

Third Party Administration, Individual Stop Loss & Aggregate Stop Loss for Self-Funded Medical Plan, Group Term Life & Accidental Death & Dismembermen

DRAINAGE DISTRICT

Date: 12/07/2010
Submitted By: Yolanda Velasquez, PURCHASING DEPT.
Submitted For: Marty Salazar
Department: PURCHASING DEPT.

Information

CAPTION

A. Presentation by consultant, Alamo Insurance Group, of scoring grid with recommendation on the responses received for: Group Term Life-Accidental Death and Dismemberment for formal ranking by Commissioner's Court so as to proceed with award:

	PROVIDER	SCORE/GRADE	RANK
1.	_____;	_____;	_____
2.	_____;	_____;	_____
3.	_____;	_____;	_____

B. Approval to award to the number one (1) ranked firm of _____ with authority to purchase policy or policies for: Group Term Life-Accidental Death and Dismemberment.

BACKGROUND

Fiscal Impact

Attachments

Link: [AGENDA - BACK-UP](#)

Link: [Participation-Acceptance Sheet-Evaluation Form and Scoring Grid](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Angela Garcia	12/03/2010 04:25 PM	APRV
2	Perla Lopez	Perla Lopez	12/03/2010 04:31 PM	APRV
3	Final Approval		12/03/2010 04:53 PM	NEW
Form Started By: Yolanda Velasquez		Started On: 12/03/2010 04:08 PM		
Final Approval Date: 12/03/2010				

Gary R. Looney, REBC

3201 Cherry Ridge Drive

Suite D 405

San Antonio, Texas 78230

Phone: (210) 930-6665 Fax: (210) 930-1838

Memorandum

Date : December 7, 2010

TO : Hidalgo County Commissioner's Court

Ramon Garcia County Judge

Joel Quintanilla Precinct 1

Hector (Tito) Palacios Precinct 2

Joe Flores Precinct 3

Oscar Garza Precinct 4

From : Gary Looney REBC

RE : Group Term Life Insurance

Ramon Garcia County Judge

Pursuant to the Request for Proposals for, Group Term Life and Accidental Death and Dismemberment RFP No. 2010-09-22-YZV" I have completed my analysis and scoring of the proposals submitted. We have reviewed the proposals and submit the scoring grid attached.

It is my recommendation that the Group Term Life Insurance be awarded to BCBS through their subsidiary company Dearborn National Life Insurance Company. There were three primary concerns.

1. Provisions in the actively at work clause
2. Multiple year rate guarantees
3. Enrollment and service assistance

Dearborn National has adjusted their actively at work provisions to our suggested definitions, they have provided a 3 year rate guarantee, and the enrollment/administrative services will be provided by the current local BCBS representative.

Thank you for your confidence in my efforts on behalf of Hidalgo County.

Gary Looney

Sr VP Alamo Insurance Group

CC: Martha Salazar Purchasing Agent
Raul Silguero Budget Division

Hidalgo County Life Insurance Scoring Grid

CARRIER	ING	BCBS	UNUM	SUNLIFE	LINCOLN	Max Pts
CARRIER	#1	#2	#3	#4	#5	
Premium Rate for Basic Life and ADD	55	55	40	60	47	60
Age Reduction Formula	6	6	6	6	6	6
Actively at Work provisions	6	6	0	4	0	6
Multiple Year Rate Guarantee	0	7	7	7	7	7
Portability	0	4	4	4	0	4
Convertability	3	3	3	3	3	3
Administrative Help Enrolling	5	5	5	0	5	5
Web Based capability	4	4	4	4	4	4
Enhancements	2	5	3	5	2	5
Point Total	81	95	72	93	74	100

100

60.00%
 6.00%
 6.00%
 7.00%
 4.00%
 3.00%
 5.00%
 4.00%
 5.00%

Alamo Insurance Group
 12/7/2010

HIDALGO COUNTY PURCHASING DEPARTMENT PROPOSAL ACCEPTANCE SHEET

DEPARTMENT NAME: HIDALGO COUNTY –HIDALGO COUNTY DRAINAGE DISTRICT #1

PROPOSAL ACCEPTANCE DATE: **September 29, 2010 (PER ADDENDUM I)**

PROPOSAL ACCEPTANCE TIME: 9:30 A.M.

DESCRIPTION OF PROPOSAL: “Third Party Administration, Individual Stop Loss and Aggregate Stop Loss For Self-Funded Medical Plan, Group Term Life and Accidental Death & Dismemberment”

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

BUYER: Yolanda Velasquez

RFP	NAME OF COMPANY	ACKNOWLEDGEMENT RECEIPT	ADDENDUM 1
#1	HEALTH SMART IRVING, TEXAS	✓	✓
#2	ING EMPLOYEE BENEFITS ADDISON, TEXAS	✓	✓
#3	JEFF EVERITT & ASSOCIATES (AGENT	✓	✓
#4	SUN LIFE FINANCIAL HOUSTON, TEXAS	✓	✓
#5	UNUM HOUSTON, TEXAS	✓	✓
#6	AETNA INC.	✓	✓
#7	BLUE CROSS BLUE SHIELDS RICHARDSON, TEXAS	✓	✓
#8	BOD TREVINO INS. AGENCY	✓	✓

HIDALGO COUNTY PURCHASING DEPARTMENT PROPOSAL ACCEPTANCE SHEET

DEPARTMENT NAME: HIDALGO COUNTY - HIDALGO COUNTY DRAINAGE DISTRICT #1

PROPOSAL ACCEPTANCE DATE: September 29, 2010 (PER
ADDENDUM I)

PROPOSAL ACCEPTANCE TIME: 9:30
A.M.

DESCRIPTION OF PROPOSAL: “Third Party Administration, Individual Stop Loss and Aggregate Stop Loss For Self-Funded Medical Plan, Group Term Life and Accidental Death & Dismemberment”

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

BUYER: Yolanda Velasquez

RFP	NAME OF COMPANY	ACKNOWLEDGEMENT RECEIPT	ADDENDUM 1
#9	PURO ASEGURO INC PHARR TEXAS	√	√
#10	SWATNER & GORDON CORPUS CHRISTI, TX	√	√
#11	WEB-TPA IRVING, TX	√	√
#12			
#13			
#14			
#15			

**HIDALGO COUNTY PURCHASING DEPARTMENT
PARTICIPATING BIDDER'S LOG
REQUIREMENTS/RFP PACKETS
RFB-RFP-RFQ**

RFP ACCEPTANCE DATE: SEPTEMBER 22, 2010 **RFP ACCEPTANCE TIME:** 9:30 A.M.

DEPARTMENT/PROPOSAL DESCRIPTION:

"Third Party Administration, Individual Stop Loss and Aggregate Stop Loss For Self-Funded Medical Plan, Group Term Life and Accidental Death & Dismemberment" **RFP NO.:** 2010-228-09-22-YZV

NAME OF VENDOR: COMPANY/FIRM	BID REQUES T *VIA	SIGNATURE (IF APPLICABLE) OR INITIALS OF STAFF ADDRESSING MAIL OUT	DATE	ADDRESS & PHONE NO
1Requested: 8/23/10 @4:10 p.m. RGV Statewide Ins. Agency LLC	IP	Juan tijerina@ymail.com YZV	9/01/10	5317 N. McColl Rd. Ste 113 McAllen, TX 78504 Tel:(956) 655-7033
2Requested 8/24/10 @ 8:49 a.m. Tom Renick-Dallas, TX Specialize Billing(Not Interested)	TR	(972)248-9708	9/01/10	(NOT INTERESTED)
3Requested 8/24/10 @9:41 a.m. Entrust, INC Roberto Pflaumer	EM	rpflaumer@entrustinc.com	9/01/10	14701 St Mary's Lane, Ste150 Houston, TX 77079 Tel: (281-368-7878 x 180)
4Requested 8/25/10 @ 8:25 a.m. RGV Statewide John Garza	IP	Jg3183@aol.com	9/01/10	5317 N. McColl Rd. McAllen, TX 78504 Tel: (956) 429-3211
5Requested 8/25/10 @ 9:14 a.m. Melba Figueroa Puro Aseguro INC.	IP	melba@puroaseguro.com rr@puroaseguro.com	9/01/10	514 South I Road Ste A Pharr, TX 78577 Tel: (956) 328-9075
6Requested 8/25/10 @9:15 a.m. Joe Halow Assured Benefits Administrators, INC	EM	jhalow@abadmin.com	9/01/10	4855 N. Mesa, Suite 130 El Paso, TX 79912 Tel: (800) 247-7114
7Requested 8/25/10 @ 11:50 a.m. Leann Barzee AmeriBen(IEC Group)	EM	lbarzee@ameriben.com	9/01/10	3449 E. Copper Point Dr. Meridian, ID 83642 Tel: (800) 786-7930 X9591
8Requested 8/25/10 @ 1:20 p.m. Mary Beth Hilburn ING Employee Benefits	EM	marybeth.hilburn@us.ing.com	9/01/10	15455 Dallas Parkway Ste 1250 Addison, TX 75001 Tel:(800)955-6965
9Requested: 8/25/10 @ 1:56 p.m. Trey Tollett Swantner & Gordon Ins. Agency LLC	EM	jtollett@s-gins.com	9/01/10	500 N Shoreline, Ste 1200 Corpus Christi, TX 78471 Tel:(361) 883-1711
10Requested: 8/26/10 @ 8:41 a.m. Cris Solis Valley Risk Consulting, INC	EM	cris@vrctx.com	9/01/10	1200 Fresno McAllen, TX 78501 Tel (956) 664-1430
11Requested: 8/30/10 @1:11 p.m. Becky Silva Texas Insurance Service Center, INC.	EM	becky@txisc.com	9/01/10	521 S. 77 th Sunshine Strip Harlingen, TX 78550 Tel(800) 750-0490

***VIA:
IN PERSON (IP)
TELEPHONE REQUEST (TR)**

**BIDDER LIST MAIL OUT (BLM)
E-MAIL (EM)**

**HIDALGO COUNTY PURCHASING DEPARTMENT
PARTICIPATING BIDDER'S LOG
REQUIREMENTS/RFP PACKETS
RFB-RFP-RFQ**

RFP ACCEPTANCE DATE: SEPTEMBER 22, 2010 RFP ACCEPTANCE TIME: 9:30 A.M.

