

Request for Proposals (RFP)

City of Canton, Ohio
Purchasing Department
218 Cleveland Ave. SW, 4th floor
Canton, Ohio 44702

Administration of Self-Funded Health Plan

Item/Project

Responsible Department

August 19, 2022 by 2:00 pm - City of Canton, Purchasing Department Fourth Floor

Proposals Due On or Before

Proposal Submitted By:

Company Name

Street Address

City

State

Zip

Contact Person

Phone No.

Email Address

Bid(s) submitted: **Medical** _____ **Dental** _____ **Vision** _____

REQUEST FOR PROPOSAL GUIDELINES

The City of Canton is a self-funded health plan with only administrative services being reviewed (medical/dental/vision). The present relationship is with two parties that offer medical management services and network services. The City of Canton is open to stand alone dental and vision offerings. The City of Canton offers one benefit design and requests pricing offers for a full takeover of administration and/or a split approach. The City of Canton is looking for a TPA with assertive and strategic claim management approach. One that includes flexible plan design options, Centers of Excellence, excels at customer service and has a strong network both in and out of the area.

Sealed proposals, in accordance with the City of Canton's specifications for group health plan administration and wellness programs for the self-funded health plan, will be received at the office of the City of Canton, City Hall, Purchasing Department, Fourth Floor, 218 Cleveland Ave. SW, Canton, Ohio 44702 until 2:00 pm local time on August 19, 2022, at which time they will be publically opened and tabulated. Vendors can submit questions via email to purchasing@cantonohio.gov. All Questions must be submitted by **July 29, 2022 at 4:00 pm**.

Proposals must be submitted in a sealed envelope with the forms furnished including the specifications and shall contain the full name of each person, agency/company, submitting the proposal, and shall be signed by an official authorized to execute a contract. Proposal envelopes shall be marked: **"HEALTH PLAN ADMINISTRATION FOR CITY OF CANTON'S HEALTH CARE PLAN"**

Each proposal and all certificates must include the forms furnished with the specifications, and include an original and a copy of the RFP, including a flash drive, at or prior to the date and hour specified for receiving proposals. The City is not responsible for documents received after the proposal opening and such documents will be rejected.

Unless specifically accepted, all proposals shall incorporate the City of Canton's RFP specifications by reference.

In case of corporations not chartered in Ohio, the proposal shall be accompanied by a current certificate of the Secretary of State, certifying that such corporation is authorized to do business in Ohio.

Each bidder must insure that all employees and applicants for employment are not discriminated against because of race, color, religion, sex, handicap or national origin.

The City of Canton Board of Control reserves the right to reject any or all proposals received, to waive any informalities or irregularities in the proposals received, and to accept any proposal or combination of proposals which is deemed most favorable to the City at the time under the conditions stipulated.

BY ORDER OF THE DIRECTOR OF PUBLIC SAFETY CANTON, OHIO

Andrea M. Perry

The effective plan date is February 1, 2023

The City of Canton



Request for Proposal

*Specifications
for
Medical, Dental, and Vision Coverage*

Effective February 1, 2023

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SECTION 1

QUOTATION INFORMATION

(applicable to all bidders)

- Specifications: Proposal specifications may be obtained the City of Canton Purchasing Department's website at <https://cantonohio.gov/448/Purchasing-Procurement>. Companies or individuals obtaining specifications from the website will be considered Proposal of Record. All addenda or additional information will be posted to through the website sourcing tool, Vendor Registry. Interested parties that obtain the specifications will receive a notification via the sourcing tool of any addenda or other additional information. It is the responsibility of the interested party to check the web site sourcing tool for any addenda or additional information. **Responses at 2:00 pm on the response due date will not be considered.**
- Due date: Two (2) sealed copies, including a flash drive of your proposal must be received no later than **2:00 pm local time on August 19, 2022** at the Purchasing Department, Fourth Floor, City Hall, 218 Cleveland Ave SW, Canton, Ohio 44702.
- Send to: Proposals should be sent/delivered to
City of Canton
Purchasing Department
Fourth Floor
218 Cleveland Ave SW
Canton, Ohio 44702
- Questions: Any questions and/or need of clarification should be directed to purchasing@cantonohio.gov.
- Format: Each proposal shall be submitted for a minimum of a three (3) year period with renewal options, using the forms provided. Multi-year quotes are encouraged. Respondents may quote by line of business.
- Contract: City of Canton desires a contract be signed between the carrier, Third Party Administrator (TPA), or services provider and City of Canton for a three (3) year period of three years with the option to renew for two additional years upon mutual agreement of both parties. Any renewal will be at the City's discretion.

