

FRANKLIN COUNTY DISTRICT SCHOOL BOARD

RFP 2024-02

**GROUP HEALTH AND LIFE INSURANCE
AND
EMPLOYEE VOLUNTARY INSURANCE**

March 21, 2024

REQUEST FOR PROPOSAL
FOR GROUP HEALTH, LIFE
AND
EMPLOYEE SUPPLEMENTAL VOLUNTARY
INSURANCE PRODUCTS

SUBMISSIONS DUE

10:00 A.M., Monday, April 8, 2024

GROUP HEALTH AND LIFE INSURANCE AND EMPLOYEE VOLUNTARY SUPPLEMENTAL INSURANCE

Although every effort was made to ensure such, Franklin County School District does not vouch for the accuracy of the information provided by existing insurance companies.

INFORMATION AND REQUIREMENTS

The Franklin County School Board (FCSB) is requesting information for the following coverages/services as further described in this Request for Proposal (RFP) as detailed below, and extends an invitation to all interested insurance companies licensed in the State of Florida to submit proposals for providing a group health plan, life, dental, vision, and other voluntary insurance products to eligible employees and retirees.

BACKGROUND

The FCSB insures approximately 200 insured employees and retirees.

SUBMISSION DUE DATE

One (1) original and four (4) copies of proposal responses shall be submitted in a sealed package clearly marked **RFP 2024-02 – GROUP HEALTH, LIFE, AND EMPLOYEE VOLUNTARY INSURANCE** and delivered in person, by courier, or by U.S. Mail to Shannon Venable, Purchasing Director, Services, 85 School Road, Suite One, Eastpoint, FL 32328 by 10:00 a.m., EST, April 8, 2024.

Submission of responses within the deadline will be governed by FCSB's receipt. As long as FCSB receives the five copies of the submission on time, the submission will be considered.

ADDITIONAL INFORMATION

If more information is needed, requests must be in writing to Purchasing Director, Shannon Venable, by email to svenable@fcsdfl.org.

AGENT OF RECORD

U.S. Employee Benefits Services Group has been appointed the broker for health insurance and Ancillary insurance coverage for FCSB and a commission of 2% should be built into the medical proposals and standard commissions for the ancillary insurance proposals submitted.

NARRATIVE: HEALTH INSURANCE

FCSB health insurance is currently with Florida Blue and Capital Health Plan (CHP). FCSB is interested to see if any other companies are capable of providing competitive rating structures, adequacy of provider networks, advanced administration services, superior quality of care management and overall exceptional value.

The plans are fully insured and have no downside risk to FCSB. Employees and retirees currently have the option to choose either the Florida Blue high deductible plan or CHP traditional copay plan during qualifying periods. Both plans offer two (2) benefit options: Single or Family Coverage. Benefit Summaries are attached further outlining the details of the current plans.

Prospective companies are encouraged to offer similar plan designs in addition to alternative plans they believe would be considered by the district. Please provide the current 2 tier

structure as well as rates for 4 tier (Employee Only, Employee & Spouse, Employee & Children, Family). Responses should include both blended and unblended options if available.

The successful proposer will agree to offer a program in compliance with all known laws and regulations, including the Affordable Care Act.

FCSB requests 2 tier rates for both active employees and retirees. Please also provide 4 tiers (Employee Only, Employee & Spouse, Employee & Children, Family) for active and retirees. Please keep in mind that current rates are monthly rates.

The School District utilizes Employee Navigator for medical, dental, and vision and will require all carriers that submit a proposal to accept electronic enrollment files electronically

Proposers should also provide a GeoAccess report for their network specific to FCSB and surrounding areas.

NARRATIVE: GROUP LIFE AND EMPLOYEE VOLUNTARY INSURANCE

FCSB currently offers the following products to FCSB employees and retirees:

- Group Term Life Insurance (FCSB paid coverage for \$25,000 per full time employee)
- Voluntary Term Life Insurance (employees and retirees)
- Voluntary Group Vision Insurance
- Voluntary Group Dental Insurance
- Long-Term Disability
- Short-Term Disability
- Accident
- Cancer
- Critical Care
- Hospitalization
- Intensive Care
- Specified Health Event

For Dental proposals **only**, the Proposer must provide their 90% Usual and Customary (U&C) reimbursements for the outlined procedure codes in the chart below for Zip Code 323XX.

