

Request for Proposals

VISION INSURANCE

Proposal Number: Q1707

Due Date: 3:00 p.m. (Eastern Standard Time) on September 21, 2016

Check KCDC's web page for addenda and changes before submitting your proposal

Pre-Proposal Meeting None

Questions: Submit questions to purchasinginfo@kcdc.org

Deliver Proposals to: Knoxville's Community Development Corporation
Procurement Division
901 Broadway N.
Knoxville, Tennessee 37917

Faxed/Emailed Responses are acceptable: **Yes** **No**

Award Results: Once an award recommendation is made, KCDC posts the award decision to its web page at: <http://www.kcdc.org/procurement/>

Electronic Copies: Vendors are encouraged to use the MS Word version of this document in proposal preparation. The MS Word version is posted on KCDC's webpage for your usage. The Adobe version of this document is the official version of record.

1. **BACKGROUND AND INTENT**

- a. Knoxville's Community Development Corporation (KCDC) is the public housing and redevelopment agency for the City of Knoxville and for the County of Knox in Tennessee. KCDC's public housing property portfolio includes seventeen housing properties with approximately 3,500 dwelling units. KCDC also administers approximately 3,800 vouchers through our Section 8 department and has three tax credit properties.
- c. KCDC will not be accepting proposals from insurance brokers. KCDC will only accept proposals from insurance companies who can provide the services as stated in this RFP. Cowan, a division of HUB International is KCDC's broker and commissions are payable to Cowan if included and Cowan will assist KCDC in the analysis of the proposals.
- d. KCDC has approximately 145 employees who perform work in support of these developments and their residents.
- e. KCDC benefits program also includes the following:
 - ✓ High Deductible Health Plan with a Health Reimbursement Account
 - ✓ Wellness Plan
 - ✓ Dental Insurance
 - ✓ Group Life Insurance with AD&D
 - ✓ Voluntary Supplemental Life Insurance
 - ✓ Group Long Term Disability
 - ✓ Group Short Term Disability
 - ✓ Post-Employment Health Plan--VEBA 501(c)(9)
 - ✓ Retirement Plans (401a and 457b)
 - ✓ Employee Assistance Program

As part of KCDC's strategic plan, the agency is considering adding a vision plan. KCDC has provided Plan 125 premium conversion and flexible spending accounts since July 1, 1988.

- f. KCDC is not subject to ERISA

2. **CANCELLATION**

The successful proposer and KCDC shall agree that the contract will be in effect for not less than twelve months commencing January 1, 2017 and shall not be canceled by either party without sixty days written notice unless mutually agreed to by both parties.

3. **CHANGES AFTER AWARD**

It is possible that after award KCDC will need to revise the service needs or requirements specified in this document. KCDC reserves the right to make such changes after consultation with the proposer. KCDC reserves the right to accept and negotiate these charges.

4. **CONTACT PERSONNEL**

The proposer will assign no more than two contacts to handle billing inquiries and service related issues. In the event one or both contacts leave the KCDC account, the proposer shall formally introduce the new contacts to KCDC personnel. These contacts must be knowledgeable of KCDC's account to avoid any interruption of service. KCDC uses a variety of communications methods (text, email and phones) and it is important that vendors use these methods too.

5. **CONTACT POLICY**

The proposer may not contact office, officer, agent, or employee of KCDC other than the KCDC's Procurement Division from the issuance of this solicitation until award about matters pertaining to this solicitation. Information obtained from an unauthorized officer, agent, or employee of KCDC will not affect the risks or obligations assumed by the proposer or relieve the proposer from fulfilling any of the conditions of the resulting award for the purpose of this project. Additionally, such contact can disqualify the proposer from participation in the solicitation process.

6. **ELIGIBILITY**

- a. All regular, full-time employees working thirty or more hours per week are eligible for benefits.
- b. Dependents of "a" including:
 - 1. Legal spouse, and
 - 2. Dependent children to age 26
- c. Former employees who elect to continue their coverage under COBRA provisions.