QUOTATION INFORMATION cont.

- Deviations: All assumptions should be clearly stated and any deviations from the specifications **MUST** be plainly identified and clearly defined as supplemental information submitted with the proposal on a separate page and clearly marked, **ASSUMPTIONS AND DEVIATIONS**. Unless otherwise stated, the proposal will be considered as being in strict accordance with the specifications stated in the Request for Proposal (RFP) document.
- Errors/Omissions: Errors and/or omissions in a submitted proposal could result in the proposal being declared invalid.
- Right to reject: The City of Canton reserves the right to reject any and all proposals, to waive any informalities or irregularities in the proposals received, and to award by item or total or any combination of proposals deemed most favorable to the City of Canton.
- Tax exemption: City of Canton is exempt from payment of federal and state taxes.
- Special conditions: Special conditions included in the Request for Proposal document shall take precedence over any general provisions hereinafter set forth.
- Requirement: All electronic file transfers with employee data shall be secure and encrypted.

SECTION 2

GENERAL INFORMATION

(applicable to all bidders)

Name of account:	The City of Canton 218 Cleveland Ave SW, Canton, Ohio 44702
Size of account:	Approximately 953 employees on the health plan; 15 opt-outs
Business:	Municipality
Coverages desired:	Medical, dental and vision coverage.
Current funding:	Self-funding with stop loss (\$250,000 Aggregating Specific and LCRP Contract Basis of 24/12).
Funding desired:	Continue self-funding; stop-loss quotes will be requested at a later date.
Current TPAs/carriers:	AultCare & UMR, United Healthcare for medical AultCare & DenteMax for dental administration AultCare & VSP Vision Care for an open network vision administration
Eligibility:	Minimum 30 hours per week; coverage effective first of month following coincident with or next following sixty (60)- days of employment, with credit given for part-time Employees who transition to full-time. Elected officials and Council members are eligible.
2022 funding rates:	\$650/month/single; \$900/month/single+1; \$1,200/month/family
Current contributions:	10% of funding rates
Rate guarantee period:	Minimum twelve (12) months (through 12/31/2023) Multiple year quotes highly encouraged
Commissions:	All quotations are to be provided without broker commission.
Effective date:	February 1, 2023
Background information:	The City of Canton currently offers one PPO plan, with a choice of networks.

SECTION 3

INSTRUCTIONS

(applicable to all bidders)

1. The City of Canton may accept or reject any or all proposals received.
2. Proposals are requested on a stated rate which shall remain firm for the period of the contract.
3. Each line of business may be quoted separately.
4. Each carrier/TPA/vendor submitting a proposal must furnish the following:
 - a. Latest financial statement
 - b. Sample copy of the ASO agreement
5. Each respondent MUST complete the Proposal Form/Signature page in Section 9 of this RFP, as well as the Terms & Conditions page.
6. Proposals shall be considered only if the respondent shows it is duly authorized to do business by the Insurance Department of the State of Ohio.
7. Cancellation – the carrier/TPA/services provider shall indicate that the contract shall not be cancelled until one hundred twenty (120) days written notice thereof is given to The City of Canton.
8. Cancellation – City of Canton has the right to cancel any carrier/TPA/services provider with one hundred twenty (120) days written notice.
9. All carriers/TPAs must guarantee at least one hundred twenty (120) day written notice in advance of any rate change.
10. State any charges that may be incurred by the City of Canton that are not included in the quoted premium or fee (e.g. set-up fee, claim checks, benefit booklets, ID cards, etc.).
11. The successful proposer must produce summary plan descriptions (SPDs) for each plan and distribute to employees within 60 days of the plan effective date.
12. It is the intent of the City of Canton that the award shall be for a three-year period with the option to renew two additional years upon mutual agreement. However, the right is reserved to change carriers on any anniversary date.
13. The successful proposer must be willing to accommodate the City's administrative procedures. Before the contract is awarded, proposal finalists may be invited to meet with representatives of the City of Canton to establish the agreement to administer the plan according to City guidelines.
14. City of Canton, or any other entity involved in this project, assumes no liability for any costs incurred by the carrier/TPA in the preparation of their proposal nor during the proposal evaluation process.

