

**EXHIBIT "A"**  
**HIDALGO COUNTY**  
**REQUIREMENTS**  
**"Medicare Supplement/Medicare Advantage"**

RFP No.: **2018-275-12-26-YZV**

**OVERVIEW:**

The County of Hidalgo is seeking to engage Proposer's to furnish fully insured **"Medicare Supplement and/or Medicare Advantage"** plans for employees eligible for retirement. The current plan is self-funded based on a supplement. Hidalgo County is considering replacing this benefit with a fully insured plan.

The Hidalgo County Purchasing Department will receive sealed envelopes containing proposals for the provision of fully **"Medicare Supplement/Medicare Advantage"** Coverage as specified herein. Sealed proposals will be accepted until **9:30 A.M., Wednesday, December 26, 2018. ANY RFP RECEIVED AFTER THAT DATE AND TIME WILL NOT BE ACCEPTED AND WILL BE RETURNED UNOPENED.**

Deliver Submittal to:

RFP NO: **2018-275-12-26-YZV**

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

**The Submittal Envelope Must Show:**

RFP NO.: **2018-275-12-26-YZV**

**"Medicare Supplement/Medicare Advantage"**

**Bidder's name and address on the upper left hand corner of the sealed envelope and/or packet**

The following outlines the Request for Proposal:

## **SECTION I - GENERAL TERMS AND CONDITIONS**

### **INQUIRIES/QUESTIONS:**

Hidalgo County is requesting that sealed proposals be routed to Martha L. Salazar, CPPB, Purchasing Agent, Hidalgo County Administration Building, 2802 South Hwy. 281, Edinburg, Texas 78539. All inquiries must be directed to Hidalgo County Purchasing Agent, Martha L. Salazar. Hidalgo County Health Benefits Consultants, Alamo Insurance will assist Hidalgo County in addressing any and all inquiries. All responses will be distributed through Hidalgo County Purchasing Department. Proposers are not to directly contact Hidalgo County Health Benefits Consultant except through the Hidalgo County Purchasing Department. **WRITTEN QUESTIONS WILL BE ACCEPTED VIA EMAIL TO: [yolanda.velasquez@co.hidalgo.tx.us](mailto:yolanda.velasquez@co.hidalgo.tx.us) BY NO LATER THAN Wednesday, December 19, 2018 at 5:00 P.M.** Responses will be sent to all applicants via email by **Friday, December 21, 2018 TELEPHONE INQUIRIES WILL NOT BE ACCEPTED**

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

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

### **PROPOSER'S AFFIDAVIT:**

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

### **NON-DISCRIMINATION:**

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

### **PROCESSING TIME FOR PAYMENT:**

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

### **ELECTRONIC TRANSMISSION OF BIDS:**

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

### **PROOF OF FINANCIAL AND BUSINESS CAPABILITY:**

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

### **SUBMITTER DEFAULT:**

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

### **RESTRICTIVE OR AMBIGUOUS REQUIREMENTS:**

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

### **HAND DELIVERED PROPOSALS:**

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

**SIGNING OF PROPOSALS:**

In order to be considered all submittals **must** be signed. **Please sign the original in blue ink.**

**WAIVING OF INFORMALITIES:**

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

**SUBCONTRACTING:**

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

**DURATION OF CONTRACT:** **Effective date to commence is February 1, 2019.** HIDALGO COUNTY desires to receive proposals for a three (3) year period with adjustments as a result of legislative changes that effect rate structures.

**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:**

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

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

**NUMBER OF COPIES TO BE SUBMITTED:**

Hidalgo County requires one (1) original submittal and three (3) copies.

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## **SECTION II - RFP REQUIREMENTS**

### **REQUEST FOR PROPOSALS:**

The required contents and limitations for the preparation of the RFP are described in this section. Failure to provide the requested information or adhere to any County limitations will result in disqualification of the submitted RFP.