CDT Code	Description	Zip 323
		90th U&C
120	Oral Exam	
150	Complete oral evaluation	
210	X-rays - complete series	
274	X-rays - four bitewings	
1110	Adult cleaning	
1120	Child cleaning	
1208	Fluoride	
2391	Posterior composite - one surface	
2392	Posterior composite - two surface	
2750	Crown - porcelain high noble	
2752	Crown - porcelain fused noble	
3330	Endodontic - molar	
4341	Perio scaling and root planing	
4910	Perio maintenance cleaning	
7140	Extraction of erupted tooth	

FCSB is interested to see if any other companies are capable of providing competitive rating structures, adequacy of provider networks, advanced administration services, superior quality of

care management and overall exceptional value.

Proposers should also provide a GeoAccess report for their network specific to FCSB and surrounding areas.

Proposers are requested to submit fully insured proposals duplicating the current schedule of benefits for any or all of the products of interest. Any changes in benefits or alternative plan design must be fully explained. Proposers are advised that the FCSB will not consider plans that contain substantial reductions in benefits. Proposers agree to this provision by response.

In the first enrollment, the Proposer must offer a true open enrollment (no medical evidence of insurability or waiting period) for all current eligible employees, same for future new employees.

CONTRACT SPECIFICATIONS AND REQUIREMENTS

FINANCIAL ARRANGEMENT

At this time FCSB is only considering fully-insured financial arrangements. FCSB will, however, consider fully-insured programs that allow the group to participate in surplus premiums due to a favorable claims year.

CONTRACT DURATION

The anniversary date is currently set at July 1st of each year. The minimum duration for rate guarantees for the health plan is one (1) year.

NOTICE REQUIREMENTS

FCSB may cancel these contracts off-cycle with a 30-day written notice. Contracted companies will agree to provide FCSB with notice of any rate increase by April 1st for the following contract year.

EMPLOYEE ELIGIBILITY

Employees are eligible for health insurance on the 1st of the month following their 60th day of continuous employment. This includes all full-time employees working 20 or more hours per week and those otherwise eligible for FMLA, COBRA, or other legislated coverage requirements. Eligible dependents may also participate in the programs.

In accordance with Florida Statutes, retirees may participate in a health program.

ACTIVELY AT WORK WAIVER

All active employees (as deemed by FCSB) will be eligible for the health insurance regardless if they are actively-at-work based on any state or federal regulations.

ADMINISTRATION

MATERIALS AND IMPLEMENTATION

Companies awarded the business are expected to build in the costs for implantation and on-going materials. This is to include, but is not limited to, benefit summaries; certificates; ID cards; enrollment forms; claims forms and billing.

ELECTRONIC SUBMISSION OF ENROLLMENT

The successful proposer(s) will agree to accept electronic submission of enrollment from the benefit administration system.

WAIVER/REJECTION OF SUBMISSIONS

FCSB reserves the right to waive formalities or informalities in the proposals, to reject any or all submissions, to accept any submissions deemed to be in the best interests of FCSB and to negotiate or not negotiate with and/or interview or not interview any or all submitting carriers. FCSB may reject any or all proposals. FCSB does not discriminate on the basis of race, color,

National origin, sex, religion, age, handicap/disability or marital status in employment or provision of service.

EX PARTE COMMUNICATION

Please note that to assure proper and fair evaluation of proposals, after proposals are received FCSB prohibits ex parte communication initiated by the proposer to any FCSB official or employee prior to the time a decision has been made.

Communication between a proposer and FCSB will be initiated by the appropriate FCSB official, employee or designated consultant in order to obtain information or clarification needed to develop a proper and accurate evaluation of the proposal. Ex parte communication may be grounds for disqualifying the offending submitter from consideration or award of the proposal then in evaluation or any future proposal.

PUBLIC ENTITY CRIMES

A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a proposal on a contract to provide services to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.17 for Category Two for a period of 36 months from the date of being placed on the convicted vendor list.

RFP SUBMISSION REVIEW

Review of submission responses to this RFP will be conducted by FCSB within a week or two of receiving them.

TERMS AND CONDITIONS OF PROPOSAL

- Rate proposed must be final based on the census and information submitted.
- Please also provide current tiers (Single and Family) and for four (4) tiers (Employee Only, Employee & Spouse, Employee & Children, Family).
- Rates proposed will be guaranteed until July 1, 2025, regardless of the 2024 open enrollment.
- Proposals must be valid through the effective date of the contract.
- Proposals must be signed by an official authorized to bind the proposal to the resultant agreement, if any.
- Proposals must indicate underwriting assumptions, enrollment requirements and any terms and conditions associated with their prospective contract.
- Proposals must describe your company's enrollment services.
- Proposals must indicate any exceptions or deviations from the RFP specifications. All deviations must be clearly identified separately and all exceptions must include a written explanation as to the scope of the exception, any ramifications to the FCSB and any advantages/disadvantages to the FCSB as a result of the exception.
- Each proposing company's benefit program must comply with all applicable Florida and U.S. laws pertaining to mandated benefits.

