



Cherokee County Board of Commissioners
Purchasing Department
1130 Bluffs Parkway, Canton, GA 30114
Phone: (678) 493-6000
Fax: (678) 493-6035

REQUEST FOR PROPOSALS

RFB 2017-144 Voluntary Benefits Consultant

THE PROJECT: The Cherokee County Board of Commissioners Purchasing Department (County) is requesting competitive sealed Bids or Proposals in support for a Voluntary Benefits Provider and Consultant to provide, administer and support the Voluntary Benefits Plans for County employees as described herein.

There will be will not be a mandatory meeting to review the requirements.

The term of Agreement(s) resulting from this solicitation can be found in the Statement of Work.

All times in the solicitation are local times to Cherokee County Board of Commissioners, 1130 Bluffs Parkway, Canton, Georgia 30114.

The County reserves the right to reject any or all bids/proposals, to waive technicalities and to make a selection and final award as deemed to be in the best interest of the County, including using any form of contract it deems most advantageous to the County. The County further reserves the right to reject the bid of any vendor who has previously failed to perform properly or complete on time contracts of a similar nature, or who upon investigation shows is not in a position to perform the contract. Incorporated herein by this reference are Cherokee County's Standard Solicitation Terms and Condition.

SCHEDULE:

Issued	October 9 th , 2017
Site Visit/Pre-Bid Meeting	N/A
Questions Due	October 19 th , 2017 by 4:00 PM
Answers Due	October 23 rd , 2017 by 4:00 PM
Bids/Proposals Due	October 31 st , 2017 at 10:00 AM
Anticipated Award Date	December 5 th , 2017

THE EXPECTED PERIOD OF PERFORMANCE IS:

The base period of performance is broken down into two areas; Physical Delivery of Product(s) and Service Delivery. This is a function of the Statement of Work (SOW) and/or specification and reflects if there is physical item or items to be delivered and / or delivery of services. An X in the box corresponding to item 1 below, Physical Delivery indicates a physical item or items are to be delivered and an X in the 2. Delivery of Services indicates that Services are to be performed. Either or both may apply to the work contemplated by this solicitation.

Additionally, should there be and X in the box corresponding item 3. Option Grant, then the County requests the right to extend the period of performance beyond the Base Rate as specified.

1. NO PHYSICAL ITEMS PHYSICAL DELIVERY REQUIRED:

For Physical Delivery solicitations, the period of performance for an award shall begin with either the placement of Purchase Order or the date indicated on the Agreement. All items to be delivered are to be FOB Cherokee County at the address indicated in the solicitation. Performance shall be complete upon final acceptance by the County. Time is of the essence for the delivery of each item specified. Warranty requested as below:

Warranty Term Requested: _____

2. NO SERVICES REQUIRED PERFORMANCE OF SERVICES:

For Performance of Services solicitations, the period of performance shall begin with the placement of either a Purchase Order or the date of the Agreement unless the Agreement, the SOW or the Solicitation Terms indicate that performance shall begin upon the issuance of an Authorization to Proceed (ATP), in which case the ATP would represent the beginning of performance. Term of services requested are as below:

Services Term:

- One Year
- Two Years
- Three Years
- Four Years

3. OPTION GRANT:

This solicitation contains requested options; please see statement of work for details.
One (1) five year renewal option at the end of the four (4) year term.