7. **EVALUATION:**

KCDC will determine the responsiveness and responsibility of each submission. Once responsiveness and responsibility are determined, KCDC will evaluate the remaining responses on these criteria:

Item	Points
Administration/Experience	20
Cost of Product	35
Benefit Design/Provider Network	35
Employee Education and Wellness Benefits	10
Total Possible Points	100 points

- a. The evaluation team may choose to first rank the submittals in ordinal order. If so, only the highest ranked submittals will be scored in detail.
- b. If oral presentations are required, the Procurement Director will arrange structured oral presentations by each proposer on the shortlist. KCDC reserves the right to require the proposer to provide a demonstration of the product and all of its options and functions. The proposer may be required to answer written questions that KCDC provides to clarify their response and answer oral questions that arise during the presentation.
- c. After completion of interviews and negotiations, the evaluation team will recommend an award to the Procurement Director.
- d. KCDC will consider as “non-responsive” any submission from which required information is lacking or any submission that represents a material deviation from this solicitation.
- e. KCDC reserves the right to request additional information from any proposer after the submission deadline. KCDC also reserves the right to reject any and all, or part(s) of any and all submission, to select one or more proposers, or to award no award and re-advertise this solicitation; postpone or cancel the process at any time, and to waive any irregularities in this solicitation or in submissions received as a result of this solicitations.
- f. All materials submitted pursuant to this solicitation become KCDC’s property. KCDC does not release information about submittals until the process is complete and a recommendation is ready for the KCDC Board.
- g. KCDC reserves the right to use all pertinent information whether disclosed in the solicitation process or learned from sources that affect KCDC’s judgment as to the appropriateness of an award to the best-evaluated proposer.

8. **EXHIBITS**

- a. Census - employee listing including date of birth, sex, and zip code.
- b. Proposed Coverage – KCDC does not currently offer a vision plan. Please quote benefits 12/12/12 on a calendar year basis with a copay not greater than \$30. Provide details of the network, discounts and additional coverage and services.

9. **GENERAL INSTRUCTIONS**

KCDC no longer inserts “General Instructions to Vendors” in this document. These instructions are at www.kcdc.org. Click on “Procurement” and scroll down to “Resources.” By submitting a response to this solicitation, the proposer accepts the responsibility for downloading, reading and abiding by the terms and conditions set forth in KCDC’s “General Instructions to Vendors.”

10. **INSURANCE**

Vendor, at its sole expense, shall obtain and maintain in full force and effect for the duration of the award and any extension or renewal thereof, errors and omission insurance with a limit of not less than \$1,000,000. Such insurance shall be underwritten by insurers with an A.M. Best rating of A-VIII or better. Vendor shall furnish KCDC with original certificates and amendatory endorsements effecting coverage required by this section and provide that such insurance shall not be cancelled, allowed to expire, or be materially reduced in coverage except on thirty days' prior written notice to KCDC.

11. **LENGTH OF AWARD**

The length of the award will initially be 12 months. KCDC is requesting a three-year rate guarantee with the option to extend for an additional 2 years.

12. **PRICE STRUCTURE**

a. At the end of the award term, the successful proposer may request a price increase. Proof of increased cost to the successful proposer must accompany price increase requests. KCDC may, at its option:

1. Accept the proposed price increase.
2. Reject the proposed price increase.
3. Suggest an alternative price increase.

b. If KCDC rejects a proposed price the successful proposer may:

1. Continue with the existing pricing.
2. Suggest an alternative price increase.
3. End the award.

c. Price decreases are allowed at any time with or without notice.

13. **QUESTIONS**

Submit questions via email with "Questions about Vision Insurance" in the subject line to purchasinginfo@KCDC.org at least five days prior to the due date.

Scope of Work

1. **GOALS**

KCDC's goals are to:

- a. Offer a new vision plan to enhance our current total benefit package. Provide the most cost beneficial-comprehensive plan available.
- b. Offer a quality benefit plan, large provider network, accurate and timely claims processing, effective plan administration and excellent customer service.
- c. Be compliant with all legal and regulatory requirements pertaining to the benefits and wellness programs.

2. **SERVICES DESIRED**

- a. Maintain on-line eligibility including employee and dependent data, and special notes to file.
- b. Provide direct certification of eligibility.
- c. Maintain fully automated claims adjustment: dedicated claim adjuster, benefit plan on-line, HIPAA reasonable and customary guidelines; duplicate bill and specific information on the provider or claimant; provider compensation payment; three-year rolling claims history.
- d. Provide explanation of benefits (EOB) to claimants.
- e. Provide information to providers about the plan of benefits.
- f. Inform covered participants in a timely fashion of lapse or termination of their eligibility to receive covered services.
- g. Provide accurate and timely adjudication of claims (e.g., claims should be adjudicated within ten business days of receipt of all information necessary to adjudicate; correction of errors should be made within five working days; follow-up to requests to providers for additional information should occur within seven working days.)
- h. Provide direct claim processing.
- i. Prepare and send payments to providers and participants in a timely and accurate manner, within five working days of completion of adjudication.
- j. Provide claim forms in a format acceptable to KCDC.
- k. Provide participant identification cards.