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

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

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

### **CONTENTS:**

1. Conditions of Proposal
  - a. All information required by the proposal form shall be furnished.
  - b. Specifications and necessary information are attached in **Exhibit A-1**.
  - c. The County reserves the right to revise and amend the specifications prior to the date set for the opening. Such revisions or amendments, if any will be announced by addenda or amendments to these specifications. Copies of these addenda so issued will be furnished to all prospective proposers.
  - d. **If you consider any portion of your proposal to be confidential information and that disclosure of its contents to competing proposers would be detrimental to your company, clearly identify those portions. It is the responsibility of the responding party to separate information it considers to be confidential and to place such confidential information on separate sheets of paper, each clearly labeled "CONFIDENTIAL". The identified portions will be protected from disclosure to the extent possible under the law.**
  - e. Proposals will be opened so as to avoid disclosure of contents to competing proposers, and not be made public during the process of negotiation. However, all Proposals shall be opened for public inspection after the award to of the contract, except for any bonafide secrets and/or confidential information contained in the proposal and identified as such.
  - f. Clarification of Objections to Proposal Requirements.  
All such requests for information can only be made in writing sent by email on or before the deadline of **DECEMBER , 2018** to:

Martha L Salazar, CPPB, Purchasing Agent  
Hidalgo County Purchasing Department  
C/O Email to: [yolanda.velasquez@co.hidalgo.tx.us](mailto:yolanda.velasquez@co.hidalgo.tx.us)

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

### **UNDERSTANDING OF THE PROJECT:**

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

**PERSONNEL AND STAFFING:**

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

**REQUIRED CERTIFICATES AND SUBMITTAL:**

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

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

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## **SECTION III – RFP SELECTION AND SCHEDULES**

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

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

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

**NEGOTIATION PROCESS:**

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

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

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**EXHIBIT "A-1"**  
**SCOPE OF SERVICES/TERMS AND CONDITIONS**  
**RFP No.: 2018-275-12-26-YZV**

**"Medicare Supplement/Medicare Advantage"**

**BACKGROUND INFORMATION:**

Hidalgo County (hereinafter referred to as HIDALGO COUNTY) is located in Hidalgo County, Texas. The majority of the 4,100 insured employees, retirees and COBRA participants participating in HIDALGO COUNTY's self-funded health benefit plan use the services of providers located in Hidalgo County, the current enrollments in the Health Plans are available on HIDALGO COUNTY's census attached.

Aetna has insured the Health Plan since January 1, 2017. The health plans have conformed to the requirements of the ACA.

HIDALGO COUNTY desires to receive proposals for fully insured Medicare Supplement and/or Medicare Advantage plans for employees eligible for retirement age of 65 and older. The current plan is self-funded based on a supplement. Current eligibility is attached. We are considering replacing this benefit with a fully insured plan.

**Describe the business entity submitting the proposal:**

- a. Name of Business Entity: \_\_\_\_\_
- b. Current Business Address: \_\_\_\_\_
- c. Mailing Address: \_\_\_\_\_
- d. Contact Person: \_\_\_\_\_
- e. Telephone Number \_\_\_\_\_
- f. Type of Business: \_\_\_\_\_ Corporation \_\_\_\_\_ General Partnership  
\_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Registered Limited Liability Partnership  
\_\_\_\_\_ Limited Liability Company

- 1. Does the business entity have ongoing Medicare Compliance issues? Yes\_\_\_ No \_\_\_  
If yes, identify each issue, case number, court, subject matter, and disposition:
- 2. Proposal is to be based on the provided census.

Questionnaire:

- 1) What is impact of GASB 75 on benefits offered under your plans?
- 2) How many years have you provided group Medicare Supplemental Plans?
- 3) How many years have you provided group Medicare Advantage Plans?
  - a) Describe your commitment to the Stars quality rating program.
  - b) How many of your Advantage programs have a 4.0 star rating or higher?
  - c) If you have not received a 4.0 star rating or above, what is your commitment to improve your star rating?
- 4) Please describe your offer for the following:
  - a) Prescription Drug Riders
  - b) Prescription Drug Formulary
  - c) Dental
  - d) Vision
  - e) Telehealth
  - f) Inpatient Utilization management
  - g) End of life case management
  - h) Disease/Chronic condition management. What conditions trigger disease management
  - i) Wellness offerings. Please describe
  - j) Other?
- 5) Eligibility
  - a) Will you comply with the eligibility as defined by the County provided in Attachment A?
  - b) Do you allow a spouse who is not eligible for group coverage to enroll at age of 65?
  - c) Does your plan provide for guaranteed issue if proof of previous coverage is provided? Please describe.
  - d) Can a dependent enroll if active employee is not eligible for Medicare?
  - e) Can a dependent enroll if retiree does not enroll?
  - f) Do you allow open enrollment each year?
  - g) Do you allow surviving spouses to enroll?
  - h) If retiree is on Spouse's medical plan can he/she enroll in your offering?
  - i) What are your requirements for Employer contributions?
  - j) Describe your Medicare Advantage Plan:
    - i) Accessibility to network. (Provide web address for providers)
    - ii) Rx options (Proposed Formulary)
    - iii) Pre-Ex exclusion?
    - iv) Other options?
    - v) Provide a summary of benefits for each plan option including rate tables
    - vi) How do you handle members who move outside the network service area?
    - vii) How do you handle claims that are incurred by a Medicare provider that is not in your Advantage network?
    - viii) Do you have Centers of Excellence?
      - (1) What are the treatment categories of service provided
      - (2) Where are they
    - ix) Do you offer HMO? PPO?
  - k) Describe your Medicare Supplement Policy
    - i) Accessibility to providers.
    - ii) Rx Plan D options
    - iii) Pre-Ex exclusion?
    - iv) Other options
    - v) Provide a summary of benefits for each plan option including rate tables

- 6) Member Services
  - a) Where is your customer service center located?
  - b) What are the hours of service?
  - c) After hours calls, how are they handled?
  - d) Hearing impaired how are they handled?
  - e) Are Spanish speaking representatives available?
  - f) Will customer service function as a call center for enrollments?
  - g) Are customer service representative functions performed off-shore?
  - h) Are calls recorded?
  - i) Please describe how the Customer Service representative would work with Hidalgo County staff to insure enrollment, billing, and claim issues are handled properly.
  - j) Will Customer Service call out to providers in order to resolve claim issues?
  - k) If Customer Service does not provide the enrollment, billing, and claim issues, who will provide this service.
  - l) Please provide you web site access address.
  - m) Do you offer a mobile site?

7) Please provide sample communication materials that will be used for plan information and enrollment materials.

8) Provide two (2) Texas client references (preferably public entities):

Name of Client	Contact Person	Telephone Number	Number of Employees

Please complete the following:

	Current		2019	
	Yes	No	Yes	No
<b>Member Self-Service/Web Access</b>				
<b>Can members:</b>				
<b>access provider information?</b>				
<b>access provider directories?</b>				
<b>access provider directories with driving instructions?</b>				
<b>participate in community forums?</b>				
<b>If no, does your Web site link to this type of site?</b>				
<b>access benefits plan summaries?</b>				
<b>enroll on-line?</b>				
<b>check eligibility?</b>				
<b>order replacement ID cards?</b>				
<b>“talk” to providers (e.g., “Ask-the-Physician”)?</b>				
<b>file a claim?</b>				
<b>download printable versions of claim forms?</b>				
<b>check claim status?</b>				
<b>submit appeals?</b>				
<b>submit inquiries to customer service via email?</b>				
<b>Provider Support</b>				
<b>Can providers:</b>				
<b>verify in “real-time” the eligibility status of members?</b>				
<b>create virtual medical records for their patients?</b>				
<b>access drug and medical history for their patients?</b>				
<b>access lab values or other encounter data?</b>				
<b>submit claims?</b>				
<b>submit precertification information/extended LOS information?</b>				
<b>Health Management</b>				
<b>Can members:</b>				
<b>access disease management program information?</b>				
<b>access educational information?</b>				
<b>complete a health risk assessment?</b>				
<b>develop and save a health profile?</b>				
<b>Plan Sponsor/Employer Support</b>				
<b>Can plan sponsors check participants online?</b>				
<b>Can plan sponsors update eligibility online?</b>				

## **“Attachment 1”**

### **CURRENT BENEFIT**

#### **ELIGIBILITY**

You must be a benefits-eligible employee in good standing and have not been terminated for misconduct from Hidalgo County at the time of retirement in order to receive retiree medical benefits under the Plan. An individual whose employment with the County has been terminated for misconduct (as defined in Hidalgo County Civil Service Commission Rules: Standards of Conduct, Chapter 5 and/or Hidalgo County Personnel Policy Manual: Standards of Conduct, Chapter 9) shall not be eligible to participate. Any eligible dependents of the employee terminated for misconduct will also be ineligible to participate unless he or she is eligible to participate other than as a dependent.

