

RFP NO: **2010-228-09-22**

BUYER II: YOLANDA Z. VELASQUEZ

Tel. No: (956) 318-2626

REQUEST FOR PROPOSALS

Hidalgo County
Edinburg, Texas

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

SEPTEMBER 22, 2010

Contact Person:

Martha L. Salazar, CPPB, Purchasing Agent
Hidalgo County Purchasing Department
2802 South Hwy 281
Hidalgo County New Administration Building
Edinburg, Texas 78539

(956) 318-2626



Form HCPD-04

LEGAL NOTICE

RFP NO:2010-228-09-22-YZV

1. Sealed proposals will be received for **“THIRD PARTY ADMINISTRATION, INDIVIDUAL STOP LOSS & AGGREGATE STOP LOSS FOR SELF-FUNDED MEDICAL PLAN, GROUP TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT”**, in accordance with the requirements attached hereto as Exhibit "A." Proposals should address all requirements set forth. Proposers may suggest substitutions of features which they feel would be in the best interest of Hidalgo County ("County"). Strong rationale must be presented for any deviation from the requirements. Hidalgo County reserves the right to reject the deviation and its effect on the overall proposal.
2. One (1) original and ten (10) copies of all proposals are required, with the Proposers name and address clearly typed/printed on upper left hand corner and the proper notation clearly typed/printed on the lower left hand corner of the envelope and/or package, **“RFP NO.: 2010-228-09-22-YZV“THIRD PARTY ADMINISTRATION, INDIVIDUAL STOP LOSS & AGGREGATE STOP LOSS FOR SELF-FUNDED MEDICAL PLAN, GROUP TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT”** and in County's Purchasing Department, at **2802 South Hwy 281, Hidalgo County New Administration Building, Edinburg, Texas, on or before 9:30 a.m., Wednesday, September 22, 2010.**

NO FACSIMILES OR LATE ARRIVALS WILL BE ACCEPTED. ANY PROPOSAL RECEIVED AFTER THAT TIME WILL NOT BE OPENED AND WILL BE RETURNED. OVERNIGHT MAIL MUST ALSO BE PROPERLY LABELED ON THE OUTSIDE OF EXPRESS ENVELOPE OR PACKAGE WITH REFERENCE TO: RFP NO: 2010-228-09-22-YZV “THIRD PARTY ADMINISTRATION, INDIVIDUAL STOP LOSS & AGGREGATE STOP LOSS FOR SELF-FUNDED MEDICAL PLAN, GROUP TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT”.

Hidalgo County reserves the right to refuse and reject any/all proposals and to waive any/all formalities or technicalities, or to accept the proposal considered the best and most advantageous to Hidalgo County.

3. Hidalgo County reserves the right to: **A.** separate and accept, or eliminate any item(s) listed under this proposal that it deems necessary to accommodate budgetary and/or operational requirements; **B.** right to reject any or all proposals submitted and further reserves the right to design the evaluation criteria to be used in selecting the lowest and best proposal for approval. Receipt of any proposal shall under no circumstances obligate County to accept the lowest dollar proposal and; **C.** award of this contract shall be made to the responsible offeror whose proposal is determined to be the best evaluated offer resulting from negotiation, taking into consideration the relative importance of price and other evaluation factors as herein set forth.
4. Failure of the delivered item(s) to perform as specified or failure to meet the stated delivery schedule shall release Hidalgo County from all obligations to the contracting party with regard to the item(s) in question. In such event, County may elect to award the contract to the next-lowest responsible proposer, or to reject all proposals and re-advertise.
5. For work to be performed at a County owned or operated location, each proposer shall, in its sole discretion, visit the job site before preparing the proposal and thoroughly familiarize himself/herself with existing conditions. Proposer should take field dimensions and note all circumstances which affect the dollar amount of the proposal.

6. Descriptive specifications are referenced in this document to indicate the general kind and quality of equipment desired by Hidalgo County. Due to various styles and models of equipment, proposers are required to include illustrations, specifications, explanation of warranties, and service data with their proposal including catalogue numbers and any necessary references.
7. No proposal may be withdrawn within sixty (60) days from the scheduled time to open proposals.
8. Proposed prices are to remain firm for a minimum of ninety (90) days after priced proposal opening.
9. Any interpretations, amendments, corrections or changes to this proposal document must be in a written addendum and signed by the County Judge or his designee. Addenda will be mailed to all who are known to have received a copy of the Request for Proposals. Proposers shall acknowledge receipt of all addenda as a part of their proposal.
10. County reserves the right to accept or reject any or all proposals.
11. Costs are to be net F.O.B., County Prepaid.
12. County is exempt from Federal Excise Tax, State Tax and Local Tax. Do Not include tax in cost figure. If it is determined that tax was included in the cost figures it will not be included in the tabulation of any awards. Tax exemption certificates will be furnished upon request.
13. Funds for this procurement have been provided through the County budget for this fiscal year only. County, on an annual basis, has the right to reconsider a contract during the budget process for ensuing years if financial resources of County are insufficient to meet the liabilities of said contract. The award of a proposal or contract hereunder will not be construed to create a debt of the County which is payable out of funds beyond the current fiscal year.
14. Upon award and prior to execution of a contract, Sole Proprietorships are required to submit a copy of their social security card to the Hidalgo County Auditor's Office in order to establish an account with the County. All awarded vendors must submit a completed W-9 and a copy of their Federal ID Number Certificate.
15. DELIVERY INSTRUCTIONS: (If applicable)
 - . No deliveries accepted after 3:00 P.M., Monday-Friday.
 - . At least seventy two (72) hours prior notice of delivery must be given to Martha L. Salazar, CPPB, Purchasing Agent before delivery will be accepted.
 - . If you need additional information call the office listed below:

Hidalgo County Purchasing Department
Martha L. Salazar, CPPB, Purchasing Agent
(956) 318-2626
16. BILLING AND PAYMENT INSTRUCTIONS:

. Together with the signing of a contract or issuance of a purchase order following the acceptance of a proposal, and prior to commencement of the actual work, the proposer shall furnish a performance bond to the County for the full amount of the contract, if that contract exceeds \$50,000.

. If the contract is for \$50,000 or less, no money will be paid to the contractor until completion and acceptance of the work or the fulfillment of the purchase obligation to the County, and, if applicable, the receipt by County of satisfactory evidence that all subcontractors and material men have been paid.

. If a contract is for the construction, alteration or repair of public buildings or public works, the contractor shall provide a payment bond for a contract in excess of Twenty Five Thousand Dollars (\$25,000.00), as required by Tex. Govt. Code Ch. 2253.

. For requirements contracts, bond requirements are determined by applying the proposed unit price to the estimated quantities included in the specifications.

19. Ethical Standards:

. It shall be a breach of ethics to offer, give or agree to give any elected official, department head or employee, or former elected official, department head or employee, of the County, or for any elected official, department head or employee or former elected official, department head or employee of the County, to solicit, demand, accept or agree to accept from another person, entity or organization, a gratuity or an offer of employment in connection with any decision, approval, disapproval, recommendation, preparation or any part of a program requirement or purchase request, influencing the content of any specification or procurement standard, rendering of advice, investigation, auditing, or in any other advisory capacity in any proceeding or application, request for ruling, determination, claim or controversy, or other particular matter pertaining to any program requirement or a contract or subcontract, or to any solicitation or proposal therefor pending before any department or agency of the County.

. It shall be a breach of ethics for any payment, gratuity or offer of employment to be made by or on behalf of a subcontractor under a contract to the prime contractor or higher tier subcontractor for any contract for the County, or any person associated therewith, as an inducement for the award of a subcontract or order.

. No public official shall have an interest in a contract awarded hereunder except in accordance with Tex. Loc. Govt. Code Chapter 171.