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

NAME OF VENDOR: COMPANY/FIRM	BID REQUEST *VIA	SIGNATURE (IF APPLICABLE) OR INITIALS OF STAFF ADDRESSING MAIL OUT	DATE	ADDRESS & PHONE NO
12 Requested: 8/30/10 @3:26 p.m. Heather Caile United Healthcare	EM	Heather_h_caile@uhc.com	9/01/10	6200 Northwest Parkway San Antonio, TX 78249 Tel:(210) 481-2962
13 Requested: 8/31/10 @10:50 a.m. Merrilyn Kroll Group Benefit Services	EM	Lgw11@comcast.net	9/01/10	9291 SE Duncan Street Hobe Sound, FL 33455 Tel:(877) 877-3021
14 Requested: 8/31/10 @12:38p.m. Lyle R. Burns Delta Health Systems	EM	Lyle.burns@delapro.com	9/01/10	5343 N. 16 th Street, Ste 470 Phoenix, AZ 85016 Tel: (602) 265-1873
15 Requested: 9/01/10 @10:00a.m. Ramona Lopez Bob Treviño's Office	IP	Signature	9/01/10	819 N. I. Road Pharr, TX 78577
16 Requested: 9/01/10 @2:28 p.m. Tom Martin Doctors Hospital @ Renaissance	EM	t.martin@dhr-rgv.com	9/01/10	5501 South McColl Rd. Edinburg, TX 78539 Tel: (956) 362-3082
17 Requested: 9/2/10 @ 11:13 a.m. Eric Wright Mutual Assurance Administrators INC	EM	Jonathan.sheedy@cigna.com	9/02/10	2700 Post Oak Blvd, Ste700 Houston, TX 77056
18 Requested: 9/2/10 @ 11:13 a.m. John Weitzel Hartford Life	EM	John.weitzel@hartford.com	9/03/10	P. O. Box 4611 Houston, TX 77210-4611
19 Requested: 9/2/10 @ 11:13 a.m. Lincoln Financial Group Cas Joseph Petkovic	EM	cas.petkovic@lfg.com	9/02/10	1155 Dairy Ashford, Ste 209 Houston, TX 77079
20 Requested: 9/2/10 @ 11:13 a.m. Wes Goode METLIFE	EM	wgoode@metlife.com	9/02/10	5400 LBJ Freeway Ste100 Lockbox 30 Dallas, TX 75240
21 Requested: 9/2/10 @ 11:13 a.m. Randy Martin Prudential	EM		9/02/10	8117 Preston Rd, Ste 600 Dallas, TX 75225
22 Requested: 9/2/10 @ 11:13 a.m. Dayton Hoffman Standard Insurance Company	EM	dhoffman@standard.com	9/02/10	13750 San Pedro, Ste 440 San Antonio, TX 78232

***VIA:
IN PERSON (IP)
TELEPHONE REQUEST (TR)**

**BIDDER LIST MAIL OUT (BLM)
E-MAIL (EM)**

**HIDALGO COUNTY PURCHASING DEPARTMENT
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NAME OF VENDOR: COMPANY/FIRM	BID REQUEST *VIA	SIGNATURE (IF APPLICABLE) OR INITIALS OF STAFF ADDRESSING MAIL OUT	DATE	ADDRESS & PHONE NO
23. Requested: 9/2/10 @ 11:13 a.m. Scott Sandusky Sun Life Financial	EM	Scott.sandusky@sunlife.com	9/02/10	919 Congress Ave # 400 Austin, TX 78701
24 Requested: 9/2/10 @ 11:13 a.m. Julie Rickman UNUM	EM	jrickman@unum.com	9/02/10	5840 Legacy Circle Ste D2 Plano, TX 75024
25 Requested: 9/2/10 @ 11:13 a.m. Louie Heerwagen Aetna National Accounts	EM	heerwagenl@aetna.com	9/02/10	2777 Stemmons Freeway, Ste300 Dallas, TX 75207
26 Requested: 9/2/10 @ 11:13 a.m. Hector Licon BCBSTX	EM	Hector_Licon@bxbstx.com	9/02/10	8200 IH-10WEST, Ste 420 San Antonio, TX 78230
27 Requested: 9/2/10 @ 11:13 a.m. Jana Gasper Humana	EM		9/02/10	8431 Fredreicksburg Rd, S 500 San Antonio, TX 78229
28 Requested: 9/2/10 @ 11:13 a.m. Dennis Ellis United Healthcare	EM	Dennis_ellis@uhc.com	9/02/10	6200 Northwest Parkway San Antonio, TX 78249q
29 Requested: 9/2/10 @ 11:13 a.m. Eric Wright Mutual Assurance Administrator inc	EM	ericwright@maa-tpa.com	9/02/10	3121 Quail Springs Parkwa Oklahoma City, OK 73134
30 Requested: 9/2/10 @ 2:44 p.m. Tracy Carman WEB-TPA	EM	tcarman@webtpa.com	9/02/10	8500 Freeport Parkway South, Suite 400 Irving, TX 75063
31 Requested: 9/3/10@9:04 a.m. Jesus A. Rodriguez MetLife Resources	EM	jarodriguez@metlife.com or rodrije@aol.com (not to mail if necessary will come by to pick-up) YZV	9/03/10	929 E. Esperanza Ste 13 McAllen, TX 78501 Tel: (956) 624-8042
32 Requested: 9/13/10 Zachary J. Zuckerman First Niagara Benefits Consulting	EM	Zachary.zuckerman@fnrm.com YZV	9/13/10	126 North Salina St. Ste 6 Syracuse, NY 13202 Tel:(315) 461-1282
33 Requested: 9/15/10 Ruben Garza Lone Star Insurance Agency	IP/EM	garza@lonestar-ins.com YZV	9/15/10	520 E. Nolana Ave. Ste 11 McAllen, TX 78504 Tel: (956) 682-1742

***VIA:**

IN PERSON (IP)

TELEPHONE REQUEST (TR)

BIDDER LIST MAIL OUT (BLM)

E-MAIL (EM)

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>	(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		
Comments/Rationale for points:		TOTAL:	=====
<u>SECTION IV – TECHNOLOGY</u>			
<u>TECHNOLOGY</u>	(50 POINTS)		
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>	(100 POINTS)		
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>	(50 POINTS)		
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?		

EXHIBIT "B"
RFP EVALUATION FORM

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:	<u> </u>

AGENT _____

EVALUATOR _____ DATE _____

**Hidalgo County
Medical RFP Scoring Grid**

		Vendor I	Vendor II	Vendor III	Vendor IV
Section 1 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 admin 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 Discounts (400 points)			
	Percentage discount: (allowable) charges against (billed - ineligible) charges				
	OON Charges Verified Charges				
Point Total Section 1		0	0	0	0
Section 2 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 - Specialists	Are there sufficient numbers of Specialist				
Tertiary Providers	Are there Out patient diagnostic facilities, labs, etc				
Centers of Excellence	Are there special centers of excellence for special cases ie MD Anderson				
Urgent Care Centers	Are there UCC in network				
Transplant Options	Is there a Transplant contract required				
Point Total Section 2		0	0	0	0
Section 3 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				
Point Total Section 3		0	0	0	0
Section 4 Technology					
		Technology (50 Points)			
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				
Point Total Section 4		0	0	0	0
Section 5 Wellness					
		Wellness (100 Points)			
Disease Management	Cardiac, Diabetic, Pregnancy,				
Wellness tools	Active or Passive tools, Cost of programs				
Point Total Section 5		0	0	0	0
Section 6 Additional Services					
		Additional Services (50 Points)			
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 acct	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				
Point Total Section 6		0	0	0	0
Total Points		0	0	0	0

**Auditing of DD Finances by County Auditor
DRAINAGE DISTRICT**

Date: 12/07/2010
Submitted By: Monica Badillo, EXECUTIVE OFFICE
Submitted For: Valde Guerra
Department: EXECUTIVE OFFICE

Information

CAPTION

- A. Discussion regarding a proposal for the County Auditor to conduct a financial audit of the Drainage District finances
- B. Discussion regarding a proposal for the County Auditor to process & audit the Drainage District Financial Invoices

BACKGROUND

same as county agenda

Fiscal Impact

Attachments

No file(s) attached.

