

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 Combined Short & Long Term Disability Insurance, Voluntary Dental, Voluntary Vision, Voluntary Cancer Plan, Voluntary Accident, Voluntary Critical Illness, Voluntary Universal and Whole Life Policy 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, July00 2015. 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.

The Hidalgo County Community Service Agency Board of Directors may, at their option, utilize the "Section 125 Voluntary Insurance Products" providers selected by Hidalgo County for Community Service Agency Board of Directors. Should the Board of Director's of Hidalgo County Community Service Agency decide the firm selected as the Provider is the same as the one selected by Hidalgo County, the provider shall offer Hidalgo County Community Service Agency the same terms and provisions as it offers Hidalgo County.

The following outlines the Request for Proposals:

SECTION I GENERAL TERMS AND CONDITIONS

PROPOSER'S AFFIDAVIT:

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

NON-DISCRIMINATION:

Respondents 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:

Respondents 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 sealed envelope and/or sealed package.

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- ASSIGNMENTS:

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

DAVIS BACON ACT: (If Applicable)

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 Director 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 and worksheets 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.

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.

Hidalgo County prefers an office located within Hidalgo County. (Physical location, address and telephone number to be specified) **Agent will not be selected by Hidalgo County.**

REQUIRED CERTIFICATIONS AND SUBMITTAL:

This section will contain any licenses (current) and certifications as required by the Texas Department of Insurance. Hidalgo County requires proposers to include copies of their Professional Liability Insurance as stated in Exhibit C herein.

TERM OF CONTRACT:

Hidalgo County is seeking a three **(3) year rate guarantee contract period with benefits favorable to the county. The County shall have the option** to terminate during the term of the contract, or at each anniversary date, with cancellation provisions (except for non-payment).

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, for non-renewal or plan changes. **All products must be guarantee issued during open enrollment period.**

Hidalgo County reserves the right to terminate the contract at the expiration of each budget period. The contract will be for current revenues only in accordance with Texas Local Government Codes Ann. 271.903 (Vernon Supp. 1996).

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, **Hidalgo County Community Service Agency** 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/products to the County of Hidalgo. Hidalgo County Drainage District No.1, Hidalgo County Appraisal District and/or **Hidalgo County Community Service Agency**, and any other applicable programs and agencies under Hidalgo County including, but not limited to, the following:

PART I:

Section 125 Voluntary Insurance Products:

A.) VOLUNTARY PRODUCTS:

Combined Short Term and Long Term Disability, Dental, Vision, Cancer, Accident, Critical Illness, Universal and Whole Life Policy(Disability Insurance and Life Insurance are not Section 125 Products.)

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 **3,800** employees;
5. No electronic, telephone, or fax proposals will be accepted. Sealed 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 at the submitters expense;**

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 OF COPIES TO BE SUBMITTED:

1) Proposals are to be submitted in a sealed envelope and/or sealed package clearly labeled:

Project No.: RFP No.: 2015-221-00-00-SMA
Hidalgo County-“Section 125 Voluntary Insurance Products”

Please submit one (1) ORIGINAL and seven (7) COPIES and TWO (2) CD's 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) RFP QUESTIONS AND ANSWERS:

Written Questions will be accepted via email to sandra.montalvo@co.hidalgo.tx.us, BY NO LATER THAN **Monday, JULY 13, 2015 at 5:00 P.M.** Responses will be sent to all applicants via email by no later than **Wednesday, August 12, 2015 at 5:00pm.** 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 specifications will be available to interested parties on/after, Tuesday, July 14, 2015 at 3:00 P.M.????

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

2) The sealed envelopes and/or sealed packages will be opened in public at **9:30 a.m. on July 15, 2015.** The sealed envelopes and/or sealed packages 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) CONTRACT EFFECTIVE DATES ARE AS FOLLOW:

a.	January 1, 2016	December 31, 2016
b.	January 1, 2017	December 31, 2017
c.	January 1, 2018	December 31, 2018

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.

Requests for interpretation of the requirements will be provided by Flora Vazquez, Employee Benefits Director. All such responses will be made in writing. Oral explanations will not be binding

- 2) 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.
- 3) Hidalgo County may issue an addendum(s) 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.