20. Disclosure of Conflict of Interest:

. Effective January 1, 2006, Chapter 176 of the Texas Local Government Code requires that any vendor, person, consultant or contractor considering doing business with Hidalgo County ("the County") to disclose in the Conflict of Interest Questionnaire (the "CIQ") attached as Exhibit D, the vendor, person consultant or contractor's affiliation or business relationship that might cause a conflict of interest with the County. By law, the CIQ must be filed with the Hidalgo County Clerk's Office no later than the seventh business day after the date the person becomes aware of facts that require that statement to be filed. The disclosure requirement applies to a person or business who contract or seeks to contract with Hidalgo County for the sale or purchase of property,

goods or service. Any purchase order or contract resulting from this process shall be considered null and void if the successful Proposer fails to comply with Texas Local Government Code Chapter 176. Vendors, consultants, contractors and others who desire to conduct business with Hidalgo County are encouraged to refer to Texas Local Government Code Chapter 176 for the details of this law. An offense under Texas Local Government Code Chapter 176 is a Class C Misdemeanor.

Please submit complete CIQ forms to the Hidalgo County Clerk's Office located at 100 No. Closner, Edinburg, Texas 78539-Hidalgo County Courthouse **COMPLETION AND SUBMISSION OF FORM CIQ IS THE SOLE RESPONSIBILITY OF THE PROSPECTIVE PROPOSER.**

21. If, during the life of any contract or proposal awarded, the successful proposer's net prices generally available to other customers for items awarded herein are reduced below the contracted price, it is understood and agreed that the benefits of such reduction shall be extended to County.
22. Proposals, and all goods and services provided thereunder, shall comply with all federal, state and local laws concerning this type(s) of goods and/or services.
23. Minimum Standards For Responsible Prospective Proposers: A prospective proposer must affirmatively demonstrate proposer's responsibility. A prospective proposer, by submitting a proposal, represents to County that it meets the following requirements:
 - . Possess or is able to obtain adequate financial resources as required to perform under the proposal;
 - . Be able to comply with the required or proposed delivery schedule;
 - . Have a satisfactory record of performance;
 - . Have a satisfactory record of integrity and ethics;
 - . Be otherwise qualified and eligible to receive an award.
23. Successful proposer will pay or cause to be paid, without cost or expenses to County, all FICA, FUTA/SUTA and Federal Income Withholding Taxes of all employees, and all wages and benefits as required by Federal or State law. Successful proposers' officers, agents and/or employees will not be entitled to any benefits of an employee or elected official of County, including, but not limited to, benefits associated with County's civil service system.
24. Any contract award to a successful proposer will be in effect until (a) the contract expires, (b) delivery and acceptance of products, and/or performance of services ordered, or (c) terminated by County with thirty (30) day's written notice prior to cancellation.
25. County reserves the right to enforce performance of any contract awarded hereunder in any manner prescribed by law or deemed to be in the best interest of the County in the event of breach or default by successful proposer; County reserves the right to terminate any contract immediately in the event a successful proposer fails to:
 - A. Meet schedules;

- B. Pay any required fees or taxes; or
- C. Otherwise perform in accordance with the requirements.

26. Successful proposer shall defend, indemnify and save harmless County and all its elected officials, officers, agents and employees from all suits, actions, or other claims of any character, name and description brought for or on account of any injuries or damages received or sustained by any person, persons, or property on account of any negligent act or fault of the successful proposer, or of any agent, employee, subcontractor or supplier in the execution of, or performance under, any contract which may result from proposal award. Successful proposer indemnifies and will indemnify and save harmless County from liability, claim or demand on their part, agents, servants, customers, and/or employees whether such liability, claim or demand arise from event or casualty happening or within the occupied premises themselves or happening upon or in any of the halls, elevators, entrances, stairways or approaches of or to the facilities within which the occupied premises are located. Successful proposer shall pay any judgment with costs which may be obtained against County growing out of such injury or damages, and shall, upon request, provide a defense to County by counsel reasonably acceptable to County. Successful proposer's indemnity hereunder shall include, but is not limited to, claims relating to patent, copyright or trademark infringement, and the like, arising out of the goods or services provided by successful proposer.
27. Successful proposer shall warrant that all items/services shall conform with the specifications and/or all warranties provided under the Uniform Commercial Code and be free from all defects in material, workmanship and the like. Items supplied under a contract pursuant to this Request for Proposals shall be subject to County's approval. Items found to be defective or not meeting specifications shall be replaced by successful proposer within two business days at no expense to County. Items not picked up within one (1) week after notification shall be deemed a donation to County and may be used or disposed of at County's discretion and without waiver of any other rights of County as to the item's nonconformity.
28. This document and any disputes arising hereunder shall be governed and construed according to the laws of the State of Texas, and will be performable exclusively in Hidalgo County, Texas.
29. The successful proposer shall not assign, sell, transfer or convey its rights under any awarded contract, in whole or in part, without the prior written consent of County.
30. Proposers shall provide with the proposal response, a list of at least three (3) references where like services have been supplied by their firm. Include the name of the business or government, address, telephone number and name of representative or contact person.
31. Proposers must provide **all** documentation requested with this Proposal in their response. Failure to provide this information may result in rejection of the proposal as non conforming.

Request for Proposal
**“THIRD PARTY ADMINISTRATION, INDIVIDUAL STOP LOSS & AGGREGATE
STOP LOSS FOR SELF-FUNDED MEDICAL PLAN, GROUP TERM LIFE AND
ACCIDENTAL DEATH & DISMEMBERMENT”**

RFP NO: 2010-228-09-22-YZV

To: Martha L. Salazar, CPPB, Purchasing Agent
Hidalgo County Purchasing Department
100 E. Cano, 4th Floor - Administration Building
Edinburg, Texas 78539

In accordance with the Requirements, and subject to all laws and regulations of the United States and state and local laws, the undersigned proposer proposes and commits to furnish all labor, equipment, material, software and services as set forth in the documents hereinbefore mentioned. The undersigned proposer further agrees, upon acceptance of its proposal, to execute a contract and/or Purchase Order issued by Hidalgo County for performing and completing the work described in the Requirements within the time stated and for the prices proposed in the documents attached hereto and made a part hereof.

Proposer acknowledges receipt of all of the pages of the documents referenced in the Request for Proposal Checklist presented in connection with this procurement. Proposer understands that Hidalgo County reserves the right to reject any or all proposals and further reserves the right to design the evaluation criteria to be used in selecting the lowest and best proposal.

Proposer agrees that this proposal shall be good and may not be withdrawn for a period of ninety (90) calendar days after the scheduled closing time for receiving proposals, as contained in the Requirements.

Respectfully submitted,

Proposer: _____

Address: _____

By: _____

Printed Name: _____

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

RFP NO: [2010-228-09-22-YZV](#)

OVERVIEW:

The County of Hidalgo is seeking to engage Proposer’s to furnish benefits for the **“Third Party Administration, Individual Stop Loss & Aggregate Stop Loss For Self-Funded Medical Plan, Group Term Life And Accidental Death & Dismemberment”** offered by Hidalgo County to its employees and the employees’ dependents. This process includes a Request for Proposal for fully **“Third Party Administration, Individual Stop Loss & Aggregate Stop Loss For Self-Funded Medical Plan, Group Term Life And Accidental Death & Dismemberment”** Coverage. The Hidalgo County Purchasing Department will receive sealed envelopes containing proposals for the provision of fully **“Third Party Administration, Individual Stop Loss & Aggregate Stop Loss For Self-Funded Medical Plan, Group Term Life And Accidental Death & Dismemberment”** Coverage as specified herein. Sealed proposals will be accepted until **9:30 A.M., Wednesday, [September 22, 2010](#)**. **ANY RFP RECEIVED AFTER THAT DATE AND TIME WILL NOT BE ACCEPTED AND WILL BE RETURNED UNOPENED.**

The Hidalgo County Drainage District No. 1 Board of Director’s may, at their option, utilize the **“Third Party Administration, Individual Stop Loss & Aggregate Stop Loss For Self-Funded Medical Plan, Group Term Life And Accidental Death & Dismemberment”** Provider(s) selected by Hidalgo County For Hidalgo County Drainage District No. 1. Should the Board of Director’s of Hidalgo County Drainage District No. 1 decide the firm selected as the Provider is the same as the one selected by Hidalgo County, the Provider shall offer Hidalgo County Drainage District No. 1 the same terms and provisions as it offer s Hidalgo County.