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Erika Zamora	12/03/2010 02:57 PM	APRV
2	Perla Lopez	Perla Lopez	12/03/2010 03:16 PM	APRV
3	Final Approval		12/03/2010 04:53 PM	NEW
Form Started By: Monica Badillo			Started On: 12/03/2010 02:24 PM	
Final Approval Date: 12/03/2010				

**Right of Way
DRAINAGE DISTRICT**

Date: 12/07/2010
Submitted By: Sylvia Sanchez, DRAINAGE DISTRICT
Submitted For: Sylvia Sanchez
Department: DRAINAGE DISTRICT

Information

CAPTION

Discussion, consideration and action to enter into an Interlocal Cooperation Agreement Between Hidalgo County and Hidalgo County Drainage District#1. As it relates to acquisition of right of way and other real property,

BACKGROUND

Fiscal Impact

Attachments

Link: [Interlocal Agreement](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Erika Zamora	12/03/2010 11:21 AM	APRV
2	Perla Lopez	Perla Lopez	12/03/2010 02:34 PM	APRV
3	Final Approval		12/03/2010 04:53 PM	NEW
Form Started By: Sylvia Sanchez			Started On: 12/03/2010 11:07 AM	
Final Approval Date: 12/03/2010				

STATE OF TEXAS §
 §
COUNTY OF HIDALGO §

**INTERLOCAL COOPERATION AGREEMENT
BETWEEN HIDALGO COUNTY AND
HIDALGO COUNTY DRAINAGE DISTRICT NO. 1**

THIS AGREEMENT is made on this the 29th day of December, 2010 by and between **HIDALGO COUNTY DRAINAGE DISTRICT NO 1**, hereinafter referred to as "Drainage District", and **HIDALGO COUNTY, TEXAS**, hereinafter referred to as "County", pursuant to the provisions of the Texas Interlocal Cooperation Act, as follows:

WHEREAS, Hidalgo County Drainage District No. 1 (the "Drainage District") is in need of technical advise and expertise in the area of acquisition of right of way and other real property;

WHEREAS, Hidalgo County, through its Right of Way Department (the "Department"), is available and willing to assist the Drainage District by providing such expertise and technical advise to the Drainage District on an as needed basis;

WHEREAS, the parties hereto have determined it is beneficial to both parties to enter into this Agreement and that the benefits to each are reasonable;

WHEREAS, the Drainage District and the County are authorized to enter into this Agreement pursuant to the Interlocal Cooperation Act, Texas Government Code Section 791.001 et. seq., (the "Act") which authorizes local governments to contract with each other to perform governmental functions and services under the terms of the Act.

NOW THEREFORE, the Drainage District and the County, in consideration of the mutual covenants expressed hereinafter, agree as follows:

1. The County, through the Department, shall assist the Drainage District with compliance and interpretation of procedures for right of way and real property acquisitions. All property acquisitions and real estate matters shall be conducted in the usual and costmary manner of the Department on an as needed basis.
2. The Drainage District agrees to compensate the Department for the costs associated with right of way acquisitions and real estate matters in an amount not to exceed One Hundred Thousand Dollars (\$100,000.00) for a period of one (1) year, commencing January 1, 2011. Such compensation shall be payable monthly against invoice from County for hours of right of way agent's services furnished by County to Drainage District. Computation of hours of right of way services furnished to Drainage District shall be shown on invoice along with the identification of the right of way agent providing such service and the rate charged for each such right of way agent performing such service.

3. The County may provide, upon written request from the Drainage District, additional services upon such terms and conditions as may be mutually agreed to between the Drainage District and the County.
4. This Agreement shall be for a period of one (1) year from the date first written above and may be renewed for three (3) additional one (1) year terms under the same terms and conditions upon written agreement between the parties.
5. Each party agrees to conform to its own applicable purchasing laws, regulations, policies, and procedures with respect to the portion of the work under this Agreement performed by each party.
6. **Conflict of Applicable Law.** Nothing in this Agreement shall be construed so as to require the commission of any act contrary to law, and whenever there is any conflict between any provision of this Agreement and any present or future law, ordinance, or administrative, executive or judicial regulation, order or decree, or amendment thereof, contrary to which the parties have no legal right to contract, the later shall prevail, but in such event the affected provision or provisions of this Agreement shall be modified only to the extent necessary to bring them within the legal requirements and only during the time such conflict exists.
7. **No Waiver.** No waiver by any party hereto of any breach of any provision of the Agreement shall be deemed to be a waiver of any preceding or succeeding breach of the same or any other provision hereof.
8. **Entire Agreement.** This Agreement contains the entire contract between the parties hereto and each party acknowledges that neither has made (either directly or through any agent or representative) any representation or agreement in connection with this Agreement not specifically set forth herein. This Agreement may be modified or amended only by agreement in writing executed by Drainage District and County, and not otherwise.
9. **TEXAS LAW TO APPLY.** THIS AGREEMENT SHALL BE CONSTRUED UNDER AND IN ACCORDANCE WITH THE LAWS OF THE STATE OF TEXAS, AND ALL OBLIGATIONS OF THE PARTIES CREATED HEREUNDER ARE PERFORMABLE IN HIDALGO COUNTY, TEXAS. THE PARTIES HEREBY CONSENT TO PERSONAL JURISDICTION IN HIDALGO COUNTY, TEXAS.
10. **Notice.** Except as may be otherwise specifically provided in this Agreement, all notices, demands, requests or communication required or permitted hereunder shall be in writing and shall either be (i) personally delivered against a written receipt, or (ii) sent by registered or certified mail, return receipt requested, postage prepaid and addressed to the parties at the addresses set forth below, or at such other addresses as may have been theretofore specified by written notice delivered in accordance herewith:

17. **Governmental Purpose.** Each party hereto is entering into this Agreement for the purpose of providing governmental services or functions and will pay for such services out of current revenues available to the paying party as herein provided.
18. **Commitment of Current Revenues Only.** In the event that, during any term hereof, the governing body of any party does not appropriate sufficient funds to meet the obligations of such party under this Agreement, then any party may terminate this Agreement upon sixty (60) days written notice to the other party. Each of the parties hereto agrees, however, to use its best efforts to secure funds necessary for the continued performance of this Agreement. The parties intend this provision to be a continuing right to terminate this Agreement at the expiration of each budget period of each party hereto pursuant to the provisions of Tex. Loc. Govt. Code Ann. §271.903.

WITNESS THE HANDS OF THE PARTIES effective as of the day and year first written above.

HIDALGO COUNTY DRAINAGE DISTRICT NO. 1

By:
Godfrey Garza, Manager

HIDALGO COUNTY

By:
Ramon Garcia, County Judge

ATTEST:

Arturo Guajardo Jr., Hidalgo County Clerk
APPROVED AS TO FORM:

Atlas & Hall, L.L.P.

By: _____
Stephen L. Crain

EXHIBIT A

INTERLOCAL COOPERATION AGREEMENT

SCHEDULE OF PAYMENTS

The District agrees to pay County monthly in advance:

- A. For performing the duties set forth in numbered paragraph 2 under this Agreement the sum of \$100,000.00 annually.
- B. For providing Additional Services referred to in numbered paragraph 3 of this Agreement, an amount to be determined by mutual consent of the County and District.

By District: _____ Date: _____

By County: _____ Date: _____

AI-24183

7.

House Bill 647 & Senate Bill 302

DRAINAGE DISTRICT

Date: 12/07/2010

Submitted By: Sylvia Sanchez, DRAINAGE DISTRICT

Submitted For: Sylvia Sanchez

Department: DRAINAGE DISTRICT

Information

CAPTION

Discussion and presentation on S.302 and H.R.647 as they relate to International Boundary Water Commission (IBWC) & Hidalgo County levee improvements reimbursement.

BACKGROUND

Fiscal Impact

Attachments

Link: [Senate Bill 302](#)

Link: [House Bill 647](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Erika Zamora	11/30/2010 02:44 PM	APRV
2	Perla Lopez	Perla Lopez	12/02/2010 11:21 AM	APRV
3	Final Approval		12/03/2010 04:53 PM	NEW

Form Started By: Sylvia Sanchez

Started On: 11/30/2010 01:01 PM

Final Approval Date: 12/03/2010

111TH CONGRESS
1ST SESSION

S. 302

To authorize the International Boundary and Water Commission to reimburse State and local governments for expenses incurred by such governments in designing, constructing, and rehabilitating the Lower Rio Grande Valley Flood Control Project.

IN THE SENATE OF THE UNITED STATES

JANUARY 22, 2009

Mr. CORNYN (for himself and Mrs. HUTCHISON) introduced the following bill; which was read twice and referred to the Committee on Foreign Relations

A BILL

To authorize the International Boundary and Water Commission to reimburse State and local governments for expenses incurred by such governments in designing, constructing, and rehabilitating the Lower Rio Grande Valley Flood Control Project.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. PERMITTED REIMBURSEMENTS RELATED TO**
4 **THE LOWER RIO GRANDE VALLEY FLOOD**
5 **CONTROL PROJECT.**

6 The International Boundary and Water Commission
7 is authorized to reimburse State and local governments

- 1 for expenses incurred by such governments in designing,
- 2 constructing, and rehabilitating the IBWC's Lower Rio
- 3 Grande Valley Flood Control Project.

○

111TH CONGRESS
1ST SESSION

H. R. 647

To authorize the International Boundary and Water Commission to reimburse State and local governments of the States of Arizona, California, New Mexico, and Texas for expenses incurred by such a government in designing, constructing, and rehabilitating water projects under the jurisdiction of such Commission.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 22, 2009

Mr. HINOJOSA (for himself, Mr. ORTIZ, and Mr. CUELLAR) introduced the following bill; which was referred to the Committee on Transportation and Infrastructure

A BILL

To authorize the International Boundary and Water Commission to reimburse State and local governments of the States of Arizona, California, New Mexico, and Texas for expenses incurred by such a government in designing, constructing, and rehabilitating water projects under the jurisdiction of such Commission.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. REIMBURSEMENT FOR CERTAIN WATER**
2 **PROJECTS.**

3 (a) IN GENERAL.—The International Boundary and
4 Water Commission is authorized to reimburse State and
5 local governments of the States of Arizona, California,
6 New Mexico, and Texas for expenses incurred by such a
7 government in designing, constructing, and rehabilitating
8 water projects under the jurisdiction of such Commission.

9 (b) APPLICATION.—Subsection (a) shall apply to ex-
10 penses incurred for a water project by any such State or
11 local government designed, constructed, or rehabilitated
12 before or after the date of enactment of this Act.

○

AI-24194

8.

comp time hours

DRAINAGE DISTRICT

Date: 12/07/2010

Submitted By: Sylvia Sanchez, DRAINAGE DISTRICT

Submitted For: Sylvia Sanchez

Department: DRAINAGE DISTRICT

Information

CAPTION

Discussion and action to approve cash payment (in lieu of comp-time) to all eligible District employees for all overtime hours worked during Federal and /or State declared disaster including overtime hours worked during Hurricane Alex.

