claims payments for Non-Preferred Professional Providers (physicians) are based on the lesser of the Medicare Professional Allowable Payment or the actual charge of the provider. For covered services that are not recognized or reimbursed by Medicare, payment is based on the lesser of the Independence Blue Cross (IBC) applicable proprietary fee schedule or the actual charge of the provider. For covered services not recognized or reimbursed by Medicare or IBC's fee schedule, payment is 50% of the actual charge of the provider. It is important to note that all percentages for out-of-network services are percentages of the Plan allowance, not the actual charge of the provider.

3 Combined in/out-of-network

The benefits may be changed by IBC to comply with applicable federal/state laws and regulations.

What Is Not Covered?

- Services not medically necessary
- Services or supplies which are experimental or investigative except routine costs associated with clinical trials
- Hearing aids, hearing examinations/tests for the prescription/fitting of hearing aids, and cochlear electromagnetic hearing devices
- Assisted fertilization techniques such as in-vitro fertilization, GIFT and ZIFT
- Reversal of voluntary sterilization
- Expenses related to organ donation for non-member recipients
- Alternative Therapies/complementary medicine
- Dental care, including dental implants, and non-surgical treatment of temporomandibular joint syndrome (TMJ)
- Music therapy, equestrian therapy and hippotherapy
- Treatment of obesity, except for surgical treatment of morbid obesity and weight loss programs provided through Healthy Lifestyles
- Treatment of sexual dysfunction not related to organic disease except for sexual dysfunction resulting from an injury
- Routine foot care, unless medically necessary or associated with the treatment of diabetes
- Foot orthotics, except for orthotics and podiatric appliances required for the prevention of complications associated with diabetes
- Cranial prostheses including wigs intended to replace hair
- Routine physical exams for non-preventive purposes such as insurance or employment applications, college, or premarital examinations
- Immunizations for travel or employment
- Services or supplies payable under Workers' Compensation, Motor Vehicle Insurance, or other legislation of similar purpose
- Cosmetic services/supplies
- Vision care

This summary represents only a partial listing of the benefits and exclusions of the Personal Choice Program described in this summary. If your employer purchases another program, the benefits and exclusions may differ. Also, benefits and exclusions may be further defined by medical policy. As a result, this managed care plan may not cover all of your health care expenses. Read your contract/member handbook carefully for a complete listing of the terms, limitations and exclusions of the program. If you need more information, please call 1-800-626-8144 (outside Philadelphia) or 215-557-7577 (if calling within the Philadelphia area).

Services That Require Precertification

INPATIENT SERVICES

- Surgical and non-surgical inpatient admissions
- Acute Rehabilitation
- Skilled Nursing Facility
- Inpatient Hospice

OUTPATIENT FACILITY/OFFICE SERVICES
(other than inpatient)

- MRI/MRA
- CT/CTA Scan
- PET Scan
- Nuclear Cardiac Studies
- Hyperbaric Oxygen
- Hysterectomy
- Cataract Surgery
- Cochlear implant surgery
- Nasal Surgery for Submucous Resection and Septoplasty
- Transplants (except cornea)
- Pain management procedures (including epidural injections, transforaminal epidural injections, paravertebral facet joint injections)
- Obesity Surgery
- Day Rehabilitation Programs
- Dental Services as a result of Accidental Injury
- Uvulopalatopharyngoplasty (including laser-assisted)

ALL HOME CARE SERVICES (including infusion therapy in the home)

INFUSION THERAPY DRUGS
Administered in an Outpatient Facility or in a Professional Provider's Office (see list included in yuor open enrollment packet)

MATERNITY ADMISSION AND BIRTHING CENTER (prenotification requested only)