INSTRUCTIONS cont.

15. In accordance with opinions from the Ohio Attorney General, the City of Canton cannot accept an Agreement or Contract containing blanket Indemnification or Hold Harmless provisions.
16. The successful proposed must provide to the City of Canton an unqualified SOC1 “Service Organization Controls Report” in accordance with SSAE-16.
17. As a self-funded public-sector employer-sponsored health plan, the City’s plan is subject to regulations from the Ohio Department of Insurance. Successful proposers must administer our plan accordingly.
18. All electronic file transfers with employee data shall be secure and encrypted.

SECTION 4

GENERAL CONDITIONS

(applicable to all bidders)

The statistical data and general information contained in the specifications are, to the best knowledge of the City of Canton, complete and accurate. However, any such data and information released with the specifications are representations and not warranties by the City. Each company submitting a proposal shall assume for itself the sole responsibility for reliance upon information included in the specifications to meet its quoting and underwriting needs and determination of the appropriate rating structure. Any prospective proposer desiring clarification of any section, clause, or wording of the Request for Proposal should direct such questions to purchasing@cantonohio.gov by **July 29, 2022 at 4:00 pm**. Failure to request interpretation or question the intent or scope of this Request for Proposal, as provided, shall not be sufficient cause for relief from any provision of a contract issued as the result of this Request for Proposal.

Answers to questions will be issued in writing as official addenda no later than seventy-two (72) business hours prior to the time of the proposal opening. Said addenda will become a component of the request for proposal and should be acknowledged as received on the proposal page. Failure to acknowledge all official addenda in this manner may result in your proposal being disqualified.

All proposals received in response to this Request for Proposal shall be considered as “open offers” from the date of submission through December 31, 2022. During this period, the proposals received will be analyzed.

The City of Canton Board of Control reserves the right to reject any or all proposals, to waive any informalities or irregularities in the bids received, and to accept any proposal or combination of proposals which is deemed most favorable to the City at the time and under the conditions stipulated.

SECTION 5

BENEFIT HISTORY & HEALTH PLAN SPECIFICATIONS

Recent Benefit History

The City of Canton provides group carrier health, dental and vision insurance plans to all full-time employees. Coverage is offered either on a single, single + 1, or family plan, in which City of Canton pays for 90 percent of the monthly individual premium or for 50 percent of the additional premium that is charged for dependent medical coverage. The employee pays 10 percent of the monthly individual premium. Only administrative services are being reviewed.

The City of Canton is on a self-funded PPO platform. The present relationship is with two parties, AultCare and UMR who both provide medical management and network services. The City currently offers one benefit design but based on union negotiations this could change. The City of Canton requests a pricing for a full takeover of administration and/or a split administrative approach.

The City of Canton is looking for a TPA with assertive and strategic claim management approach. One that includes flexible plan design options, Centers of Excellence, excels at customer service and has a long network both in and out of area.

Current Carrier History

Currently, AultCare and UMR provides medical management and network services. Dental benefits are managed through DenteMax and AultCare. The City has an open network for vision benefits which is managed by AultCare. OptumRx is the PBM and is managed through AultCare.

Benefit Specifications

- Medical - Current medical benefits/services should be duplicated. Please note that our plan has a requirement for review of certain out-patient procedures. Also include issuance of creditable coverage certificates upon request of the participant.
- Prescriptions - Current benefits should be duplicated, with recommendations for a new plan design
- Dental & Vision - Current dental benefits should be duplicated
 - As an alternate bid, please quote administration of managed dental and vision benefits, with recommendations for a new plan design.

SECTION 6

FUNDING INFORMATION

Self Funding

Fees and premiums may be quoted on either a composite or single/single +1/family basis.

If a change in TPAs is made, the new administrator may or may not be expected to handle run-out claims from the prior plan. This will be discussed with finalists prior to award of the contract. Please indicate clearly in Section 9 if there is a difference in your first-year fees for the two scenarios.

Multiple year quotes are encouraged.