BACKGROUND

Fiscal Impact

Attachments

Link: [backup](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Erika Zamora	12/01/2010 08:32 AM	APRV
2	Perla Lopez	Perla Lopez	12/03/2010 02:07 PM	APRV
3	Final Approval	Angela Garcia	12/03/2010 04:53 PM	APRV

Form Started By: Sylvia Sanchez

Started On: 12/01/2010 07:59 AM

Final Approval Date: 12/03/2010

Hidalgo County Drainage District #1
Hurricane Alex 2010

Employee ID	Employee Last Name	First, MI Name	Hours to be Paid
089818	ALANIZ	PORFIRIO G.	91.88
150105	ARFILLANO	JUAN GABRIEL	28.27
089141	AVALOS	REFUGIO	228.00
150180	BERNAL	FRANCISCO	197.75
151035	CANTU	TONY	80.00
078808	CASTANEDA	JAIME ESTEBAN	121.13
089273	CELIS	SAMUEL T.	141.00
150540	CHAVEZ	RODOLFO	139.75
088234	CLIMACO	JOSE M.	92.25
086185	DE LEON	ROBERTO R.	40.00
150810	ESPERICUETA	ARMANDO	60.00
071196	FAZ	ALFONSO	123.25
073776	FUENTES	EDILBERTO	100.00
086169	GARCIA	ERNESTO	17.63
151110	GARCIA	PEDRO	80.00
150195	GARZA	GILBERTO	50.00
071285	GARZA, JR.	BENITO	50.00
150585	GONZALEZ	JUAN GILBERT	127.16
150705	HERNANDEZ	ARMANDO	166.75
150510	HERNANDEZ	LUIS ADRIAN	66.73
150990	LEAL	JOSE L.	100.00
070750	LOPEZ	ANTONIO	153.13
070821	LOPEZ	LEONEL	80.00
018074	MALDONADO	RUBEN	70.50
151080	MARQUEZ	JORGE L.	96.00
114391	MARTINEZ	GUADALUPE	71.88
074772	MARTINEZ	RICARDO	3.50
150555	MORIN, JR	JOSE G.	196.75
086177	NACIANCENO	JACINTO	163.40
150765	OCANAS	JOSE	100.00
150885	ORTEGA	JAIME A.	95.88
150675	PACHECO	ERNESTO	9.99
003409	PEREZ	REYMUNDO	126.48
133469	PINEDA	LUCIANO	107.75
150135	PIZANO	RAMON A.	50.00
150960	PONCE	FELIX	210.13
033928	RAMIREZ	JUAN J.	40.00
134201	REYNA	MARCELO	100.00
150435	RIVERA, JR	FEDERICO	136.63
078816	RODRIGUEZ	ABEL	91.38
122785	RODRIGUEZ	GUADALUPE I.	222.25
151095	RODRIGUEZ	ROY	80.00
084859	SALAZAR	LUIS B.	157.00
150405	SANCHEZ	JOSE FLAVIO	20.00
151065	SANCHEZ	NATIVIDAD	100.00
070344	SOLIS	OLIVERO	60.00
070995	VALDEZ	ARTURO	40.00
049387	VILLALPANDO	ERNESTO	63.00
	DOMINGUEZ	JOSE	40.00
	GAZZA	JESUS	40.00
			<u>4827.20</u>

Post-it® Fax Note	7671	Date	# of pages
To	<i>Paola Lopez</i>	From	
Co./Dept	<i>B+M</i>	Co.	<i>HCDD</i>
Phone #		Phone #	
Fax #	<i>292-7035</i>	Fax #	<i>292-7088</i>

Date: *4/8 emp.*
SO

**Renewal/Extension of Section 125 Voluntary Products
DRAINAGE DISTRICT**

Date: 12/07/2010
Submitted By: Gricelda Villarreal, PURCHASING DEPT.
Submitted For: Marty Salazar
Department: PURCHASING DEPT.

Information

CAPTION

Discussion, consideration and action for Hidalgo County Drainage District No. One to exercise the first of two (2) - one (1) year renewals/extensions options as provided under the specifications/requirements of the RFP-Section 125 Voluntary Products, as follows:

through agent, Alamo Insurance Group for:

- A. All State Products/Policies for: Critical Illness: Accidental, Universal Life; Cancer, Heart & Stroke, Term Life;
- B. Met Life for: Vision and Dental; and,
- C. Unum for Disability.

BACKGROUND

Renewal/Extension commencing February 1, 2011 thru January 31, 2012.

Fiscal Impact

FISCAL YEAR: ACCOUNT #:
 FUNDS AVAILABLE? Y/N: MATCHING FUNDS? Y/N:
 BUDGETARY IMPACT:

These are "Voluntary Products" that Hidalgo County Drainage District Number 1 offers to its District Employees. It is at the cost of the District Employees and not the Drainage District. All products are fiscal responsibility of eligible participants (employees).

Attachments

Link: [Exhibit A-Requirements](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Erika Zamora	12/01/2010 04:31 PM	APRV
2	Perla Lopez	Perla Lopez	12/02/2010 02:16 PM	APRV
3	Final Approval		12/03/2010 04:53 PM	NEW
Form Started By: Gricelda Villarreal		Started On: 12/01/2010 04:17 PM		
Final Approval Date: 12/03/2010				

HIDALGO COUNTY
Request for Proposals
For
"Section 125 Voluntary Insurance Products"

Date: September 8, 2009

RFP No.: 09-350-09-30CGV

Voluntary Short & Long Term Disability Insurance, Voluntary Dental, Voluntary Vision, Voluntary Cancer Plan,
Voluntary Accident Plan, Voluntary Critical Illness, Voluntary Heart/Stroke, Voluntary Life Insurance,
COBRA Administration, and an Online Enrollment System

Effective Date: 2/1/2010

Proposals Due: September 30, 2009 at 9:30 a.m.

HIDALGO COUNTY
PURCHASING DEPARTMENT

EDINGURG, TX 78539

HIDALGO COUNTY
"Section 125 Voluntary Insurance Products"
RFP No: 2009-350-09-30CGV

Hidalgo County is inviting for sealed proposals from qualified Insurance Carriers to provide insurance benefits for its employees and employee's dependents for Section 125 Voluntary Insurance Products including but not limited to: Voluntary Short Term and Long Term Disability, Voluntary Dental, Voluntary Vision, Voluntary Cancer, Voluntary Accident, Voluntary Critical Illness, Voluntary Heart/Stroke, Voluntary Life Insurance, an Online Enrollment System and COBRA Administration. The Hidalgo County Purchasing Department will receive sealed envelopes containing proposals for the provision of **"Section 125 Voluntary Insurance Products"** as specified herein. Sealed proposals will be accepted until **9:30 A.M., Wednesday, September 30, 2009. ANY RFP's 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 "Section 125 Voluntary Insurance Products" 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(s) selected as the Provider(s) are the same as the ones selected by Hidalgo County, the Provider(s) shall offer Hidalgo County Drainage District No. 1 the same terms and provisions as it offers Hidalgo County.

The Hidalgo County Appraisal District Board of Directors may, at their option, utilize the "Section 125 Voluntary Insurance Products" providers selected by Hidalgo County for Hidalgo County Appraisal District Board of Directors. 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 offers Hidalgo County.

ANY RFP RECEIVED AFTER THAT DATE AND TIME WILL NOT BE ACCEPTED AND WILL BE RETURNED UNOPENED.

Deliver Submittal to:

US Postal Mail Address:

Martha L. Salazar, CPPB, Purchasing Agent
Hidalgo County Purchasing Department
New Administration Building
2812 S. Business Hwy 281
Edinburg, Texas 78539

Physical Address:

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

The Submittal Envelope Must Show The RFP Number, Name And Opening Date.

The following outlines the Request for Proposals:

SECTION I -GENERAL TERMS AND CONDITIONS

ADDITIONAL INFORMATION: Hidalgo County is requesting that request for proposals be routed to Martha L. Salazar, CPPB, Purchasing Agent, at:

US Postal Mail Address:

Martha L. Salazar, CPPB, Purchasing Agent
Hidalgo County Purchasing Department
New Administration Building
2812 S. Business Hwy 281
Edinburg, Texas 78539

Physical Address:

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

WRITTEN QUESTIONS WILL BE ACCEPTED VIA FACSIMILE OR VIA EMAIL TO cris.villarreal@co.hidalgo.tx.us, BY NO LATER THAN Wednesday, September 21, 2009 at 5:00 P.M. at (956) 318-2629. Responses will be sent to all applicants via facsimile by Friday, September 23, 2009. TELEPHONE INQUIRIES WILL NOT BE ACCEPTED.

PROPOSER'S AFFIDAVIT:

Respondents to this RFP must submit a signed Proposer's Affidavit (attached herein in Exhibit "D") certifying that the submission is (1) not the result of Collusion as described in the Proposer's Affidavit; (2) that the Respondent does not have a Conflict of Interest 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.

DISCLOSURE OF CONFLICT OF INTEREST:

Effective January 1, 2006, Chapter 176 of the Texas Local Government Code requires that any Physician, 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 Physician, 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 contracts 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 participant fails to comply with Texas Local Government Code Chapter 176. Physicians, 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 completed CIQ forms to the Hidalgo County Clerk's Office located at 100 N. Clossner, Edinburg, Texas 78539-Hidalgo County Courthouse. COMPLETION AND SUBMISSION OF FORM CIQ IS THE SOLE RESPONSIBILITY OF THE PROSPECTIVE BIDDER.

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 cost occasioned thereby.

RESTRICTIVE OR AMBIGUOUS REQUIREMENTS:

It is the responsibility of the submitter to review the Request for Proposals (RFP) packet and to notify the Purchasing Department if the requirements are formulated in a manner that would unnecessarily restrict the submitter's ability to comply with. Any such protest or question regarding the requirements or bidding 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.