To become an official retiree:

- An employee must have 1) 20 years of service regardless of age 2) Years of service and retirement age equal to 75, or 3) have a least 8 years of service and be 60 years of age.
- Be an elected official over the age of 55 who has served a minimum of TWO (2) full FOUR (4) year terms in office.

To enroll you must contact the Department of Budget and Management – Employee Benefits Division within 30 days of your employment termination date and provide the following information:

- Driver's License
- Social Security Cards of enrollees
- Birth Certificate if enrolling dependent under age of 26
- Marriage License or Common Law Declaration if enrolling Spouse
- TCDRS Letter verifying retirement eligibility
- Copy of Medicare Part A and Part B enrollment card if applicable

#### **PLAN OF BENEFITS**

The plan of benefits for all retirees and eligible dependents shall be the low plan offered to all active employees of the County. The retiree will not be allowed to “buy up” to the high plan. The initial effective date of the Hidalgo County Retiree Benefit shall be December 1, 2014. Benefits will be renewed on an annual calendar year basis.

#### **Premium**

The premium for the retiree plan shall be an amount determined by the County annually. See Rate Attachment #1 for premium determinations.

#### **Eligible Dependents (must be enrolled as dependent under the employee's plan)**

Your dependents may also be eligible for coverage. Eligible dependents include your:

- Spouse –if not legally separated
- Surviving spouse until remarried
- Children to age 26

Unmarried children over the age limits if:

- They are dependent on you for primary financial support and maintenance due to physical or mental disability;
- They are incapable of self-support; *and*

- The disability existed before reaching age 19. You must provide documentation or proof of disability to your medical plan for its review and approval of continued coverage. In most cases, coverage for a disabled child can continue for as long as the child is incapable of self-support, unmarried, and fully dependent on you for support. Documentation must be provided annually showing parents full support of disabled child. Documentation to include attending physician's statement of diagnosis, prognosis and general statement of disability.

Children who are eligible to be covered must be on the retiree's health plan at retirement:

- Natural children
- Stepchildren
- Legally adopted children
- Children for whom you are the legal guardian
- Foster children
- Children placed with you for adoption
- Unmarried children for whom you are legally responsible to provide health coverage under the terms of a Qualified Medical Child Support Order (QMCSO).

If you die while eligible for or enrolled in the retiree health care program, your eligible dependents can still receive coverage. Your surviving spouse must have been covered by the plan at the time of death and request enrollment in the retiree medical plan within 30 days of the death of the eligible retiree. If your eligible surviving spouse then dies, coverage continues for the remaining eligible children to age 26 or when they cease meeting the eligibility requirements.

While the County provides access to these health care benefits for the surviving dependents they must pay the cost. The premium cost shall be determined by the County on an annual basis. The County reserves the right to require proof of dependency.

If you have met the age and service requirements to qualify as an official retiree but die before officially retiring from Hidalgo County, your eligible dependents covered at the time of your death may be covered under the retiree health care program upon your death. Please contact the Department of Budget and Management – Employee Benefits Division for further information about dependent eligibility in these circumstances. Request for coverage must be made within 30 days of the death of the eligible retiree.

#### **Waive Coverage**

You may decline or drop retiree health care coverage at retirement or at any time. This means you permanently waive your right to retiree health care. It is the retiree's responsibility to notify the Department of Budget and Management – Employee Benefits Division within 30 days of Plan eligibility to participate in the retiree medical plan. If you do not apply within 30 days you will forfeit your eligibility for the County's retiree medical plan.

#### **Medicare**

All retirees and eligible dependents age 65 or older must be enrolled in Medicare Parts A and B to participate in County's retiree medical plans. Since prescription drugs are included in your medical plan and the coverage is considered to be credible coverage, as defined by Medicare, you do not need to enroll in Medicare Part D (prescription drug coverage).

If retirees or their eligible dependents are enrolled in County retiree medical plan before Medicare eligibility, they must enroll in Medicare Part A and B upon becoming Medicare eligible to avoid cancellation of medical plan coverage.

To apply for Medicare, go to your local Social Security office three months before retiring.