The Hidalgo County Appraisal District Board of Directors may, at their option, utilize the **“Third Party Administration, Individual Stop Loss & Aggregate Stop Loss For Self-Funded Medical Plan, Group Term Life And Accidental Death & Dismemberment”** Provider(s) selected by Hidalgo County For Hidalgo County Appraisal District. Should the Board of Director’s of Hidalgo County Appraisal District decide the firm selected as the Provider is the same as the one selected by Hidalgo County, the Provider shall offer Hidalgo County Appraisal District the same terms and provisions as it offer s Hidalgo County.

Deliver Submittal to:

RFP NO: [2010-228—09-22-YZV](#)
Martha L. Salazar, CPPB, Purchasing Agent
Hidalgo County Purchasing Department
2802 South Hwy. 281
Hidalgo County New Administration Building
Edinburg, Texas 78539

The Submittal Envelope Must Show:

RFP NO.: [2010-228-09-22-YZV](#)

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

The following outlines the Request for Proposal:

SECTION I - GENERAL TERMS AND CONDITIONS

ADDITIONAL INFORMATION:

Hidalgo County is requesting that sealed proposals be routed to Martha L. Salazar, CPPB, Purchasing Agent, at 2802 South Hwy. 281, at Hidalgo County New Administration Building, Edinburg, Texas 78539. All inquiries must be directed to Hidalgo County Purchasing Agent, Martha L. Salazar. Hidalgo County Health Benefits Consultants, Alamo Insurance will assist Hidalgo County in addressing any and all inquiries. All responses will be distributed through Hidalgo County Purchasing Department. Proposers are not to directly contact Hidalgo County Health Benefits Consultant except through the Hidalgo County Purchasing Department. **WRITTEN QUESTIONS WILL BE ACCEPTED VIA FACSIMILE BY NO LATER THAN Wednesday, SEPTEMBER 08, 2010**, at 5:00 P.M. at (956) 318-2629. Responses will be sent to all applicants via facsimile by **Friday, SEPTEMBER 10, 2010. TELEPHONE INQUIRIES WILL NOT BE ACCEPTED.**

PLEASE NOTE: PRE-PROPOSAL MEETING WILL BE HELD ON Wednesday, September 01, 2010 at 11:00 A.M.

Any interpretation of the Request for Proposal, if made, will be made only by Addendum duly issued. A copy of such Addendum will be mailed or delivered to each person receiving the Request for Proposal. Hidalgo County will not be responsible for any other explanation or interpretation of the proposal made or given prior to the award of the contract. Any objections to the specifications or requirements as set forth in this Request for Proposal must be filed in writing.

Any deviation for the specifications set forth herein must be clearly pointed out; otherwise it will be considered that services proposed are in strict compliance with these specifications and the successful proposer will be held responsible thereof. Deviations shall be explained in detail. Proposers are to furnish all information requested in the Request for Proposal. Proposals not in compliance with these requirements may be subject to rejection. The contractor agrees to protect the County from claims involving infringement of patents or copyrights.

DISCLOSURE OF CONFLICT OF INTEREST:

Effective January 1, 2006, Chapter 176 of the Texas Local Government Code requires that any vendor, person, consultant or contractor considering doing business with Hidalgo County ("the County") to disclose in the Conflict of Interest Questionnaire (the "CIQ") attached as **Exhibit D**, the vendor, person consultant or contractor's affiliation or business relationship that might cause a conflict of interest with the County. By law, the CIQ must be filed with the Hidalgo County Clerk's Office no later than the seventh business day after the date the person becomes aware of facts that require that statement to be filed. The disclosure requirement applies to a person or business who contract or seeks to contract with Hidalgo County for the sale or purchase of property, goods or service. Any purchase order or contract resulting from this process shall be considered null and void if the Vendors, consultants, contractors and others who desire to conduct business with Hidalgo County are encourage to refer to Texas Local Government Code Chapter 176 for the details of this law. An offense under Texas Local Government Code Chapter 176 is a Class C Misdemeanor.

Please submit complete CIQ forms to the Hidalgo County Clerk's Office locate at 100 No. Clossner, Edinburg, Texas 78539-Hidalgo County Courthouse **COMPLETION AND SUBMISSION OF FORM CIQ IS THE SOLE RESPONSIBILITY OF THE PROSPECTIVE BIDDER.**

PROPOSER'S AFFIDAVIT:

Prior Contract award, respondents to this RFP must submit a signed Proposer's Affidavit (attached herein in **Exhibit E**) certifying that the submission is (1) not the result of Collusion as described in the Proposer's Affidavit or that the Respondent has not and will not attempt to lobby directly or indirectly as described in the Proposer's Affidavit.

NON-DISCRIMINATION:

Submitters, during the performance of this contract, will not discriminate against any employee or applicant for employment because of race, religion, sex, national origin or disability except where religion, sex, national origin or disability is a bona fide occupational qualification reasonably necessary to the normal operation of the contractor.

PROCESSING TIME FOR PAYMENT:

Submitters are advised that a minimum of thirty (30) days is required to process invoices for payment.

ELECTRONIC TRANSMISSION OF BIDS:

Hidalgo County's Purchasing Department will not accept telegraphic or electronically transmitted submissions.

PROOF OF FINANCIAL AND BUSINESS CAPABILITY:

Submitters must, upon request, furnish satisfactory evidence of their ability to furnish products or services in accordance with the terms and conditions of these requirements. Hidalgo County will make the final determination as to the submitter's ability.

SUBMITTER DEFAULT:

Hidalgo County reserves the right, in case of submitter default, to procure the articles or services from other sources and hold the defaulting submitter responsible for any excess costs occasioned thereby.

RESTRICTIVE OR AMBIGUOUS REQUIREMENTS:

It is the responsibility of the submitter to review the Request for Proposal (RFP) packet and to notify the Purchasing Department if the requirements are formulated in a manner that would unnecessarily restrict competition. Any such protest or question regarding the requirements or proposer's procedures must be received in the Purchasing Department not less than seventy-two hours prior to the time set for the opening. These criteria also apply to requirements that are ambiguous.

HAND DELIVERED PROPOSALS:

Hidalgo County requires submitters, when hand delivering proposals, to make sure that it is stamped with date and time by the County Purchasing Staff.

SIGNING OF PROPOSALS:

In order to be considered all submittals **must** be signed. **Please sign the original in [blue ink](#).**

WAIVING OF INFORMALITIES:

Hidalgo County reserves the right to waive minor informalities or technicalities when it is in the best interest of Hidalgo County.

SUBCONTRACTING:

The successful submitter **may not** subcontract the award without the written consent of the Commissioners' Court of Hidalgo County.

DURATION OF CONTRACT: Effective date to commence is **February 1, 2011**. The term of the contract is for a three (3) year period, on one of the following basis;

- Fixed Price for the three (3) year period, or
- Two (2) Annual renewal adjustments determined by formula at the time the contract is awarded; or
- One (1) year contract with two (2) annual renewal options for rate and premiums deemed to be favorable to Hidalgo County.

DAVIS BACON ACT:

All selected and awarded firms are required to include the Davis-Bacon Act when advertising and developing specifications.

ADDITIONAL INFORMATION TO TERMS AND CONDITIONS:

All costs and expenses with the preparation and submission of (bids, proposals and/or quotes) shall be the responsibility of the proposer and no reimbursements for such charges or expenses shall be passed onto Hidalgo County.

Any contract awarded to a successful proposer will be in effect until (a) the contract expires, (b) delivery and acceptance of products and/or performance of services ordered, or (c) terminated by County with thirty day's written notice prior to cancellation.