For printing charges of claim forms, claim checks, benefit booklets, and ID cards: you will see lines on the rate forms in Section 9 for these components. If you can structure your administrative fee to cover these items, please do so. Otherwise, be as specific as possible on ANY additional or one-time charges. Benefit booklets must be produced and distributed to employees no later than 60 days after the effective date of the plan.

Consortium

For funding its health benefits program, the City will entertain offers for membership in an appropriate consortium arrangement. Proposers **MUST** be able to duplicate the City's current benefits and dual provider network arrangement, and must fully describe all membership and financial requirements of the consortium. Monthly premium rates (as well as any other costs to the City) should be quoted on the applicable form in section 9. Include a sample participation agreement with your proposal.

SECTION 7

PROPOSAL QUESTIONS

PLEASE PROVIDE YOUR RESPONSES ON A SEPARATE SHEET FOR ALL QUESTIONS IN SECTION 8. INCLUDE THE SECTION TITLE AND QUESTION NUMBER.

GENERAL (all health plan proposers)

1. Please provide a brief history and description of your company and its current ownership structure.
2. What is the total number of self-funded clients and employee lives you currently administer?
3. Describe your insurance coverage, including carrier(s) and amounts (e.g. malpractice, errors & omissions, bonding).
4. What are your hours of operation? How are after-hours calls handled?
5. Please provide the name of the firm that conducts your SOC1 audit.
6. Do you have an internet website? Does the website allow employees, providers and the City of Canton to check eligibility and claim status? What other website features and services are available, both for employees and the City of Canton?

CLAIMS ADMINISTRATION (medical, dental, vision bidders as questions are applicable)

1. How are claim inquiries handled? Do callers speak with the examiners who pay the claims, or a separate customer service unit?
2. What is the average tenure of your claims examiners with your company? What is the turnover rate for examiners in the past twelve months?
3. What is your claims office turnaround time over the most recent 12 months? Describe the calculation methodology.
4. If a claim is held in processing for review, approval, or other issue, what procedure do you have in place to protect the City of Canton to ensure coverage of the claim by the stop-loss carrier?
5. How does your system track dependents attaining the limiting age? How will plan participants and the City be notified? Please include the scenario of a dependent who attains age 26.
6. Explain how you handle subrogation and third-party reimbursement, including a discussion of how recoveries are credited to the City of Canton.

QUALITY CONTROL AND REVIEW (medical, dental, vision bidders as questions are applicable)

1. Please describe your internal audit procedures for claim review, including an explanation of how detected claim processing errors are handled and how the City of Canton will be made whole.
2. Describe the types of accuracy measured under your quality review procedures, and provide the accuracy percentage for each type.
3. Describe your policies and procedures for detecting and investigating potential fraudulent claims.
4. Describe your review criteria and processes for medical necessity, length of stay and case management.

NETWORKS (medical, dental, vision bidders as questions are applicable)

MEDICAL

1. Provide a description of your proposed network(s), including history, ownership, service area and total enrollment.
2. If you are proposing as an independent TPA, what network are you recommending for our plan and why? What other network(s) do you have available?
3. Provide a list of network hospitals in the following counties: Stark, Summit, Cuyahoga, Wayne, Carroll, Columbiana, Tuscarawas.
4. Do you work with Centers of Excellence (COE)?
5. Indicate the “Centers of Excellence” services and providers currently available in your network.
6. Provide network/eligibility recommendations concerning the following situations:
 - a. Eligible dependent students residing out of area.
 - b. Eligible dependent children residing with a separated or divorced parent and living out of the area.
 - c. Eligible dependents enrolled in a U.S. school but studying outside of the U.S.
7. Provide a response for the following questions describing the capabilities of each PPO network that would be applicable to the client RFP:
 - a. PPO network/Service Area by Zip Code
 - b. Location(s)
 - c. Date established
 - d. Total enrollment
 - e. Average hospital discount
 - f. Average physician discount
 - g. Percent PCPs Board Certified

MEDICAL cont.