If you work past age 65 and delay signing up for Medicare Part B, contact Social Security three months before you retire to enroll.

It is important to enroll in Medicare prior to your retirement date as you have only 30 days from the date of your retirement or termination of employment whichever occurs first to show proof of Medicare coverage to qualify for the retiree medical plan.

### **Cancellation of Your Retiree Health Coverage**

You may cancel your or your eligible dependents' medical coverage at any time for any reason. In order for the cancellation to take effect, you must notify the Department of Budget and Management – Employee Benefits Division. The cancellation will be effective on the first day of the following month in which County receives your notice. However, once you cancel medical coverage, you and your eligible dependents *lose all future eligibility for County's retiree health care.*

If you die, your surviving spouse may likewise cancel medical coverage at any time for any reason, but the cancellation means that your surviving spouse and eligible dependents *lose all future eligibility for County retiree health care.*

If you do not pay premiums as required, your retiree health coverage will be cancelled. Coverage is cancelled back to the end of the prior month in which a premium payment had been made. Premium payments are to be made in advance for the month in which coverage is effective and each month in advance afterwards. If premiums are not paid on a timely basis coverage will be terminated. A premium is considered unpaid if not received within 30 days of the premium due date. When coverage is cancelled for this reason, you and all eligible dependents *lose all future eligibility for County retiree health care.*

If you are or become eligible to enroll in Medicare Part A and Part B at the time you enroll in this Plan, or if you become eligible when already receiving benefits under this Plan, you must enroll in Medicare Part A and Part B. Failure to do so will result in your retiree health coverage under this Plan being cancelled. When coverage is cancelled for this reason, you and all eligible dependents lose all future eligibility for County retiree health care.

If your eligible dependents are or become eligible to enroll in Medicare Part A and Part B at the time they enroll in this Plan, or if your eligible dependents become eligible when already receiving benefits under this Plan, they must enroll in Medicare Part A and Part B. Failure to do so will result in their health coverage under this Plan being cancelled. When coverage is cancelled for this reason, the eligible dependents *lose all future eligibility for County retiree health care.*

If your surviving eligible dependents do not pay premiums as required, their health coverage will be cancelled. Coverage is cancelled back to the end of the prior month in which a premium payment had been made. When coverage is cancelled for this reason, they *lose all future eligibility for County retiree health care.*

If you retiree and are rehired by Hidalgo County you will be treated as a newly hired employee. Your years of active service will be grandfathered.

### **Payment for Benefits**

At retirement you will receive information on the cost of coverage and the premium payment process. If you enroll in coverage, you must pay your premiums in the manner and on the schedule set by County.

At each annual Open Enrollment, you will receive information on the coverage options and their cost for the next

plan year. These costs may change each year. If you choose to enroll for coverage, you are responsible to pay your premiums as required by County. Your coverage can be cancelled for non-payment of premiums.

## **WHEN COVERAGE ENDS**

Your coverage under the County retiree health care program ends on the date:

- The Plan ends;
- You are no longer eligible for the Plan;
- Your coverage is cancelled for nonpayment of premiums, in which case you and your eligible dependents lose all future eligibility for County retiree health care;
- You fail to provide status of Medicare enrollment, as requested by the County;
- You voluntarily terminate coverage, in which case you and your eligible dependents lose all future eligibility for County retiree health care,
- You accept re-employment by the County and become eligible for County-sponsored medical coverage or
- You die.

Your eligible dependents' coverage ends on the date:

- The Plan ends;
- You are no longer eligible for the Plan;
- They are no longer eligible for the Plan;
- Coverage is cancelled for nonpayment of premiums, in which case they lose all future eligibility for County retiree health care;
- You fail to provide status of Medicare enrollment, as requested by the County;
- They voluntarily terminate coverage, in which case they lose all future eligibility for County retiree health care; or
- They die.

Coverage ends on the last day of the month in which the event occurs. If County terminates the plan, coverage will end on the date determined by County.

The County reserves the right to change, alter, restate, terminate, and rescind retiree benefits at any time in the future that the County determines it is in its best interest to do so.

**Rate Attachment # 1**

The following premium rates will apply for the Hidalgo County Retiree Benefit Plan from Date: December 1, 2014 until such time as the Commissioner's Court shall revise such. Premiums will be adjusted annually from January 1 through December 31 of each calendar year.