- l. Prepare reports as may be required by a regulatory agency. KCDC is not subject to ERISA which will affect the number of reports required.
- m. Provide required statistical reports that are accurate, complete, and timely.
- n. Provide toll-free Customer Service Number for claim inquiries if claims office is outside the local service area.
- o. Provide assistance on case law concerning litigation involving COBRA, adjudication or claims, or other related matters.
- p. Provide timely, accurate, and courteous claim adjudication information to plan participants and to KCDC's Human Resources staff.
- q. Dedicated customer relations representative who is available to discuss and resolve issues as needed.
- r. Notify participants in writing of denial of claim within fourteen days of denial.
- s. Provide an appeal process, which shall be completed within thirty days of carrier's receipt of written notice of appeal.
- t. Disclosure of components of vision care service costs (i.e., capitation, administration, taxes, network fees, printing, membership services, et cetera).
- u. On-line access for KCDC for eligibility changes, additions and deletions. If not available please provide a written description of the method for making eligibility changes (adding and deleting members).
- v. Carrier agrees to issue drafts of the Summary Plan Description (SPD) to Cowan, a division of HUB International for review within 30 calendar days of the effective date. Once the SPD draft has been reviewed, carrier agrees to print and deliver booklets to Cowan Benefit Services, Inc. or the company locations within 30 calendar days of the approval date.
- w. Full management reports as needed including **monthly** accounting reports and monthly claim reports.
- x. Will notify KCDC of renewal action or any change within 120 days of the renewal date. Will provide with the renewal, annual claims experience, which will include paid claim, income, enrollment, and utilization information.
- y. Vision carriers will agree to administer the vision plan according to KCDC's IRC Code Section 125 plan and allow changes mid-year for the following life events:

- i. Change in legal marital status (marriage, divorce, annulment, legal separation, death of spouse)
- ii. Commencement or termination of employment of spouse
- iii. Termination of employee's employment
- iv. Dependent ceases to meet dependent eligibility status
- v. Change in number of tax dependents (birth, adoption, placement for adoption, death)
- vi. Change in work schedule (reduction or increase in hours worked by employee, spouse or dependent; changing from part-time to full-time or vice versa)
- vii. Significant change in you or your spouse's health coverage, attributable to loss of eligibility for spouse's group insurance

Election change must be consistent to life event.

3. **CONFIDENTIALITY**

- a. All reports, information, or data, prepared or assembled by the selected firm are confidential and the selected firm agrees that said reports, information or data will not be available to any individual or organization without the prior written approval of KCDC.
- b. In addition, KCDC may disclose certain information to the selected firm and the selected firm may have access to certain information not generally known to others and is confidential. The selected firm agrees not to use or disclose to any third party except in the performance of services hereunder any such confidential information. The selected firm further agrees to cause its employees and any subcontractors to undertake the same obligations of confidentiality. These provisions shall survive the termination of the contract.

4. **PLAN DESIGN**

- a. KCDC is seeking proposals for fully insured vision insurance products. Proposal should include plan design that covers exam, lenses and frames every 12 months. KCDC does not currently offer a vision plan.
- b. All proposals should include standard commissions based on KCDC's size and must be disclosed in your RFP.

Submittal Structure Instructions

Follow these steps and guidelines when preparing your submittal.

1. Number all pages consecutively. Reference the section that you are responding to as shown on the following pages.
2. Place your company's name on each page.
3. Be thorough yet succinct in responding to this document. The use of tables in presenting information, where appropriate, will facilitate the evaluation team's review.
4. Submit one original (with all pages marked "original") and one electronic copy of your submittal.
5. **Do not** use phrases such as "See the attached" or "Will be provided upon award."
6. If you have attachments, mark them (on the cover) with the Design Professional's name. KCDC takes no responsibility for submittals or documents that are not clearly marked.
7. Do not bind your submittal in a manner that is difficult for KCDC to disassemble. Eventually KCDC will scan these documents and it is important that it is easy to take them apart for scanning.
8. Submit your submittal in the order and format shown on the following pages.