1. Please explain access standards used for the report (e.g. from center of zip code to employee's home or provider office and use of 3- or 5-digit zip codes).
2. Provide a geo-access report using the access standard of 2 primary care physicians within 10 miles of our participants' home zip-codes. (An excel-format census with ZIP codes will be e-mailed upon request.) Please refer to Exhibit A and B
3. Describe your hospital discounts. What is the average? How does this vary by region/county? What is the calculation methodology? (If hospital discount information is considered confidential, include your response to this question in a separate sealed envelope.)
4. What are your average physician discounts? What is the average fee schedule as a percent of Medicare reimbursement? (If physician discount information is considered confidential, include your response to this question in a separate sealed envelope.)
5. Describe specifically the discounts the City of Canton will receive for inpatient and outpatient services at Aultman Hospital, Mercy Medical Center, Cleveland Clinic, and University Hospitals. (If hospital discount information is considered confidential, include your response to this question in a separate sealed envelope.)
6. Provide a Provider Disruption Analysis. Please refer to Exhibit C and D
7. What is your estimate of savings to the City of Canton if a managed dental plan is implemented?
8. What networks or programs can you offer the City of Canton for claims incurred outside your service area, and what are the associated costs?
9. Will 100% of provider discounts be passed on to the City of Canton? If not, what percentage will you retain?
10. Please provide any additional information that will enable the City of Canton to evaluate your network offering.
11. Please complete Exhibit E.

DENTAL

1. The City of Canton is considering dental administration services. Please respond to the following as it pertains to dental:
 - a. What are your admin fees for a self-funded dental benefit?
 - b. What network (if any) is available?
 - c. Do you lease a network?
 - d. Describe your network expansion efforts?
 - e. How do you determine network fees/how do you determine your OON payment?
 - f. How do you determine provider reimbursement?
 - g. How would you interface with the medical plan administrator on situations involving overlapping treatment of care that should be partially covered by the medical plan and partially covered by the dental plan?

VISION

1. The City of Canton is also considering vision administration services. Please respond to the following as it pertains to vision.
 - a. What are your admin fees for a self-funded dental benefit?
 - b. What network (if any) is available?
 - c. Do you lease a network?
 - d. Describe your network expansion efforts?
 - e. How do you determine network fees/how do you determine your OON payment?
 - f. How do you determine provider reimbursement?
 - g. How would you interface with the medical plan administrator on situations involving overlapping treatment of care that should be partially covered by the medical plan and partially covered by the dental plan?

FINANCIAL & REPORTING (all health plan proposers)

1. Describe banking arrangements for the City of Canton's self-funded plan. Is an initial deposit required?
2. Please complete the spreadsheet for the administrative rates for the listed services (including optional services you would recommend) on the attached. The completion of the spreadsheet is a requirement for consideration.
3. Please provide an annual wellness grant.
4. Please disclose any stop-loss interface fees.
5. Please advise what banking arrangements and fees you have for an HAS.
6. Please disclose any additional fees that are not included.
7. If additional plan options are added, will you impose restrictions or additional costs? For example, multiple plan design such as HDHP/HSA?

FINANCIAL & REPORTING cont.

8. When and how often would the City of Canton remit funding for TPA claims? What documentation is included with each claims invoice?
9. Do you hold adjudicated claims pending receipt of funds, or do you release claim payments and then bill the City of Canton for reimbursement?
10. Include with your bid a sample of the monthly reporting package the City of Canton will receive. Are reports available electronically, or on a website? When are reports posted?
11. If you are proposing membership in a consortium arrangement for the City of Canton plan, please address the following issues.
 - a. Can you administer run-out claims from the current plan(s)?
 - b. If so, are your proposed rates inclusive of run-in claims?
 - c. Is an initial deposit required? If so, what is the amount?
 - d. What are your consortium's termination provisions (e.g. advance notice, costs)?

COST CONTAINMENT (all health plan proposers)

1. What dollar level claims is subject to auditing?
2. Who is your preferred Utilization Review Manager?
3. Do you allow Utilization Review to be customized? Is there an additional fee?
4. How do you manage the out of network addiction centers?
5. Do you allow Disease Management to be carved out? Are there additional data feed fees?
6. What is your disease management engagement utilization average? Please provide average utilization statistics on active engagement and passive enrollment.
7. What programs does your Disease Management program include?
8. Can Disease Management programs be customized?
9. Describe your disease management programs in detail. How do you calculate ROI?
10. Will you provide detailed reporting quarterly on the engagement level of your Disease Management programs?
11. Do you offer telemedicine services? What vendor is utilized?
12. Does your telemedicine service offer mental health services?
13. Describe any other value-added services available to contain costs?