RFP DELIVERY:

Hidalgo County requires submitters, when hand delivering sealed proposals, to have a Purchasing Department representative time/date stamp and initial the envelope.

SIGNING OF PROPOSALS:

In order to be considered all proposals 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- ASIGNMENTS:

The successful submitter may not subcontract the award without the written consent of the Commissioners' Court of 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:

EMPLOYEE ENROLLMENT:

In the event that a provider has not been awarded by the time the County has scheduled open enrollment, then upon Commissioner's Court approval of proposal award, the awarded number one ranked provider(s) must commence enrollment immediately.

Awarded number one ranked provider must make arrangements under the direction of Insurance Division of Benefits through point of contact, Flora Vazquez, Employee Benefits Manager at (956) 318-2663 or email address: flora.vazquez@co.hidalgo.tx.us

SECTION II-RFP REQUIREMENTS:

Please review this document in its entirety. Be sure your proposal is complete, and double check that all forms required to be submitted with your proposal are filled out completely.

Experience /Qualifications: Proposers shall possess the following experience, including but not limited to:

- Must have previous experience within the State of Texas, and will furnish bona fide references within their proposal to substantiate this experience;
- Must provide proof of financial stability to ensure continued services throughout the contract term.

- Proposer certifies they are a duly qualified, capable, bondable business entity, and have not filed for bankruptcy, and that they are not in receivership, nor contemplates the same.
- Specific experience with public entities in the area.
- Must have the personnel level and equipment necessary to provide immediate service and ensure minimal "down" time.

Request for Proposal: 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 unless otherwise determined by Hidalgo County. A total of **one (1) original and seven (7) copies** of the RFP shall be submitted to the address on the cover letter, 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.: 2009-350-09-30CGV – "SECTION 125 VOLUNTARY INSURANCE PRODUCTS"** in County's Purchasing Department, 2802 So. Business Hwy 281, Edinburg Texas, **on or before 9:30 a.m., Wednesday, September 30, 2009.**

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 THE FOLLOWING REFERENCE: RFP NO. 2009-350-09-30CGV – "SECTION 125 VOLUNTARY INSURANCE PRODUCTS".

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

UNDERSTANDING THE PROJECT: This section should demonstrate the submitter's understanding of the project needs, the work required, and any local issues or concerns. This description should be concise, candid, and limited to 3 pages in length.

Personnel and Staffing: The firm 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.

Required Certifications and Submittal: This section will contain any licenses and certifications as required by the STATE OF TEXAS and HIDALGO COUNTY. Proposers should add copies of their Professional Liability Insurance.

DURATION OF CONTRACT: The initial term of the contract shall be for a three (3) year rate guarantee. In addition, any renewal must be delivered to the County of Hidalgo ninety (90) days prior to renewal. Hidalgo County reserves the right to continue the awarded proposals under the same rates, terms and conditions for an additional sixty (60) day Grace Period at the end of the contract term in the event new providers have not been awarded.

All costs and expenses associated with the preparation and submission of proposals shall be the responsibility of the vendor and no reimbursement for such charges or expenses shall be passed onto Hidalgo County, Hidalgo County Drainage District #1 or Hidalgo County Appraisal District and any other applicable programs and agencies under Hidalgo County.

SCOPE OF SERVICES: Hidalgo County is requesting sealed proposals from insurance carriers to provide all the Section 125 Voluntary Insurance Products to the employees and employees' dependents. The insurance contract will encompass all project-related insurance services, an Online Enrollment System to the County of Hidalgo and Hidalgo County Drainage District No. 1, including, but not limited to, the following:

PART I: Section 125 Voluntary Insurance Products:

A. Voluntary Products:

Short Term and Long Term Disability, Dental, Vision, Cancer, Accident, Critical Illness, Heart/Stroke Insurances;

1. 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;
2. Proposals are to be submitted on the basis of the specifications contained herein. Each proposing company will be required to complete the specific attachment requested. Alternate proposals will also be considered, provided the alternatives are clearly marked as alternates and are clearly explained. All deviations from the specifications must be clearly identified and explained;
3. The information contained herein is believed to be accurate and up-to-date, but is not intended to be an express or implied warranty;
4. The Hidalgo County employs approximately 3800 employees;
5. No electronic, telephone, or fax proposals will be accepted. Proposals will only be accepted if delivered by U.S. Postal Service, Federal Express, UPS, hand delivery, etc. Hidalgo County will not be responsible for missing, lost, or late mail. Any proposals received after the time set for opening will be returned to the proposer unopened;

B. Legal

All parties submitting proposals are expected to comply with federal, state and local insurance laws and regulations relative to the preparation and submission of insurance proposals. Specifically, the services to be provided are expected to be in compliance with the Americans with Disabilities Act (ADA), insurance laws and insurance regulations. All proposals that are submitted will be presumed to be in compliance with all applicable laws.

C. Number Or Copies To Be Submitted:

1. Proposals are to be sealed in an envelope clearly labeled "**RFP # 2009-350-09-30CGV- "Section 125 Voluntary Insurance Products"**". Please submit one (1) original and seven (7) copies of your proposals to:

US Postal Mail Address:

Martha L. Salazar, CPPB, Purchasing Agent
Hidalgo County Purchasing Department
New Administration Building
2812 S. Business Hwy 281
Edinburg, Texas 78539

Physical Address:

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

2. **WRITTEN QUESTIONS WILL BE ACCEPTED VIA FACSIMILE OR VIA EMAIL TO cris.villarreal@co.hidalgo.tx.us, BY NO LATER THAN Wednesday, September 21, 2009 at 5:00 P.M. at (956) 318-2629. Responses will be sent to all applicants via facsimile by Friday, September 23, 2009. TELEPHONE INQUIRIES WILL NOT BE ACCEPTED.**
3. HIDALGO COUNTY reserves the right to provide copies of all correspondence relevant to this assignment to interested participants.

D. Time Frame

1. The RFP requirements and/or requirement will be available to interested parties on/after, **Wednesday, September 9, 2009 at 3:00 P.M.**

Hidalgo County Purchasing Department
New Administration Building
2802 S. Business Hwy. 281
Edinburg, Texas 78539

2. The sealed envelopes will be opened in public at **9:30 a.m. on September 30, 2009**. The envelopes shall be opened in a manner to avoid disclosure of contents to competing vendors and the contents shall be kept confidential during the process of proposal negotiations.
3. The parties submitting the selected proposal will be notified on or about October, 2009, of HIDALGO COUNTY's decision.
4. Contract effective date is February 1, 2010

E. Proposals

1. Each party submitting a proposal is asked to screen their designated proposals for correctness and compliance with the specifications. A good understanding of your products is a must. A narrative summary of all deviations from the RFP specifications is required as part of your proposal (if applicable). A detailed explanation and description of price quotation deviations should be submitted as well.
2. Requests for interpretation of the requirements will be provided by Flora Vazquez, Employee Benefits Manager. All such responses will be made in writing. Oral explanations will not be binding.
3. The contents of the proposals shall be kept confidential during the process of negotiations. After the insurance contracts are awarded, all proposals will be available for public inspection. Any trade secrets and confidential information shall be so labeled to avoid public disclosure of such information.
4. Hidalgo County may issue an addendum of this proposal by email and/or by fax. Proposals shall include name and fax number of the person to whom addenda should be sent.

F. Guaranteed Rates

All rates shall be guaranteed for at minimum 3 years beginning Feb. 1, 2010.

G. Plan Designs- Requirements and Specifications:

1. **The Disability – Long Term/Short Term** should be income replacement insurance with different options of elimination periods and benefit periods, i.e., educator/political subdivision plans. Hidalgo County desires an income replacement plan with various periods and maximum benefit periods. Hidalgo County desires this benefit to be offered on a guarantee issue basis annually with no evidence of insurability second year and beyond. Pre-existing condition clause would apply. Your company definition of disability is required – we are seeking at minimum a 3 year own occupation definition - along with offset requirements. We are requesting at minimum a 3 year rate guarantee. Please complete attached format.
2. **The Dental Plans** offered should include a high and low option. High option must be an Indemnity Plan, while the low option can be either a PPO or a Scheduled type plan. Plans should offer a \$25 and/or a \$50 deductible, with

endodontic and periodontal services paid at the basic benefit level. Plans should include both child and adult orthodontics. Maximum benefits should start at no less than \$1000 per year with an annual rollover benefit type feature. No waiting periods preferred for open enrollment. Request at minimum 3 year rate guarantee. Please complete attached format.

3. **The Vision Plan** should include a 12-month Exam – 12-month Frames - 12 – month Lenses option with and without eye exam Copay and with and without materials Copay. We are requesting at minimum a \$50 wholesale/\$130-\$150 retail on frames and \$130 minimum on contacts. We request at minimum 3 year rate guarantee. Please complete attached format.
4. **Cancer** plans must be submitted with a high / low option. These products must be offered on a guarantee issued basis for first year's open enrollment. Pre existing condition clause can apply. Request at minimum 3 year rate guarantee. Please complete attached format.
5. **Accident** plans must be 24 hour coverage (on and off the job) and be submitted with a high/ low option. These products must be offered on a guarantee issued basis for first year, pre existing condition clause can apply. Request at minimum 3 year rate guarantee. Please complete attached format.
6. **Critical Illness** plans must be submitted with a high / low option. Requesting face amounts of \$5,000 for the low plan and \$10,000 for the high plan. These products must be offered on a guarantee issued basis for first year's open enrollment. Pre existing condition clause can apply. Request at minimum 3 year rate guarantee. Please complete attached format.
7. **Heart/Stroke** products must be offered on a guarantee issued basis for first year's open enrollment. Request at minimum 3 year rate guarantee.

