

REQUEST FOR PROPOSALS

HIDALGO COUNTY “SECTION 125 VOLUNTARY INSURANCE PRODUCTS & COBRA ADMINISTRATION SERVICES”

ACCEPTANCE DATE

JUNE 20, 2018

Contact Person:

Martha L. Salazar, CPPB, Purchasing Agent
Hidalgo County Purchasing Department
Administration Building
Physical Address: 2802 S. Business Hwy. 281
Mailing/US Postal Address: 2812 S. Business Hwy. 281
Edinburg, Texas 78539
(956) 318-2626



Form HCPD-04

- 1) Sealed proposals will be received for **“Hidalgo County – Section 125 Voluntary Insurance Products & COBRA Administration Services”**, in accordance with the requirements attached hereto as Exhibit "A." Proposals should address all requirements set forth. Proposers may suggest substitutions of features which they feel would be in the best interest of Hidalgo County ("County"). Strong rationale must be presented for any deviation from the requirements. Hidalgo County reserves the right to reject the deviation and its effect on the overall proposal.
- 2) One (1) original and seven (7) copies and two (2) USB's in PDF Format of all RFPs are required, with the vendor's 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.: 2018-148-06-20-YZV-**“Hidalgo County – Section 125 Voluntary Insurance Products & COBRA Administration Services”** and in County's Purchasing Department, physical address: 2802 S. Business Hwy. 281; mailing address: 2812 S. Hwy. Business 281, Administration Building, Edinburg, Texas, on or before 10:00 a.m., Wednesday, June 20, 2018.

No facsimiles, emails or late arrivals will be accepted. Any RFP received after that time will not be opened and will be returned. Overnight mail must also be properly labeled on the outside of express envelope or package with reference to RFP No.: 2018-148-06-20-YZV - **“Hidalgo County – Section 125 Voluntary Insurance Products & COBRA Administration Services”**. 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.

Additionally, all forms listed below must be properly executed and included with your RFP:

1. Legal Notice (See page 9);
 2. Insurance pages with Acknowledgment Forms (See Exhibit “C”);
 3. Form CIQ-Conflict of Interest Questionnaire (See Exhibit “D”);
 4. Vendor Bidder Application & W-9 forms (See Exhibit “E”);
 5. Certification Regarding Debarment (See Exhibit “F”);
 6. Proposer’s Affidavit (See Exhibit “H”); and
 7. RFP Submittal Check List (See page following Proposer’s Affidavit)
 8. SAMS.gov Registration Acknowledgement (See Number 18 below).
- 3) Hidalgo County reserves the right to A. separate and accept, or eliminate any item(s) listed under this proposal that it deems necessary to accommodate budgetary and/or operational requirements; B. reject any or all proposals submitted and further reserves the right to design the evaluation criteria to be used in selecting the lowest and best proposal for approval. Receipt of any proposal shall under no circumstances obligate County to accept the lowest dollar proposal and; C. Award of this contract shall be made to the responsible offeror whose proposal is determined to be the best evaluated offer resulting from negotiation, taking into consideration the relative importance of price and other evaluation factors as herein set forth.
 - 4) Failure of the delivered item(s) to perform as specified or failure to meet the stated delivery schedule shall release Hidalgo County from all obligations to the contracting party with regard to the item(s) in question. In such event, County may elect to award the contract to the next-lowest responsible proposer or to reject all proposals and re-advertise.
 - 5) For work to be performed at a County owned or operated location, each proposer shall, in its sole discretion, visit the job site before preparing the proposal and thoroughly familiarize himself/herself with existing conditions. Proposer should take field dimensions and note all circumstances which affect the dollar amount of the proposal.

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

- No deliveries accepted after 3:00 P.M., Monday-Friday.
- At least seventy two (72) hours prior notice of delivery must be given to Martha L. Salazar, CPPB, Purchasing Agent before delivery will be accepted.
- If you need additional information call the office listed below:

Hidalgo County Purchasing Department
Martha L. Salazar, CPPB, Purchasing Agent
(956) 318-2626

16) BILLING AND PAYMENT INSTRUCTIONS

- Invoices must include:
 - a) Name and address of successful proposer
 - b) Name and address of receiving department or official
 - c) Purchase Order Number and Contract Number (if any)

- d) Notation -“**Hidalgo County – Section 125 Voluntary Insurance Products & COBRA Administration Services**”
- e) Descriptive information as to the items or services delivered, including product code, item number, quantity, etc.

- Discount payments will be considered when offered.
- Contact person for Billing and Payment questions:

Hidalgo County Auditor's Office
 2808 S. Business Hwy. 281
 Edinburg, TX 78539
 (956) 318-2511

17) SCHEDULE OF EVENTS

Proposal Acceptance Date Opening, 10:00 A.M.	JUNE 20, 2018
Award of Contract:	_____
Commence Service or Products:	_____

18) BID OR PERFORMANCE BOND AND DEBARMENT CERTIFICATION; PAYMENT UNDER CONTRACT

- If the contract proposed is for the construction of public works or is for a contract for goods and services exceeding \$100,000, all bidders shall furnish a good and sufficient bid bond in the amount of five percent of the total contract price. A bid bond must be executed with a surety company authorized to do business in Texas. All participants are required to furnish a certification or acknowledgment stating that the contractor or vendor is free from suspension or debarment pursuant to federal regulation 45CFR76. Register at SAMs System for Award Management @ www.sam.gov.
- Appendix II to CFR 200-Contract Provisions: Pursuant to 2 CFR 200.236, a non-Federal entity's contracts must contain the applicable provisions described in Appendix II to 2 CFR 200-Contract Provisions for non-Federal Entity Contracts under Federal Awards. Therefore, if applicable, the provisions of Appendix II to 2 CFR 200 are attached and incorporated by reference into this County contract should it be subject to Federal award.
- Together with the signing of a contract or issuance of a purchase order following the acceptance of a proposal, and prior to commencement of the actual work, the proposer shall furnish a performance bond to the County for the full amount of the contract, if that contract exceeds \$50,000.
- If the contract is for \$50,000 or less, no money will be paid to the contractor until completion and acceptance of the work or the fulfillment of the purchase obligation to the County, and, if applicable, the receipt by County of satisfactory evidence that all subcontractors and material men have been paid.
- If a contract is for the construction, alteration or repair of public buildings or public works, the contractor *shall* provide a payment bond for a contract in excess of Twenty Five Thousand Dollars (\$25,000.00), as required by Tex. Govt. Code Ch. 2253.
- For requirements contracts, bond requirements are determined by applying the proposed unit price to the estimated quantities included in the specifications

19) TITLE VI NOTICE/ NONDISCRIMINATION

- a) "The County of Hidalgo, in accordance with the provisions of Title VI of the Civil Rights Act of 1964 (78 Stat.252, 42 U.S.C. §§2000d to 2000d-4) and the Regulations, hereby notifies all bidders that it will affirmatively ensure that any contract entered into pursuant to this advertisement, disadvantaged business enterprises will be afforded full and fair opportunity to submit bids in response to this invitation and will not be discriminated against on the grounds of race, color, or national origin in consideration for an award."
- b) The appropriate clauses of Appendices "A" through "E" as delineated in the USDOT Standard Title VI/Nondiscrimination Assurances-Specific Assurances are hereby incorporated by reference as applicable. Title VI Appendices "A" through "E" are attached as Exhibit "G".
- c) Bidder will attach all applicable notices to which it is obligated to provide or submit as part of the bid, including Form FHWA 1273 to be submitted by all contractors and subcontractors in relation to construction contracts.