SECTION II - RFP REQUIREMENTS

REQUEST FOR PROPOSALS:

The required contents and limitations for the preparation of the RFP are described in this section. Failure to provide the requested information or adhere to any County limitations will result in disqualification of the submitted RFP. A total of **one (1) original and ten (10) copies** of the RFP shall be submitted to the address on the cover letter.

Proposers should apprise themselves of all available information. Proposers shall thoroughly examine the specifications, the schedule and all other contract documents.

Proposals should be in conformance with the specifications. Care should be taken to match the requested plan designs as closely as possible. The Request for Proposal specifications are not intended to be restrictive, but Proposals, not in conformance to the specifications, will not be considered unless such nonconformance is explained in detail. General discussion and plan comparison of competing proposals will be in regards to the specified in-force benefits.

Due care has been exercised in the preparation of these specifications, and the information is believed to be substantially correct. However, the responsibility for verification of all information presented herein shall rest solely on the proposer.

CONTENTS:

1. Conditions of Proposal
 - a. All information required by the proposal form shall be furnished.
 - b. Specification price sheets, specifications and necessary information are attached.
 - c. Alternate Proposal- Request for Proposal. Alternate Proposals will be considered. All alternate Proposals should be clearly marked "ALTERNATE PLAN I, ALTERNATE PLAN II., etc." Offerers are encouraged to be creative and to present their most competitive coverage and pricing Proposal.
 - d. The County reserves the right to revise and amend the specifications prior to the date set for the opening. Such revisions or amendments, if any will be announced by addenda or amendments to these specifications. Copies of these addenda so issued will be furnished to all prospective proposers.
 - e. **If you consider any portion of your proposal to be confidential information and that disclosure of its contents to competing proposers would be detrimental to your company, clearly identify those portions. It is the responsibility of the responding party to separate information it considers to be confidential and to place such confidential information on separate sheets of paper, each clearly labeled "CONFIDENTIAL". The identified portions will be protected from disclosure to the extent possible under the law.**

- f. Proposals will be opened so as to avoid disclosure of contents to competing proposers, and not be made public during the process of negotiation. However, all Proposals shall be opened for public inspection after the award to of the contract, except for any bonafide secrets and/or confidential information contained in the proposal and identified as such.
- g. Clarification of Objections to Proposal Requirements.
All such requests for information can only be made in writing sent by email or via fax on or before the deadline of September 08, 2010 to:

Martha L Salazar, CPPB, Purchasing Agent
Hidalgo County Purchasing Department
Fax No.: 956-318-2629
Email to: martha.salazar@co.hidalgo.tx.us

The required contents for the RFP are presented below in the order they should be incorporated into the submitted document.

UNDERSTANDING OF THE PROJECT:

This section should demonstrate the proposers understanding of the project needs, the work required, and any local issues or concerns. Briefly explain how long you have been organized and your corporate business objectives. Explain how long you have been in business. This description should be concise, candid, and limited to 3 pages in length.

PERSONNEL AND STAFFING:

The proposers should provide an organizational chart for the project and a summary paragraph of the project work to be performed by each proposed staff member. Biographic summaries that highlight the experience relevant to the specific project responsibilities should be provided for all proposed personnel. There is a one (1) page limitation for each biographic summary provided. Information regarding the firm's credentials, education and experience with other government entities is required and will be scored accordingly during the evaluation process.

REQUIRED CERTIFICATES AND SUBMITTAL:

This section will contain any licenses, registrations and certifications as required by the STATE OF TEXAS and HIDALGO COUNTY that you possess that deem you as a qualified provider.

If proposer/company cannot meet any of the following services/responsibilities, such exceptions must be noted on the company's cover letter.

NUMBER OF COPIES TO BE SUBMITTED:

Hidalgo County requires one (1) original submittal and ten (10) copies.

SECTION III – RFP SELECTION AND SCHEDULES

SELECTION PROCEDURES: The RFP shall be submitted according to the schedule below. The County of Hidalgo is not required to select the proposal with the lowest rates, fees, but shall take into consideration other factors, including past experience, evidence of good organization, references, ability to provide requested services and any other factors found necessary for quality services.

PROPOSAL RANKING: Hidalgo County Health Benefit Consultant will evaluate the proposals utilizing the evaluation criteria outlined in “Exhibit B” attached herein Thereafter, Hidalgo County Commissioner’s Court will rank and/or award this proposal.

Hidalgo County Commissioner’s Court, at its sole discretion, may elect (after the proposals have been reviewed, scored and evaluated and presented to Commissioner’s Court for the purpose of ranking), to have participants make presentations in order to complete and finalize the ranking

Sealed Request for Proposals must be submitted by **no later than 9:30 a.m. on SEPTEMBER 22, 2010**. Overnight mail must also be properly labeled on the outside of the Express Envelope or Package with reference to: **RFP No.: 2010-228-09-22-YZV “Third Party Administration, Individual Stop Loss and Aggregate Stop Loss for Self-Funded Medical Plan, Group Term Life and Accidental Death & Dismemberment”**.

PROPOSAL SUBMITTED: RFPs should be submitted to:
Martha L. Salazar, Purchasing Agent
Hidalgo County Purchasing Department
2802 South Hwy. 281
Hidalgo County New Administration Building
Edinburg, Texas 78539

NEGOTIATION PROCESS:

The number one ranked firm will be contacted to submit a draft contract for negotiation. If negotiations prove unsuccessful, the next highest ranked company will be contacted. The County of Hidalgo reserves the right to reject any and all RFPs.

EVALUATION: The evaluation consist of a **total point section system(s)**. The participants will be ranked after evaluation. **RFP submittal evaluation will be based on the criteria outlined in Exhibit B contained herein.**

SCOPE OF SERVICES/TERMS AND CONDITIONS

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

RFP: 2010-228-09-22-YZV

Background Information

Hidalgo County (hereinafter referred to as HIDALGO COUNTY) is located in Hidalgo County, Texas. The majority of the 3,800 insured employees, retirees and COBRA participants participating in HIDALGO COUNTY's self-funded health benefit plan use the services of providers located in Hidalgo County, the current enrollment in the Health Plans is available on HIDALGO COUNTY's census.

Blue Cross Blue Shield of Texas has insured the Health Plan since February 1, 2008. Initially the plan was a fully insured plan but moved to a self-funded plan on February 01, 2005. There have been no significant plan changes during the time Blue Cross Blue Shield of Texas has insured the plan.

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

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

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

**PLEASE MAKE SURE TO COMPLETE THE PRICING "HOSPITAL & PHYSICIAN MODELS".
FAILURE TO COMPLETE THESE MODELS MAY DISQUALIFY YOUR PROPOSAL.**

HIDALGO COUNTY
Request for Proposals
2010-228-09-22-YZV
Individual Stop Loss Insurance (ISL)/Aggregate Stop Loss Insurance (ASL)
Request for Proposal Submission Form

RFP ASSUMPTIONS:

1. Proposal is to be based on duplication of the existing Plan of Benefits, unless otherwise specified, any deviation must be clearly identified and explained. All proposals will be assumed to have been submitted without any deviations unless clearly noted.
2. Proposal is to be based on the provided census.
3. Contract effective date is to be **February 01, 2011**. All participants enrolled in the insurance plan as of January 31, 2011 are to be covered on a “no loss/no gain” basis. “No loss/no gain” for participants is to include credit for accumulated deductible, coinsurance, and lifetime maximum benefits.
4. HIDALGO COUNTY desires to receive proposals for a three (3) year period on one of the following basis:
 - Fixed price for the three (3) year period, or
 - Two (2) annual renewal adjustments determined by formula at the time the contract is awarded, or
 - One (1) year contract with two (2) annual renewal options for rate and premiums deemed to be favorable to the HIDALGO COUNTY. Rates to be firm by **November 1** (90 days prior to anniversary date)
5. HIDALGO COUNTY will only consider stop loss insurance policies meeting the following:
 - a) Specific Policy on a paid/12; or paid/15 basis for Medical and Drug (Rx). We do not wish to see an aggregating specific; however: a 24/15 contract may be proposed.
 - b) Medical and Drug (Rx) Specific Coverage with **\$150,000, \$175,000, \$200,000, \$250,000** deductible.
 - c) Final determination on all lasers, if any, including deductible amounts and conditional lasers should be clearly identified and provided with RFP response based on provided claims data.
 - d) Completion of Insurance Company Quotation Document with all terms clearly listed
 - e) **Waive Actively at Work Provisions.**
6. Renewal rate must be received by HIDALGO COUNTY at least 90 days prior to anniversary date.
7. Any estimated savings, performance or other guarantees should be specific, quantifiable and should include a method for validation.