H. QUALIFICATIONS

1. All companies (including agents) submitting proposals must be licensed by the State of Texas and have a demonstrated level of good performance with public entities in Texas. The Company and Agent must have an organization that has demonstrated the ability to deliver cost-effective service and efficient claims processing. ***Please enclose a list of at least (3) three South Texas Public Entity references with your proposal.***
2. The Company and Agent must provide proof of Insurance for E&O. Minimum of \$1,000,000 required. Please enclose a copy with your proposal.
3. The Company must be recommended in the latest edition of A.M. Best's Life Insurance Reports with a general policyholder's rating of A or better. ***Please furnish the Best's policyholder rating for each company with which coverage is being quoted.***
4. The Company and Agent must have a willingness to commit to specified levels of performance for service and quality.
5. The Company and Agent must provide sufficient telephone service, preferably toll-free and local service, to handle inquiries directly from plan participants as well as Hidalgo County business officials.
6. The company must have the capability to provide loss run reports on a monthly basis and/or upon request of the school district. Samples of standard financial and utilization reports should be provided in your proposal

7. The selected Company and Agent must provide sufficient representatives and staff for County meetings and during the enrollment process.
8. The selected company should agree to submit monthly billings by employee and dependents showing separate dollar amounts for individual employee(s) and for each of the coverage(s).

I. **Other Requirements:**

- a) **Online Enrollment System:** The County is seeking an online enrollment system that will consolidate all of the County core and voluntary employee plans.
- o Submit with your proposal your systems capabilities to accomplish this requirement.
 - o Include a specific detail description timeline using an effective date of all products effective 02/01/2010.

J. **QUESTIONNAIRES AND WORKSHEETS**

1. The questionnaires and worksheets provided in this RFP are designed to verify the Proposer's ability and willingness to meet various requirements and expectations about the services provided to Hidalgo County.
2. When responding to the worksheets please be concise yet specific with your answers. If a numbered question is adequately addressed in a section of your proposal, please reference that section, but still respond to question on the questionnaire. The response could be highlighted in the body of the proposal for further clarification.

K. **Disqualification and Rejection of Proposals**

Failure to comply with the requirements or the procedures set forth herein, or to satisfy the insurance and servicing criteria as set forth in the requirements, may result in disqualification. It is not intended that exceptions to the requirements will, in and of themselves, result in disqualification.

L. **Terms of Contracts**

Hidalgo County is seeking a three-year contract with the option to terminate during the term of the contract, or at each anniversary date, with cancellation provisions (except for non-payment) and sixty (60) days notice for non-renewal or plan changes. **All products must be guarantee issued.**

M. **Authorized Signature**

Persons who have legal authority to represent the insurer and administrator to the services that are proposed must sign the proposal signature sheet.

N. **Continuity of Coverage**

All employees and dependents covered by the current plans are to receive immediate coverage under any new plan selected. Continuity of Coverage for current participants is to be on a **"no loss-no gain basis"** for all insurance coverages.

O. **Enrollment**

1. The basis for **"take-over"** is as of **February 1, 2010**. Each selected provider will be expected to provide trained enrollers to explain benefit provisions during annual enrollment meetings and throughout the year

for newly hired employees. The selected providers will also be responsible for providing enrollment materials prior to the employee benefit enrollment meetings.

2. Hidalgo County will review online web based enrollment applications. Company must be able to transmit information to all selected vendors via EDI feed. Company must be able to capture pin signature and/or electronic signature per carrier specifications.
3. The proposing enrollment system must be able to enroll a single employee **in all products offered for 2010 plan year including all voluntary insurance vendors and medical provider**. Once the employee has completed their individual enrollment, system must then be able to save the enrollment data, and offer a benefits confirmation sheet. It must then be able to log out and allow new employee to log in and enroll.
4. An employee shall be able to make changes to a benefit election if done within the same enrollment period window. Information and changes shall be stored and be able to provide synchronization of enrolled data to a main data source.
5. *Hidalgo County will not set up premium deductions for any pending application, until policy is issued and confirmations have been sent to County and applicant.*
6. Enrollers will be responsible for providing confirmations of elections and changes to the employee as opted, electronic or mailed copy.
7. Bilingual enrollers are mandatory for classified personnel assistance.

P Connectivity

1. A mandatory requirement is that your company / carrier provide the technology for this benefit enrollment program to be effectively executed, and in a timely manner process the application of the products you are proposing on.
2. Participating carriers must be able to accept enrollment data via web-based enrollment system. The enrollment will be run on laptops and have the capability to send and receive data from the approved carrier's enrollment system data warehouse via electronic data information feeds.
3. The proposing system may require a pre-population of a census from the enrollment system or Excel file, which contains information about an employee. Some general demographic information will be provided to insure validation of current or elected coverage.
4. *If you cannot meet our requirements you should decline as a proposing carrier.*

Q. Responsiveness

1. Your responsiveness and ability to provide customer services, manage and participate in your portion of the open enrollment, including but not limited to, communications, reporting, policy issue and back end data files to set up payroll will be considered. The timeline for accomplishing this project is limited to 90 days and you must guarantee that your company / carrier will be able to have the enrollment eligibility loaded to Payroll by the deadline as described below.

R. FOR INITIAL ENROLLMENT

1. If premiums are paid current, the electronic data is needed by 9:00 am on January 6, 2010.
2. Your proposal must identify all key personnel that will be assigned to administer your insurance product with Hidalgo County. We request a local presence for agency support.

S. Billing & Reconciliation

1. Hidalgo County will require a system that will allow for list billing format if requested. Electronic billing format data of covered members will include the type of product, social security number, first name, last name, monthly premium amount, volume if applicable and carrier/product specifics.
2. For current deductions, this information is needed by the 10th of the month. Billing will be reconciled to payroll deductions, identifying variances and communicated to the carriers for corrections for the following cycle. Remittance will be processed by the 10th day of the following month.

T. Additional Requirements-Attachments for each product proposal shall include:

1. Company Full Benefit Description - include any and all waiting periods
2. Company Limitations and Exclusions Description
3. Specimen Policy
4. Underwriting Specifications for first year and thereafter
5. Pre existing condition clauses
6. Schedule of Rates-four tier rating structure

U. Companies with an A.M. Best rating of A or better are preferred

V. All data developed and submitted in connection with this RFP will be considered property of Hidalgo County.

W. SELECTION CRITERIA:

1. Hidalgo County reserves the right to reject any or all of the proposals, in whole or in parts; to waive any informality in any proposal, and to accept the proposal which, in its discretion, is in the best interest of Hidalgo County.
2. Proposals will be carefully evaluated for cost effectiveness, for coverage provisions, and for compliance with the coverage and servicing criteria contained in the specifications. The contract will be awarded to the responsible vendor who submits a superior but economical proposal based on the relative importance of the following selection criteria:

3. The evaluation criteria will include, but not limited to, the following:

a) Experience

1. Provides voluntary products for similar organizations;
2. Has worked with political subdivisions entities within the State of Texas;
3. Ability to deliver cost-effective services and efficient claims processing experience;
4. Licensed in the State of Texas;

b) Voluntary Benefits

1. Comprehensiveness of benefit offerings

2. Quantitative analysis of benefits versus cost

c) Capacity to Perform Services

1. Representative/Staffing level and specified levels of performance;
2. Adequacy of Resources;
3. Professional of financial stability;
4. On-Line Enrollment System Capabilities;
5. Cobra Administration Experience;

d) Broker / Agent

1. Local office (Within Hidalgo County)
2. Bilingual staffing capabilities;
3. Level of commitment to servicing the account;

Part II: COBRA ADMINISTRATION SERVICES
(GROUP HEALTH PLANS)

OVERVIEW:

“Group Health Plans” – Includes any plan that is provided to the employees, former employees, or the families of such employees, through insurance or “otherwise”. This includes many forms of arrangements such as insured plans, self-funded plans, and informal employer/employee arrangements: i.e. Major Medical Plans, Mental Health Plans, EAP Plans, Dental Plans, Vision Plans, Flexible Spending Accounts, HMP PPO Plans, Drug Programs, and Section 125 Plans. ”

I. COBRA ADMINISTRATION:

Qualifying Event Submission – Report qualifying events online, instead of days via mail

- COBRA Initial Rights Notice Submission – Accelerate the process of notifying newly covered employees and their families
- Qualified Beneficiary Takeover Submission – Transfer existing participants to COBRA administrative services as soon as account is set up
- Online Reporting – View entire account history online, including participant detail
- Client Web Site Training Guide – Find answers to questions county might have concerning COBRA Administrative processes or procedures
- COBRA Administration Guide - Find answers to questions county might have concerning COBRA Administrative processes or procedures
- Online Resource Center – Review federal guidelines; have knowledge of latest IRS rulings, DOL opinions, and research current issues and court cases

II. HIPAA Administration:

- Initial Rights Communications
- Certificates of Creditable Coverage, via US Postal Service confirmed mailing service, including COBRA Coverage periods
- Track, maintain and report activities for audit support
- Prepare a tailored “address needed” communication requesting employee to notify employer of accurate address

- Provide a duplicate Certificate of Coverage upon request up to 24 months from the loss of coverage
- Track and respond to HIPAA inquiries
- Bilingual customer support to assist participants
- Prepare Past HIPAA Certificates of Coverage for employees and eligible dependents losing coverage
- Prepare and distribute open enrollment, rate and carrier change communication for active employees and eligible dependents

III. For Participants:

- Online Elections – Our secure online election process is protected by assigning a unique username and password, and is automated so beneficiaries can immediately use the Web Site
- View Account History – Beneficiaries can access their entire account in real time and view elections, payments and plan history
- FAQs – Beneficiaries can mail monthly COBRA payments or have premiums automatically paid through other ACH (payroll) deductions

IV. COBRA Administration Questionnaire:

1. Will you provide timely initial notification of COBRA rights to new participants and qualified beneficiaries?
2. Will you shelter Hidalgo County from non-compliance penalties?
3. Will you provide timely and accurate eligibility and premium reporting?
4. Will you provide toll-free customer service line for qualified beneficiaries?
5. Will you ensure compliance with COBRA requirements?
6. Please provide a sample COBRA administration letter.
7. Will you provide COBRA participant notification as needed (qualifying events notification, notice of change of program i.e. changes in premium rates, billing changes in law, etc...)?
8. Will you monitor government legislation and communicate changes in the law to Hidalgo County and COBRA participants?
9. Will you collect COBRA premium and disburse to all vendors as appropriate?
10. Will you charge to 2% administrative surcharge (for disabled employees)?
11. Who retains the surcharge?
12. Will you handle the COBRA annual enrollment?
13. Will you produce HIPAA certificates on behalf of Hidalgo County to any employees terminating coverage? If so, is there an additional cost for this?