- 4) **Hidalgo County is accepting only one (1) proposals per insurance carrier with only one(1) agent selected by the carrier**

Agent selected by the carrier must provide must provide a brief summary outlining their ability to perform services to the county

F.) PLAN DESIGNS-REQUIREMENTS AND SPECIFICATIONS:

All products should be on a "No Loss-No Gain Basis" provisions for pre-existing conditions. **(County does not want any employee to either lose credit for satisfying or partially satisfying the carrier's pre-existing conditions limitations)**

- **Each product must include a summary of benefits along with the proposal.**
- **Each plan must be identified by name of plan and tabulated.**

- 1) **The Disability-Combined Short Term and Long 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. Your company definition of disability is required. **Your company must define pre-existing provisions in proposal.** We are seeking at minimum a three (3) year own occupation definition-along with offset requirements. We are requesting at minimum a three (3) year rate guarantee.
- 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. **With no waiting periods preferred for basic and major services including orthodontic. Dental plan should be covered outside of the United States.** Request at minimum three (3) year rate guarantee.
- 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. **Vision Plan should be covered outside the United States.** We request at minimum three (3) year rate guarantee.
- 4) **Cancer Plan** must be submitted with a high/low option. This product must be offered on a guarantee issued basis **with pre existing conditions waived every year. Your company must explain Pre-Existing Provisions.** Request at minimum three (3) year rate guarantee.
- 5) **Accident Plan** must be 24 hour coverage (on and off the job) and be submitted with a high/ low option. This product must be offered on a guarantee issued basis for **every year.** Request at minimum three (3) year rate guarantee.
- 6) **Critical Illness Plan** 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. This product must be offered on a guarantee issued basis **every year.** Request at minimum three (3) year rate guarantee.
- 7) **Universal and Whole Life Plan** must provide a quote for individual Universal and Whole life policies. Proposal should include options for spouse and/or dependent coverage.

G.) QUALIFICATIONS

- 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 past and (3) three current references within the past (5) five years, preferably county or city entities with your proposal your proposal.*
- 1. 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.**
- 2. *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.*
- 3. The Company and Agent must have a willingness to commit to specified levels of performance for service and quality.
- 4. 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.
- 5. The company must have the capability to provide loss run reports on a monthly basis and/or **as requested by the County**. Samples of standard financial and utilization reports should be provided in your proposal.
- 6. The selected Company and Agent must provide sufficient representatives and staff for County meetings and during the enrollment process.
- 7. 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).

H.) ENROLLMENT

- 1. The basis for "take-over" is as of **January 1, 2016**. Each selected provider will be expected to provide at least **(3) three trained enrollers to explain** benefit provisions during annual enrollment. The selected providers will also be responsible for providing enrollment materials prior to the employee benefit enrollment meetings. **The provider is responsible for paying enrollers a per diem rate and not the commissioned rates**
- 2. **The County's enrollment system must be able to transmit to all selected vendors via EDI feed for products offered for plan year including all voluntary insurance vendors and medical provider.**
- 3. The County's Enrollment system must be able to enroll an employee in your proposed plan of benefits.
- 4. The County shall be able to make changes to an employee's benefit election during each plan year. Information and changes shall be stored and be able to provide synchronization of enrolled data to a main data source.

5. Enrollers will be responsible for providing confirmations of elections and changes to the employee as opted, electronic or mailed copy.
6. Bilingual enrollers are mandatory for classified personnel assistance.

I.) OTHER REQUIREMENTS:

1) ONLINE ENROLLMENT SYSTEM:

The County's online enrollment system consolidates all of the County's core and Voluntary employee plans.

- Submit with your proposal your systems capabilities to comply this requirement.
- Include a specific detail description timeline using an effective date of all products effective **01/01/2016**.
- The County requires proposer to provide enrollers for the County's open enrollment period of at least **three (3) enrollers** are needed for a minimum of fifteen (15) working days.
- Enrollers will be compensated by selected/awarded provider and must be knowledgeable and capable of enrolling all voluntary products.
- **Proposer should submit the Agents qualifications to access County's Enrollment System, Benefits Connect. Enrollment System is provided at no additional cost to the County.**
- **Agent representing Insurance Carrier(s) awarded, must ensure that enrollers assigned be trained and ready for policy to be effective January 1, 2016**

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.) 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.