SUBMITTAL INSTRUCTIONS: Interested Bidders/Proposers should carefully review the requirements defined herein and provide complete and accurate submissions that should include the following items (if indicated by an X in the box:

- Information and Addenda Acknowledgement Form (Appendix A),
- Non-Influence and Non-Collusion Affidavit (Appendix B),
- E-Verify Affidavit (Appendix C),
- References* (Appendix D),
- Acceptance of County' Standard Agreement**, as below: (Appendix E),
 - Professional Services Agreement
 - Construction Services Agreement
 - Other: _____
- Suspension, Debarment and Litigation Affidavit (Appendix F),
- Contractor's License Certification (Appendix G)
- Bonds Requirements if the price bid > \$100K
 - Ability to Provide Performance, Labor & Matl. Payment Bond (Appendix H)
 - Bid Bond (See Appendix I)
- Evidence of/ability to provide Insurance at the limits identified herein,***
- Certifications, Licenses or Registrations as required by law and/or as requested.
- Pricing Form – see pricing instructions listed on Attachment E
- Contractor's Qualifications Statement (Appendix J)
- Added Terms to Construction Service Agreement (Attachment)
- Substitutions Proposed: See Instructions Standard Solicitation Terms****, Item 9
- Voluntary Benefits Questionnaire – without reformatting
- Any other information necessary to evaluate the proposal against the Evaluation Criteria defined on the following page

Notes:

*The County reserves the right to contact not only those references provided, but may also use previous performance for the County, other contacts it identifies and other sources of information believed to be viable to evaluate capability, viability and performance.

**If Acceptance of County's Standard Agreement is checked, all work/items defined herein are to be quoted according to these requirements. Copies of these agreements can be located at the County's Procurement web page.

***Insurance levels requested are those identified in the County's Standard Agreement, section "I."

****Standard Solicitation Terms Refer to Cherokee County Standard Solicitation Terms and Conditions

EVALUATION CRITERIA:

Bids/Proposals that contain options or additive work above and beyond the base bid will be evaluated financially according to the criteria described in the solicitation. However, should the use of options or additive work proposed exceed the County budget, the County retains its rights to address such situations as described in its Standard Terms For Bid and Proposal Solicitation as well as the right to award based on the base bid only or the base bid plus quoted additive work that is within its budget.

Bids determined to be Responsive and Responsible will be ranked based Bid Form Criteria.

OR

Proposals determined to be Responsive and Responsible will be evaluated on the following criteria:

- 30% **Financial Proposal**
The fees, costs, and expenses identified by the proposer. The County desires a minimum AM Best Rating or other comparable rating of Excellent or better with a reserve rating of at least \$500M.
- 30% **Product Portfolio/Experience**
Understanding of the overall needs of the County. Previous experience and demonstrated knowledge in providing Accident, Critical Illness, Hospital Indemnity, Cancer and Permanent Life Plans.
- 30% **Customer Service/Account Management/Administrative Capabilities**
Proposer capabilities and experience. To include: qualifications of the proposer and staff to be assigned to the contract; time in business, financial stability, demonstrated knowledge of providing customer support to covered members, customer references, and proposed enrollment implementation plan.
- 10% **References**
- 100% TOTAL**

HOW AND WHERE TO SUBMIT BIDS AND PROPOSALS:

The County has two methods for receiving bids and proposals that are not mutually exclusive; electronically and by physical receipt. The box with the “X” below indicates how and where bids or proposals are to be submitted. The County will NOT accept proposals by fax, or e-mail unless authorized, in writing, by the Procurement Director. The solicitation submission deadline will be strictly enforced; no late bids/proposals will be accepted for any reason, please plan accordingly.

A. Electronic Submissions:

Bids and Proposals are to be submitted electronically to the County’s designated Web site or location. Physical copies are not to be submitted unless approved in advance by the Purchasing Director or unless the box below requesting physical copies is checked.

Proposals and all requested documentation to be provided electronically should in the Adobe Portable Document Format (PDF) unless otherwise indicated in these solicitation instructions. Documents provided in response to this solicitation are to be named according to the following naming convention:

- a. [Solicitation Number]_[Vendor Name]_[Document Type]
Example: “2017-111_ABC Company_Proposal”

AND

B. Physical Submissions:

Bids and/or Proposals are to be submitted on-time and in physical (paper) form and delivered to Cherokee County Procurement Department, Solicitation # 2017-144, 1130 Bluffs Parkway, Canton GA 30114.