SECTION III-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(s) 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 service and further detailed herein under Exhibit "B"-Selection Criteria.

- 1) It is the responsibility of all vendors to examine the entire proposal package, seek clarification of any item or requirement that may not be clear to them, and check all responses for accuracy before submitting a response.
- 2) Awards shall be made with reasonable promptness to the vendor(s) whose proposal best conforms to the invitation and will be the most advantageous to Hidalgo County with respect to conformity to the specifications and other factors.
- 3) It is not the policy of Hidalgo County to purchase on the basis of low price alone. In evaluating the proposals submitted for the items listed, the following considerations will be taken into account: price, the reputation of the vendor and of the vendor's goods or services; the quality of the vendor's goods or services; the extent to which the goods or services meet the county's needs; the vendor's past relationship with the county; the total long-term cost to the county to acquire the vendor's goods or services; and other relevant factor that a private business entity would consider in selecting a vendor.
- 4) The Hidalgo County Commissioner's Court, notwithstanding any other provisions of this Request for Proposal (including all attached documents) expressly reserves the right to:
 - Waive any insignificant defect or informality in any proposal procedure.
 - Reject any or all proposals.
 - Reissue a Request for Proposal.
- 5) Hidalgo County's Enrollment will begin in November, 2009, for a February 1, 2010 effective date of coverage. Please be prepared to have enrollers prepared to enroll for the Month of November through January 2010.
- 6) A MANDATORY enrollment coordination meeting will be held after the award of this RFP to discuss and instruct on enrollment meetings with the staff of County of Hidalgo after the award of these products.

Proposal Ranking: A "Committee" comprises of staffing by the Department of Budget and Management-Insurance Division and Purchasing Department will score and evaluate the proposals and present a grid for recommendation. Thereafter the Hidalgo County Commissioners' Court and the Board of Directors will rank and/or award the proposals.

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 (30) day's written notice prior to cancellation.

PROPOSERS ARE TO PROVIDE A FEE SCHEDULE WITH SUBMITTAL: Proposers are to provide a fee schedule based on the scope of services.

Number Of Copies To Be Submitted: Hidalgo County requires one (1) original submittal and seven (7) copies.

HIDALGO COUNTY
Agent Felony Conviction Notification
RFP Submission Form

State of Texas legislative Senate Bill No. 1, Section 44.034, Notification of Criminal History, Subsection (a), states "a person of business entity that enters into a contract with a HIDALGO COUNTY must give advance notice to HIDALGO COUNTY if the person or an owner or operator of the business entity has been convicted of a felony. The notice must include a general description of the conduct resulting in the conviction of a felony."

Subsection (b) states "a HIDALGO COUNTY may terminate a contract with a person or business entity if HIDALGO COUNTY determines that the person or business entity failed to give notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction. HIDALGO COUNTY must compensate the person or business entity for services performed before the termination of the contract."

THIS NOTICE IS NOT REQUIRED OF A PUBLICLY-HELD CORPORATION

Please check off one box and sign the form in the appropriate space(s)

I, the undersigned agent for the firm named below, certify that the information concerning notification of felony convictions has been reviewed by me and the information furnished is true to the best of my knowledge.

Agent's Name _____

Authorized Company Official's Name (Printed): _____

A. My firm is a publicly held corporation; therefore, this reporting requirement is not applicable.
Signature of Company Official: _____

B. My firm is not owned nor operated by anyone who has been convicted of a felony.
Signature of Company Official: _____

C. My firm is owned and operated by the following individual(s) who has/have been convicted of a felony:

Name of Felon(s): _____

Details of Conviction(s): _____

Signature of Company Official: _____

Date: _____

HIDALGO COUNTY
RFP Submission Form for All Product Lines

References:

1) Provide four current, and four former client references (preferably school districts):

<u>Name of Client</u>	<u>Contact Person</u>	<u>Phone Numbers</u>	<u>Employee Count</u>
-----------------------	-----------------------	----------------------	-----------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HIDALGO COUNTY reserves the right to make any inquiry to any current and or former client whether or not the clients are identified by the offeror in this proposal.

Pricing and Product Summaries:

1) Please complete the worksheets attached to this proposal (Attachment C) in excel and remit in CD form with your proposal.

Product Support:

Please address and respond to the following: Yes or No

1. Your company has the ability to process and issue policies within 2 weeks of the end of enrollment period? _____
2. Your company has the ability to notify Payroll of closed applications within 30 days of rejections? _____
3. Your company has the ability to provide all letters and reports electronically? _____
4. Your company has the ability to provide electronic bill reconciliation to HIDALGO COUNTY? _____
5. Your company's proposed products, riders and amendments are currently filed and approved by the State of Texas? _____
6. Does your company currently have any legal actions pending on any of the products being proposed? _____
7. Does your Agency currently have any legal actions pending on any of the products being proposed? _____

8. Does your company have any actions brought against you by any State Department of Insurance for any of the products being proposed? _____
9. Does your company pay for enroller appointments? _____
11. Your company must disclose all commissions paid to any producer, GA or MGA in each quote submitted.

12. What type of rate guarantees are available? _____
13. What type of notice will you give before raising rates? _____
14. Under what circumstances can your company raise the rates in this proposal? _____

15. Will a Master Contract be issued to HIDALGO COUNTY? _____
16. Will semi-annual claims experience reports be provided to District? _____
If so, provide sample of reports.

HIDALGO COUNTY
Anti-Collusion Certification
RFP Submission Form

By submission of this proposal, the Proposer certifies that:

- (1) This proposal has been independently arrived at without collusion with any other Proposer or with any competitor;
- (2) This proposal has not been knowingly disclosed and will not be knowingly disclosed, prior to the opening of proposals for this project, to any other proposer competitor or potential competitor;
- (3) No attempt has been or will be made to induce any other person, partnership or corporation to submit or not to submit a proposal;
- (4) The person signing this proposal certifies that he has fully informed himself regarding the accuracy of the statements contained in this certification, and under the penalties being applicable to the proposer as well as to the person signing in its behalf.

Company Name

Authorized Signature & Title

Address

Type Signatory's Name & Title

Telephone Number

Federal I.D. #

E-mail address

SUBSCRIBED AND SWORN to before me by the above named _____

On the _____ day of _____, 20____.

Notary Public in and for the State of _____

My commission expires: _____

PROPOSAL SIGNATURE SHEET

My signature certifies that the proposal as submitted complies with all General contract terms and conditions as set forth in RFP# 09-350-09-30CGV

My signature also certifies that by submitting a proposal in response to the Request for Proposal, the offeror represents that in the preparation and submission of this proposal, said offeror did not, either directly or indirectly, enter into any combination or arrangement with any person, firm or corporation or enter into any agreement, participate in any collusion, otherwise take any action in the restraint of free, competitive bidding in violation of the Sherman Anti-Trust Act (15 U.S.C. Section 1) or Sections 59.1-9.1 through 59.1-9.17 or Sections 59.1-68.6 through 59.1-68.8 of the Code of Texas.

I certify that I am authorized to sign as a representative for the offeror:

NAME OF OFFEROR: _____

ADDRESS: _____

FED. ID #: _____

SIGNATURE: _____

NAME (PRINT): _____

TITLE: _____

TELEPHONE NO: _____

FAX NO: _____

DATE: _____

CONTACT NAME: _____

CONTACT TITLE: _____

E-MAIL ADDRESS: _____

TELEPHONE NO: _____

FAX NO: _____

SUBMIT THIS FORM WITH YOUR PROPOSAL

Agent Information:

HIDALGO COUNTY requests the insurance company submit one proposal through the named agent selected by the insurance company. Please provide the following information for the agent selected by the insurance company. If multiple agents are used HIDALGO COUNTY reserves the right to disqualify your quote submission. Please provide the following information for your selected agent.

a) Copy of agent's E & O Insurance certificate. _____

b) Name / Address of agent: _____

c) Agent's experience with insurance company (Length of association, number of groups, Premium generated):

d) Will a "Hold Harmless Agreement" with provisions comparable to those presented in the RFP specifications be executed Yes _____ No _____

Attachment A:

Available in CD
(all in excel format)

Complete Employee Census
Current Disability Census
Current Dental Census
Current Vision Census

Current Carriers Experience, Brochures & Rates

Attachment C:

Product spreadsheets to be completed by each individual company
Included in CD

Voluntary Products:

1. Disability (Please Specify Long or Short Term)
2. Dental Plans
3. Vision Plans
4. Cancer Plans
5. Accidental Plans
6. Critical Illness
7. Heart/Stroke

On-Line Services

1. On-Line Enrollment Form

Disability Plan

Please complete information below

<i>Name of Carrier</i>									
<i>Plan Name</i>									
<i>AM Best Rating</i>									
Elimination Periods	0/3, 7/7, 14/14, 30/30, 60/60, 90/90, 180/180								
Benefit Length Maximum	Until age 65 (SSRA)								
Minimum Monthly Benefit Available	\$200								
Maximum Monthly Benefit Available (annual compensation divided by 12)	60% of gross annual salary								
Physician Expense (office visit) Benefit									
1 st Day Hospitalization Benefit									
Hospital Confinement Benefit									
Partial Disability Benefit									
Return to Work Benefit									
Workplace / Accommodation Benefit									
Survivor Benefit									
Online Claims Tracking									
Pregnancy Benefit									
Disability Definition:									
Disability Payment Definition:									
List all Offsets applicable									
Waiver of Premium									
Portability									
Monthly Rates:									
Elimination Periods:	0/3	7/7	14/14	30/30	60/60	90/90	180/180		
Employee Only Rate Per \$1000 of Benefit:									