Solicitation Document A	Proposer's Table of Contents	(Completed by proposer)
Solicitation Document B	Proposer General Response Section	(Form provided herein)
Solicitation Document C	Proposer's Affidavits	(Form provided herein)
Solicitation Document D	HUD Form 5369C	(Form provided herein)
Solicitation Document E	Proposer's Response to the Questionnaire	(Form provided herein)
Solicitation Document F	Proposer's Cost Proposal	(Form provided herein)
Solicitation Document G	Proposer's References	(Form provided herein)
Solicitation Document H	Proposer's Exceptions to Criteria Herein	(Form provided herein)
	Clearly relate the Section and item number of the criteria that is in question. Detail your exception.	
Solicitation Document I	Proposer's Additional Information	(Provided by proposer)
	This is the place for any additional information that the proposer desires to supply.	

Solicitation Document J Required Documents supplied by the Proposer

1. Provide a copy of an administration manual to be used by KCDC.
2. Provide sample copies of your billing.
3. Provide a sample packet of plan materials to be distributed to employees.
4. Provide a sample of your employer contract.
5. Provide current provider directories and instructions for viewing current providers on-line.
6. Provide a copy of your current contract.
7. Provide a copy of benefit contract/booklet describing benefits and all limitations and/or restrictions.
8. Provide a copy of the current audited financial statement.
9. Provide a statement of current financial reserves.
10. Provide a detailed benefit summary that specifies the services included in each coverage category. Specify the services that are subject to deductible and co-insurance.

THIS AND THE PREVIOUS PAGES DO NOT NEED TO BE RETURNED



Vendor: _____



General Information

Sign Your Name to the Right of the Arrow →
 Your signature indicates that you have read and agree to "KCDC's General Instructions to Vendors" on www.kcdc.org.

Printed Name and Title →

Company Name →

Street Address →

City/State/Zip →

Contact Person (Please Print Clearly) →

Telephone Number →

Fax Number →

Cell Number →

Vendor's e-mail address (Please Print Clearly) →

Addenda

Addenda are at www.kcdc.org. Click on "Procurement" and then on "Open Solicitations" to find addenda. Please check for addenda prior to submitting a proposal.

Acknowledge addenda have been issued by checking below as appropriate:

None <input type="checkbox"/>	Addendum 1 <input type="checkbox"/>	Addendum 2 <input type="checkbox"/>	Addendum 3 <input type="checkbox"/>	Addendum 4 <input type="checkbox"/>	Addendum 5 <input type="checkbox"/>
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Statistical Information

This business is owned & operated by persons at least 51% of the following ethnic background:

Asian/Pacific <input type="checkbox"/>	Black <input type="checkbox"/>	Hasidic Jew <input type="checkbox"/>	Hispanic <input type="checkbox"/>	Native <input type="checkbox"/> Americans	White <input type="checkbox"/>
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As defined on KCDC's webpage (see the "General Instructions to Vendors"), this business qualifies as:

Section 3 <input type="checkbox"/>	Small Business <input type="checkbox"/>	Woman Owned <input type="checkbox"/>
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Proposer: _____

Conflict of Interest:

1. No commissioner or officer of KCDC or other person whose duty it is to vote for, let out, overlook or in any manner superintend any of the work for KCDC has a direct interest in the award or the proposer providing goods or services.
2. No employee, officer or agent of the grantee or sub-grantee will participate in selection, or in the award or administration of an award supported by Federal funds if a conflict of interest, real or apparent, would be involved. Such a conflict would arise when the employee, officer or agent, any member of his immediate family, his or her partner, or an organization, which employs, or is about to employ, any of the above, has a financial or other interest in the firm selected for award.
3. The grantee's or sub-grantee's officers, employees or agents will neither solicit nor accept gratuities, favors or anything of monetary value from vendors, potential vendors, or parties to sub-agreements.
4. By submission of this form, the proposer is certifying that no conflicts of interest exist.

Drug Free Workplace Requirements:

5. Private employers with five or more employees desiring to contract for construction services attest that they have a drug free workplace program in effect in accordance with TCA 50-9-112.

Eligibility:

6. The proposer is eligible for employment on public contracts because no convictions or guilty pleas or pleas of nolo contendere to violations of the Sherman Anti-Trust Act, mail fraud or state criminal violations with an award from the State of Tennessee or any political subdivision thereof have occurred.

General:

7. Vendor fully understands the preparation and contents of the attached offer and of all pertinent circumstances respecting such offer.
8. Such offer is genuine and is not a sham offer.

9. Iran Divestment Act:

Concerning the Iran Divestment Act (TCA 12-12-101 et seq.), by submission of this proposal/quote/proposal, each proposer and each person signing on behalf of any proposer certifies, and in the case of a joint proposal/quote/proposal, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each proposer is not on the list created pursuant to § 12-12-106.

Non-Collusion:

- 10. Neither the said proposer nor any of its officers, partners, owners, agents, representatives, employees or parties interest, including this affiant, has in any way colluded conspired, connived or agreed, directly or indirectly, with any other responder, firm, or person to submit a collusive or sham offer in connection with the award or agreement for which the attached offer has been submitted or to refrain from making an offer in connection with such award or agreement, or collusion or communication or conference with any other firm, or, to fix any overhead, profit, or cost element of the offer price or the offer price of any other firm, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against KCDC or any person interested in the proposed award or agreement.

- 11. The price or prices quoted in the attached offer are fair, proper and not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the firm or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

The undersigned hereby acknowledges receipt of this Solicitation Document B and certifies that the submittal in response to this solicitation is in full compliance with the listed requirements.

Signed by _____	
Printed Name _____	
Title _____	
Subscribed and sworn to before me this date	
By (Notary Public) _____	
My Commission Expires on _____	
Notary Stamp	



Proposer: _____

Certifications and Representations of Offerors
Non-Construction Contract

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

This form includes clauses required by OMB's common rule on bidding/offering procedures, implemented by HUD in 24 CFR 85.36, and those requirements set forth in Executive Order 11625 for small, minority, women-owned businesses, and certifications for independent price determination, and conflict of interest. The form is required for nonconstruction contracts awarded by Housing Agencies (HAs). The form is used by bidders/offerors to certify to the HA's Contracting Officer for contract compliance. If the form were not used, HAs would be unable to enforce their contracts. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality.

1. Contingent Fee Representation and Agreement

(a) The bidder/offeror represents and certifies as part of its bid/offer that, except for full-time bona fide employees working solely for the bidder/offeror, the bidder/offeror:

- (1) *has*, *has not* employed or retained any person or company to solicit or obtain this contract; and
- (2) *has*, *has not paid* or agreed to pay to any person or company employed or retained to solicit or obtain this contract any commission, percentage, brokerage, or other fee contingent upon or resulting from the award of this contract.

(b) If the answer to either (a)(1) or (a) (2) above is affirmative, the bidder/offeror shall make an immediate and full written disclosure to the PHA Contracting Officer.

(c) Any misrepresentation by the bidder/offeror shall give the PHA the right to (1) terminate the resultant contract; (2) at its discretion, to deduct from contract payments the amount of any commission, percentage, brokerage, or other contingent fee; or (3) take other remedy pursuant to the contract.

2. Small, Minority, Women-Owned Business Concern Representation

The bidder/offeror represents and certifies as part of its bid/ offer that it:

- (a) *is*, *is not a small business concern*. "Small business concern," as used in this provision, means a concern, including its affiliates, that is independently owned and operated, not dominant in the field of operation in which it is bidding, and qualified as a small business under the criteria and size standards in 13 CFR 121.
- (b) *is*, *is not a women-owned small business concern*. "Women-owned," as used in this provision, means a small business that is at least 51 percent owned by a woman or women who are U.S. citizens and who also control and operate the business.
- (c) *is*, *is not a minority enterprise* which, pursuant to Executive Order 11625, is defined as a business which is at least 51 percent owned by one or more minority group members or, in the case of a publicly owned business, at least 51 percent of its voting stock is owned by one or more minority group members, and whose management and daily operations are controlled by one or more such individuals.

For the purpose of this definition, minority group members are:

(Check the block applicable to you)

- Black Americans Asian Pacific Americans
- Hispanic Americans Asian Indian Americans
- Native Americans Hasidic Jewish Americans

3. Certificate of Independent Price Determination

(a) The bidder/offeror certifies that—

- (1) The prices in this bid/offer have been arrived at independently, without, for the purpose of restricting competition, any consultation, communication, or agreement with any other bidder/offeror or competitor relating to (i) those prices, (ii) the intention to submit a bid/offer, or (iii) the methods or factors used to calculate the prices offered;
- (2) The prices in this bid/offer have not been and will not be knowingly disclosed by the bidder/offeror, directly or indirectly, to any other bidder/offeror or competitor before bid opening (in the case of a sealed bid solicitation) or contract award (in the case of a negotiated solicitation) unless otherwise required by law; and
- (3) No attempt has been made or will be made by the bidder/offeror to induce any other concern to submit or not to submit a bid/offer for the purpose of restricting competition.

(b) Each signature on the bid/offer is considered to be a certification by the signatory that the signatory:

- (1) Is the person in the bidder/offeror's organization responsible for determining the prices being offered in this bid or proposal, and that the signatory has not participated and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) above; or
- (2) (i) Has been authorized, in writing, to act as agent for the following principals in certifying that those principals have not participated, and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) above (insert full name of person(s) in the bidder/offeror's organization responsible for determining the prices offered in this bid or proposal, and the title of his or her position in the bidder/offeror's organization);
 (ii) As an authorized agent, does certify that the principals named in subdivision (b)(2)(i) above have not participated, and will not participate, in any action contrary to subparagraphs (a)(1) through (a)(3) above; and



(iii) As an agent, has not personally participated, and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) above.

(c) If the bidder/offeror deletes or modifies subparagraph (a)2 above, the bidder/offeror must furnish with its bid/offer a signed statement setting forth in detail the circumstances of the disclosure.

4. Organizational Conflicts of Interest Certification

(a) The Contractor warrants that to the best of its knowledge and belief and except as otherwise disclosed, it does not have any organizational conflict of interest which is defined as a situation in which the nature of work under a proposed contract and a prospective contractor's organizational, financial, contractual or other interest are such that:

- (i) Award of the contract may result in an unfair competitive advantage;
- (ii) The Contractor's objectivity in performing the contract work may be impaired; or
- (iii) That the Contractor has disclosed all relevant information and requested the HA to make a determination with respect to this Contract.

(b) The Contractor agrees that if after award he or she discovers an organizational conflict of interest with respect to this contract, he or she shall make an immediate and full disclosure in writing to the HA which shall include a description of the action which the Contractor has taken or intends to eliminate or neutralize the conflict. The HA may, however, terminate the Contract for the convenience of HA if it would be in the best interest of HA.

(c) In the event the Contractor was aware of an organizational conflict of interest before the award of this Contract and intentionally did not disclose the conflict to the HA, the HA may terminate the Contract for default.

(d) The Contractor shall require a disclosure or representation from subcontractors and consultants who may be in a position to influence the advice or assistance rendered to the HA and shall include any necessary provisions to eliminate or neutralize conflicts of interest in consultant agreements or subcontracts involving performance or work under this Contract.

5. Authorized Negotiators (RFPs only)

The offeror represents that the following persons are authorized to negotiate on its behalf with the PHA in connection with this request for proposals: (list names, titles, and telephone numbers of the authorized negotiators):

6. Conflict of Interest

In the absence of any actual or apparent conflict, the offeror, by submission of a proposal, hereby warrants that to the best of its knowledge and belief, no actual or apparent conflict of interest exists with regard to my possible performance of this procurement, as described in the clause in this solicitation titled "Organizational Conflict of Interest."

7. Offeror's Signature

The offeror hereby certifies that the information contained in these certifications and representations is accurate, complete, and current.

Signature & Date:

Typed or Printed Name:

Title:



Proposer: _____

All questions must be answered directly and completely. Please attach information to explain your approach to a particular question as needed. Incomplete answers are not given consideration in the evaluation process.

Section A. Administrative Capability/Management Experience

1. Provide the legal name and address of your firm.
2. Provide the name of any parent company or sponsoring entity with majority ownership in the firm.
3. How long has your firm been in operation?
4. How many years have you offered vision insurance in operation in the Knoxville area:
5. Provide your current enrollment figures (number of members) of your firm for the coverage you are offering.
6. How many employers are represented in this number?
7. What are your 2016 enrollment figures in the Knoxville Service Area for the coverage(s) you are offering?
8. Provide the current number of participating employers and participation for each of the last two years.
9. Provide the number of employers who have terminated in each of the last two years for the type(s) of plans you are proposing.
10. Please provide a brief biographical sketch of all individuals in management positions with the Provider and include similar information for the account executive(s) who will be working with KCDC. Include:
 - a. Names
 - b. Qualifications
 - c. Years of relevant experience
 - d. Services they will provide to KCDC

