

**REQUEST FOR PROPOSALS**  
**City of Conroe, Texas**



---

***RFP Data***

Proposal Number: #18-1001  
Title: Stop Loss Request for Proposal  
Issue Date: September 21, 2017

***Request For Proposal To Market***

Date: September 21, 2017  
Distributed by: IPS Advisors, LLP  
Charlotte Starks, Manager of Public Sector Marketing Ops.  
10000 N. Central Expressway  
Suite 1100  
Dallas, Texas 75231

***Proposal Due***

Date: October 19, 2017  
Time: 2:00 p.m. CST  
Location/Mail Address: **1 Original and 2 Copies:**

Attn: Soco Gorjon  
City Secretary  
City of Conroe  
300 West Davis Street  
Conroe, TX 77301

## Request Proposal Contents Listing

- Specifications Requirements & Instructions
- Contractual Provisions for Consideration
- Submission Forms Instructions
- Deviations from Specifications
- RFP Overview
- Coverage Funding Matrix / Vendor Selection Criteria
- Plan Summaries
- Rate History
- Submission Forms
- Summary Conditions & Specifications ***Signature Page – Required***

### Attachments:

Conflict of Interest Questionnaire – ***Return Completed and Signed***  
Claims Experience  
Policies

**SPECIFICATIONS  
REQUIREMENTS AND INSTRUCTIONS**

## **SPECIFICATIONS REQUIREMENTS AND INSTRUCTIONS**

### **I. Important Dates:**

**RFP Issue Date: September 21, 2017**

**RFP Due Date: October 19, 2017 2:00 PM**

**Coverage Effective Date: January 1, 2018**

- II. Submission Information: One fully prepared, signed proposal should be submitted along with 2 Copies to be sent to the City as per page 1 of this RFP. You must label the envelope or package 'STOP LOSS REQUEST FOR PROPOSAL – RFP# 18-1001'.**

## Requirements & Instructions

### I. Important Dates:

RFP Issue Date: September 21, 2017

RFP Due Date: October 19, 2017 @ 2:00 pm

Coverage Effective Date: January 1, 2018

### II. Submission Information: One fully prepared, signed proposal and 2 copies should be submitted to the City as per page 1 of this RFP. You must label the envelope or package – ‘STOP LOSS REQUEST FOR PROPOSAL – RFP# 18-1001’.

No telephone or faxed proposals will be accepted. Proposals will be accepted only if delivered in person, by the U.S. Postal Service, or by delivery service such as UPS or Federal Express. The City will not be responsible for or consider missing, lost, or late deliveries

### III. Vendors requesting additional information: Requests for additional information should be made no later than 5:00 p.m. on Tuesday, October 5, 2017 and should be directed to Charlotte Starks, IPS Advisors, via email at [cstarks@ipsadvisors.com](mailto:cstarks@ipsadvisors.com) or via fax at 214-443-2424. All requests must be made in writing.

### IV. Confidentiality: Information contained in the RFP is confidential and is to be used only for the purpose of preparing legitimate proposals for all or part of the benefits plans stipulated in this RFP.

### V. Proposal Review: The City reserves the right to accept or reject, in part or in whole, any portion of the proposals, waive minor technicalities, and select the proposal which best serves the interest of the City. The City also reserves the right to waive or dispense with any of the formalities contained herein.

### VI. Premium Costs: All premium costs related to the RFP must be clearly defined, and all deviations from the specifications must be clearly identified and explained.

The information contained in the RFP is believed to be accurate and up-to-date, but is not intended to be an expressed or implied warranty. Requests for interpretation of the specifications should be directed to Brent Weegar, Principal of IPS Advisors, LLP

### VII. Legal Consideration: All parties submitting proposals are expected to comply with all federal, state, and local laws and regulations pertaining to the preparation of proposals and the services to be provided. Specifically, the services to be provided are expected to be in compliance with the Americans with Disabilities Act (ADA), insurance laws and insurance regulations. All proposals that are submitted will be presumed to be in compliance with applicable laws.