ELECTIVE (non-emergency) AMBULANCE TRANSPORT

OUTPATIENT PRIVATE DUTY NURSING

PROSTHETICS AND ORTHOTICS - PURCHASE ITEMS OVER $100, INCLUDING REPAIRS AND REPLACEMENTS

DURABLE MEDICAL EQUIPMENT - PURCHASE ITEMS OVER $100, INCLUDING REPAIRS AND REPLACEMENTS, AND ALL RENTALS (except oxygen, diabetic supplies and unit dose medication for nebulizer)

RECONSTRUCTIVE PROCEDURES & POTENTIALLY COSMETIC PROCEDURES

- Blepharoplasty/ptsosis repair
- Breast: reconstruction, reduction, augmentation, mammoplasty, mastopexy, insertion and removal of breast implants
- Canthopexy/canthoplasty
- Cervicoplasty
- Chemical Peels
- Dermabrasion
- Excision of excessive skin and/or subcutaneous tissue
- Genetically and bio-engineered skin substitutes for wound care
- Hair transplant
- Injectable dermal fillers
- Keloid Removal
- Labiaplasty
- Lipectomy, Liposuction, or any other excess fat removal procedure
- Orthognathic surgery procedures, including but not limited to, bone graft, genioplasty, osteoplasty, mentoplasty, osteotomies
- Otoplasty
- Rhinoplasty
- Rhytidectomy
- Scar Revision
- Skin closures, including skin grafts, skin flaps, tissue grafts
- Sex reassignment surgery
- Surgical treatment of gynecomastia
- Surgery for varicose veins, including perforators and sclerotherapy

MENTAL HEALTH/SERIOUS MENTAL ILLNESS/SUBSTANCE ABUSE

- Mental health and serious mental illness treatment
  (Inpatient/partial hospitalization programs/intensive outpatient programs)
- Substance Abuse Treatment
  (Inpatient/Outpatient/Partial Hospitalization)

BIOTECHNOLOGY/SPECIALTY INJECTABLE DRUGS (see list included in your open enrollment packet)

Personal Choice network providers will obtain precertification for you if it is required. You are not required to obtain precertification when treated in a Personal Choice network hospital or facility or by a Personal Choice network physician. Members are not responsible for financial penalties because a Personal Choice network provider does not obtain precertification.

If the provider is a BlueCard® PPO provider of another Blue Plan, or an out-of-network provider, you must obtain precertification if required. You may be subject to a 20% reduction in benefits if precertification is not obtained.

In addition to the precertification requirements listed above, you should contact Independence Blue Cross and provide prenotification for certain categories of treatment so you will know prior to receiving treatment whether it is a covered service. This applies to network providers and members who elect to receive treatment provided by BlueCard providers, or out-of-network providers. The categories of treatment (in any setting) include:

- Any surgical procedure that may be considered potentially cosmetic; and
- Any procedure, treatment, drug or device that represents new or emerging technology; and
- Services that might be considered experimental/investigative.

Your provider should be able to assist you in determining whether a proposed treatment falls into one of these three categories. You are encouraged to have your provider place the call for you.

Precertification is not a determination of eligibility or a guarantee of payment. Coverage and payment are contingent upon, among other things, the patient being eligible, i.e., actively enrolled in the health benefits plan when the precertification is issued and when approved services occur. Coverage and payment are also subject to limitations, exclusions, and other specific terms of the health benefits plan that apply to the coverage request.

Attachment E

Delta Dental Summary

DELTA DENTAL PPO℠
YOUR SMILE IS
COVERED

GO PPO!
You can visit any licensed dentist under this plan, but you'll maximize plan value by selecting a Delta Dental PPO[1] dentist. PPO network dentists have agreed to reduced contracted rates and can't "balance bill" you for additional fees.[2] Find a dentist at **deltadentalins.com**.[3]

CONVENIENT ONLINE SERVICES: DELTADENTALINS.COM
- Create a free Online Services account from your PC or smartphone to view benefits, eligibility and claims status or check average dental costs in your area.
- Update your dental benefit statement delivery preference: Go paperless!
- Find a Delta Dental PPO dentist near you.