Number of Submittals: 1 Original and 3 Copies delivered to the address above and 1 digital copy to be submitted through Vendor Registry.

QUESTIONS/ADDENDA: Only written inquiries will be permitted during the solicitation period. Questions are to be submitted via email to the Purchasing Agent for this solicitation at: djordan@cherokeega.com no later than the date and time indicated in the Schedule, as may be amended. Answers will be posted via formal Addendum and only released as part of the solicitation documents on the County's designated website. All interested parties are instructed to monitor the County's website on a regular basis throughout the solicitation period. The final date for posting of Addenda is per the Schedule, as may be amended.

STATEMENT OF WORK AND / OR SPECIFICATION LOCATED ON THE NEXT PAGE

STATEMENT OF WORK AND / OR SPECIFICATION:

Cherokee County has more than 1300 employees. We are seeking bids for a Voluntary Benefits Provider and Consultant to provide, service and administer Voluntary Benefits Plans for our employees. We are most interested in the following plans: Critical Illness, Cancer, Accident, Permanent Life Insurance, and possibly an additional Hospital option. The County currently does not have a contracted provider for group voluntary benefits; the current voluntary benefits program being offered to employees are individual policies. The Consultant/administrator will be involved in monthly new employee enrollment (once per month) as well as during open enrollment during the last week of October through the first week of November (2 weeks). This contract requires service throughout the entire length of the contract.

Cherokee County retains the right to limit the number of products or stagger the enrollment in programs during a multi-year period. The County intends to evaluate and purchase a program that will take effect April 1, 2018.

The County’s benefits administration system of record is Selerix and the County wishes to continue using this system. All enrollments shall be done using Selerix.

The term of the contract shall take effect April 1, 2018 to January 1, 2022 with the option to renew for one (1) additional 5 year period.

Proposal Plan Designs and Enrollment Methodology:

Voluntary Benefits	Requests
Accident	<ul style="list-style-type: none"> • Group platform • Please quote 24 hours • Match first plan to the existing benefits as much as possible • Please quote a second plan to your recommendations • 3 Year Rate Guarantee
Critical Illness	<ul style="list-style-type: none"> • Group platform • Please quote 10 and 20k benefits • Issue Age Rates; Smoker Distinct • Please quote one plan to match the existing benefits • Please quote a recommended quote with and without Cancer
Hospital Indemnity	<ul style="list-style-type: none"> • Group platform • Please quote plan similar to existing • Please include pregnancy benefits • Please remove pre ex • No age-banded rates • Please quote per occurrence not per calendar; multiple initial benefit payouts preferred but not mandatory
Cancer	<ul style="list-style-type: none"> • Group Platform • Please quote similar plan to existing and a recommended plan • If possible, please quote actual charges vs. a per diem • Please provide a 5,000 First Diagnosis benefit
Permanent Life	<ul style="list-style-type: none"> • Group Platform • Quote \$10 weekly Benefit with LTC rider included in rates
Enrollment Methodology	<ul style="list-style-type: none"> • Active Decision Making, Face to face

Guaranteed Issue	<ul style="list-style-type: none">• 3 years of GI and Rate Guarantee , Waived Participation with Active Decision Making
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- The following additional materials are supplied with this RFP and are included as an attachment:
Existing plan description and rate information, including:
 - Attachment A: Accident
 - Attachment A: Cancer
 - Attachment A: Critical Illness
 - Attachment A: Medical Bridge
 - Attachment A: Existing Rates
- Attachment B: Current Provider W-2 Report
- Attachment C: Cherokee Census
- Attachment D: Spreadsheets (to be completed by bidders) detailing TWO plan designs for each product, including:
 - The closest matching option you can provide, and
 - Your best recommendation, based on your own analysis of the group demographics we provide.

END OF STATEMENT OF WORK/SPECIFICATION

Voluntary Benefits Questionnaire

Please complete the below questions.