M.) CONTINUITY OF COVERAGE

All employees and dependents covered by the current plans are to receive immediate coverage under any new plan selected. All products should be on a **"no loss-no gain basis"** provisions for pre-existing conditions.

N.) 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.*

O.) RESPONSIVENESS

1. Your responsiveness and ability to provide Customer Service 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.

P.) FOR INITIAL ENROLLMENT

1. Your proposal must identify all key personnel that will be assigned to administer your insurance product(s) with Hidalgo County. We request a local presence for agency support.

Q.) 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.

R.) ADDITIONAL REQUIREMENTS:

Attachments for each product proposal shall include the following items in this order and identified by TABS:

- 1) **INTRODUCTION LETTER OUTLINING ALL PRODUCTS BEING PROPOSED**
- 2) **NCLUDE LETTER OUTLINED THE ABILITY OF SELECTED AGENT TO PERFORM SERVICES WITH YOUR COMPANY**
- 3) Insurance Products must be binded and separated by TABS FOR EASY ACCESS
- 4) Company Full Benefit Description - include any and all waiting periods
- 5) Company Limitations and Exclusions Description
- 6) Specimen Policy
- 7) Underwriting Specifications for first year and thereafter
- 8) Pre existing condition clauses
- 9) Schedule of Rates-four tier rating structure

S.) COMPANIES WITH AN A.M. BEST RATING OF A OR BETTER ARE PREFERRED

T.) ALL DATA DEVELOPED AND SUBMITTED IN CONNECTION WITH THIS RFP WILL BE CONSIDERED PROPERTY OF HIDALGO COUNTY.

- Provide a timeline for implementation using an effective date of **January 1, 2016**

DRAFT

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;
- 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 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.
- **FAQ’s**– Beneficiaries can mail monthly COBRA payments to the County’s COBRA Administrator.

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?

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 on or about September 30, 2015, for a January 1, 2016 effective date of coverage. Please be prepared to have sufficient enrollers prepared to enroll.**

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.) **VENDOR QUALIFICATIONS 30**
 - B.) **INSURANCE BENEFIT (40)**
 - C.) **CAPACITY TO PERFORM SERVICES AS OUTLINED ON THE RFP (30?)**

PROPOSAL RANKING:

Evaluation Committee selected by Hidalgo County Commissioner's Court, Elected Official or User Department (Budget and Management-Employee Benefits Division) will review, score and evaluate the Request for Proposals (RFP's) received. After the RFP's have been reviewed, scored and evaluated, a grid will be presented to Commissioner's Court for the purposes of ranking for recommendation. Thereafter Hidalgo County Commissioners' Court and the Board of Directors will rank and/or award the proposals.

PROPOSERS ARE TO PROVIDE A FEE SCHEDULE WITH SUBMITTAL:

Proposers are to provide a fee schedule **of the low/high per plan option if applicable**, on the scope of services and/or products.

DRAFT

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: _____

Print Name: _____ Date: _____

HIDALGO COUNTY
RFP Submission Form for All Product Lines

REFERENCES:

1) Provide three (3) current, and three (3) former client references (preferably county or city entities):

NAME OF CLIENT	CONTACT PERSON	PHONE NUMBERS	EMPLOYEE COUNT

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 include pricing/cost per each product with your proposal in a CD.

PRODUCT SUPPORT: Please address and respond to the following: Yes or No

- 1) Your company has the ability to notify Payroll of closed applications within 30 days of rejections? _____
- 2) Your company has the ability to provide all letters and reports electronically? _____
- 3) Your company has the ability to provide electronic bill reconciliation to Hidalgo County? _____
- 4) Your company's proposed products, riders and amendments are currently filed and approved by the State of Texas? _____
- 5) Does your company currently have any legal actions pending on any of the products being proposed? _____
- 6) Does your Agency currently have any legal actions pending on any of the products being proposed? _____
- 7) Does your company have any actions brought against you by any State Department of Insurance for any of the products being proposed? _____
- 8) Does your company pay for enroller appointments? _____
- 9) Your company must disclose all commissions paid to any producer, GA or MGA in each quote submitted.