20) ETHICAL STANDARDS

- It shall be a breach of ethics to offer, give or agree to give any elected official, department head or employee, or former elected official, department head or employee, of the County, or for any elected official, department head or employee or former elected official, department head or employee of the County, to solicit, demand, accept or agree to accept from another person, entity or organization, a gratuity or an offer of employment in connection with any decision, approval, disapproval, recommendation, preparation or any part of a program requirement or purchase request, influencing the content of any specification or procurement standard, rendering of advice, investigation, auditing, or in any other advisory capacity in any proceeding or application, request for ruling, determination, claim or controversy, or other particular matter pertaining to any program requirement or a contract or subcontract, or to any solicitation or proposal therefore pending before any department or agency of the County.
- It shall be a breach of ethics for any payment, gratuity or offer of employment to be made by or on behalf of a subcontractor under a contract to the prime contractor or higher tier subcontractor for any contract for the County, or any person associated therewith, as an inducement for the award of a subcontract or order.
- No public official shall have an interest in a contract awarded hereunder except in accordance with Tex. Loc. Govt. Code Chapter 171.

21) DISCLOSURE OF CONFLICT OF INTEREST

- Effective January 1, 2016, Chapter 176 of the Texas Local Government Code requires that any vendor, person, consultant or contractor considering doing business with Hidalgo County ("the County") to disclose in the Conflict of Interest Questionnaire (the "CIQ") attached as Exhibit "D", the vendor, person consultant or contractor's affiliation or business relationship that might cause a conflict of interest with the County. By law, the CIQ must be filed with the Hidalgo County Clerk's Office no later than the seventh business day after the date the person becomes aware of facts that require that statement to be filed. The disclosure requirement applies to a person or business who contract or seeks to contract with Hidalgo County for the sale or purchase of property, goods or service. Any purchase order or contract resulting from this process shall be considered null and void if the successful Proposer fails to comply with Texas Local Government Code Chapter 176. Vendors, consultants, contractors and others who desire to conduct business with Hidalgo

County are encouraged to refer to Texas Local Government Code Chapter 176 for the details of this law. An offense under Texas Local Government Code Chapter 176 is a Class C Misdemeanor.

Complete Form CIQ must be submitted to the Hidalgo County Clerk's Office located at 100 North. Closner, Edinburg, Texas 78539-Hidalgo County Courthouse.

Completion and submission of form ciq is the sole responsibility of the prospective proposer. Questions regarding compliance should be directed to your legal counsel.

22) CERTIFICATE OF INTERESTED PARTIES (FORM HB1295)

- As of January 1, 2016, to comply with Texas Government Code Section §2252.908, and the rules issued by the Texas Ethics Commission found in Title 1, Section 46.1, 46.3 and 46.5 of the Texas Administrative Code, we have updated and revised our RFP packet. In accordance with these requirements, a business must submit a completed Certificate of Interested Parties Form 1295 to the County before the County may enter into a contract with the business entity. In box 3 of Form 1295, you will provide the RFP Project No. **(2018-148)**, as shown on the packet. Once completed and filed with the Texas Ethics Commission, Form 1295 must be printed, filled out, signed and submitted to our office either by facsimile transmission to (956) 292-7612 or via email to yolanda.velasquez@co.hidalgo.tx.us. Hidalgo County cannot enter into a contract until Form 1295 is submitted, therefore, failure to timely submit a completed Form 1295 may result in the delay of award. Full instructions for completion and submittal of Form 1295 may be found on the Texas Ethics Commission website:

<https://www.ethics.state.tx.us/tec/1295-Info.htm>

The awarded vendor will have thirty (30) days from the date the Hidalgo County Commissioner's court approves this agreement, to submit the signed Form 1295. Hidalgo county cannot enter into a contract until Form 1295 is submitted.

- 23) Effective September 1, 2017, the Texas Government Code was amended to add Chapter 2270, Prohibition on Contracts with Companies Boycotting Israel, which provides that a state agency and a political subdivision may not enter a contract with a company for goods or services unless the contract contains a written verification from the company that; (i) it does not Boycott Israel; and (ii) will not Boycott Israel during the term of the contract.

Pursuant to Gov't Code Sections 2270.001(1) & 808.001(1) as amended, "Boycott Israel" means refusing to deal with, terminating business activities with, or otherwise taking any action that is intended to penalize, inflict economic harm on, or limit commercial relations specifically with Israel, or with a person or entity doing business in Israel or in an Israeli-controlled territory, but does not include an action made for ordinary business purposes.

By accepting this contract and/or purchase order, the Company/Vendor verifies that it does not Boycott Israel, and agrees that during the term of this contract/agreement will not Boycott Israel as that term is defined in the Texas Government Code.

- 24) If during the life of any contract or proposal awarded, the successful proposer's net prices generally available to other customers for items awarded herein are reduced below the contracted price, it is understood and agreed that the benefits of such reduction shall be extended to County.

- 25) Proposals and all goods and services provided thereunder shall comply with all federal, state and local laws concerning this type(s) of goods and/or services.

26) Minimum Standards for Responsible Prospective Proposers: A prospective proposer must affirmatively demonstrate proposer's responsibility. A prospective proposer, by submitting a proposal, represents to County that it meets the following requirements:

- Possess or is able to obtain adequate financial resources as required to perform under the proposal;
- Be able to comply with the required or proposed delivery schedule;
- Have a satisfactory record of performance;
- Have a satisfactory record of integrity and ethics;
- Be otherwise qualified and eligible to receive an award.

27) Successful proposer will pay or cause to be paid, without cost or expenses to County, all FICA, FUTA/SUTA and Federal Income Withholding Taxes of all employees, and all wages and benefits as required by Federal or State law. Successful proposers' officers, agents and/or employees will not be entitled to any benefits of an employee or elected official of County, including, but not limited to, benefits associated with County's civil service system.

28) Any contract award to a successful proposer will be in effect until (a) the contract expires, (b) delivery and acceptance of products, and/or performance of services ordered, or (c) terminated by County with thirty (30) day's written notice prior to cancellation.