NO ID CARD NECESSARY
Just provide your dental office with your name, birth date and enrollee ID or social security number. Register for Online Services to print an ID card or pull it up on your smartphone at the dentist's office.

HASSLE-FREE TRANSITION & EASY BENEFITS COORDINATION
New to Delta Dental PPO? This plan covers treatment started and completed after your plan's effective date of coverage.[4] If you're covered under two plans, ask your dentist to include information about both plans with your claim, and we'll handle the rest.

SAVE WITH A PPO DENTIST

DELTA DENTAL PPO

NON-DELTA DENTAL DENTISTS

LEGAL NOTICES: Access federal and state legal notices related to your plan: deltadentalins.com/about/legal/index-enrollee.html

[1] In Texas, Delta Dental Insurance Company offers a Dental Provider Organization (DPO) plan.

[2] Enrollees are responsible for any coinsurance, deductible, amount over the plan maximum and charges for non-covered services.

[3] Verify that your dentist is a contracted Delta Dental PPO network dentist before each appointment.

[4] Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier will be responsible for any costs. Group- and state-specific exceptions may apply. Enrollees currently undergoing active orthodontic treatment may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

USCA-11-C-0[illegible]

DELTA DENTAL

WE KEEP YOU SMILING℠

Plan Benefit Highlights for: Philadelphia Parking Authority
Group No: 15761

DELTA DENTAL PPO℠

BENEFIT HIGHLIGHTS

Eligibility	Primary enrollee, spouse (includes same-sex domestic partner only) and eligible dependent children to the end of the month that dependent turns age 26			
Deductibles	None			
Deductibles waived for Diagnostic & Preventive (D & P)?	N/A			
Maximums	Delta Dental PPO dentists: $2,000 per person each calendar year Non-Delta Dental PPO dentists: $1,500 per person each calendar year			
D & P counts toward maximum?	Yes			
Waiting Period(s)	Basic Benefits None	Major Benefits None	Prosthodontics None	Orthodontics None

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays and sealants	100 %	100 %
Basic Services Fillings	90 %	80 %
Endodontics (root canals) Covered Under Basic Services	90 %	80 %
Periodontics (gum treatment) Covered Under Basic Services	90 %	80 %
Oral Surgery Covered Under Basic Services	90 %	80 %
Major Services Crowns, inlays, onlays and cast restorations	60 %	50 %
Prosthodontics Bridges, dentures and implants	60 %	50 %
Orthodontic Benefits Dependent children to age 19	50 %	50 %
Orthodontic Maximums	$ 1,500 Lifetime	$ 1,500 Lifetime

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and Premier contracted fees for non-Delta Dental dentists.

Delta Dental of Pennsylvania
One Delta Drive
Mechanicsburg, PA 17055

Customer Service
800-932-0783

Claims Address
P.O. Box 2105
Mechanicsburg, PA 17055-6999

deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

Attachment F

Vision Benefits of America Summary

vba

Expert Solutions. Exceptional Service.

PHILADELPHIA PARKING AUTHORITY

ZERO COPAYMENT PROGRAM
VBA # 2148
Enhanced for 2016

FREQUENCY OF SERVICE:			DEPENDENT AGE: 26
	Employee	**Spouse**	**Children**
Vision Exam	12 Months	12 Months	12 Months
Lenses	12 Months	12 Months	12 Months
Frames	24 Months	24 Months	24 Months

BENEFITS: Employee can select either:	VBA Participating Provider Amount Covered/Benefit	Non-Participating Provider Amount Reimbursed
Vision Exam (For Glasses)	100%	$40
Clear Standard Lenses (Pair):		
Single Vision	100%	$40
Bifocal	100%	$50
Blended Bifocal	100%	$50
Trifocal	100%	$75
Progressives [D]	Controlled Cost	$75
Lenticular	100%	$100
Polycarbonate [C]	100%	N/A
Scratch Coat-1 Yr	100%	N/A
Photochromic	100%	N/A
Solid or Gradient Tints	100%	N/A
Frame [B]	100%	$50
-OR-		
Contacts (selected in lieu of eyeglass benefits listed above)		
Elective Contacts [E]	$150	$150
Medically Required Contacts	UCR [A]	$300