- 10) What type of rate guarantees is available? _____

11) What type of notice will you give before raising rates? _____

12) Under what circumstances can your company raise the rates in this proposal? _____

13) Will a Master Contract be issued to HIDALGO COUNTY? _____

14) Will semi-annual claims experience reports be provided to Hidalgo County? _____

If yes, provide sample of reports.

15) Are Dental and Vision services covered outside the United States? _____

If yes, please provide detail description of reimbursement to either providers or employees.

DRAFT

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 No.: **2015-221-00-00-SMA**

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. **Hidalgo County will accept only one (1) agent per proposal.** 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 _____
- e) **Selected agent must provide a brief outline of service and confirmation of acceptance of all service required by this RFP**

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

(Complete RFP Packet in PDF only)

Vision Plan
Please complete information below

Name of Carrier		
Plan Name		
AM Best Rating		
	In Network	Out of Network
General Information		
Examination Co-pay	\$ _____ Co-pay	\$ _____
Lenses and/or Frames Co-Pay	\$ _____ Co-pay	\$ _____
Frame Allowance	\$ _____ Wholesale	\$ _____ Retail
Standard Single Vision Lenses	\$ _____ Co-pay	\$ _____
Standard Bifocal Lenses	\$ _____ Co-pay	\$ _____
Standard Trifocal Lenses	\$ _____ Co-pay	\$ _____
Standard Lenticular Lenses	\$ _____ Co-pay	\$ _____
Progressive Lenses	\$ _____ Co-pay	\$ _____
Polycarbonate Lenses	\$ _____ Co-pay	\$ _____
Tint	\$ _____ Co-pay	\$ _____
Ultra Violet Coating	\$ _____ Co-pay	\$ _____
Scratch Resistant Coating	\$ _____ Co-pay	\$ _____
Anti-Reflection	\$ _____ Co-pay	\$ _____
Contact Lenses - Elective	\$ _____ Co-pay	\$ _____
Contact Lenses - Medically necessary	Paid in Full	\$ _____
Exam/Lenses/Contacts/Frames Frequencies, ie, 12/12/12/12	____/____/____/____ months	____/____/____/____ months
Contact Lenses Fitting	\$ _____ Co-pay	\$ _____
Contact Lenses Follow Up	\$ _____ Co-pay	\$ _____
Lasik Benefit		
Tier	Monthly Rates	
Employee Only		
Employee and Spouse		
Employee and Child(ren)		
Employee and Family		
Does the plan offers coverage outside the U.S.A? Please explain.		
Overage Dependents		
What is the child maximum coverage age limit?		
How will overage dependent cancellation be treated?		
How and when will the County be notified of any overage dependent's cancellation?		
How and when will the County be notified of an employee's premium change due to overage dependent's cancellation?		

Voluntary Cancer Plans
Please complete information below

Name of Carrier		
Plan Name		
AM Best Rating		
	Low Plan	High Plan
General Information		
Initial Diagnosis		
Hospital Confinement		
Extended Benefits		
Intensive Care		
Bone Marrow or Stem Cell		
Drugs/Rx		
Physician Attendance		
Ambulance		
Blood and Plasma		
Physical Therapy		
New/Experimental Treatment		
Prosthesis		
Chemo/Radiation		
Surgical Procedure		
Waiver of Premium		
Portability		
Wellness/Cancer Reimbursement (same benefit for both plans)		
Tier	Monthly Rates	
Employee Only		
Employee and Spouse		
Employee and Child(ren)		
Employee and Family		
Define pre-existing provisions.		
Will the policy be a guarantee issue? Or will the employee be required to provide evidence of insurability form?		
Overage Dependents		
What is the child maximum coverage age limit?		
How will overage dependent cancellation be treated?		
How and when will the County be notified of any overage dependent's cancellation?		
How and when will the County be notified of an employee's premium change due to overage dependent's cancellation?		