29) County reserves the right to enforce performance of any contract awarded hereunder in any manner prescribed by law or deemed to be in the best interest of the County. In the event of breach or default by successful proposer; County reserves the right to terminate any contract immediately in the event a successful proposer fails to:

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

30) Successful proposer shall defend, indemnify and save harmless County and all its elected officials, officers, agents and employees from all suits, actions, or other claims of any character, name and description brought for or on account of any injuries or damages received or sustained by any person, persons, or property on account of any negligent act or fault of the successful proposer, or of any agent, employee, subcontractor or supplier in the execution of, or performance under, any contract which may result from proposal award. Successful proposer indemnifies and will indemnify and save harmless County from liability, claim or demand on their part, agents, servants, customers, and/or employees whether such liability, claim or demand arise from event or casualty happening or within the occupied premises themselves or happening upon or in any of the halls, elevators, entrances, stairways or approaches of or to the facilities within which the occupied premises are located. Successful proposer shall pay any judgment with costs which may be obtained against County growing out of such injury or damages, and shall, upon request, provide a defense to County by counsel reasonably acceptable to County. Successful proposer's indemnity hereunder shall include but is not limited to, claims relating to patent, copyright or trademark infringement, and the like, arising out of the goods or services provided by successful proposer.

31) Successful proposer shall warrant that all items/services shall conform to the specifications and/or all warranties provided under the Uniform Commercial Code and be free from all defects in material, workmanship and the like. Items supplied under a contract pursuant to this Request for Proposals shall be subject to County's approval. Items found to be defective or not meeting specifications shall be replaced by successful proposer within two business days at no expense to County. Items not picked up within one (1)

week after notification shall be deemed a donation to County and may be used or disposed of at County's discretion and without waiver of any other rights of County as to the item's nonconformity.

- 32) This document and any disputes arising hereunder shall be governed and construed according to the laws of the State of Texas and will be performable exclusively in Hidalgo County, Texas.
- 33) The successful proposer shall not assign, sell, transfer or convey its rights under any awarded contract, in whole or in part, without the prior written consent of County.
- 34) Proposers shall provide with the proposal response, a list of at least three (3) references where like services have been supplied by their firm. Include the name of the business or government, address, telephone number and name of representative or contact person.
- 35) Proposers must provide all documentation requested with this Proposal in their response. Failure to provide this information may result in rejection of the proposal as non conforming.

REQUEST FOR PROPOSAL LEGAL NOTICE

for

HIDALGO COUNTY

“Section 125 Voluntary Insurance Products & COBRA Administration Services”

RFP No.: 2018-148-06-20-YZV

To: Martha L. Salazar, CPPB, Purchasing Agent
Hidalgo County Purchasing Department
Physical Address: 2802 S. Business Hwy. 281
Mailing/US Postal Address: 2812 S. Business Hwy. 281
Edinburg, Texas 78539

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

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

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

Respectfully submitted,

FIRM: _____

ADDRESS: _____

BY: _____

PRINT
NAME: _____

TITLE: _____

EXHIBIT "A"

Requirements

Request for Proposals (RFP)

For

HIDALGO COUNTY

(Including all funding sources, programs and entities)

"Section 125 Voluntary Insurance Products and COBRA Administration Services"

Voluntary Accident Plan, Voluntary Cancer Plan, Voluntary Combined Short & Long Term Disability Insurance, Voluntary Critical Illness Plan, Voluntary Dental Plan, Voluntary Vision Plan, Voluntary Whole Life Plan, Voluntary Term Life Plan and COBRA Administration Services

RFP No.: 2018-148-06-20-YZV

Effective Date: January 01, 2019

Proposals Acceptance Due: **June 20, 2018 at 10:00 a.m.**

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 and COBRA Administration Services** including but not limited to: Voluntary Accident Plan, Voluntary Cancer Plan, Voluntary Combined Short & Long Term Disability Insurance, Voluntary Critical Illness Plan, Voluntary Dental Plan, Voluntary Vision Plan, Voluntary Whole Life Plan Voluntary Term Life Plan and COBRA Administration Services.

Hidalgo County Purchasing Department will receive sealed envelopes containing proposals for the provision of **"Section 125 Voluntary Insurance Products and COBRA Administration Services"** as specified herein. Sealed proposals will be accepted until **10:00 A.M., Wednesday, June 20, 2018. ANY RFP's RECEIVED AFTER THAT DATE AND TIME WILL NOT BE ACCEPTED AND WILL BE RETURNED UNOPENED.**

The following programs/agencies and entities may elect to participate under Hidalgo County **"Section 125 Voluntary Insurance Products and COBRA Administration Services"**

- Hidalgo County Drainage District No. 1
- Hidalgo County Community Service Agency
- Hidalgo County Head Start Program
- Hidalgo County Appraisal District

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 one (1) not the result of Collusion as described in the Proposer's Affidavit; two (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 agreement, 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:

Respondents 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 respondent's ability.

RESPONDENT DEFAULT:

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

RESTRICTIVE OR AMBIGUOUS REQUIREMENTS:

It is the responsibility of the respondent 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 respondent’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 respondent, when hand delivering sealed proposals, to have a Purchasing Department representative time/date stamp and initial the sealed envelope and/or sealed package.

ADDITIONAL INFORMATION:

Hidalgo County requires that “Request for Proposals” be routed to Martha L. Salazar, CPPB, Purchasing Agent, at:

US Postal Mail Address:

New Administration Building
2812 S. Business Hwy 281
Edinburg, Texas 78539

Physical Address:

New Administration Building
2802 S. Business Hwy. 281
Edinburg, Texas 78539

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 respondents 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 respondent has not been awarded by the time the County has scheduled open enrollment, upon Commissioners’ Court approval of proposal award, the number one ranked respondent(s) shall commence enrollment immediately, shall make arrangements to contact:

Hidalgo County Department of Budget and Management Employee Benefits Division

Flora Vazquez, Director

2818 S. Hwy 281, Edinburg, TX 78539

(O) 956-292-7025 (F) 956-318-2610

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:

Respondents shall possess the following experience, including but not limited to:

- 1) Must have previous experience within the State of Texas, and will furnish bona fide references three (3) past and three (3) current; within their proposal to substantiate this experience.
- 2) Must provide proof of financial stability to ensure continued services throughout the Agreement term.
- 3) Respondents certify that 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.
- 4) Specific experience with public entities in the area.
- 5) 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 respondent understands 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:

- a) 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.
- b) Hidalgo County prefers an office located within the County of Hidalgo. (Physical location, address and telephone number to be specified).
- c) Agent must assign personnel to Hidalgo County Department of Budget and Management Employee Benefits Division Office twice (2) weekly between the hours of 10:00 a.m. to 3:00 p.m. to assist in all aspects of product issues.
- d) The firm should provide an organizational chart for the project and a summary paragraph of the project work
- e)

AGENT OF RECORD

Hidalgo County will not be appointing an AGENT OF RECORD." Each respondent may propose on behalf of **one (1) agent** only."

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 AGREEMENT:

Hidalgo County is seeking a three (3) year rate guarantee agreement (period with benefits favorable to the County. The County shall have the option to terminate during the term of the agreement, at any time during the term of the contract provided that the County gives a thirty (30) day notice of intent to cancel agreement.

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 agreement term in the event new respondents have not been awarded, for non-renewal or plan changes. ALL PRODUCTS MUST BE GUARANTEE ISSUED DURING OPEN ENROLLMENT PERIODS WITHIN THE TERM OF THE CONTRACT.

Hidalgo County reserves the right to terminate the agreement at the expiration of each budget period. The agreement 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 No. 1, Hidalgo County Community Service Agency, Hidalgo County Head Start Program, Hidalgo County Appraisal District and/or any other applicable programs and agencies under Hidalgo County.

SCOPE OF SERVICES:

Hidalgo County is requesting sealed proposals from insurance carriers to provide "[Section 125 Voluntary Insurance Products and COBRA Administration Services](#)" to the employees and employees' dependents. The insurance agreement will encompass all project-related insurance services/products to Hidalgo County, Hidalgo County Drainage District No. 1, Hidalgo County Community Service Agency, Hidalgo County Head Start Program, Hidalgo County Appraisal District and/or any other applicable programs and agencies under Hidalgo County including, but not limited to, the following:

PART I:

Section 125 Voluntary Insurance Products and COBRA Administration Services:

A.) VOLUNTARY PRODUCTS:

Voluntary Accident Plan, Voluntary Cancer Plan, Voluntary Combined Short & Long Term Disability Insurance, Voluntary Critical Illness Plan, Voluntary Dental Plan, Voluntary Vision Plan and Voluntary Whole Life Plan, Voluntary Term Life (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 requirements 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 requirements 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. 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 respondent's 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.: 2018-148-06-20-YZV

[Hidalgo County-"Section 125 Voluntary Insurance Products and COBRA Administration Services"](#)

Please submit one (1) ORIGINAL and seven (7) COPIES and TWO (2) USB's in PDF Format of your proposals to: Martha L. Salazar, CPPB, HC Purchasing Agent, H.C. Purchasing Department

US Postal Mail Address:

Administration Building
2812 S. Business Hwy 281
Edinburg, Texas 78539

Physical Address:

Administration Building
2802 S. Business Hwy. 281
Edinburg, Texas 78539

- 2) RFP QUESTIONS AND ANSWERS:

Written Questions will be accepted via email to yolanda.velasquez@co.hidalgo.tx.us, by no later than **Wednesday, June 13, 2018 at 5:00 P.M.** Responses will be sent to all applicants via email by no later than **Friday, June 15, 2018 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 respondents.

4) AGREEMENT EFFECTIVE DATES ARE AS FOLLOW:

a.	January 1, 2019	December 31, 2019
b.	January 1, 2020	December 31, 2020
c.	January 1, 2021	December 31, 2021

D.) TIME FRAME

The following table documents the critical pre-award events for the procurement. All dates are tentative and subject to change at Hidalgo County's discretion.

Tentative Timeline	
ACTIVITY	DATE
RFP RELEASE DATE	MAY 28, 2018 @ 2:00 P.M.
Respondent's written questions due	JUNE 13, 2018 @ 5:00 P.M.
Responses to questions	JUNE 15, 2018 @ 5:00 P.M.
PROPOSALS ACCEPTANCE DUE:	JUNE 20, 2018 @10:00 A.M.
Initial Evaluation	JULY 02-13, 2018
Recommendation/#1 Rank/ Award Announcement	JULY 17, 2018 (subject to change)
Employee open enrollment begins	SEPTEMBER 04, 2018
Effective date of coverage agreement start date	JANUARY 01, 2019

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 agreements 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 one proposal by 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) **Voluntary 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.
- 2) **Voluntary 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. The Cancer Plan should include a cancer wellness reimbursement of at least \$100.00 per calendar year. Request at minimum three (3) year rate guarantee.
- 3) **Voluntary Combined Short Term and Long Term Disability** 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 throughout the term of the contract 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.
- 4) **Voluntary Critical Illness Plan** must be submitted with a high/low option. Requesting face amounts of \$10,000 for the low plan and \$15,000 for the high plan. This product must be offered on a guarantee issued basis every year. The Critical Illness Plan should include wellness reimbursement of at least \$50.00 per calendar year. Request at minimum three (3) year rate guarantee.
- 5) **Voluntary 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.
- 6) **Voluntary 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.
- 7) **Voluntary Whole Life Plan** must provide a quote for individual Whole life Plan. Proposal should include options for spouse and/or dependent coverage.
- 8) **Voluntary Term Life Plan** must provide a quote for individual Term Life Plan. Proposal should include options for spouse and/or dependent coverage.

G.) QUALIFICATIONS

- 1) In order for the PROPOSALS to be consider PLAN DESIGN MUST be equal or better to the existing plans (current Plan is attached hereto EXHIBIT A-1)
- 2) 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. (REFER TO PAGE 15)

- 3) 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.**
- 4) 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.
- 5) THE COMPANY AND AGENT MUST HAVE A WILLINGNESS TO COMMIT TO SPECIFIED LEVELS OF PERFORMANCE FOR SERVICE AND QUALITY.
- 6) 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.
- 7) 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.
- 8) The selected company and agent must provide sufficient representatives and staff for County meetings and during the enrollment process.
- 9) The selected company should agree to submit monthly billings list 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, 2019**. Each selected respondent will be expected to provide at least four (4) trained enrollers to explain benefit provisions during annual enrollment. The selected respondent will also be responsible for providing enrollment materials prior to the employee benefit enrollment meetings. The respondent is responsible for paying enrollers a per diem rate and not on commissioned rates.
- 2) The enrollment system used by the County 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 enrollment system used by the County must be able to enroll an employee in your proposed plan of benefits.

- 4) 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, electronically.
- 6) Bilingual enrollers are mandatory for classified personnel assistance.
- 7) Prior to the annual benefits enrollment conducted for Hidalgo County, enrollers must be thoroughly trained by respondent regarding all related products and County representatives will provide training for internal enrollment forms and the enrollment system used by the County and related processes.
- 8) Respondent(s) are responsible for ensuring all the necessary equipment, office supplies and materials are provided to the enrollers prior to the employee benefit enrollment process (i.e. laptops, printers, product brochures, etc...).
- 9) Respondent(s) are responsible for preparation of printing agreements, individual certificates of the Plan(s) and such materials as necessary for providing information to the employees.

I.) OTHER REQUIREMENTS:

ONLINE ENROLLMENT SYSTEM:

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

- 1) Submit with your proposal your systems capabilities to comply this requirement.
- 2) Include a specific detail description timeline using an effective date of all products effective 01/01/2019.
- 3) The County requires respondent to provide enrollers for the County's open enrollment period of at least four (4) enrollers are needed for a minimum of fifteen (15) working days.
- 4) Enrollers will be compensated by selected/awarded provider and must be knowledgeable and capable of enrolling all voluntary products.
- 5) Respondents should submit the agent's qualifications to access the enrollment system used by the County, Benefits Connect. **Enrollment System is provided at no additional cost to the County.**
- 6) Agent representing Insurance Carrier(s) awarded, must ensure that enrollers assigned be trained and ready for policy to be effective January 1, 2019.

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. **(REFER TO PAGE 20-28)**
- 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 provides 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) Include letter outlining the ability of selected agent to perform services with your company
- 3) Insurance Products must be bounded and separated by labeled 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.

U.) Provide a timeline for implementation using an effective date of **January 1, 2019.**

REFERENCES

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.

THREE (3) PRESENT:

Company or Government: _____
Address: _____
Contact: _____ Telephone: _____
Email: _____ Date of Agreement: _____ Employee Count: _____

Company or Government: _____
Address: _____
Contact: _____ Telephone: _____
Email: _____ Date of Agreement: _____ Employee Count: _____

Company or Government: _____
Address: _____
Contact: _____ Telephone: _____
Email: _____ Date of Agreement: _____ Employee Count: _____

THREE (3) PAST:

Company or Government: _____
Address: _____
Contact: _____ Telephone: _____
Email: _____ Date of Agreement: _____ Employee Count: _____

Company or Government: _____
Address: _____
Contact: _____ Telephone: _____
Email: _____ Date of Agreement: _____ Employee Count: _____

Company or Government: _____
Address: _____
Contact: _____ Telephone: _____
Email: _____ Date of Agreement: _____ Employee Count: _____

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:

- 1) Qualifying Event Submission–Report qualifying events online, instead of days via mail;
- 2) COBRA Initial Rights Notice Submission–Accelerate the process of notifying newly covered employees and their families;
- 3) Qualified Beneficiary Takeover Submission–Transfer existing participants to COBRA Administrative services as soon as account is set up;
- 4) Online Reporting–View entire account history online, including participant detail;
- 5) Client Web Site Training Guide – Find answers to questions County might have concerning COBRA Administrative processes or procedures;
- 6) COBRA Administration Guide-Find answers to questions County might have concerning COBRA Administrative processes or procedures;
- 7) Online Resource Center-Review federal guidelines; have knowledge of latest IRS rulings, DOL opinions, and research current issues and court cases;

II. HIPAA ADMINISTRATION:

- 1) Initial Rights Communications;
- 2) Track, maintain and report activities for audit support;
- 3) Prepare a tailored “address needed” communication requesting employee to notify employer of accurate address;
- 4) Provide a duplicate Certificate of Coverage upon request up to 24 months from the loss of coverage;
- 5) Track and respond to HIPAA inquiries;
- 6) Bilingual customer support to assist participants;
- 7) Prepare and distribute open enrollment, rate and carrier change communication for active employees and eligible dependents;

III. FOR PARTICIPANTS:

- 1) **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.
- 2) **View Account History**–Beneficiaries can access their entire account in real time and view elections, payments and plan history.
- 3) **FAQ’s**– Beneficiaries can mail monthly COBRA payments to the County’s COBRA Administrator.

IV. COBRA-ADMINISTRATION SERVICES 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 at no additional cost?

SECTION III

SELECTION AND SCHEDULES

SELECTION/EVALUATION PROCESS:

The evaluation consists of a 100-point scoring system based on the "Evaluation Criteria"-Exhibit B. The participants will be ranked after evaluation committee selected by Hidalgo County Commissioners' Court. Categories under the 100-point system include response to RFP.

RFP submittal evaluation is based on the factors outlined below.

- 1) Vendor Qualifications: (30 Points)
 - 2) Insurance Benefit: (40 Points)
 - 3) Capacity to perform Services as outlined on the RFP: (30 Points)
- A.) Evaluation Committee selected by Hidalgo County Commissioners' Court, Elected Official or User Department (Budget and Management-Employee Benefits Division) will review, score and evaluate the Request for Proposals (RFP's) received.
- B.) 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 agreement will be awarded to the responsible vendor who submits a superior but economical proposal based on the relative importance in the best interest of Hidalgo County.
- C.) **Hidalgo County's Enrollment will begin September 04, 2018, for an effective date of coverage January 01, 2019.**

PROPOSERS ARE TO COMPLETE THE ENCLOSED SUMMARY OF PRODUCTS WORKSHEETS WITH A LOW AND HIGH OPTION PLAN (if applicable) OF THE SCOPE OF SERVICES AND PRODUCTS. INCOMPLETE WORKSHEETS WILL NOT BE ACCEPTED AND PRODUCT WILL BE DISQUALIFIED.

After the RFP's have been reviewed, scored and evaluated, a grid will be presented to Commissioners' Court for the purposes of ranking for recommendation. Thereafter Hidalgo County Commissioners' Court and will rank and/or award the proposals.

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 "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): _____

of Conviction(s): _____

Signature of Company Official: _____

Print Name: _____ Date: _____

HIDALGO COUNTY

RFP Submission Form for All Product Lines

PRICING AND PRODUCT SUMMARIES:

1) Please include the summary of products worksheet per each product with your proposal in the USB.

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

- 1) Your company has the ability to generate member reports, in excel format to include social security numbers as requested? _____
- 2) Your company has the ability to provide correspondences and reports electronically? _____
- 3) Your company has the ability to provide monthly electronic bills, in excel format, to include social security numbers per member for reconciling purposes? _____
- 4) Your company has the ability to submit monthly electronic reports for overage dependents the month prior to dependents losing coverage due to their 26th birthday? _____
- 5) Hidalgo County has the ability to view membership data so as to confirm coverage with members on the vendor's online enrollment system? _____
- 6) Hidalgo County's enrollment platform consolidates all products and submits updated data electronically once a week to participating vendors; schedule will be provided. Is your company's online enrollment system capable of receiving weekly data feeds? _____
- 7) All cancellations, changes, updates to any product are handled through Hidalgo County. Members may requests that changes be done directly by your company. Is your company able to block such requests and refer member to Hidalgo County? _____
- 8) Your company's proposed products, riders and amendments are currently filed and approved by the State of Texas? _____
- 9) Does your Agency currently have any legal actions pending of any of the products being proposed? _____
- 10) Does your company have any actions brought against you by any State Department of Insurance for any of the products being proposed? _____
- 11) Will a Master AGREEMENT be issued to Hidalgo County? _____
- 12) Is your company capable of meeting all requirements as stated? _____

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/she has fully informed himself/herself 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
City, State, Zip Code	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 Agreement terms and conditions as set forth in **RFP No.:2018-148-06-20-YZV**

My signature also certifies that by submitting a proposal in response to the Request for Proposal, the respondent represents that in the preparation and submission of this proposal, said respondent 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 respondent:

Name of Respondent: _____

Address: _____

Fed. Id #: _____

Signature: _____

Name (Print): _____

Title: _____

Telephone No: _____

Fax No: _____

Date: _____

Contact Name: _____

Contact Title: _____

E-Mail Address: _____

Telephone No: _____

Fax No: _____

AGENT INFORMATION:
SUBMIT THIS FORM WITH YOUR PROPOSAL

Hidalgo County requests the insurance company submit proposal(s) through one 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 carrier**. If multiple agents are used Hidalgo County reserves the right to disqualify your proposal submission. Please provide the following information for your selected agent.