### VIII. Carrier Information: It is expected that those submitting RFPs will provide full disclosure on the insurance carriers who will be used for each coverage requested. Failure to provide this information may result in disqualification or rejection of the RFP.

### IX. RFP Notification: Parties who are selected to provide benefits coverage to the employees, based on the RFP submitted, will be notified as soon as possible following thorough review by City management and City Council.

- X. **Proposal Format:**
- A. Proposals must be clearly explained and identified. All costs, including optional programs, must be clearly stated and summarized. Alternative proposals will also be considered, provided the alternatives are clearly explained. Exceptions to or deviations from the specifications must be explicitly identified.
  - B. Those submitting proposals are responsible for the full costs associated with the preparation of the proposal.
  - C. Proposals may be withdrawn prior to the closing time for RFPs. Thereafter, all proposals shall remain open and valid for a period of 180 days or the effective date of the new plan, whichever is latest.
  - D. Accuracy in the proposals submitted is essential. All parties are asked to proof proposals for compliance with all stipulations of the RFP and accurate numbers submitted.
- XI. **Disqualification and Rejection of Proposals:** Failure to comply with the requirements or the procedures set forth herein, or to satisfy the insurance and servicing criteria as set for the in the specification, may result in disqualification. It is not intended that exceptions to the specifications will, in and of themselves, result in disqualification.
- XII. **Basis for Consideration:** The City will review all proposals for completeness based on the requirements in this RFP. Those found to be incomplete or fail to address the needs of the City will not be evaluated. Only those proposals that are complete, with all required documentation will be evaluated. Respondents should initially submit their best offer. If an award is made, primary consideration will be given to the respondent's proposal deemed to the best interest of the City.
- XIII. **Service Considerations:** The City will evaluate the proposals on factors other than cost, including level of benefits and coverage area. After a preliminary evaluation of the technical criteria, the cost proposal will be included in the evaluation process. Costs will be evaluated on an equal basis with the technical criteria, including benefit level and coverage area.
- XIV. **Right to Reject:** Merely submitting a proposal does not warrant an expressed or implied contract for the insurance program for the City of Conroe.
- XV. **Authorized Signature:** All proposal forms must be signed by persons who have the legal authority to bind the respondent to the proposed coverages.
- XVI. **Certificate of Interested Parties Form:** In 2015, the Texas Legislature adopted House Bill 1295, which added section 2252.908 of the Government Code. The law states that a governmental entity or state agency may not enter into certain contracts with a business entity unless the business entity submits a disclosure of interested parties to the governmental entity or state agency at the time the business entity submits the signed contract to the governmental entity of state agency. The law applies only to a contract of governmental entity or state agency that either (1) requires an action or vote by the governing body of the entity or agency before the contract may be signed or (2) has a value of at least \$1 million. The disclosure requirement applies to a contract entered into on or after January 1, 2016.

The Texas Ethics Commission was required to adopt rules necessary to implement that law, prescribe the disclosure of interested parties form, and post a copy of the form on the commission's website. The commission adopted the Certificate of Interested Parties form (Form 1295) on October 5, 2015. The commission also adopted new rules (Chapter 46) on November 30, 2015 to implement the law.

Filing Process:

On January 1, 2016, the commission made available on its website a new filing application that must be used to file Form 1295. A business entity must use the application to enter the required information on Form 1295 and print a copy of the completed form, which will include a certification of filing that will contain a unique certification number. An authorized agent of the business entity must sign the printed copy of the form and have the form notarized.

Information regarding how to use the filing application is available at <https://www.ethics.state.tx.us/tec/1295-Info.htm>. Please follow instructional Video for Business Entities

## Contractual Provisions for Consideration

The firm, who enters into a contract with the City of Conroe to provide services to the employees, will be required to abide by the contract provisions outlined here. Potential Contractors should consider the following carefully, and it is assumed by submitting a proposal that these conditions will be acceptable and included in the final signed document.