**2019 RETIREE HEALTH INSURANCE RATES**

PLAN	TIER	AGE 64 OR LESS	AGE 65 OR GREATER
		MONTHLY PREMIUM	MONTHLY PREMIUM
BASIC	RETIREE ONLY	562.00	284.00
	RETIREE/CHILD(REN)	678.00	402.00
	RETIREE/SPOUSE	974.00	696.00
	RETIREE/FAMILY	1090.00	812.00
	SURVIVING SPOUSE	562.00	284.00
	SURVIVING SPOUSE/CHILD(REN)	678.00	402.00
	SURVIVING CHILD(REN)	562.00	284.00

**EXHIBIT-“B”**  
**Evaluation Criteria**  
**“Medicare Supplement/Medicare Advantage**  
**No.: 2018-275-12-26-YZV**

**A. SELECTION/EVALUATION/RANKING PROCESS:**

The RFP shall be submitted according to the schedule below. The County of Hidalgo is not required to select the proposal with the lowest fees, but shall take into consideration other factors, including past experience, evidence of good organization background, references, ability to provide requested services, and any other factors found necessary for quality services. Hidalgo County Employee Benefit will evaluate the proposal(s) utilizing the evaluation criteria outlined in Exhibit “B” attached herein. The County Consultant will present the proposers ranking of said evaluation to Hidalgo County Commissioner’s Court. Thereafter, Hidalgo County Commissioners Court will rank and/or award this proposal.

Proposals will be graded on a 100 point system with emphasis on ability to service Hidalgo County including, but not be limited to, the items listed below.

**EVALUATION FACTORS**

**1) VENDOR QUALIFICATIONS** **(maximum points- 30 )**

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- Experience in industry
- References
- Proof of Financial Stability

**2) INSURANCE BENEFIT** **(maximum points- 40 )**

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

**3) CAPACITY TO PERFORM SERVICES AS OUTLINED ON THE RFP** **(maximum points- 30)**

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- 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**

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**B. RANKING OF PROPOSALS:**

Hidalgo County has the right to accept or decline proposals that fail to address the needs of the County as stated herein. Consequently, only those proposals that meet RFP requirements, including supported documentation outlined on RFP, will be evaluated. Bidders are urged to initially submit their best offer .Employee Benefit Division will evaluate and score the RFP responses.

**C. NEGOTIATION PROCESS:**

The RFP will be awarded to the bidder whose RFP will be most advantageous to County, as determined by the evaluation factor’s listed herein and by the recommendation of the Selection Committee with approval of Commissioner’s Court.

**EXHIBIT-"B"**  
**EVALUATION FORM**  
Hidalgo County  
*"Medicare Supplement/Medicare Advantage"*  
RFP No.: 2018-275-12-26-YZV

SELECTION CRITERIA	Maximum Points breakdown	SCORE
<b>1) VENDOR QUALIFICATIONS (maximum points- 30)</b>		
➤ Experience in industry	<b>0-15</b>	
➤ References	<b>0-10</b>	
➤ Proof of Financial Stability	<b>0-5</b>	
Comments/Rationale for points:	<b>TOTAL</b>	
<b>2) INSURANCE BENEFIT (maximum points -40)</b>		
➤ Initial Proposed Price	<b>0-15</b>	
➤ Provider Network	<b>0-15</b>	
➤ Claims Management Reporting	<b>0-5</b>	
➤ Turnaround time to process and pay claims	<b>0-5</b>	
COMMENTS/RATIONALE FOR POINTS:	<b>TOTAL:</b>	
<b>3) CAPACITY TO PERFORM SERVICES AS OUTLINED ON THE RFP (maximum points-30)</b>		
➤ Level of commitment to servicing the account	<b>0-20</b>	
➤ Bilingual staff accommodations	<b>0-5</b>	
➤ To interface capability of vendor's enrollment system with the County's enrollment system	<b>0-5</b>	
	<b>TOTAL:</b>	
COMMENTS/RATIONALE FOR POINTS:		
<b>TOTAL SCORE</b>		

Provider: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Pct./Dept. \_\_\_\_\_

Comments: \_\_\_\_\_