A Usual, Customary, and Reasonable as determined by VBA.
B Within the program's $50 wholesale allowance (approximately $125 to $150 retail).
C Available In-Network at no charge for children under age 19.
D Progressive lenses typically retail from $150 to $400, depending on lens options. VBA's controlled costs generally range from $45 to $175.
E The contact allowance is applied to all services/materials associated with contact lenses. This includes, but not limited to, contact exam, fitting, dispensing, cost of the lenses, etc. No guarantee the contact allowance will cover the entire contact cost (materials/services).

Limitations

VBA is designed to cover visual needs rather than cosmetic materials and consequently includes some limitations in order to control costs. The following options or services will generally result in additional charges to the patient or are not covered under the plan.

ADDITIONAL CHARGES

A patient selecting any of the following items will be responsible for the additional charges, all of which are monitored and controlled by VBA.

- Rimless Frames
- Polarized Lenses
- Polycarbonate (covered under age 19)
- Hi-Index Lenses
- Progressive (available starting at $45)
- The coating of the lens or lenses (except 1 year scratch protection)
- A frame that costs more than the plan allowance
- Anti-Reflective/Backside UV/Optifog

Additionally, costs for contact lenses/services in excess of the plan's scheduled reimbursement allowances are the responsibility of the patient.

NOT COVERED

The contract gives VBA the right to waive any of the plan limitations if, in the opinion of our optometric consultants, it is necessary for the patient's welfare. VBA provides no benefit for professional services or materials connected with the following:

- Orthoptics or vision training
- Non-prescription lenses
- Two pair of glasses in lieu of bifocals
- Medical or surgical treatment of the eyes
- Any eye examination, or corrective eyewear, required by an employer as a condition of employment
- Services or materials provided as a result of any Worker's Compensation Law or similar legislation
- Glasses and contacts during the same eligibility period

Lenses and frames furnished under this program which are lost or broken will not be replaced except at the normal intervals when services are otherwise available.

300 Weyman Road, Suite 400
Pittsburgh, PA 15236
1-800-432-4966
www.vbaplans.com

vba

Attachment G

Group Retiree Insurance Plan Summary

AGP-3896

GROUP RETIREE INSURANCE PLAN (GRIP)

THROUGH BENISTAR EMPLOYER SERVICES TRUST (BEST)

SPONSORED BY: *PHILADELPHIA PARKING AUTHORITY*

SUMMARY OF COVERAGE[1]

UNDERWRITTEN BY: HARTFORD LIFE & ACCIDENT INSURANCE COMPANY

PART A SERVICES

SERVICES	MEDICARE PAYS	PLAN 5 PAYS	YOU PAY
HOSPITALIZATION (2) Semi-private room and board, general nursing, and miscellaneous services and supplies:			
First 60 days	All but $1,316	$1,316	**$0**
61st through 90th day	All but $329 per day	$329 per day	**$0**
91st through 150th day • (60 day Lifetime Reserve Period)	All but $658 per day	$658 per day	**$0**
Once Lifetime Reserve days are used (or would have ended if used) additional 365 days of confinement per person per lifetime.	$0	100%	**$0**
SKILLED NURSING FACILITY CARE (2) Semi-private room and board, skilled nursing and rehabilitative services and other services and supplies. You must meet Medicare's requirements which, includes hospitalization of at least 3 days. You must enter a Medicare-approved facility within 30 days after leaving the hospital:			
First 20 days	All approved amounts	$0	**$0**
21st through 100th day	All but $164.50 per day	Up to $164.50 per day	**$0**