I. **Handling of Claims & Customer Service:**

A. The contractor must agree to deliver quality customer service to the City and its employees, and follow all applicable regulations and industry standards. Any problems related to servicing the contract, the employees, or the City with regard to billing procedures must be rectified immediately.

B. The contractor shall submit separate invoices, in duplicate, for payment as directed by the City. Invoices should include the contract number and will be itemized in accordance with the components of the contract. Payment will not be due until thirty (30) days after the date the above instruments are submitted or the work is actually performed. **Whichever is later.**

C. If invoices have not been paid by the due date, the contractor will submit an overdue reminder notice. The City reserves the right to review all of the contractor's invoices after payment and recover any overpayments discovered in such review.

II. **Continuity of Coverage:** All employees and dependents covered by the current plan are to receive immediate coverage under the new plan. Fair credit will be allowed for all or any part of deductibles, coinsurance, etc. satisfied prior to the January 1, 2018 effective date.

III. **Claims Experience Monitoring:** The contractor shall provide monthly reports allowing the city to monitor claims experience on a monthly basis.

IV. **Contractor Insurance Coverage:** During the duration of any agreed contract, the contractor shall maintain, at its sole cost and expense, Professional E&O Liability insurance with a minimum policy limit of \$1,000,000. The insurance policy must name the City of Conroe as an additional insured. A certificate of insurance evidencing such coverage shall be furnished to the City prior to the commencement of any work for the City.

V. **Contractor Provision Requirement:** The contract shall provide any necessary tools, equipment, supplies, materials, employees, management, and other items or services necessary in order to provide full service to the contract.

VI. **Indemnity Clause:** By submitting a proposal and/or accepting an agreement for services, the contractor will agree to hold harmless the City of Conroe, its officers, agents, and employees, from and against any and all claims, losses, damages, causes of action, suits and liability of every kind, including all expenses of litigation, court costs, and attorney's fees, for injury to, or death of, any person, or for damage to any property arising out of, or in conjunction with, the work done by the contractor, regardless of whether such injuries, death or damages are caused in whole or in part by the negligence of the City.



- VII. **Expectations of the Contractor:** It is understood upon submission of a proposal that;
- A. The Contractor shall not assign or subcontract any of its rights, duties, or obligations under the contract without prior written consent from the City. The contractor shall be entitled to assign, pledge or encumber its right to receive payments under this contract pursuant to security interests based upon the Uniform Commercial Code, so long as the City shall never be obligated to negotiate with any such third party in respect to compliance with the terms and conditions of the agreed contract. Any such assignment, pledge or encumbrance shall be limited by any rights of offset by the City for damages or claims arising under this Contract or any other obligation owed by the Contractor to the City.
  - B. At all times during the term of the contract, the company awarded the contract shall operate as an independent contractor to the City, and the contractor shall not in any event be deemed an employee or other representative of the City, nor shall he/she hold themselves up as such.
- VIII. **Contractor Employee Arrangements:** All employees of the Contractor shall at all times be considered an employee of the Contractor, and the Contractor will be solely liable for the payment of all wages and benefits made available to such employees in connection with their employment. In addition, it is expected and understood that the Contractor will be responsible at all times for the supervision and performance of their employees. All employees of the Contractor shall warrant that all employees are fully covered by workers compensation insurance and that each employee has been carefully screened as to character and fitness for the performance of his/her job.
- IX. **Equal Opportunity:** It is expected during the performance of the contract, all Contractor employees will be treated under the requirements of an Equal Employment Opportunity employer and honor all protected rights afforded to employees under the law. The Contractor will be advised of any complaints filed with the City alleging that the contractor is not operating in good faith as an equal employment opportunity employer. The City reserves the right to consider such complaints, along with other considerations, in determining whether or not to terminate any portion of this contract for which the services have not yet been performed.
- X. **Advertising:** The contractor awarded the contract agrees not to advertise or publish, without the City's prior consent, the information related to the entry into a contract, except as required to comply with requests for information from an authorized representative of the federal, state or local authority.
- XI. **Contract Amendments & Enforceability:** No amendments, modifications, or changes to the provisions outlined here may be made absent from the written agreement of both parties. Further, the contract awarded to the firm will be interpreted, construed, and governed by the laws of the United States and the State of Texas and shall be enforceable in any court of competition jurisdiction in Montgomery County, Texas.
- XII. **Termination:** The City retains the right to terminate for default on all or any part of its contract if the contractor breaches any for the terms hereof or if the contractor becomes insolvent or files for bankruptcy. Such right of termination, in addition to, and not in lieu of, any other remedies, which the City may have in law or equity, specifically including, but not limited to, the right to sue for damages or demand specific performance. The City additionally has the right to terminate this Contract without cause by delivery to the Contractor a "Notice of Termination" specifying the extent to which performance hereunder is terminated and the date upon which such termination becomes effective.