QUESTIONS

1. Describe the business entity submitting the proposal:

- a. Insurance Company Name: _____
- b. Address: _____
- c. Contact Person: _____
- d. Telephone Number: _____
- e. Insurance agent representative: _____

2. Describe Financial Stability of Insurance Company:

Financial Rating Service	Current Rating	Prior Year Rating
A.M. Best		
Standard & Poors		
Moody's		

3. Provide three (3) Texas client references (preferably public entities):

Name of Client	Contact Person	Telephone Number	Number of Employees

4. **PLEASE ANSWER QUESTIONS 4 THROUGH 7, IF STOP LOSS INSURANCE IS BEING SUBMITTED BY MANAGING UNDERWRITING GROUP OR OTHER BUSINESS ENTITY ACTING AS AGENT OR REPRESENTATIVE FOR ANY INSURANCE COMPANY.**

5. Describe the business entity submitting the proposal:

- a. Name of Business Entity: _____
- b. Current Business Address: _____
- c. Mailing Address: _____
- d. Contact Person: _____
- e. Telephone Number: _____
- f. Type of Business:

_____ Corporation	_____ General Partnership	_____ Sole Proprietorship
_____ Registered Limited Liability Partnership		_____ Limited Liability Company

6. a. Has the business entity been a defendant in any lawsuit in any state or federal court during the preceding five (5) years? Yes _____ No _____

If yes, identify each lawsuit by party, case number, court, subject matter, and disposition:

b. Does the business entity have any claims filed against it which is unresolved and presently pending before any State of Texas Administrative agency? Yes _____ No _____

If yes, please provide a full description of the changes: _____

7. Has the insurance agent representing the business entity submitting the response to this RFP been a defendant in any lawsuit in any state or federal court during the preceding five (5) years? Yes _____ No _____

If yes, identify each lawsuit by party, case number, court, subject matter, and disposition:

b. Does the business entity have any claims filed against it which is unresolved and presently pending before any State of Texas Administrative agency? Yes _____ No _____

If yes, please provide a full description of the changes: _____

8. Financial information:

a. Has the business entity filed a voluntary or involuntary petition in bankruptcy, obtained an order for relief, or received a discharge on any debt under the U. S. Bankruptcy laws during the preceding seven (7) years? Yes _____ No _____

If yes, please describe: _____

b. Has any owner, member, or partner of the business entity filed a petition in bankruptcy, obtained an order for relief, or received a discharge on any debt under the U.S. Bankruptcy laws during the preceding seven (7) years? Yes _____ No _____

If yes, please describe: _____

9. The business entity must provide satisfactory evidence of existing insurance coverage in the amount of \$3,000,000.00 for Errors and Omissions or other fiduciary liability. If the business entity is selected to provide services it must provide evidence that such coverage will be in effect for the duration of the agreement.

10. Describe ISL.

a. Where will claims be paid? _____

b. What is the definition of "paid claim" to be eligible for reimbursement? _____

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

d. What is the normal processing time for ISL claim? _____

e. What are eligible expenses related to investigation of claim (e.g. hospital audit, medical records, etc)? _____

f. If HIDALGO COUNTY has negotiated with providers, will these discounts be accepted, in lieu of doing a hospital audit? Yes _____ No _____

g. Describe documentation needed for ISL claim reimbursement: _____

11. Describe Underwriting:

a. Will any claimant be excluded or assigned a higher deductible (lasered)?

Yes _____ No _____

b. Is so, please describe: _____

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

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

If so, please describe:

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

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

15. Please state any variations to the Request for Proposal Assumptions or other qualifications for your quote: _____

16. For what period of time are quoted rates guaranteed? _____

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

If so, please describe: _____

18. Are quoted rates net of agent commission? Yes _____ No _____

If no, please describe: _____

19. Do quoted rates include advance funding for:

Specific Claims? Yes _____ No _____

If no, additional cost to provide: _____

20. Is the quote based on the services of a specific provider network? Yes _____ No _____

21. What is the rate differential for the use of the following networks.

a. VIANT _____

b. Healthsmart _____

c. BC/BS _____

d. CNN _____

e. Beechstreet _____

f. Other (name) _____

BASIC PLAN

	Number of Participants	Rates	Monthly Premiums	Annual Premium
Incurring Paid \$ Specific Deductible Single Family Composite				
Incurring Paid \$ Specific Deductible Single Family Composite				
Incurring Paid \$ Specific Deductible Single Family Composite				
Incurring Paid \$ Specific Deductible Single Family Composite				

HIGH PLAN

	Number of Participants	Rates	Monthly Premiums	Annual Premium
Incurring Paid \$ Specific Deductible Single Family Composite				
Incurring Paid \$ Specific Deductible Single Family Composite				
Incurring Paid \$ Specific Deductible Single Composite				
Incurring Paid \$ Specific Deductible Single Family Composite				

THIRD PARTY ADMINISTRATION QUESTIONNAIRE

TPA ORGANIZATION:

1. Name, Address, City, State, Zip Code and Telephone Number of Firm.
2. Is your firm owned or operated by a parent company? If yes, please identify the parent and its primary business.
3. How long has your firm been in business? _____
4. How long have you done claims administration? _____
5. Who are the principal officers in your firm? How long have they been in their positions?
6. Is this a branch facility? If so, please identify the main office location.
7. How many claims processors are Full Time employees in your firm?
 - a. How many claim processors will be appointed to service this account?
 - b. How many years of experience does each have with medical claims processing?
8. Do you have bilingual claims personnel available to plan participants who call your office for customer service and/or claims processing?
9. How many clients do you perform claim administration services for?
 - a. How many clients over 2,500 employees? _____
 - b. How many clients over 500 employee? _____
10. Provide a copy of your Errors & Omissions coverage? A minimum of \$3,000,000 is required.

CLAIMS ADMINISTRATION

1. What are your claim office performance standards for claim accuracy and turnaround time? Please provide your performance guarantees.
2. Describe your internal audit procedures?
3. What edits and controls are used to avoid duplicate payments?
4. What safeguards exist to protect against claims abuse and fraud?

5. What program do you use to unbundle claims?
6. What database do you use to determine Reasonable and Customary fee allowances? How frequently do you update your R&C screens?
7. Describe your procedures for professional medical claims review.
8. Explain your hospital bill audit procedures.
9. Describe your procedures for tracking and reporting specific excess claims?
10. Explain how you handle subrogation and third party disbursements?
11. List the excess carriers which you are approved with for claims administration?
12. Do you provide a toll free number for claim inquiries?
13. What are your normal hours of operation to answer calls for claim inquiries?
14. Describe your customer service process when an employee calls with a claim inquiry.
15. If you have a separate customer service unit, what are your standards for:

Answer Time: _____

Abandon Rate: _____

16. Does your fee assume a first year claim lag? If so, what is the cost to purchase mature claim year administration?
17. Does your fee assume any excess loss carrier overrides? Do you receive overrides from any insurance carrier or any other source who is a vendor for the County Contract?

ELIGIBILITY SYSTEM:

1. How is an insured's eligibility assigned and maintained?
2. How often can eligibility information be updated?
3. Do you maintain information on each of the family members separately, as well as the employee?