Voluntary Accident Plans
Please complete information below

Name of Carrier		
Plan Name		
AM Best Rating		
	Low Plan	High Plan
General Information		
On and Off Job Coverage		
Accidental Death Benefit		
Employee/Spouse/Child(ren)	\$ _____ / \$ _____ / \$ _____	\$ _____ / \$ _____ / \$ _____
Common Carrier Accidental Death		
Disemberment		
Initial Hospital Accident		
Hospital 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		
Tier	Monthly Rates	
Employee Only		
Employee and Spouse		
Employee and Child(ren)		
Employee and Family		
Underwriting Criteria:		
Will the policy be a guarantee issue? Or will the employee be required to provide evidence of insurability form?		
What is the time frame to submit an accident claim?		
Overage Dependents		
What is the child maximum coverage age limit?		
How will overage dependent cancellation be treated?		
How and when will the County be notified of any overage dependent's cancellation?		
How and when will the County be notified of an employee's premium change due to overage dependent's cancellation?		

Voluntary Critical Illness Plans
Please complete information below

Name of Carrier			
Plan Name			
AM Best Rating			
Group Critical Illness	Low - \$10,000	High - \$15,000	
General Information			
Employee	\$10,000	\$15,000	
Spouse			
Child(ren)			
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			
		Employee Only Non Smoker	
Age Banded	\$10,000	\$15,000	
18-35			
36-49			
36-49			
50-59			
60-64			
65-69			
70+			
		Employee Only Smoker	
Age Banded	\$10,000	\$15,000	
18-35			
36-49			
36-49			
50-59			
60-64			
65-69			
70+			
Underwriting Criteria:			
Is there a waiting period for any services? Please explain:			
Will the policy be a guarantee issue? Or will the employee be required to provide evidence of insurability form?			
Overage Dependents			
What is the child maximum coverage age limit?			
How will overage dependent cancellation be treated?			
How and when will the County be notified of any overage dependent's cancellation?			
How and when will the County be notified of an employee's premium change due to overage dependent's cancellation?			

Universal Life Plans
Please complete information below

Name of Carrier						Universal Life Guaranteed Values				Universal Life Projected Values			
Plan Name						Male Cash Value @ 65		Female Cash Value @ 65		Male Cash Value @ 65		Female Cash Value @ 65	
AM Best Rating		Male Monthly Rate \$10,000		Female Monthly Rate \$10,000		Assumed Interest Rate?		%					
Sample Rates		Smoker	Non Smoker	Smoker	Non Smoker	Smoker	Non Smoker	Smoker	Non Smoker	Smoker	Non Smoker	Smoker	Non Smoker
Sample Rates for Following Ages													
<20													
25													
30													
35													
40													
45													
50													
55													
60													
65													
70													
75													
GUARANTEE ISSUE		AMOUNT	AMOUNT	AMOUNT	AMOUNT								
		?	?	?	?								
INCREMENTS													
Minimum		\$ 10,000.00	\$ 10,000.00	\$ 10,000.00	\$ 10,000.00								
Maximum Amount Guarantee Issue													
Maximum Amount with Insurability Questions													
Insurability Questions:													
DEPENDENTS													
Spouse Guaranteed Issue Limit													
Spouse Maximum													
Other Options													
Child(ren) Premium Amount													
Child(ren) Face Amount \$,\$\$\$													
Other													
PARTICIPATION REQUIRED			%		%								
RATE GUARANTEE													
RATE GUARANTEE to Age													
OPTIONS													
A D & D													
Accelerated Death Benefit		Yes/No		Amount									
AD & D Seat Belt		Yes/No		Amount									
Conversion Life only		Yes/No		Amount									
Guaranteed Increase Benefit		Yes/No		Amount									
Suicide Clause		Yes/No		Waiting Period									
Waiver of Premium		Yes/No		To Age?									
Portable		Yes/No		Rate?									
Long Term Care Rider		Yes/No											
Active At Work Provisions - Employee		Yes/No											
Active At Work Provisions - Dependent Spouse		Yes/No											
Active At Work Provisions - Dependent Child(ren)		Yes/No											
Other Options, please explain:													
Underwriting Criteria:													
Will the policy be a guarantee issue? Or will the employee be required to provide evidence of insurability form?													
Overage Dependents													
What is the child maximum coverage age limit?													
How will overage dependent cancellation be treated?													
How and when will the County be notified of any overage dependent's cancellation?													
How and when will the County be notified of an employee's premium change due to overage dependent's cancellation?													