SYSTEM CAPABILITIES (all health plan proposers)

1. Will you communicate with the PBM on all data required to operate the City of Canton health plan? Please disclose any additional fees if applicable.
2. What percent of your ASO clients have 1,000 – 3,000 covered employees?
3. What percentage of your claims are auto adjudicated? Is there a minimum dollar threshold that is not auto adjudicated?
4. What claims are audited?
5. What additional responsibilities do the claim processors have (telephone inquiries, correspondence, filing, etc.)?
6. What is the case load per processor? What is the number of claims that each processor is expected to process?
7. Are there automatic system edits for plan age limits?
8. How are processors limited to a specific dollar level payments? What other payments require supervisory approval? Can you accommodate a notification to the client for claims above a specific dollar amount?

SERVICE & REPORTING (all health plan proposers)

1. Supply an organized chart identifying the functions and reporting relationships of key people directly responsible for all services to the City of Canton?
2. Do you have a dedicated account management team? Give the name and title of the person(s) with overall responsibility for managing the City of Canton and their tenure?
3. Do you have a dedicated customer service team? Where are they based?
4. What are your customer service hours?
5. Will you assign an underwriter or another group benefit professional with similar government knowledge and experience to the City of Canton?
6. Will the City of Canton have direct contact and access to all above-named person(s)?
7. Does your organization agree to attend onsite meetings if requested for open enrollment and commit to quarterly claim reviews in person if requested and ensure all reporting will be provided at least five business days' prior for review? Will you provide staff to assist with open enrollment and education meetings? Is there an additional charge for this service?

SERVICE & REPORTING cont.

8. How do you receive and process eligibility? Please cover both electronic and paper submission, as well as timeframes for processing new hires and changes to employee records.
9. Please provide three references of current government clients (preferably a city) and one reference of a client you lost within the last two years. Ideally, these references would be similar in size to the City of Canton.
10. Do you provide an SPD? Including a wrap document? Describe the process for drafting, reviewing and finalizing summary plan descriptions (SPDs). Is there an additional fee for SPD production? Describe what you are capable of providing for the SPD (e.g. camera-ready copy, CD, completed handbooks).
11. Do you provide an SBC?
12. Will you include the pharmacy information in both the SPD and SBC if the Pharmacy Benefit Manager is carved out?
13. What is the fee and turnaround time for customized reporting?
14. Do you have electronic ID cards available?
15. Do you provide ID cards and include the pharmacy information if it is carved out? Describe your company's ID card production and distribution process, including the time frame in which the initial card run would be completed. Provide a sample of the welcome kits our participants will receive.
16. What enrollment vendors do you work with? Are there any additional fees?? What if the client utilizes a vendor you do not currently have a relationship with?
17. Explain in detail the steps (timeline) you anticipate will be needed to ensure a smooth implementation. Include a definition of specific activities and a timetable of events. The timetable should assume an award notification date of October 15, 2022 and plan implementation schedule, which includes completion of all enrollment packets, enrollment meetings, system updates and ID card issuance for an effective date of February 1, 2023.
18. The City of Canton requires that you provide year-end financial information, renewal rates, and fees 180 days prior to the policy anniversary date. Additionally, the City of Canton will be provided all service agreements, contracts, amendments, reports, and claims data. The City of Canton requires all agreements to be executed by the vendor first. Will you agree to these requirements? Please provide a sample of your organizations contract.
19. Will the City of Canton have access via portal to access reports regarding their health plan? What type of reports will be available on the portal?
20. Does your organization agree to provide any ad hoc reporting requests that are not customized within ten business days? Please disclose any reporting fees or customized reports. Please provide a sample of your organizations monthly reporting.

SERVICE & REPORTING cont.

21. Does your organization agree to cooperate and ensure successful interface of all City of Canton data with outside vendors at no additional cost? This assumes that the City of Canton awards coverages to an outside vendor. (including, but not limited to prescription, care management, data analytics, and utilization review vendors)
22. If administration is awarded to two separate vendors, will you agree to work with each other to ensure that the benefit plans match?
23. Describe the history of your organization and ownership of your company?
24. Do you contemplate any agreements, or are agreements being negotiated between you and other parties, which may affect the plan's ownership, corporate structure, or management during the next year?
25. Provide the name and address of your company and all outside used in this RFP. Include local, toll-free telephone and fax numbers.
26. Are you HIPPA – EDI compliant?
27. Describe your procedure for maintaining compliance and notify the client of mandates and regulations that are required or need to be implemented.