4. How do you verify dependent eligibility prior to paying a claim?
5. What is your accuracy standard and turnaround time for loading new groups, updates, and changes?

SYSTEM CAPABILITIES:

1. Is your claim processing system completely automated?
2. Are there any significant manual activities required to process claims?
3. Describe your claims payment system, including hardware and software?
4. Do you own or rent your claim payment system software?
5. How employee and dependent claimant histories tracked?
6. How may benefits components (i.e. separate deductible totals, lifetime benefits, etc.) can be maintained by the system?
7. Can your system track number of visits by procedure?
8. What percentage of your claims is currently accepted on an electronic basis?

BANKING ARRANGEMENTS:

1. Do you require the use of a specific bank for claim accounts? If so, please provide the name, address, and phone number of the bank.
2. Is an initial claims payment deposit required to establish banking arrangements?
3. Will you perform bank account reconciliations?
4. Are there any additional costs to the banking? (I.E.: – EFT charges, monthly charges, etc.)

UTILIZATION REVIEW:

1. What U.R. services are performed in-house?
2. What outside U.R. provider do you use? How long have you used them?
3. Indicate which U.R. services you have assumed in your proposal?

Pre Notification
Preadmission Review
Concurrent Review – On Site or Off Site

Retrospective Review
Large Case Management
Discharge Planning

4. Can you accommodate Pre-Notification for the following?
 - Specialty Care referrals
 - Home Health Care
 - Ancillary Services
 - Inpatient Surgical procedures
 - Outpatient Surgical procedures
 - Lab & X-ray procedures
 - Inpatient Mental Health and Substance Abuse
 - Outpatient Mental Health and Substance Abuse

PREFERRED PROVIDER ORGANIZATIONS:

1. Do you have capabilities to process PPO discounts in-house?
2. Which PPOs do you have access to processing in-house?
3. Can you install PPO discounts for Direct contracts with providers? If so, what is the charge?
4. How many different PPOs do you interface with currently? Who are they?

REPORTING:

1. Provide a list of reports available in your standard reporting package. What is the cost of these reports?
2. Can you generate customized reports? Are reports available through Internet? What is the charge?
3. How are paid claims reported?
4. How does your firm report claims to Excess Loss carriers?

GENERAL

1. What is the cost for producing a plan document? Is it included in your cost assumptions?
2. What is the cost for producing a Summary Plan Description? Is it included in your cost assumptions?
3. What is the cost of having the Plan Document and SPDs changed due to regulatory changes? Is it included in your cost assumptions?
4. What is the cost of printing the 4,000 Summary Plan Descriptions for the plan participants? Is it included in your cost assumptions?
5. What is the cost for printing ID cards? Is it included in your cost assumptions?
6. Is there an initial set-up fee charged for the installation of our plan?

7. Please disclose any additional fees or expenses that are borne by the client.
8. Do you offer assistance in the administration of COBRA benefits? HIPAA Certificates? Please describe your service and cost.
9. Please explain the type of assistance and/or administration duties you provide.

PHARMACY – ADMINISTRATION SERVICES ONLY (ASO)

Please find the current prescription drug plan design in the medical plan summary attachment.

1. Please describe your retail pharmacy network (number of independents and number of chains; are all chains in the network?) including its relationship to you (e.g. owned or leased).
2. Please confirm that prescription drugs prescribed by any licensed health care provider, including dentists, will be covered by the pharmacy program.
3. Is the use of a formulary mandatory? Please attach a copy of the formulary for review.
4. Does the retail brand discount include savings from formulary, network spread, clinical savings, DUR savings?
5. Is the brand discount a hard discount?
6. Is the brand discount an average? Is it based on 11 digits NDC?
7. Is the brand discount at mail order based on 100 units or actual acquisition NDC?
8. Is the mail discount based on 11 digit NDC?
9. Generic pricing must be expressed as a discount off of AWP for overall generic effective rate at retail. We will NOT accept as pricing the term "MAC" without quantifying what that number represents and what the blend of MAC and NON-MAC drugs represent overall.
10. Is pricing for retail brand and overall generic effective rate guaranteed?
11. Your quote must include a traditional pricing model and a transparency full pass-thru model. Is the pricing guaranteed?
12. What is the discount for specialty drugs? What is the dispensing fee? Is the specialty drug program a pass-thru under a transparency model? Are supplies included in the pricing?
13. Please provide your definition of "generic". Also provide a definition of the generic included in the overall generic guarantee.
14. What quantity is an AWP based on for mail order?
15. How are manufacturer rebates handled? Will Hidalgo County share in the rebates? If so, what percentage?
16. Do rebates have a minimum guarantee per claim? Per brand? Hidalgo County will not accept rebate quotes based on rebatable brand claims.

17. Are rebates paid quarterly? If so, when?
18. Under transparency pricing model, are rebates a 100% pass thru of Gross?
19. Will coverage of OTC impact rebates? If so, how much?
20. Do rebates survive termination? When are they paid after termination?
21. Are rebates paid on specialty drugs?
22. Do you contract directly with manufacturers for formulary rebates or do you use another PBM? If yes, who handles?
23. Please describe how the drugs for the formulary are selected, and who is responsible for the selection.
24. Do you own your own mail service? If not, who do you sub-contract with and do you retain revenue?
25. Do you own your own Specialty Pharmacy? Or subcontract? If yes, who handles specialty pharmacy?
26. What is the average turnaround time for mail order pharmacy?
27. Can mail order pharmacy be ordered on-line?
28. Does the PBM allow 90-day fills at retail in addition to mail order? If so, what contracted pharmacies participate? What is the discount to Hidalgo County for a 90-day network? What plan design is used?
29. Do you offer alternatives in the pharmacy program that can help control or reduce the plan costs? If so, please provide details and approximate savings for each feature.
30. Please explain your Drug Utilization Review process for these programs:
 - a. Prospective
 - b. Concurrent
 - c. Retrospective
31. Please submit a sample of your standard reporting package. Attach samples of your standard reporting package that is included in your quote. Please note if your paid claims numbers are based on paid or incurred claims figures.
32. Include in your response a PPI report, a specialty drug report, and a net cost per day for mail or retail report w/ specialty and acute meds removed.
33. How do you propose getting members to look at alternative brands that have generics available and do your manufacturer contracts preclude you from providing this type of information to members?
34. What financial advantage would Hidalgo County gain if we limited the pharmacy network to several large chains? Could exceptions be made in outlying areas?

35. Is electronic billing available? Reports on line? Is an interactive website available? Can members compare pricing of drugs on line?
36. Will the PBM provide assistance with developing a communication piece?
37. Provide all materials used in marketing your product.
38. Do your administration fees include the following:
 - a. Postage (in D below)
 - b. Claim forms
 - c. ID cards, (medical/Rx combo cards?)
 - d. Mailing to participants homes
 - e. Participating provider directories
 - f. Customer service representatives specific to Hidalgo County.
 - g. Mail order forms
 - h. 1 – 800 number to call center
 - i. Standard report packages
39. Does your plan currently offer on-line access to claims and eligibility information for employees? Is there a separate charge for this to the plan?
40. Will any revenue be paid to a third party administrator for services, fees, disease state management or other vendor services by the PBM? Will all compensation to third parties be disclosed? Is an implementation allowance paid to the payor? If so, how much per member or head of household?
41. Will you audit the pharmacy data? Specifically, as a payor, what independent source will audit each and every claim? What are the fees associated with an independent audit?
42. Will you provide consultative modeling and forecasting annually?
43. Will a true-up of guarantees be performed annually? If so, when can Hidalgo County expect payment of true-ups above guarantees under transparency model?
44. Will the mail service provider provide to Hidalgo County copies of their suppliers (wholesaler or manufacturer) invoices showing net invoice for medications?
45. Will your firm detail its total revenue from all sources for administering the Hidalgo County pharmacy benefit plan and allow an independent audit by the Hidalgo County?
46. The 3 finalist will be required to make a presentation to Hidalgo County and answer questions to fully explain the specifics of the program offered.
47. Will your firm contractually guarantee that the amount you reimburse to pharmacy providers is the exact same amount that is billed to the plan sponsor?