Include Rate table if needed
Face Amount if first term rider

NOTES:

Whole Life Plans
Please complete information below

Name of Carrier		Universal Life Guaranteed Values								Universal Life Projected Values					
Plan Name		Male Monthly Rate \$10,000				Female Monthly Rate \$10,000				Male Cash Value @ 65		Female Cash Value @ 65		Assumed Interest Rate?	
AM Best Rating		Smoker	Non Smoker	Smoker	Non Smoker	Smoker	Non Smoker	Smoker	Non Smoker	Smoker	Non Smoker	Smoker	Non Smoker	Smoker	Non Smoker
Sample Rates		Male Monthly Rate \$10,000		Female Monthly Rate \$10,000		Male Cash Value @ 65		Female Cash Value @ 65		Male Cash Value @ 65		Female Cash Value @ 65		Assumed Interest Rate?	
Sample Rates for Following Ages		Smoker	Non Smoker	Smoker	Non Smoker	Smoker	Non Smoker	Smoker	Non Smoker	Smoker	Non Smoker	Smoker	Non Smoker	Smoker	Non Smoker
<20															
25															
30															
35															
40															
45															
50															
55															
60															
65															
70															
75															
GUARANTEE ISSUE		AMOUNT	AMOUNT	AMOUNT	AMOUNT										
		?	?	?	?										
INCREMENTS															
Minimum		\$ 10,000.00	\$ 10,000.00	\$ 10,000.00	\$ 10,000.00										
Maximum Amount Guarantee Issue															
Maximum Amount with Insurability Questions															
Insurability Questions:															
DEPENDENTS															
Spouse Guaranteed Issue Limit															
Spouse Maximum															
Other Options															
Child(ren) Premium Amount															
Child(ren) Face Amount \$,\$\$\$															
Other															
PARTICIPATION REQUIRED			%		%										
RATE GUARANTEE															
RATE GUARANTEE to Age															
OPTIONS															
A D & D															
Accelerated Death Benefit			Yes/No		Amount										
AD & D Seat Belt			Yes/No		Amount										
Conversion Life only			Yes/No		Amount										
Guaranteed Increase Benefit			Yes/No		Amount										
Suicide Clause			Yes/No		Waiting Period										
Waiver of Premium			Yes/No		To Age?										
Portable			Yes/No		Rate?										
Long Term Care Rider			Yes/No												
Active At Work Provisions - Employee			Yes/No												
Active At Work Provisions - Dependent Spouse			Yes/No												
Active At Work Provisions - Dependent Child(ren)			Yes/No												
Other Options, please explain:															
Underwriting Criteria:															
Will the policy be a guarantee issue? Or will the employee be required to provide evidence of insurability form?															
Overage Dependents															
What is the child maximum coverage age limit?															
How will overage dependent cancellation be treated?															
How and when will the County be notified of any overage dependent's cancellation?															
How and when will the County be notified of an employee's premium change due to overage dependent's cancellation?															

Include Rate table if needed
Face amount if first term rider

NOTES:

Hidalgo County
Evaluation Criteria
Section 125-Voluntary Insurance Products
RFP No.: 2015-221-00-00-SMA

The County will conduct a comprehensive, fair and impartial evaluation of all Proposals received in response to this RFP. Each proposal will be analyzed to determine overall responsiveness and qualifications under the RFP. The evaluation criteria will include, but not be limited to the following:

EVALUATION FACTORS

1) VENDOR QUALIFICATIONS (30?)

- Experience in industry
- References
- Proof of Financial Stability

2) INSURANCE BENEFIT (40?)

- Ability to match existing benefits or improve
- Provide Network
- Claims Management Reporting
- Turnaround time to process and pay claims

3) CAPACITY TO PERFORM SERVICES AS OUTLINED ON THE RFP (30?)

- Level of commitment to servicing the account
- Bilingual staff accommodations
- To interface capability of vendor's enrollment system with the County's enrollment system

Total Points: 100

The County will review all proposals for completeness. Those proposals 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.

The County 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 grid will be presented of to Hidalgo County Commissioner's Court/Board of Directors for ranking.