FCSB is under no obligation to award this contract to the proposer offering the lowest rates, or to any proposal at all. Contract awards will be based on Cost, Coverage/Plan Design, Provider Network, and Service Reputation/Capability.

EVALUATION CRITERIA

The proposal received will be reviewed by the Insurance Committee. Based on the responses interviews may be conducted with selected proposers. The selection will be based upon the criteria below. If more than one (1) firm is designation qualified enough to be considered as a finalist, the committee has the ability to hear finalist interviews, maybe conducted, but is not required. The School Board may also conduct simultaneous negotiations with vendors regarding qualifications, quality, price and plan alternatives, prior to recommending to FCSB

award of the contract to the vendor believed to provide the most responsive and responsible proposal that is most advantageous to FCSB. Any negotiations will be in accordance with 286.0113, Florida Statutes.

	CRITERION
1	<u>Cost</u> Although cost will be a major consideration in evaluation proposals, it will not be the only consideration. Cost will include (but not limited to) disclosure of rates/premiums, services/administration costs, any cost guarantees (if applicable) and other cost components.
2	<u>Coverage/Plan Design</u> The ability to administer benefits as is, or as close as practical. The amounts and breath of coverage and extent of deductibles, co-payments, coinsurance, restrictions, or exclusions.
3	<u>Provider Network</u> The number and types of providers, e.g. the number of hospitals and physicians under the contract and the number of contracted physicians who will accept new patients and the match-up between the current top providers and network providers proposed. For pharmacies, the extensiveness of the pharmacy network and pharmacy mail order.
4	<u>Service Reputation/Capability</u> The service reputation and administration capabilities of proposers. This includes such items as enrollment assistance, service responsiveness, and communication with our Agent and School Board staff on program administration, quality of billings, and Internet Website.

Adherence to Specifications	5%
Cost & Coverage/Plan Design	55%
Provider Network	25%
Service Reputation/Capability	15%
Total:	100%

PROPOSER RULES FOR WITHDRAWAL

Proposals may be modified or withdrawn by an appropriate document duly executed (in the manner that a proposal must be executed) and delivered to the place where proposals are to be submitted at any time prior to the opening of the proposals.

IRREVOCABILITY OF PROPOSAL

Each Proposer agrees that proposals shall remain open until the effective date of coverage, July 1, 2024, not be subject to revocation, and shall be subject to the School Board's acceptance.

PROPOSAL REQUIREMENTS

The accompanying sheet(s) relevant to the insurance product(s) your proposal addresses along with your statement of benefits and premium proposals.

- Proposals must include plan benefits summary and proposed monthly premium rates. The current census is attached as Exhibit A. The current summary of plan benefits may be found at the school districts benefit website under "Benefits":
<https://franklincountyschools.mybenefitsinfo.com/>
- Employee and employer requirements for settlement of claims should be included in your response.
- Proposals shall also include a list of three (3) references of similar size groups which shall include: Client Name, Individual Contact, Email Address, and Phone Number
- Summary statement detailing the primary advantage of your plan and why the FCSB should chose your plan over all other plans. Be specific.

FIRM NAME: _____

DENTAL RESPONSE

1. Proposed dental plans must offer two (2) or more options. Proposer agrees to this provision. (Circle One) **Yes No**
2. Does your plan provide a guaranteed issue and waiver of waiting periods for all currently eligible employees for first enrollment and all future new hires? (Circle One) **Yes No**
3. Awarded company must accept 834 compliant EDI file feed to carrier. Proposer agrees to this provision (Circle One) **Yes No**
4. Does your plan grandfather all current employees who have current coverages? (Circle One) **Yes No**
5. Is your plan portable for retirees? (Circle One) **Yes No**
6. All plans must have no waiting period on Major services. Proposer agrees to this provision (Circle One) **Yes No**
7. Comprehensive enrollment booklets (electronically) and communications campaign to all employees and retirees is required.
 - a. Proposer agrees to this provision (Circle One) **Yes No**
8. The Board is requesting a one (1) year rate hold. What is the guaranteed rate hold of your plan?
9. The District's open enrollment dates are mid- April through mid-May with final negotiated renewal agreements due each year by April 15th. Proposer agrees to this provision. (Circle One) **Yes No**
10. Rates proposed are to be shown as twelve (12) monthly deductions. Proposer agrees to this provision. (Circle One) **Yes No**
11. Are your proposed plan benefits as good as or better than the current plan? (Circle One) **Yes No**

Rate Guarantee Period: 7/1/24 through _____

Are all rates valid regardless of actual enrollment on 7/1/24: (Circle One) **Yes No**

Are all rates/plans presented on a stand-alone basis? (Circle One) **Yes No**

Authorized Agent Signature: _____

Printed Name: _____

Title: _____

FIRM NAME: _____

VISION RESPONSE

1. Does your plan provide a guaranteed issue and waiver of waiting periods for all currently eligible employees for first enrollment and all future new hires? (Circle One) **Yes No**

2. Awarded company must accept 834 compliant EDI file feed to carrier. Proposer agrees to this provision (Circle One) **Yes No**

3. Does your plan grandfather all current employees who have current coverages? (Circle One) **Yes No**

4. Is your plan portable for retirees? (Circle One) **Yes No**

5. Comprehensive enrollment booklets (electronically) and communications campaign to all employees and retirees is required. Proposer agrees to this provision (Circle One) **Yes No**

6. The Board is requesting a one (1) year rate hold. What is the guaranteed rate hold of your plan?

7. The District's open enrollment dates are mid- April through mid-May with final negotiated renewal agreements due each year by April 15th. Proposer agrees to this provision. (Circle One) **Yes No**

8. Rates proposed are to be shown as twelve (12) monthly deductions. Proposer agrees to this provision. (Circle One) **Yes No**

9. Are your proposed plan benefits as good as or better than the current plan? (Circle One) **Yes No**

Rate Guarantee Period: 7/1/24 through _____

Are all rates valid regardless of actual enrollment on 7/1/24: (Circle One) **Yes No**

Are all rates/plans presented on a stand-alone basis? (Circle One) **Yes No**

Authorized Agent Signature: _____

Printed Name: _____

Title: _____

FIRM NAME: _____

CANCER, ACCIDENT, CRITICAL CARE, HOSPITALIZATION, INTENSIVE CARE, SPECIFIED HEALTH EVENT, AND TERM LIFE RESPONSE

1. If proposing on multi-lines, please clarify which plans of coverage you are offering.
2. Does your plan provide a guaranteed issue and waiver of waiting periods for all currently eligible employees for first enrollment and all future new hires?
(Circle One) **Yes No**
3. Awarded company must accept 834 compliant EDI file feed to carrier. Proposer agrees to this provision (Circle One) **Yes No**
4. Does your plan grandfather all current employees who have current coverages?
(Circle One) **Yes No**
5. Is your plan portable for retirees? (Circle One) **Yes No**
6. Comprehensive enrollment booklets (electronically) and communications campaign to all employees and retirees is required. Proposer agrees to this provision (Circle One) **Yes No**
7. The Board is requesting a one (1) year rate hold. What is the guaranteed rate hold of your plan?
8. The districts open enrollment dates are mid-April through mid-May with final negotiated renewal agreements due each year by April 15th. Proposer agrees to this provision. (Circle One) **Yes No**
9. Rates proposed are to be shown as twelve (12) monthly deductions. Proposer agrees to this provision. (Circle One) **Yes No**
10. Are your proposed plan benefits as good or better than the current plan?
(Circle One) **Yes No**

Rate Guarantee Period: 7/1/24 through _____

Are all rates valid regardless of actual enrollment on 7/1/24: (Circle One) **Yes No**

Are all rates/plans presented on a stand-alone basis? (Circle One) **Yes No**

Authorized Agent Signature: _____

Printed Name: _____

Title: _____

**RFP 2024-002 – GROUP HEALTH, LIFE AND EMPLOYEE
SUPPLEMENTAL VOLUNTARY INSURANCE PRODUCTS**

I/We certify that I/we have carefully read all instructions pertaining to this Request for Proposal and that my/our bid proposal complies, without exception, with all instructions and specifications.

Company Name

Authorized Representative Signature

Printed Name

Title

Address

City

State

Zip Code

Email Address: _____

Contact Numbers:

Business Number: (_____) _____

Cell Number: (_____) _____

Fax Number: (_____) _____