

Request for Proposal
For
Pharmacy Benefit Management Services



Submission Due: June 18th

Submitted by:

Holmes Murphy & Associates, Inc.

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Davenport, IA 52807

Direct: (563) 468-4054

GENERAL OVERVIEW

INTRODUCTION

Holmes Murphy is assisting Ogle County, IL, in requesting proposals for Pharmacy Benefits Management (PBM) Services. This Request for Proposal is for PBM Services to be provided over a three-year period beginning January 1, 2022 and commencing December 31, 2024.

Ogle County is in North Central Illinois. The County of Ogle is an IMRF employer with slightly over 200 full-time employees and administers a self-funded medical/Rx plan that covers:

- Active Ogle County Employees
- Ogle County Retirees
- HOPE Employees
- Ogle County Housing Authority Employees

The County's current contract with CaremarkPCS Health, L.L.C., through National CooperativeRx ends 12/31/2021. The County is not dissatisfied with the services they are receiving today. Additional details regarding Ogle County's plan and Rx program are provided within this RFP and/or in supplemental attachments.

TIMELINE

Action	Date
RFP Available/Date of Advertisement	May 17, 2021
Receive Intent to Bid	May 24, 2021 by 4:00 pm CST
Questions Due to Holmes Murphy	May 28, 2021 by 4:00 pm CST
Response/Addendum	June 2, 2021 by 4:00 pm CST
RFP Due	June 18, 2021 by 4:00 pm CST
Potential Vendor Finalist(s) Interviews* * if County Committee desires	Week of July 19, 2021
Anticipated Award Date	August 31, 2021
Effective Date	January 1, 2022

INQUIRIES

Questions regarding this RFP should be directed to both Anna Evans and Tiffany Paarmann of Holmes Murphy in writing, only. Please do not contact Ogle County, IL directly. Response will be provided in writing on the date indicated in the timeline.

Email Addresses:

Anna: aevans@holmesmurphy.com

Tiffany: tpaarmann@holmesmurphy.com

CURRENT BENEFIT PROGRAM

Ogle County offers two medical plan options. Both medical options have the following pharmacy plan:

Deductible	None
Out-of-Pocket Maximum	\$800 Individual
Retail Cost Share	Tier 1-\$10 Tier 2-\$20 Tier 3-\$40
Retail Days' Supply	30 Days
Pharmacy Network	Non-Specialty: National Network (except Maintenance) Maintenance Drugs: Mandatory CVS Mail or Retail Only Specialty: CVS Specialty Pharmacy Only
Mail Cost Share	Tier 1-\$15 Tier 2-\$30 Tier 3-\$40
Mail Days' Supply	90 Days
DAW Penalties	None
Specialty Cost Share	Same as Retail
Specialty Days' Supply Limit	30 Days
Grandfathered Status	Non-Grandfathered (ACA Covered at 100%)
Vaccination Network	Yes (Broad)



SUBMISSION REQUIREMENTS

Your proposal is due via email to Anna & Tiffany of Holmes Murphy by 4:00 pm CST **Friday, June 18, 2021.**

In order for your response to be considered complete, you must provide the following:

- 1) A 10 page or less Executive Summary that provides an overview of your proposal.
- 2) The completed 2021 Pharmacy (PBM) Response Template in Excel or other compatible spreadsheet.
- 3) The 9 items requested in the 2021 (PBM) Response Template under "Items to Include in Bid" Section as additional attachments.

SELECTION CRITERIA

The proposals will be evaluated on financial competitiveness, network access, overall capabilities & general approach.

The County prefers a transparent model where rebates are 100% passed through to the County.

Proposals are to be based upon duplication of the existing plan benefits. If deviations are proposed, they must be clearly identified and explained.

No compensation (commission) shall be included in this proposal.

RIGHT OF REFUSAL

Ogle County reserves the right to accept or reject any and all responses submitted to this RFP. Ogle County reserves the right to withdraw this RFP at any time. This RFP document should in no way be construed as a commitment to purchase on the part of Ogle County. Issuance of this RFP and/or any additional requests for information does not obligate Ogle County to accept any of the submitted bids. Ogle County shall have

no obligation hereunder until a formal contract has been agreed upon and executed by both parties.

DATA & ATTACHMENTS

Information and data that will aid in your proposal as well as the required templates for bid submission will be provided electronically to the specified contact(s) listed below and on your Intent to Bid form.

Email Addresses for bid submission:

Anna: aevans@holmesmurphy.com

Tiffany: tpaarmann@holmesmurphy.com

INTENT TO BID FORM

_____ has received the Ogle County, IL Request for Proposal for Pharmacy Benefit Management Services. This completed form serves as our intent to submit a proposal.

Below is the name, title, company and contact information for the recipient(s) of the RFP additional data and attachments.

Recipient #1	
Name:	
Title:	
Company:	
Email Address:	
Phone Number:	

Recipient #2	
Name:	
Title:	
Company:	
Email Address:	
Phone Number:	

X _____
Authorized Signatory

Form to be emailed by **May 24, 2021 by 4:00 CST pm** to:
 Anna: aevans@holmesmurphy.com & Tiffany: tpaarmann@holmesmurphy.com