PHARMACY – PROPOSED FEES

Contract Effective Date: _____

	RETAIL	90 DAY RETAIL	MAIL ORDER
Brand Formulary Guaranteed			
Brand Non Formulary Guaranteed			
Overall Generic Effective Rate Guaranteed – definition of generics covered under guarantee, i.e. single source generics, patent litigated generics, generics with 2 or more manufacturers or other?			
Dispensing fee per prescription	\$		\$
Administration fee per prescription	\$		\$
Rebate expected per claim or per brand claim	\$		\$
Specialty Pharmacy discount			
Dispensing fee for specialty drugs			

GROUP TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT

RFP ASSUMPTIONS:

1. Proposal is to be based on the current benefits & coverage's.
2. Quote is to be based on **3,800** Active County Employees and all County Elected Officials. Retirees do not participate.
3. Age Reduction formula is to be the same as current or better.
4. County pays 100% of cost for Basic Life/AD&D.
5. Effective date is to be **February 1, 2011**. All participants enrolled in the Basic Life Insurance Plan as of **January 31, 2011**, are to be covered on a "No Loss/No Gain" basis. The County's enrollment records are to be the basis for "take-over."
6. Life insurance contract must include Waiver of Premium provisions prior to attainment of age 60 for duration of the disability.
7. The County desires to receive proposals for a three (3) year period on one of the following basis:
 - Fixed price for the three (3) year period, or
 - Two (2) annual renewal adjustments determined by formula at the time the contract is awarded, or
 - One (1) year contract with two (2) annual renewal options for rate and premiums deemed to be favorable to the City.
8. The County must receive renewal rates at least ninety (90) days prior to effective date of rate change.
9. Insurance company must have an A.M. Best rating of A- or better.

QUESTIONS:

1. Describe organization submitting proposal.
 - a. Insurance Company Name: _____
 - b. Address: _____

 - c. Contact Person for Insurance Company: _____
Telephone Number: _____ Email Address: _____
 - d. Contract Person for Insurance Agency: _____
Telephone Number: _____ Email Address: _____

2. Describe Financial Stability of Insurance Company.

a. Financial Rating	Current	Prior Year
<u>Service</u>	<u>Rating</u>	<u>Rating</u>
A.M. Best	_____	_____
Standard & Poors	_____	_____
Moody's	_____	_____

b. Is Insurance Company authorized to do business in Texas? Yes No

3. Will the actively-at-work provision be waived for the effective date of the contract? Yes No

Comment: _____

4. Does quote include Waiver of Premium? Yes No

If so, please attach full description.

5. Does quote include accelerated death benefit for terminal illness? Yes No

If so, please attach full description

6. Provide three Texas client references (preferably cities)

Name of Client	Contact Person	Telephone Number	Number of Employees

7. Describe claim payment services:

a. Where will claims be paid? _____

b. Is a toll free number available for checking status of claim? Yes No

8. For what period of time are quoted rates guaranteed? _____

9. Is a longer rate guarantee available? Yes No

If so, please describe: _____

10. Please state any variations to RFP Assumptions or Qualifications in your proposal: _____

11. Please provide amount of Annual Commission included in your quoted rates: _____

12. Agent Information: The County has specified agent requirements please refer to agent instruction and submit your proposal. Please provide the following information for the agent(s) selected by the insurance company. If two (2) agents are used please provide the following information for each agent:

a. Estimated amount of annual commission: _____

b. Copy of agent's E & O Insurance Certificate.

c. Copy of agent's insurance license.

d. Name/Mailing Address for Agent: _____

e. Agent's relationship with insurance company (length of time, number of groups, amount of premium): _____

f. Please describe agent services to be provided: Agent as a minimum will be required to provide three to five qualified enrollment specialist during the enrollment period for the medical plan. Attach a description of the agency, support personnel, describe intended procedures to provide enrollment services during the enrollment period.

g. Agent experience in insurance industry: _____

GROUP TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT

PREMIUM QUOTE:

Attach rate quote based on number of lives and insurance volume.

Company Name

Authorized Signature

Address

Type Signatory's Name & Title

Email Address

Agent's Name

Telephone Number

Hidalgo County
Request for Proposal
No: 2010-228-09-22-YZV

**“Third Party Administration, Individual Stop Loss & Aggregate Stop Loss for Self Funded Medical Plan,
Group Term Life and**

Accidental Death & Dismemberment”

PLEASE ACKNOWLEDGE RECEIVING THIS RFP BY RETURNING THIS FORM

In order to allow a fair and competitive bid process an agent or agency will not be allowed to access markets prior to the release date of this RFP. The official date and time of release is **AUGUST 25 2010 at 10:00 A.M.**

Any agent other than the incumbent agent in contact with a current provider, contacting markets prior to this date will not be allowed to present a proposal. If it is determined that markets were approached in advance of the release date, then, that insuring entity shall immediately notify our insurance consultant of the date and time of receipt of this Request for Proposal. Failure to disclose the early request will result in disqualification of the vendor. Disclosure will result in reassignment of the insuring entity to another agent or agency.

FAX or Mail TO: Martha L. Salazar, CPPB, Purchasing Agent
Hidalgo County Purchasing Department
2802 South Hwy 281
Hidalgo County New Administration Building
Edinburg, Texas 78539

_____ WILL RESPOND*

_____ WILL NOT RESPOND*

COMMENTS: _____

COMPANY NAME: _____ COMPANY FAX: _____

COMPANY PHONE: _____ Email Address _____

SIGNATURE: _____

Hidalgo County
Request for Proposal
2010-228-09-22-YZV

NOTICE TO INSURING ENTITY

Information provided in these specifications is to be used for purposes of preparing a proposal detailing costs of providing the services and insurance specified. It is further expected that each INSURING CARRIER will read these specifications with care, since failure to meet each condition or a combination of specified conditions may disqualify proposal.

Information provided on Hidalgo County:

1. Current census
2. Plan Information
3. Rate history
4. Standard Loss Information

Hidalgo County (hereinafter referred to as) reserves the right to reject any or all proposals or any portion thereof and to accept the proposal deemed most advantageous to Hidalgo County.

An Insuring entity is required to submit quotations on the basis of these specifications. Alternative quotations (for service on a basis different from requested in these specifications) will receive consideration if such alternatives are clearly explained. Any exceptions to coverage requested herein must be clearly noted in writing and be included as a part of the proposal.

Hidalgo County does not intend to name the servicing agent for the contract(s) you are proposing to the County.

The Insuring Carrier is allowed to name a maximum of TWO (2) agents or agency representatives to be responsible for servicing the contract on behalf of the Insuring carrier. An individual agent or agency may be named to service the insurance contract but only two agents may be named to represent the insuring carrier. If more than two agents are named in the proposal the proposal will be rejected and returned to the insuring carrier.

Hidalgo County believes that the data contained in these specifications is sufficient for preparation for a proposal. The information is believed to be accurate and is based upon the latest available information, but it is not to be considered in any way as a warranty. Requests for additional information should be directed in writing to Hidalgo County's purchasing department as described in the RFP.