11. Does your agreement with participating providers guarantee a specified time for turnaround of claims?
12. Who is the contact person for the following areas?
 - a. Initial plan set up
 - b. Billing problems
 - c. Claim problems
 - d. Enrollment issues
13. What is the average hold time for customer service calls?
 - a. Do you have a "back line phone number" or "direct support phone number" for Plan Administrators?
 - b. What is the average hold time for your Plan Administrator line?
 - c. How many employees staff the Plan Administrator line during normal business hours?
14. What are your minimum participation requirements?
15. Describe plan materials available to members.
16. How do you communicate changes regarding benefit design and administrative procedures to employers and participants?
17. Is information regarding changes to benefit design and administrative procedures passed onto employers & employees prior to enacting the change?
18. How do you ensure plan administrators are aware of the changes before notification is sent to members?
19. What specific claim data on KCDC employees and dependents can be provided?
 - a. Monthly
 - b. Quarterly
 - c. Annually
20. During the past five years, have any plan participants filed a lawsuit against your company?

Section B. Availability of Services

21. What services are you able to provide employees via the phone and what are their days and hours of operation? Please include hours of operation and time zone for your toll-free numbers for members and employers (if separate) for:
 - Customer service
 - Provider service
- a. What support do you provide to plan administrators?
- b. Describe on-line services available to plan administrators?
22. Describe procedures for members to access vision care providers.
 - a. How often do you update the information on your website (i.e., provider directories, etc.)?
23. Give an estimate of the number of participants your provider network could adequately service.
 - a. List any anticipated deletions from your provider network during the next twelve months. You may also provide a list of anticipated additions at your discretion.

Section C. Costs of Product

24. Give the average rate increase percentage for 2016 and the past three years in Knoxville Service Area.

Section D. Benefit Design

25. List all optional benefits you currently offer including cost and requirements for all.

Section E. Financial Information

26. Provide profit/loss amount expressed per participant as of 1/1/16. Do not vary from this request.
27. Provide profit/loss at the end of the last two fiscal years. Do not vary from this request.
28. Describe provisions to protect KCDC and enrollees in the event of insolvency.

Section F. Quality of Providers & Facilities

31. Describe programs to monitor and evaluate quality of care.
32. Who conducts these programs?
33. Have changes been adopted because of quality reviews?

34. If so, what?
35. Describe procedures for handling employee suggestions and grievances concerning network providers.

Section G. Employee Education and Wellness Benefits

36. What services/programs do you offer to assist members in getting necessary care for major vision issues?
 - a. List the program
 - b. Provide a brief description of the program
 - c. Describe the criteria for participation.

Section H. Open Enrollment Meetings

37. KCDC will hold Open Enrollment Meetings during early November. The selected proposer may commit to provide account representatives during this time to present plan information and answer questions about benefits.

Proposer: _____

Option A Vision Insurance

	Employee Only Contract	Employee + spouse	Employee + Child(ren)	Family Contract
Year One	\$			\$
Year Two	\$			\$
Year Three	\$			\$
Estimate Enrollment Year One				
Estimate Enrollment Year Two				
Estimate Enrollment Year Three				

Option B Vision Insurance

	Employee Only Contract	Employee + spouse	Employee + Child(ren)	Family Contract
Year One	\$			\$
Year Two	\$			\$
Year Three	\$			\$
Estimate Enrollment Year One				
Estimate Enrollment Year Two				
Estimate Enrollment Year Three				



Proposer: _____

Use this section of your response to provide five specific governmental client references in this format.

KCDC prefers references from “affordable housing, not for profit, governmental agencies” companies but will accept other references at its discretion.

Name of the business receiving services	
Contact person	
Contact person title	
Contact person's telephone number	
Contact person's email address	
Description of the service provided	
Service began	
Service ended	

Proposer: _____

Specify the section and item number of the criteria that is in question. Detail your reasoning.

Vision Insurance Q1707
 KCDC's Census

Exhibit A

DOB	Gender	Zip Code
01/19/1967	M	37701
04/12/1955	F	37701
07/06/1957	F	37705
08/13/1971	F	37716
12/05/1961	F	37721
10/27/1957	M	37721
04/09/1965	M	37721
06/08/1960	M	37721
11/18/1961	F	37721
05/26/1962	M	37725
10/30/1956	M	37725
07/02/1973	M	37754
04/02/1957	F	37764
09/01/1980	M	37771
10/19/1972	F	37774
01/18/1949	F	37777
11/06/1952	F	37779
11/02/1967	M	37803
01/16/1963	M	37803
06/09/1958	M	37803
06/06/1957	M	37804
10/21/1956	M	37804
05/02/1975	F	37804
07/09/1974	F	37806
06/29/1963	M	37807
11/15/1980	M	37807
02/10/1950	M	37807
11/27/1965	M	37807
03/11/1964	M	37820
05/18/1970	M	37825
06/22/1965	M	37828
02/26/1960	M	37830
08/11/1970	M	37849
12/01/1960	F	37849
08/06/1961	F	37849
10/27/1960	F	37849
10/15/1962	M	37853
06/30/1966	M	37861
08/14/1984	F	37861
08/29/1960	F	37865



DOB	Gender	Zip Code
02/20/1961	M	37865
07/21/1961	M	37871
09/28/1977	M	37885
11/22/1950	M	37909
04/09/1952	M	37909
03/01/1963	M	37909
04/12/1970	F	37912
08/07/1955	F	37912
10/02/1967	M	37912
12/09/1955	F	37912
10/09/1972	M	37912
11/09/1966	F	37912
12/03/1957	F	37912
12/08/1980	M	37912
08/23/1949	F	37912
11/24/1968	M	37912
05/22/1955	F	37912
10/01/1951	F	37912
09/28/1982	M	37914
02/16/1971	F	37914
09/07/1970	M	37914
11/03/1954	M	37914
11/12/1959	M	37914
08/01/1957	M	37914
12/26/1961	F	37914
06/17/1955	M	37914
07/14/1972	M	37914
12/28/1972	F	37914
09/19/1969	M	37914
08/20/1954	F	37914
05/27/1974	M	37914
02/26/1968	M	37914
02/11/1954	M	37915
10/25/1961	F	37915
09/26/1962	F	37915
06/06/1968	F	37915
07/18/1979	F	37915
01/30/1973	M	37915
01/28/1957	F	37917
01/16/1951	F	37917
08/11/1957	M	37917
09/29/1957	M	37917
11/26/1964	M	37917

DOB	Gender	Zip Code
12/22/1950	M	37917
10/21/1950	F	37917
11/04/1960	F	37917
07/22/1971	M	37917
08/30/1960	M	37917
03/07/1989	M	37917
08/21/1953	F	37918
06/18/1962	M	37918
10/12/1954	M	37918
10/10/1970	M	37918
06/04/1966	F	37918
12/30/1977	F	37918
09/22/1967	F	37918
01/01/1948	F	37918
03/23/1966	F	37918
07/11/1957	F	37918
01/10/1954	F	37919
01/20/1965	F	37920
02/13/1971	M	37920
02/16/1955	F	37920
01/30/1956	F	37920
01/29/1965	F	37920
06/06/1966	M	37920
07/21/1973	M	37920
01/03/1975	F	37920
08/29/1959	M	37920
10/13/1980	F	37920
05/03/1964	M	37920
03/17/1972	M	37921
06/10/1959	F	37921
01/08/1958	F	37921
12/30/1957	M	37921
12/04/1979	M	37921
11/01/1980	F	37921
10/28/1964	F	37922
07/28/1962	M	37922
01/31/1959	M	37922
10/15/1976	M	37922
02/03/1966	F	37923
09/24/1959	F	37923
09/19/1955	F	37923
06/07/1972	M	37923
04/23/1969	F	37924

DOB	Gender	Zip Code
07/27/1961	M	37924
12/22/1962	F	37924
02/02/1957	M	37924
03/07/1959	F	37924
04/24/1957	F	37931
11/15/1955	F	37931
08/03/1959	F	37932
10/24/1946	M	37932
08/15/1958	F	37934
03/13/1955	F	37938
04/03/1968	M	37938
08/15/1973	F	37938
11/27/1983	M	37938
11/17/1957	F	38583
02/21/1960	M	49770

Vision Insurance Q1707
Proposed Coverage

Exhibit B

Sample summary provided. KCDC does not currently offer a vision plan.