- a) Copy of Agents E & O Insurance certificate. _____

- b) Name/Address of agent: _____

- c) Agent 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 services and confirmation of acceptance of all service required by this RFP.

EXHIBIT A-1

Available in CD

Current Carrier Flyers
Current Employee Census
Current Accident Census
Current Cancer Census
Current Critical Illness Census
Current Disability Census
Current Whole Life Census
Current Vision Census
Dental Claim Reports
Disability Claim Report
Vision Claim Report

VOLUNTARY DENTAL PLAN	PREMIUMS					
	PLAN OPTIONS					
COVERAGE TIER	PLAN 1	PLAN 2	PLAN 3	PLAN 3		
EMP ONLY						
EMP/SP						
EMP/CH						
EMP/FAM						
Are the rates guaranteed for 3 years?		Yes _____		No _____		
DENTAL PLAN SUMMARY			% PAID AFTER DEDUCTIBLE			
CALENDAR YEAR DEDUCTIBLE	INDIVIDUAL		\$ _____			
	FAMILY		\$ _____			
CALENDAR YEAR MAXIMUM BENEFIT						
PREVENTIVE SERVICES						
BASIC SERVICES						
MAJOR SERVICES						
ORTHODONTIA						
ALLOWANCE						
WAITING PERIOD						
PROCEDURE LISTING: (List Benefit by plan option)						
Arrange benefit by plan. If benefit is not covered check N/A Column. Enter information under frequency & age limit if applicable.	Age Limit	Frequency	PLAN 1	PLAN 2	PLAN 3	N/A
Routine Exam						
Bitewing X-Rays						
Full Mounth/Panoramic X-Rays						
Cleaning						
Fluoride for Children 13 & under						
Sealants						
Space Maintainers						
Restorative Amalgams						
Restorative Composites (ant. & post.)						
Endodontics (nonsurgical)						
Endodontics (surgical)						
Periodontics (nonsurgical)						
Periodontics (surgical)						
Simple Extractions						
Complex Extractions						
Anesthesia						
Onlays						
Crowns						
Crown Repair						
Denture Repair						
Implants						
Prosthodontics						
ORTHODONTIA SUMMARY						
ALLOWANCE						
PLAN BENEFIT						
LIFETIME MAXIMUM (Per Person)						
WAITING PERIOD						
NOTE: Only one of the plans will be selected based on criteria outlined on the RFP.						

VOLUNTARY VISION PLAN	PREMIUMS			
	PLAN OPTIONS			
COVERAGE TIER	PLAN 1		PLAN 2	
EMP ONLY				
EMP/SP				
EMP/CH				
EMP/FAM				
Are the rates guaranteed for 3 years?	Yes _____		No _____	
VISION CARE SERVICES	IN-NETWORK BENEFITS	OUT OF NETWORK REIMBURSEMENT	IN-NETWORK BENEFITS	OUT OF NETWORK REIMBURSEMENT
EYE EXAMINATION CO-PAYMENT				
MATERIALS CO-PAYMENT				
FRAME ALLOWANCE	WHOLESALE - RETAIL			
STANDARD SPECTACLE LENSES				
STANDARD SINGLE VISION				
STANDARD BIFOCAL				
STANDARD TRIFOCAL				
STANDARD LENTICULAR				
STANDARD PROGRESSIVE				
OTHER LENSE OPTIONS - LEVEL 5 LENS OPTION PACKAGE				
YOUTH POLYCARBONATE - Age Limit _____				
ADULT POLYCARBONATE				
STANDARD TINT				
STANDARD SCRATCH-RESISTANCE COATING				
STANDARD PROGRESSIVES (LEVEL 1)				
ULTRA-VIOLET SCREENING				
STANDARD ANTI-REFLECTIVE COATING				
CONTACT LENSES - IN LIEU OF FRAME AND SPECTACLE LENSES				
ELECTIVE				
MEDICALLY NECESSARY				
FREQUENCY				
EYE EXAMINATION				
LENSES OR CONTACT LENSES				
FRAME ALLOWANCE				
QUESTIONS & ANSWERS				
1) Does this insurance accept claims from out of the country? Yes ____ No ____ If yes, explain process:				

2) Explain Refractive Laser Surgery if covered?				
3) Explain the reimbursement process for using out of network providers:				

ADDITIONAL FEATURES:				
(not listed above)				

NOTE: Only one of the plans will be selected based on criteria outlined on the RFP.				

VOLUNTARY WHOLE LIFE INSURANCE

Attach a sample table of rates for Employees, Spouse, and Children. Include table for Smokers & Non-Smokers for each plan offered if applicable.

Are the rates guaranteed for 3 years? Yes _____ No _____

PLAN FEATURES

● **ACCELERATED DEATH BENEFIT DUE TO TERMINAL ILLNESS** Yes _____ No _____

Explain Benefit:

Is this benefit offered at an additional cost? Yes _____ No _____

● **ACCELERATED DEATH BENEFIT DUE TO CHRONIC ILLNESS** Yes _____ No _____

Explain Benefit:

Is this benefit offered at an additional cost? Yes _____ No _____

● **WAIVER OF PREMIUM BENEFIT** Yes _____ No _____

Explain Benefit:

Is this benefit offered at an additional cost? Yes _____ No _____

● **ACCIDENTAL DEATH BENEFIT** Yes _____ No _____

Explain Benefit:

Is this benefit offered at an additional cost? Yes _____ No _____

● **OTHER FEATURES NOT INCLUDED ABOVE** Explain Benefit & Terms:

Does the plan offer a CASH VALUE BENEFIT Yes _____ No _____

Explain Benefit:

1) Is the designated beneficiary entitled to receive benefits upon the death of the insured if the insured was out on leave: (i.e.; FMLA, Leave With Pay, Leave Without Pay, Disciplinary Leave, etc.)?

Explain:

2) Is product being offered as a "No Loss-No Gain Basis" for pre-existing conditons?

Yes _____ No _____ Explain:

3) Is product being offered on a guaranteed basis? Yes _____ No _____

4) Does the product offer an Accidental Death Be Yes _____ No _____

If answer is yes to question #4, explain the benefit:

5) Does the product offer a Paid Up Feature: Yes _____ No _____

If answer is yes to question #5, explain:

6) What is the age limit for coverage?

VOLUNTARY TERM LIFE INSURANCE

Attach a sample table of rates for Employees, Spouse, and Children. Include table for Smokers & Non-Smokers for each plan offered if applicable.

Are the rates guaranteed for 3 years?

Yes _____

No _____

PLAN FEATURES

● CONVERSION GUARANTEE:

Yes _____

No _____

If yes, explain process:

Is this benefit offered at an additional cost?

Yes _____

No _____

● PORTABLE PLAN

Yes _____

No _____

If yes, explain process:

Will rates remain the same for member?

Yes _____

No _____

● WAIVER OF PREMIUM BENEFIT

Yes _____

No _____

If yes, explain terms:

Is this benefit offered at an additional cost?

Yes _____

No _____

● RIDER ATTACHED THAT RETURNS PREMIUMS

Yes _____

No _____

If yes, explain process:

Is this benefit offered at an additional cost?

Yes _____

No _____

● OTHER FEATURES

(List other features & explain benefit if available):

1) Is the designated beneficiary entitled to receive benefits upon the death of the insured if the insured was out on leave: (i.e.; FMLA, Leave With Pay, Leave Without Pay, Disciplinary Leave, etc.)?

Explain:

2) Is product being offered as a "No Loss-No Gain Basis" for pre-existing conditions?

Yes _____ No _____

Explain:

3) Is product being offered on a guaranteed basis?

Yes _____

No _____

4) Does the product offer an Accidental Death Benefit?

Yes _____

No _____

If answer is yes to question #4, explain the benefit:

5) What is the age limit for coverage?

VOLUNTARY CANCER PLAN		PREMIUMS							
COVERAGE TIER	PLAN 1		INTENSIVE CARE RIDER		PLAN 2		INTENSIVE CARE RIDER		
	LOW	HIGH	LOW	HIGH	LOW	HIGH	LOW	HIGH	
EMP ONLY									
EMP/SP									
EMP/CH									
EMP/FAM									
Are the rates guaranteed for 3 years?	Yes _____ No _____								
DESCRIPTION OF BENEFITS	PAYMENT OF BENEFITS								
WELLNESS BENEFIT									
POSITIVE DIAGNOSIS TEST									
FIRST DIAGNOSIS									
SECOND/THIRD SURGICAL OPINIONS									
HEALTH SCREENINGS									
NON-LOCAL TRANSPORTATION									
ADULT COMPANION LODGING/TRANSPORTATION									
AMBULANCE									
HOSPITAL CONFINEMENT									
ANESTHESIA									
SURGERY									
BONE MARROW									
STEM CELL TRANSPLANT									
DONOR - BONE MARROW									
DONOR - STEM CELL TRANSPLANT									
DRUGS & MEDICATION									
RADIATION/CHEMOTHERAPY									
BLOOD, PLASMA, PLATELETS									
BREAST PROSTHESIS									
ARTIFICIAL LIMB OR PROSTHESIS									
HAIRPIECE									
PHYSICAL OR SPEECH THERAPY									
AT HOME NURSING									
EXPERIMENTAL TREATMENT									
WAIVER OF PREMIUM									
PORTABILITY									
PRE-EXISTING CONDITIONS RESTRICTIONS									
HOSPICE CARE									
QUESTIONS & ANSWERS	1) Is the product being offered on a Guaranteed Basis? <input type="checkbox"/> Yes <input type="checkbox"/> No								
	2) Is product being offered as a "No Loss-No Gain Basis" for pre-existing conditons? <input type="checkbox"/> Yes <input type="checkbox"/> No								
	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain Terms:								
	3) What is the time frame to submit a cancer plan?								
NOTE: Only one of the plans along with a rider, if applicable, will be selected based on criteria outlined on the RFP.									

VOLUNTARY ACCIDENT PLAN		PREMIUMS			
COVERAGE TIER	PLAN 1		PLAN 2		
	LOW	HIGH	LOW	HIGH	
EMP ONLY					
EMP/SP					
EMP/CH					
EMP/FAM					
Are the rates guaranteed for 3 years?	Yes _____	No _____	Yes _____	No _____	
INITIAL CARE		BENEFIT PAID			
ACCIDENT EMERGENCY TREATMENT					
AIR AMBULANCE					
AMBULANCE					
X-RAY					
COMMON ACCIDENTAL INJURIES		BENEFIT PAID			
DISLOCATION (SEPARATED JOINT)	NON-SURGICAL	SURGICAL	NON-SURGICAL	SURGICAL	
HIP					
KNEE					
ANKLE/BONES OR BONES ON FOOT					
COLLARBONE (STERNOCLAVICULAR)					
LOWER JAW, SHOULDER, ELBOW, WRIST					
BONE OR BONES IN HAND					
COLLARBONE (ACROMIOCLAVICULAR & SEPARATION)					
FRACTURE (BROKEN BONES)	NON-SURGICAL	SURGICAL	NON-SURGICAL	SURGICAL	
DEPRESSED SKULL					
NON-DEPRESSED SKULL					
HIP, THIGH					
BODY OF VERTEBRAE, PELVIS, LEG					
BONES OF FACE OR NOSE					
UPPER JAW, MAXILLA					
UPPER ARM (Between Elbow & Shoulder)					
LOWER JAW, MANDIBLE; KNEECAP, ANKLE, FOOT					
SHOULDER BLADE, COLLARBONE, VERTEBRAL PROCESS					
FOREARM, WRIST, HAND					
RIB					
COCCYX					
FINGER, TOE					
ADDITIONAL INJURIES	NON-SURGICAL	SURGICAL	NON-SURGICAL	SURGICAL	
BURNS (Based on size & degree)					
BURN-Skin Graft for 2nd or 3rd degree					
COMA					
CONCUSSION					
EMERGENCY DENTAL WORK					
LACERATIONS (Based on size)					
EYE INJURY					
RUPTURED DISC					
TENDON/LIGAMENT/ROTATOR CUFF					
TORN KNEE CARTILAGE					
BLOOD/PLASMA/PLATELETS					
SURGERY (arthroscopic or exploratory)					
SURGERY (cranial, open abdominal or thoracic)					
SURGERY (hernia)					
QUESTIONS & ANSWERS	1) Is product a 24 hour coverage (on and off the job)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	2) Is product being offered on a Guaranteed Basis?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	3) Is product being offered as a "No Loss-No Gain Basis" for pre-existing conditons?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	4) What is the time frame to submit an accident claim?				
NOTE: Only one of the plans will be selected based on criteria outlined on the RFP.					