GROUP RETIREE INSURANCE PLAN – SUMMARY OF COVERAGE

SERVICES	MEDICARE PAYS	PLAN 5 PAYS	YOU PAY
HOSPICE CARE Pain relief, symptom management and support services for terminally ill.			
As long as Physician certifies the need.	All costs, but limited to costs for out-patient drug and in-patient respite care	Co-insurance charges for in-patient respite care, drugs and biologicals approved by Medicare	**All other charges**
BLOOD DEDUCTIBLE – Hospital Confinement and Out-Patient Medical Expenses When furnished by a hospital or skilled nursing facility during a covered stay.			
First 3 pints Additional amounts	$0 100%	100% $0	**$0** **$0**

PART B SERVICES

SERVICES	MEDICARE PAYS	PLAN 5 PAYS	YOU PAY
OUT-PATIENT MEDICAL EXPENSES - In or Out of the Hospital and Out-Patient Hospital Treatment, such as Physician's services, In-Patient and Out-Patient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:			
Medicare Part B Deductible First $183 of Medicare-approved amounts. Remainder of Medicare-approved amounts.	$0 80%	$183 100%	**$0** **$0**
Clinical Laboratory services, blood tests, urinalysis and more.	100%	$0	**$0**
Part B Excess Charges for Non-Participating Medicare providers covers the difference between the 115% Medicare limiting fee and the Medicare-approved Part B charge.	$0	100%	**0%**

GROUP RETIREE INSURANCE PLAN – SUMMARY OF COVERAGE

ADDITIONAL SERVICES

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
PREVENTIVE MEDICAL CARE & CANCER SCREENINGS[3] Coverage for expenses incurred by a covered person for physical exams, preventive screening tests and services, cancer screenings, and any other tests or preventive measures determined to be appropriate by the attending Physician. Refer to your Medicare and You handbook for more information on Preventive services.			
"Welcome to Medicare" Physical Exam -within first 12 months of Part B enrollment	100%	$0	**$0**
Annual Wellness Visit	100%	$0	**$0**
Vaccinations	100%	$0	**$0**
Breast Cancer Screening - Mammogram once per year; - Breast exam once every 2 years, or once per year if at high risk	100%	$0	**$0**
Colon Cancer Screening - Fecal occult blood test once per year;	100% for Fecal Occult Blood Test and Colonoscopy	$0	**$0**
- Colonoscopy once every 10 years, or every two years if high risk - Barium enema once every 4 years, or once every 2 years if at high risk	80% after deductible for Barium Enema	100%	**$0**
Cervical Cancer Screening - Pap Smear and Pelvic exam once every 2 years, or once per year if high risk	100%	$0	**$0**
Prostate Cancer Screening	100% for PSA Test	$0	**$0**
- PSA Test once per year - Digital Rectal exam once per year	80% after deductible for Digital Rectal exam	100%	**$0**
Ovarian Cancer Surveillance Tests -once per year if at high risk	80% after deductible	100%	**$0**

SERVICES	MEDICARE PAYS	PLAN 5 PAYS	YOU PAY
FOREIGN TRAVEL EMERGENCY Medically necessary emergency care services.			
Emergency services needed due to Injury or Sickness of sudden and unexpected onset during the first 60 days while traveling outside the United States.	$0	80% after $250 Deductible (to a lifetime maximum o $50,000).	**$250 Deductible and then 20% of expenses incurred** (to a lifetime maximum of $50,000, 100% thereafter).

[1] Coverage amounts valid from January 1, 2017 to December 31, 2017.

[2] A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

[3] If any of the cancer screening tests are not covered by Medicare, the plan will pay the usual and customary charges incurred.

The summary of program benefits described herein is for illustrative purposes only. In case of differences or errors, the Group Policy governs.

MONTHLY TOTAL COST PER PERSON for JANUARY 1, 2017 - DECEMBER 31, 2017:

$198.42*

Medicare Disabled Rates:

$254.08*

***A $17.80 per person per month administrative fee for services which include but are not limited to claims payment and customer service.**

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