

EXHIBIT A
REQUIREMENTS/SCOPE OF SERVICES
AND PLAN FORMS

HIDALGO COUNTY
REQUEST FOR PROPOSAL

“SECTION 125 VOLUNTARY INSURANCE PRODUCTS”

RFP NO.: 2009-350-09-30CGV

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> | | |
| General Information: | | |
| 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 | | |
| Monthly Rates: | | |
| 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> | |
| <i>General Information:</i> | |
| 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.