VOLUNTARY CRITICAL ILLNESS

Attach a sample table of rates for Employees, Spouse, and Children for at least 2 plans available. Include table for Smokers & Non-Smokers for each plan offered if applicable.

Are the rates guaranteed for 3 years?	Yes _____ No _____
DESCRIPTION OF BENEFITS	% OF BENEFIT COVERED
INITIAL DIAGNOSIS	
HEART ATTACK (MYOCARDIAL INFARCTION)	
STROKE	
MAJOR ORGAN TRANSPLANT	
SUDDEN CARDIAC ARREST	
CORONARY ARTERY BYPASS SURGERY	
BONE MARROW TRANSPLANT (StemCell Transplant)	
KIDNEY FAILURE (End - Stage Renal Failure)	

HEALTH SCREENING BENEFIT

COVERED HEALTH SCREENING TESTS INCLUDE: (Select all tests that apply)

<input type="checkbox"/> Blood Test for Triglycerides	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C	<input type="checkbox"/> Hemocult Stool Analysis	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C
<input type="checkbox"/> Bone Marrow Testing	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C	<input type="checkbox"/> Mammography	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C
<input type="checkbox"/> Breast Ultrasound	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C	<input type="checkbox"/> Pap Smear	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C
<input type="checkbox"/> CA 15-3 (Blood Test for Breast Cancer)	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C	<input type="checkbox"/> PSA (Blood Test for Prostate Cancer)	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C
<input type="checkbox"/> CA 125 (Blood Test for Ovarian Cancer)	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C	<input type="checkbox"/> Serum Cholesterol Test HDL & LDL)	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C
<input type="checkbox"/> CEA (Blood Test for Colon Cancer)	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C	<input type="checkbox"/> Serum Protein Electrophoresis (Blood test for myeloma)	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C
<input type="checkbox"/> Chest X-Ray	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C	<input type="checkbox"/> Spiral CT Screening for Lung Cancer	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C
<input type="checkbox"/> Colonoscopy	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C	<input type="checkbox"/> Stress test on bicycle or treadmill	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C
<input type="checkbox"/> DNA Stool Analysis	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C	<input type="checkbox"/> Thermography	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C
<input type="checkbox"/> Fasting Blood Glucose Test	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C	<input type="checkbox"/> Other:	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C
<input type="checkbox"/> Flexible Sigmoidoscopy	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C		<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C

WELLNESS BENEFIT PAID	E - \$ _____ S - \$ _____ C - \$ _____
FREQUENCY	

QUESTIONS & ANSWERS

1) Is product being offered as a "No Loss-No Gain Basis" for pre-existing conditons?

Yes _____ No _____ Explain Terms: _____

2) Is product being offered on a Guaranteed Basis? Yes _____ No _____

3) What is the time frame to file a Critical Illness Claim?

4) Do any of the plans offer a wellness reimbursement over \$50.00? Yes _____ No _____

Identify plan if more than one plan is being proposed: _____ Amount: _____

NOTE: Only one of the plans will be selected based on criteria outlined on the RFP.

**VOLUNTARY DISABILITY PLAN
COMBINED SHORT-TERM & LONG-TERM**

ELIMINATION PERIODS	7/7	14/14	30/30	60/60	90/90
	PREMIUMS				

Attach a sample table of premiums for each elimination period offered.

Are premiums determined on age bands & salary?	Yes _____ No _____				
Are premiums guaranteed for 3 years?	Yes _____ No _____	If No, Explain:			
BENEFIT LENGTH MAXIMUM					
MINIMUM MONTHLY BENEFIT (ANNUAL COMP/12)					
MAXIMUM MONTHLY BENEFIT (ANNUAL COMP/12)					
1ST DAY HOSPITALIZATION BENEFIT					
PARTIAL DISABILITY BENEFIT					
RETURN TO WORK BENEFIT					
WORKPLACE/ACCOMMODATION BENEFIT					
SURVIVOR BENEFIT					
ONLINE CLAIMS TRACKING					
PREGNANCY BENEFIT					
WAIVER OF PREMIUM					
PORTABILITY					
PRE-EXISTING CONDITION					

QUESTIONS & ANSWERS:

- 1) Does the plan pay benefits for on and off the job? Yes _____ No _____
- 2) Does this plan coordinate benefits concurrently with a workers' compensation claim or state disability?
What is the % paid? Workers' Comp. _____ State Disability _____
- 3) Does this plan coordinate benefits if insurer is insured under other plan(s), not WC & not state?
Yes _____ No _____ Explain: _____
- 4) How much time does an employee have to file a claim?
- 5) When does the benefit cease?
- 6) Is product being offered on a "Guarantee Basis" (No Evidence of Insurability Form required)? Yes _____ No _____

ADDITIONAL FEATURES:
(not listed above)

EXHIBIT-“B”

Evaluation Criteria

Hidalgo County

“Section 125-Voluntary Insurance Products and COBRA Administration Services”

RFP No.: 2018-148-06-20-YZV

Hidalgo 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

(maximum points- 30)

- Experience in industry
- References
- Proof of Financial Stability

2) INSURANCE BENEFIT

(maximum points- 40)

- Initial Proposed Price
- Provide Network
- Claims Management Reporting
- Turnaround time to process and pay claims

3) CAPACITY TO PERFORM SERVICES AS OUTLINED ON THE RFP

(maximum points- 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

Hidalgo 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.

Hidalgo 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.

EXHIBIT-“B”

EVALUATION FORM

Hidalgo County

“Section 125-Voluntary Insurance Products and COBRA Administration Services”

RFP No.: 2018-148-06-20-YZV

SELECTION CRITERIA	Maximum Points breakdown	SCORE
1) VENDOR QUALIFICATIONS (maximum points- 30)		
➤ Experience in industry	0-10	
➤ References	0-10	
➤ Proof of Financial Stability	0-10	
Comments/Rationale for points:	TOTAL	
2) INSURANCE BENEFIT (maximum points -40)		
➤ Initial Proposed Price	0-10	
➤ Provide Network	0-10	
➤ Claims Management Reporting	0-10	
➤ Turnaround time to process and pay claims	0-10	
COMMENTS/RATIONALE FOR POINTS:	TOTAL:	
3) CAPACITY TO PERFORM SERVICES AS OUTLINED ON THE RFP (maximum points-30)		
➤ Level of commitment to servicing the account	0-10	
➤ Bilingual staff accommodations	0-10	
➤ To interface capability of vendor’s enrollment system with the County’s enrollment system	0-10	
	TOTAL:	
COMMENTS/RATIONALE FOR POINTS:		
TOTAL SCORE		

Provider: _____

Evaluator: _____ Pct./Dept. _____

Comments: _____