EXHIBIT "B"

RFP EVALUATION FORM

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

Hidalgo County will conduct a comprehensive, fair and impartial review of all proposals received in response to this RFP. Each "Proposal" will be analyzed to determine overall responsiveness and qualifications

SECTION I-ADMINISTRATION

PRICING (100 POINTS)

Administrative Fees	Primary Cost for Claims Administration
Performance Guarantee PPO Discounts	What is carrier willing to put at risk on claim threshold
Performance Guarantee Service	What is carrier willing to put at risk on administration services
Multiple Year Rates	Guarantee of future cost on admin fees
Enrollment Expense i.e. Booklets	Straight comparison of cost
Run In Expense	Assuming change in administrator what cost for claim services for incurred claims
Set Up Fees	Initial Deposit required to initiate program

STOP LOSS (100 points)

Premium Cost	Straight premium cost
Lasers	Increased liability due to increased deductible on certain claimants

NETWORK DISCOUNT (400 POINTS)

Percentage Discount (allowable) charges against (billed-ineligible) charges
OON Charges Verified Charges

SECTION II – NETWORK PROVIDERS

NETWORK PROVIDERS – ACCESS (100 POINTS)

Hospitals	Are all hospitals in the network
Doctors- Primary Care	Are there sufficient number of Primary care docs (Family Practice-OB-Gyn-Internist)
Doctors – Specialist	Are there sufficient number of Specialist
Tertiary Providers	Are there OUT patient diagnostic facilities, lab, etc.
Centers of Excellence	Are there special centers of excellence for special cases ie MD Anderson
Urgent Care Centers	Are UCC in networks
Transplant Options	Is there a Transplant contract required

SECTION III – PHARMACY

PHARMACY (100 POINTS)

Cost	Per Script, Per Capita, discount off Branded, Generic, Mail Order
Formulary	Any ?2 tier, 3 tier, 4 tier, Specialty Meds
Rebates	Pre-determined and credited; calculated per script and applied; how much and when
Access	Network of pharmacies, Mexico
Transparency	True cost of Rx disclosed
Preferred Local Pharmacy	Local non chain pharmacies included
Reporting Capabilities	Required reports available Per Script reporting

SECTION IV – TECHNOLOGY

TECHNOLOGY (50 POINTS)

Website Access
Telephone Access
Ability to Duplicate Current Plans
AD Hoc Claims Reporting
Employee Access

By insured for administrative services (enrollments, terms, tracking)
By employee and by administration for problem solving
Flexibility to match current plan design
Are there Ad Hoc reporting capabilities with web based access
Employee able to review EOBs and other claim information

SECTION V – WELLNESS

WELLNESS (100 POINTS)

Disease management
Wellness tools

Cardiac, Diabetic, Pregnancy
Active or Passive tools, Cost of Programs

SECTION VI – ADDITIONAL SERVICES

ADDITIONAL SERVICES (50 POINTS)

Enrollment Services
Policy Booklets
Local Office
Patient Advocacy
Company's Ability to service account
Financial Capability
Bilingual Staffing
AM Best Rating
Experience with School Districts
Industry Experience

Who will be doing the enrollment?
On line, printed, bilingual, see cost above
Where is office, office hours, designated employee, full time
Who will be providing service? Home Office, Customer Service, On Site??
Who will be daily contact for service?
Financial strength of vendor especially in current climate
Spanish Speaking service reps and enrollers required
What is rating?
What is experience in dealing with school districts
What size is company overall

The County's Consultant will review all proposals for completeness. Those found to be incomplete, or which fail to address the needs of the County as stated herein, will not be evaluated. Only those proposals furnished complete, with all required documentation, will be evaluated. Proposers are urged to initially submit their best offer. An award (if any) will be made to that proposer whose proposal is deemed most advantageous to, and the best interest of, the County.

The County's Consultant will first evaluate the proposals on all factors other than cost. After a preliminary evaluation of the technical criteria, the cost factor will be included in the evaluation process. The Consultants will meet with the Hidalgo County's Commissioners Court/Board of Directors to present findings and offer guidance in the evaluation of the proposals submitted. Cost will be evaluated on an equal basis with the technical criteria. The Consultant will present the proposers ranking of said evaluation to Hidalgo County Commissioner's County/Board of Directors.

EXHIBIT "B"
RFP EVALUATION FORM

<u>Selection Criteria</u>		<u>Points</u>	<u>Score</u>
<u>SECTION I</u>			
1. <u>PRICING</u>		(100 POINTS)	
Administrative Fees	Primary Cost for Claims Administration		
Performance Guarantee PPO Discounts	What is carrier willing to put at risk on claim threshold		
Performance Guarantee Service	What is carrier willing to put at risk on administration services		
Multiple Year Rates	Guarantee of future cost on admin fees		
Enrollment Expense i.e. Booklets	Straight comparison of cost		
Run In Expense	Assuming change in administrator what cost for claim services for incurred claims		
Set Up Fees	Initial Deposit required to initiate program		
Comments/Rationale for points:		TOTAL:	=====
2. <u>STOP LOSS</u>			
		(100 POINTS)	
Premium Cost	Straight premium cost		
Lasers	Increased liability due to increased deductible on certain claimants		
Comments/Rationale for points:		TOTAL:	=====
3. <u>NETWORK DISCOUNT</u>			
		(400 POINTS)	
Percentage Discount (allowable) charges against (billed-ineligible) charges			
OON Charges Verified Charges			
Comments/Rationale for points:		TOTAL:	=====
<u>SECTION II – NETWORK PROVIDERS</u>			
1. <u>NETWORK PROVIDERS – ACCESS</u>		(100 POINTS)	
Hospitals	Are all hospitals in the network		
Doctors- Primary Care	Are there sufficient number of Primary care docs (Family Practice-OB-Gyn-Internist)		
Doctors – Specialist	Are there sufficient number of Specialist		
Tertiary Providers	Are there OUT patient diagnostic facilities, lab, etc.		
Centers of Excellence	Are there special centers of excellence for special cases ie MD Anderson		
Urgent Care Centers	Are UCC in networks		
Transplant Options	Is there a Transplant contract required		
Comments/Rationale for points:		TOTAL:	=====

EXHIBIT "B"
RFP EVALUATION FORM

<u>Selection Criteria</u>		<u>Points</u>	<u>Score</u>
<u>SECTION III- PHARMACY</u>			
<u>1. PHARMACY</u>		<u>(100 POINTS)</u>	
Cost	Per Script, Per Capita, discount off Branded, Generic, Mail Order		
Formulary	Any 2 tier, 3 tier, 4 tier, Specialty Meds		
Rebates	Pre-determined and credited; calculated per script and applied; how much and when		
Access	Network of pharmacies, Mexico		
Transparency	True cost of Rx disclosed		
Preferred Local Pharmacy	Local non chain pharmacies included		
Reporting Capabilities	Required reports available Per Script reporting		
Comments/Rationale for points:		TOTAL:	=====
<u>SECTION IV – TECHNOLOGY</u>			
<u>TECHNOLOGY</u>		<u>(50 POINTS)</u>	
Website Access	By insured for administrative services (enrollments, terms, tracking)		
Telephone Access	By employee and by administration for problem solving		
Ability to Duplicate Current Plans	Flexibility to match current plan design		
AD Hoc Claims Reporting	Are there Ad Hoc reporting capabilities with web based access		
Employee Access	Employee able to review EOBs and other claim information		
Comments/Rationale for points:		TOTAL:	=====
<u>SECTION V – WELLNESS</u>			
<u>1. WELLNESS</u>		<u>(100 POINTS)</u>	
Disease management	Cardiac, Diabetic, Pregnancy		
Wellness tools	Active or Passive tools, Cost of Programs		
Comments/Rationale for points:		TOTAL:	=====
<u>SECTION VI – ADDITIONAL SERVICES</u>			
<u>1 ADDITIONAL SERVICES</u>		<u>(50 POINTS)</u>	
Enrollment Services	Who will be doing the enrollment?		
Policy Booklets	On line, printed, bilingual, see cost above		
Local Office	Where is office, office hours, designated employee, full time		
Patient Advocacy	Who will be providing service? Home Office, Customer Service, On Site??		
Company's Ability to service account	Who will be daily contact for service?		

Financial Capability	Financial strength of vendor especially in current climate		
Bilingual Staffing	Spanish Speaking service reps and enrollers required		
AM Best Rating	What is rating?		
Experience with School Districts	What is experience in dealing with school districts		
Industry Experience	What size is company overall		
Comments/Rationale for points:		TOTAL:	<u> </u>
		TOTAL SCORE:	

AGENT _____

EVALUATOR _____ DATE _____