Dental Plans

Please complete format below

<i>Name of Carrier</i>	High Plan		Low Plan	
<i>Plan Name</i>	Voluntary Indemnity			
<i>AM Best Rating</i>				
<i>General Information:</i>	In Network	Out of Network	In Network	Out of Network
UCR		90 th %		
Preventive	%	%	%	%
Basic	%	%	%	%
Major	%	%	%	%
Adult & Child Ortho	%	%	%	%
Plan Design Features:				
Annual Deductible	\$ _____ Ind / \$ _____ Family		\$ _____ Ind / \$ _____ Family	
Max. Benefit (Calendar Year)	\$ _____		\$ _____	
Endodontic Coverage	%	%	%	%
Periodontal Coverage	%	%	%	%
Adult and Child Ortho (Lifetime Maximum)	\$ _____		\$ _____	
Specialists	%	%	%	%
Monthly Rates:	Monthly Rate		Monthly Rate	
Employee Only:				
Employee & Spouse:				
Employee & Child:				
Employee & Family:				

Vision Plan
Please complete format below

<i>Name of Carrier</i>		
<i>Plan Name</i>		
<i>AM Best Rating</i>		
General Information:		
	In Network	Out of Network
Examination Co-pay	\$ Co-pay	\$
Lenses and/or Frames Co-pay	\$ Co-pay	\$
Frame Allowance	\$ Wholesale	\$ Retail
Standard Single Vision Lenses	\$ Copay	\$
Standard Bifocal Lenses	\$ Copay	\$
Standard Trifocal Lenses	\$ Copay	\$
Standard Lenticular Lenses	\$ Copay	\$
Progressive Lenses	\$ Copay	\$
Polycarbonate Lenses	\$ Copay	\$
Tint	\$ Copay	\$
Ultra Violet Coating	\$ Copay	\$
Scratch Resistant Coating	\$ Copay	\$
Anti-Reflection	\$ Copay	\$
Contact Lenses – Elective	\$ Allowance	\$
Contact Lenses – Medically necessary	Paid in Full	\$
Exam/Lenses/Contacts/Frames Frequencies, ie, 12/12/12/12	/ / / months	/ / / months
Contact Lenses Fitting	\$ Copay	\$
Contact Lenses Follow Up	\$ Copay	\$
Lasik Benefit		
Monthly Rates:	Monthly Rates	
Employee Only:		
Employee & Spouse:		
Employee & Child:		
Employee & Family:		

Voluntary Cancer
Please complete format below

<i>Name of Carrier</i>		
<i>Plan Name</i>	Low Plan	High Plan
<i>AM Best Rating</i>		
<i>General Information:</i>		
Initial Diagnosis		
Hosp Confinement		
Extended Benefits		
Intensive Care		
Bone Marrow or Stem Cell		
Drugs/Rx		
Physician Attendance		
Ambulance		
Blood & Plasma		
Physical Therapy		
New / Experimental Treatment		
Prosthesis		
Wellness / Cancer screening		
Chemo/Radiation		
Surgical Procedure		
Waiver of Premium		
Portability		
<i>Monthly Rates:</i>		
Employee Only:		
Employee + Spouse:		
Employee + Child/ren:		
Employee + Family:		

Voluntary Accident (On and off job)
Please complete format below

<i>Name of Carrier</i>		
<i>Plan Name</i>	Low Plan	High Plan
<i>AM Best Rating</i>		
General Information:		
On & Off Job Coverage		
Accidental Death Benefit		
<i>Employee/Spouse/Child/ren</i>	\$ /\$ /\$	\$ /\$ /\$
Common Carrier Accidental Death		
Dismemberment		
Initial Hospital Accident		
Hosp Confinement – Accident		
Intensive Care-Accident		
Emergency Treatment		
Medical Expense Benefit		
Disability (Primary Insured)		
Specific Sum – Dislocations		
Specific Sum – Fracture		
Prosthesis		
Wellness Benefit		
Major Diagnostic Exams		
Surgical Procedure		
Accident Follow Up Treatment		
Waiver of Premium		
Portability		
Monthly Rates		
Employee Only:		
Employee + Spouse:		
Employee + Child/ren:		
Employee + Family:		
Underwriting Criteria:		

Voluntary Critical Illness

Please complete format below

Carrier		
Group Critical Illness	Low - \$5,000	High - \$10,000
AM Best Rating		
<i>Employee:</i>	\$5,000	\$10,000
<i>Spouse:</i>		
<i>Child/ren:</i>		
Initial Diagnosis		
Coronary artery bypass		
Heart Attack		
Invasive cancer		
In situ cancer		
Major organ transplant		
Renal failure		
Stroke		
Health Screening		
Portability		
Recurrence of a Diagnosis		
Monthly Rates:		
	<i>Employee Only Non Smoker</i>	
Age Banded	\$5,000	\$10,000
18-35		
36-49		
50-59		
60-64		
65-69		
70+		
	<i>Employee Only Smoker</i>	
Age Banded	\$5,000	\$10,000
18-35		
36-49		
50-59		
60-64		
65-69		
70+		

Voluntary Heart/Stroke

Please complete format below

<i>Name of Carrier</i>		
<i>Plan Name</i>		
<i>AM Best Rating</i>		
<i>General Information:</i>		
Physician Services		
Hosp Confinement		
Inpatient Drugs & Medicine		
Private Duty Nursing		
Cardiograms		
Drugs/Rx		
Surgery & Anesthesia		
Thromboendarterectomy		
Coronary Artery Bypass		
Heart Transplant		
Pacemaker Insertion		
Coronary Angioplasty		
Oxygen		
Physiotherapy		
Ambulance		
Cardiac Catherization		
Portability		
<i>Monthly Rates:</i>		
Employee Only:		
Employee + Spouse:		
Employee + Child/ren:		
Employee + Family:		

Online Enrollment Services

Please complete information below

<i>Name of Carrier</i>	
<i>Plan Name</i>	
<i>AM Best Rating</i>	
General Information:	
Where is your headquarters located?	
# of years in service?	
# of agents that use your service?	
# of clients that use your service?	
# of total lives on system?	
How many enrollees in largest client?	
How many clients are school districts?	
How many clients are counties?	
Will you work with all TRS/BCBS?	
Will your system interact with payroll?	
What is the set up/lead time for case implementation?	
Is your system strictly an online web based enrollment system or can it be done via laptop or notebook?	
If so, do you provide laptops or notebooks?	
If you provide laptops or notebooks is there a cost? If so what is it?	
Do you have a call center available for the open enrollment period? If so, is Spanish language spoken?	
Who is owner of the data in system?	
What is length of contract?	
What is the charge for material changes to system?	Per Hour Rate _____
Does your system map the applications or is the information sent via electronic feed?	
Are the feeds automated?	
Are the feeds HIPAA compliant?	
What is the total # of feed interfaces with carriers to date?	
Does the system hold historical data on feeds?	
If so, is this history viewable by agent & client?	
Will your system accept internal client specific employee id's as identifiers as well as social security #'s?	

Does your system display information in Spanish?	
In the last 90 days, how much down time has your system had? If any please explain.	
When does your system recycle for updates?	
Can the client turn on/off evidence of insurability capabilities?	
How do you drop / cancel / delete / dependants?	
How do you supply drop / cancel / delete information to respective carriers? As drop or change or cancellation?	
Will your system capture/allow both pre tax/post tax calculations?	
What type of system security do you have in place?	
How many back up security locations do you have?	
Does the system have a calculator employees can view as he/she enrolls?	
Can the system capture multiple payroll modes?	
Will EOI auto adjudicate Guarantee Issue amounts on voluntary insurances?	
Can client access all data at will via reporting mechanism?	
What reporting system are reports based on?	
Can reports be scheduled to be delivered to specific parties daily, weekly, monthly, etc? If so, who has capability to accomplish this objective?	
Are Training modules available for continuing education, etc?	
How are second year renewals handled? For positive enrollments?	
How are second year renewals handled? For passive enrollments?	
Can a note section be added to the benefits module for HR purposes?	
What is the cost? Base monthly cost or PEPM?	

Provide a timeline for implementation using an effective date of February 1, 2010.

AI-24281

10.C.

**C-1947-10-A; Maria Asucena Balendran, et al v. Hidalgo County
DRAINAGE DISTRICT**

Date: 12/07/2010

Submitted By: Monica Badillo, EXECUTIVE OFFICE

Department: EXECUTIVE OFFICE

Information

CAPTION

C-1947-10-A; Maria Asucena Balendran, et al v. Hidalgo County

BACKGROUND

Fiscal Impact

Attachments

No file(s) attached.

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Erika Zamora	12/03/2010 04:44 PM	APRV
2	Final Approval		12/03/2010 04:53 PM	NEW

Form Started By: Monica Badillo
Started On: 12/03/2010 04:27 PM

Final Approval Date: 12/03/2010

AI-24282

11.C.

**C-1947-10-A; Maria Asucena Balendran, et al v. Hidalgo County
DRAINAGE DISTRICT**

Date: 12/07/2010

Submitted By: Monica Badillo, EXECUTIVE OFFICE

Department: EXECUTIVE OFFICE

Information

CAPTION

C-1947-10-A; Maria Asucena Balendran, et al v. Hidalgo County

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Fiscal Impact

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2	Final Approval		12/03/2010 04:53 PM	NEW

Form Started By: Monica Badillo
Started On: 12/03/2010 04:29 PM

Final Approval Date: 12/03/2010