SECTION 8 **PROPOSAL FORM**

Self-Funded Rating

TO: The City of Canton
218 Cleveland Ave SW
Canton, Ohio 44702

FROM: Name _____

Address _____

Telephone Number (_____) _____

Now comes the undersigned proposer, who after having carefully examined the Invitation, Specifications, Guidelines, and all attachments to this package hereby agrees that it will furnish the services for the City of Canton Self-Funded Health Benefits Program as follows:

<u>RETENTION ITEMS (unit costs)</u>	<u>YEAR 1</u> 2023	<u>YEAR 2</u> 2024	<u>YEAR 3</u> 2025
Claims Administration Fee	_____	_____	_____
Medical	_____	_____	_____
Dental	_____	_____	_____
Vision	_____	_____	_____
Provider Network Fees	_____	_____	_____
Booklets, Claim Forms, and ID Cards	_____	_____	_____
Other First Year Non-Recurring Fees	_____	_____	_____
Other	_____	_____	_____

Minimum # of Covered Employees for Quoted Fees: _____

Addenda Acknowledgement

I hereby acknowledge the following official addenda (leave blank if no addenda were issued)

Addenda Number(s) _____

Proposer further agrees that the signing of this Proposal Form represents its acceptance of the terms and conditions set forth within said Request for Proposal.

Proposer states that its bid is made without any understanding or agreement with or in conjunction with any other person, agency, company or other entity, unless expressly identified herein. Proposer further states that its bid is fair in all respects and that same has been made without fraud or collusion.

Proposer further agrees that if its proposal is accepted, it shall enter into an agreement and complete enrollment as shown in the Request for Proposal, within 30 days of such award and that if, within 30 days after such award the proposer fails to execute the agreement, then the bid shall be forfeited.

Signature Clause

Where Proposer is a Corporation:

Name of Corporation

President

Secretary

Where Proposer is a Partnership:
(List All Partners)

Name of Partnership

Where Proposer is an Individual:
(List Firm Name and Style Thereof)

Name of Firm

COUNTY OF: _____

STATE OF OHIO: _____

SWORN TO AND SUBSCRIBED TO, before me, a Notary Public, as knowing and voluntary act on this _____ day of _____, _____.

Notary Public

SEAL

My Commission Expires:

SECTION 8
PROPOSAL FORM

Consortium Rating

TO: The City of Canton
218 Cleveland Ave SW
Canton, Ohio 44702

FROM: Name _____
Address _____

Telephone Number (_____) _____

Now comes the undersigned proposer, who after having carefully examined the Invitation, Specifications, Guidelines, and all attachments to this package hereby agrees that it will furnish the services for the City of Canton Health Benefits Program as follows:

<u>CONSORTIUM PREMIUMS</u>		<u>YEAR 1</u> 2023	<u>YEAR 2</u> 2024	<u>YEAR 3</u> 2025
Medical	Single	_____	_____	_____
	Family	_____	_____	_____
Dental	Single	_____	_____	_____
	Family	_____	_____	_____
Vision	Single	_____	_____	_____
	Family	_____	_____	_____
Other Charges		_____	_____	_____

Proposer further agrees that the signing of this Proposal Form represents its acceptance of the terms and conditions set forth within said Request for Proposal.

Proposer states that its proposal is made without any understanding or agreement with or in conjunction with any other person, agency, company or other entity, unless expressly identified herein. Proposer further states that its proposal is fair in all respects and that same has been made without fraud or collusion.

Proposer further agrees that if its proposal is accepted, it shall enter into an agreement and complete enrollment as shown in the Request for Proposal, within 30 days of such award and that if, within 30 days after such award the proposer fails to execute the agreement, then the proposal shall be forfeited.

Signature Clause

Where Proposer is a Corporation:

Name of Corporation

President

Secretary

Where Proposer is a Partnership:
(List All Partners)

Name of Partnership

Where Proposer is an Individual:
(List Firm Name and Style Thereof)

Name of Firm

COUNTY OF: _____
STATE OF OHIO: _____

SWORN TO AND SUBSCRIBED TO, before me, a Notary Public, as knowing and voluntary act on this _____ day of _____, _____.

Notary Public

SEAL

My Commission Expires:
