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## **REQUIREMENTS/SPECIFICATIONS**

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 may result in disqualification of the submitted response.

### **SECTION 1: EXPERIENCE QUALIFICATIONS**

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

- 1) Must have previous experience within the State of Texas, and furnish bona fide references; three (3) present and three (3) past within the past five (5) years; within their proposal to substantiate this experience.
- 2) Must provide proof of financial stability to ensure continued services throughout the Agreement term. Acceptable documentation would be the most current financial statements and a copy of the independent audit conducted within the last year.
- 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 (Appendix M).
- 5) Must have the personnel level and equipment necessary to provide immediate service.
- 6) Provide the legal status of the company by disclosing any current or pending lawsuits/litigation (if applicable).
- 7) Hidalgo County employs approximately **4,000** employees. Proposed Insurance Plans should be available for election to permanent employees who work 20 hours or more.
- 8) Electronic Data Interchange (EDI) Feed System Requirements:
  - Must be able to accept files by account structure (participating entity descriptions)
  - File layout, with Hidalgo's specific values must be clearly identified (**834 Preferred**)
  - Respondent must confirm where to send the file  
Important: Benefits Connect enrollment system EDI timeline is 60 days from receipt of all carrier specific documentation and validation that enrollment system is in alignment with the County's account structure.
  - Awarded Respondent must email Hidalgo County their EDI files feedback (any discrepancies found)

### **SECTION II: PERSONNEL AND STAFFING**

- a) The firm should provide an organizational chart for the project and a summary paragraph of the project work to be performed by each proposed staff member. Biographical summaries that highlight the experience relevant to the specific project responsibilities should be provided for all proposed personnel. There is a one (1) page limitation for each biographic summary provided. Hidalgo County may request that the Respondent assign personnel to The Department of Budget and Management/Employee Benefits Division Office at any given time to assist in all aspects of product issues.

## **OFFICE LOCATION**

Hidalgo County prefers an office located within the County of Hidalgo (physical location, address and telephone number to be specified).

## **AGENT OF RECORD**

Hidalgo County will accept different unique proposals from an insurance carrier. Hidalgo County as its sole discretion will select the Agent(s) of Record. No agent fees will be paid by Hidalgo County. Submissions from multiple agents for the exact same plan described and benefits may be disqualified.

## **Section III: SCOPE OF SERVICES**

Hidalgo County is requesting sealed proposals from insurance carriers to provide [\*“Section 125 Voluntary Insurance Products”\*](#) 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:

**ALL PRODUCTS MUST BE ON A GUARANTEE ISSUED BASIS DURING THE ANNUAL OPEN ENROLLMENT PERIODS WITHIN THE TERM OF THE CONTRACT.**

## **VOLUNTARY PRODUCTS**

Voluntary Accident Plan, Voluntary Cancer Plan, Voluntary Combined Short & Long Term Disability Insurance, Voluntary Critical Illness Plan, Voluntary Dental Plan, Voluntary Hospital Confinement Indemnity, Voluntary Vision Plan, Voluntary Term Life, Voluntary Universal Life, and Voluntary Whole Life Plan. (Note: Current Disability Insurance and Life Insurance Plans are not Section 125 Products.)

### **A) PLAN DESIGNS**

All products should be on a “No Loss-No Gain Basis” provision for pre-existing conditions for the term of the contract. (County does not want any employee to either lose credit for satisfying or partially satisfying the carrier’s pre-existing conditions limitations). Preferred that pre-existing conditions be waived for the duration of the contract term. With the exception of the disability plan, employees should have the option to enroll dependents subject to their own coverage on desired plan.

- Each plan must include a Summary of Benefits and Coverage such as covered benefits, rate sheet, and coverage limitations. Other plan description documents such as flyers that are not customized to county’s RFP requirements will not satisfy this request.
  - Summary of Benefits should be separated in Tabs & Labeled by Description of Benefit.
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. We request at minimum three (3) year rate guarantee. Proposal should indicate whether coverage is portable for members who voluntarily or involuntarily terminate employment or upon an employee’s retirement. See current flyer for entire benefits currently being offered.

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. We request at minimum three (3) year rate guarantee. Proposal should indicate whether coverage is portable for members who voluntarily or involuntarily terminate employment or upon an employee's retirement. See current flyer for entire benefits currently being offered.
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 issued basis annually throughout the term of the contract. Evidence of insurability should be waived each year within the term of the contract. Your company definition of disability is required. Your company must define pre-existing provisions in the proposal. **A Waiver of Premium Rider is required for this product.** We are seeking at minimum a three (3) year own occupation definition-along with offset requirements. We request at minimum three (3) year rate guarantee. See current flyer for entire benefits currently being offered.
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. We request at minimum three (3) year rate guarantee. Proposal should indicate whether coverage is portable for members who voluntarily or involuntarily terminate employment or upon an employee's retirement. See current flyer for entire benefits currently being offered.
5. **Voluntary Dental Plan** must be an Indemnity Plan with either a PPO or a Scheduled type plan. Plan should offer a \$25/Calendar Year Deductible, with endodontic and periodontal services paid at the basic benefit level. Plan should include both child and adult orthodontics. Maximum benefits should start at no less than \$1,500 per year with an annual rollover benefit type feature and **no waiting period** for basic and major services including orthodontic. Orthodontic Lifetime Maximum should be no less than \$1,500 per member for adults & children coverage. Dental plan should be covered outside of the United States. We request at minimum three (3) year rate guarantee. See current flyer for entire benefits currently being offered.
6. **Voluntary Hospital Confinement Indemnity** must be submitted with a high/low option. Requesting benefits for: one time hospital admission, daily allowance for ICU confinement, daily allowance for hospital room confinement, allowance for outpatient surgery, invasive diagnostic exams, health screening, medical diagnostic and imaging. Proposal should indicate whether coverage is portable for members who voluntarily or involuntarily terminate employment or upon an employee retirement. Proposal should include a quote with a Waiver of Premium Rider, if available.
7. **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 a minimum allowance of \$75 wholesale and \$150 retail on frames and \$150 minimum on contacts. Vision Plan should be covered outside of the United States. We request at minimum three (3) year rate guarantee. See current flyer for entire benefits currently being offered.

8. **Voluntary Term Life Plan** offered should include options for spouse and/or dependent coverage. Product must be offered on a “Guaranteed Issue Basis” for all members with no medical exam. Proposal should indicate whether coverage is portable for members who voluntarily or involuntarily terminate employment or upon an employee retirement. Proposal should include a quote with a Waiver of Premium Rider, if available.
9. **Voluntary Universal Life Plan** offered should include options for spouse and/or dependent coverage. Product must be offered on a “Guaranteed Issue Basis” for all members with no medical exam. Proposal should indicate whether coverage is portable for members who voluntarily or involuntarily terminate employment or upon an employee retirement. Proposal should include a quote with a Waiver of Premium Rider, if available.
10. **Voluntary Whole Life Plan** offered should include options for spouse and/or dependent coverage. Product must be offered on a “Guaranteed Issue Basis” for all members with no medical exam. Proposal should indicate whether coverage is portable for members who voluntarily or involuntarily terminate employment or upon an employee retirement. Proposal should include a quote with a Waiver of Premium Rider, if available. See current flyer for entire benefits currently being offered.

## **B) QUALIFICATIONS**

- 1) In order for the PROPOSALS to be considered, the PLAN DESIGN MUST be equal or better to the existing plans (current Plans are attached hereto EXHIBIT A-1).
- 2) All companies [including agent(s)] 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.  
  
Include a list of at least (3) three present and (3) three past references within the past (5) five years, preferably County or City entities with your proposal; Reference form is included in the packet (Appendix M).
- 3) The company and Agent(s) 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(s) must have a willingness to commit to specified levels of performance for service and quality.
- 6) The company and agent(s) 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 agents must provide sufficient representatives and staff for County meetings and during the enrollment process.
- 9) The selected company should agree to submit monthly list billings in excel format, by employee and dependents, including full social security numbers, showing separate dollar amounts for individual employee(s) and for each of the coverage(s).
- 10) Respondent must agree to pay the county an enrollment maintenance fee of \$0.50. This fee should not be passed on to employees in no shape or form via the proposed premiums.
- 11) All products must be available for enrollment to new hires. Respondent and agent(s) must provide assistance for enrolling new hires as needed by the County.