Voluntary Background Questions:

1. Describe your core competency at your organization.
2. What is your experience with voluntary benefits and how many years have you worked in this field?
3. Describe your enrollment preference and recommendation for this group based on demographics and experience within this SIC Code?
4. How do you complement a carrier in the claims process to ensure that the insured has a streamlined experience at the time of the claim?
5. How is service issues handled for insureds? Name changes, beneficiary changes, etc.
6. Please describe services provided for voluntary benefits clients you provide to the Employer but also any services incorporated for the employee?

Carrier Background Questions:

1. Please describe your billing and administration process.
2. Provide a general overview of your organization as well as any subcontractor you contemplate using as part of your proposal. Include in your overview your mission statement and any change to your core strategies over the next 5 years.
3. Please provide a chart and list the titles and employees who will be involved with Cherokee County.
4. Please describe your claims process and if claims can be processed by the web?
5. Please supply us with your services Standards?
6. Please provide your most recent financial ratings from the following rating agencies, as well as the date of the rating. Carriers are desired to have an Excellent rating or better:

Agency	Rating	Date of Rating
Standard and Poor's		
Moody's		
A.M. Best		
Fitch		

7. Please describe your implementation process and provide a timeline for implementation assuming a 4/1/2018 Effective date.
8. Please describe marketing and educational processes for the employees.

Underwriting / Rate Guarantee Questions:

1. What is the underwriting criteria for acceptance of an employee? How is a family member (spouse, dependents) underwritten? For what reason(s) would an applicant be declined coverage?
2. Please provide a 4 Year Rate Guarantee with an option for 5 more years.
3. Please describe your guaranteed issue offer for each product for both employees and dependents.
4. Please confirm a no loss no gain for those that have existing coverage.
5. Please provide a no pre ex version of your product for all products moving forward.
6. Are your plans H S A Compatible?
7. Do any of your plans require a medical plan to be purchased first?

Critical Illness Insurance Questions:

1. Who is eligible to enroll? May the employees' family members enroll? If the employee is declined coverage, may the family members still enroll? Is an employee's domestic partner eligible? Are there any age restrictions?
2. Does the coverage provide a "lump sum" benefit on first occurrence or "reimbursement of expenses" plan design?
3. Is there a wellness/health screening benefit? If yes, how does it work?
4. What conditions/illnesses are covered? Are the conditions/illnesses covered for the same benefit amount?
5. Is waiver of premium included?
6. Is there ever a reduction in benefits?
7. Do you have a reoccurrence benefit?
8. How do your additional occurrences work? Does the occurrence have to be medically unrelated in order to be eligible for a benefit?
9. Is there a requirement that the applicant have underlying comprehensive major medical insurance to be accepted?
10. Is the coverage guaranteed renewable?
11. Please list all policy exclusions.
12. Is there a pre-existing condition clause? Please describe. State variations?
13. Would current insured who elect to enrolling the new carrier's coverage receive credit for pre-existing conditions?
14. What are the proposed weekly rates? For what period of time are rates guaranteed? Are the rates the same in all approved states? Are the rates age banded or based solely on entry age?
15. Is there a waiting period before coverage becomes effective?
16. Must the insured survive a critical illness in order to receive payment on a claim?
17. Assuming the coverage is portable when an employee terminates or retires, does the premium change and how is it collected? Does coverage terminate due to age and if so, what is the age?
18. What is the eligibility requirement for the employee (i.e. number of hours worked per week)?

19. What happens when the employee does not meet the minimum hours work requirement in a given week?
20. Is your Critical Illness product HSA and/or HRA compatible? Please state reasons why your Critical Illness product is or is not compatible with an HSA or HRA and provide any documentation to support your position.

Cancer Questions:

1. Are there any age restrictions?
2. Does the coverage provide a “lump sum” benefit on first occurrence plan design?
3. Describe any reduction in benefits?
4. Please describe in detail how somebody seeking treatment that has the existing coverage will work on your plans?
5. Please describe in detail your wellness offering and if it offers any cardio benefits.
6. Please describe if you pay a daily benefit or actual charges for chemo/Radiation.
7. Please describe how if you use an outpatient facility for surgery will work on this contract?
8. Are your benefits portable at the same rate?
9. If an employee should pass away, would the spouse be eligible to continue coverage?
10. How is out- patient surgery paid under your surgery schedule?

Accident Insurance Questions:

1. Who is eligible to enroll? May the employees' family members enroll? If the employee is declined coverage, may the family members still enroll? Is an employee's domestic partner eligible? Are there any age restrictions?
2. Is the coverage available in all states? If not, identify any states where this coverage is not offered. If your product is based on a "group chassis" with a master group policy issued elsewhere, please describe.
3. Is your plan an individual or group policy? Is it subject to ERISA? Please provide a sample policy or certificate.
4. Does your accident plan offer an outpatient physician's treatment benefit?
5. Are open and closed fractures covered at the same benefit amount?
6. Would an accident that occurs during participation in organized sports be covered?
7. Does the policy provide coverage for food poisoning and everyday activities such as bee stings?
8. Is there a requirement that the applicant have underlying comprehensive major medical insurance to be accepted?
9. Is the coverage guaranteed renewable?
10. Please list all policy exclusions, including any state variations.
11. For what period of time are rates guaranteed? Are the rates the same in all approved states? Are the rates age banded or based solely on entry age?

12. Is your Accident Insurance product HSA and/or HRA compatible? Please state reasons why your Accident Insurance product is or is not compatible with an HSA or HRA and provide any documentation to support your position.

Hospital Indemnity Insurance Questions:

1. Outline your eligibility requirements including employee, spouse, children and other eligible individuals). Address any age limitations for issuing policies or receiving benefits, (e.g. full-time, part-time, hours worked) requirements and other requirements to be covered by the plan.
2. When does coverage under the plan become effective for new enrollees (e.g., as of date of application, date premium payments commence, other)?
3. Actively-at-work / dependent non-confinement requirements.
4. Indicate your pre-existing condition exclusions.
5. Please provide details on covered confinements/services/conditions and benefits payable. If you provide multiple plan options, please provide benefit schedules for each plan option.
6. Please confirm that the Hospitalization plan covers both Accident and Illness related confinements and/or conditions.
7. Are there any aggregate annual or lifetime limits for benefit reimbursements?
8. Indicate the benefit waiting periods.
9. Indicate the waiver of premium provisions due to disability.
10. Age based benefit reductions and/or non-renewal provisions.
11. Please provide a standard list of exclusions.
12. Hospital design compatibility with Health Savings Accounts (HSA's). Specifically, please confirm enrollment in your HI plan would not be deemed to be impermissible coverage that disqualifies HSA contributions.
13. Financial / Rate proposal. Include at a minimum:
14. Please provide any rate guarantee for the proposed plan. If plan is based on individual policies, please provide rate increase history for the product.

Group Universal Life Insurance Questions:

1. What is the name and type of the plan that you are proposing?
2. What is the Guaranteed Interest Rate on this plan?
3. What is the Current Interest Rate on this plan?
4. How long is there a surrender charge? What is the surrender charge?
5. Is the plan "Paid Up" at a certain age? If yes, at what age?
6. Does the plan endow at a certain age? If yes, at what age?
7. Is coverage guaranteed at the initial premium to a certain age or for a certain period of time?
8. Is there a guaranteed death benefit?

9. Is there a guaranteed cash value?
10. Do you provide an automatic increase provision? If yes, please explain.
11. Please provide information about optional riders. Indicate whether these options are chosen at the employee or Employer level.
12. If your plan has a LTC rider, does the rider have a monthly benefit cap?

End of Questionnaire