### C) ENROLLMENT

- 1) The basis for “take-over” is as of **January 1, 2022**. Each selected respondent will be expected to provide at least four (4) trained enrollers to explain benefit provisions during annual enrollment. Hidalgo County has the right to request that vendor or representative have additional enrollers available during the open enrollment period. 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) Your proposal must identify all key personnel that will be assigned to administer your insurance product(s) with Hidalgo County. Hidalgo County may request the presence of your representative(s) soon after finalizing the enrollment for the implementation of product(s).
- 3) The platform enrollment system used by the County must be able to transmit to all selected vendors, via EDI feeds, a complete enrollment file after finalizing the annual enrollments and weekly electronic feeds thereafter. **Submit with your proposal your systems capabilities to comply with this requirement.**
- 4) The County’s enrollment system consolidates all of the core and voluntary employee plans. The proposed products, premiums, and benefits must be integrated onto the county’s enrollment system, Benefits Connect. **Submit with your proposal your systems capabilities to comply with this requirement.**
- 5) County shall be able to make changes to employee’s benefit elections throughout the plan year. Information and changes shall be transmitted via EDI Feeds on a weekly basis.
- 6) Enrollers will be responsible for providing virtual assistance and/or on site assistance to employee as the county deems necessary, during the annual open enrollment period.
- 7) Bilingual enrollers are mandatory for classified personnel assistance.
- 8) Prior to the annual benefits enrollment conducted for Hidalgo County, enrollers must be thoroughly trained in all insurance plans offered to employees during the open enrollment period. County staff will provide training for the internal enrollment process including the system platform used for benefits enrollment.

- 9) 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, printer product brochures, etc.).
- 10) 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.
- 11) Include a specific detailed description timeline of all products using an effective date of 01/01/2022.

#### **D) QUESTIONNAIRES AND SUMMARY OF BENEFITS WORKSHEETS**

- 1) The questionnaires and worksheets provided in this RFP are designed to verify the Proposer's ability and willingness to meet various requirements and expectations about the services provided to Hidalgo County.
- 2) Respondents shall ensure that information on worksheets be concise yet specific with the answers. Worksheets should be thoroughly completed with adequate responses. Avoid responding by referencing information already found on the proposal. Responses such as, "information already included in proposal" or "reference page #1" are unacceptable.

#### **E) 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.

#### **F) 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.

#### **G) RESPONSIVENESS**

- 1) Your responsiveness and ability to manage and participate in your portion of the open enrollment, including but not limited to, communications, reporting, policy issuance and back end data files to set up payroll will be considered. The timeline for accomplishing this project is limited to 30 days and you must guarantee that your company/carrier will be able to have the enrollment eligibility loaded to set up payroll premiums by the deadline as described below.

#### **H) BILLING & RECONCILIATION**

- 1) Hidalgo County will require a system that will allow for list billing in Excel 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 10<sup>th</sup> of the month. Billing will be reconciled against payroll deductions, identifying variances which will be communicated to the carriers for corrections. Corrections should be made promptly; preferably within the week on which requests for corrections are made, and adjusted on the following billing cycle.
- 3) Respondents are advised that a minimum of thirty (30) days is required to process invoices for payment.

#### **I) DATA SUBMITTED**

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

#### **Section IV: LEGAL DOCUMENTS**

If applicable, the Respondent is to include any standard agreement(s) and/or contracts associated with their response.

#### **Section V: MISCELLANEOUS**

State exemptions to any of the requirements in this procurement packet, if any. Any additional information the Respondent deems appropriate to the response may be included in this section.

#### **Section VI: PRICING INFORMATION**

**PARTICIPATING RESPONDANTS ARE TO PROVIDE A FEE PROPOSAL WITH THIS SUBMITTAL.**

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