## Assumptions and Expectations

### Assumptions are as follows:

1. The proposal is to be based on the proposed plan of benefits.
2. The quote is to be based upon the census provided in the RFP.
3. All participants enrolled in the Employee Benefits Plan as of December 31, 2017 are to receive immediate coverage under the new plan. All health services incurred on or after January 1, 2018, for currently enrolled participants are to be eligible expenses. The City's enrollment records are to be the basis for "take-over."
4. All Respondent proposal offerings will comply with the Patient Protection and Affordability Care Act of 2009.
5. Coverage for employees (fulltime) becomes effective on the 1<sup>st</sup> day of the month following a 30 day waiting period, and terminates on the date of termination. Retirees are eligible for continued coverage provided they had these benefits as of the day preceding the date of retirement.
6. This RFP is for a three-year contract. A two-year contract with a one-year renewal with caps or a one-year contract with options for two one-year renewals with caps will be considered. **If it is the respondent's intent to increase rates at the renewal date, the City must be notified of the maximum increase for each renewal period and the basis for calculating the increase.** The City must be notified of renewal rates at least ninety (90) days prior to the effective date of the rate change.

## Submission Forms Overview

**COVERAGE:**  
**Stop Loss – Medical/Rx**

---

### **INSTRUCTIONS:**

1. Refer to “General Requirements and Instruction” before completing Submission Forms.
2. Quote your best price.
3. Please see Requirements and Instructions section of this RFP for submission guidelines (copies, deadlines, etc.).
4. You must label the envelope or package – **‘STOP LOSS REQUEST FOR PROPOSAL – 18-1001.**

## **DEVIATIONS FROM SPECIFICATIONS**

1. Describe, in detail, any deviations from the specifications.
  - Does your organization agree to the Specifications for Proposers as outlined in the RFP?
  
  - Will your organization administer and/or underwrite the benefits as outlined in the "Proposed Benefit Plans" section?

---

Signature of Officer

## **RFP OVERVIEW**

## OVERVIEW

Client: City of Conroe  
Industry: Municipality  
Group to be Covered: All Eligible Employees  
Size: 523 Full Time Active Employees  
50 Retirees  
  
Location: Conroe, Texas 77301  
Coverage to Bid: Stop Loss  
  
Employer Contributions: Benefits are Bundled (see contribution sheets)  
Medical/Rx: HSA EE - 100%; DEP 80%  
Medical/Rx: Pre 65 Retiree – 100%; DEP 80%

**Commission:** **ALL COVERAGES TO BE QUOTED NET OF COMMISSION**

Timetable: Release of Request For Proposal 9/21/2017  
Deadline for Questions 10/5/2017  
**Proposal Deadline 10/19/2017 @2:00 PM**  
New Coverage Effective 01/01/2018

**Direct All Questions To:** Consultant  
**IPS Advisors, LLP**  
**10000 N. Central Expressway, Suite 1100**  
**Dallas, TX 75231**  
**214-443-2424 (fax)**  
**cstarks@ipsadvisors.com**

**COVERAGE / FUNDING MATRIX  
VENDOR SELECTION CRITERIA**

**COVERAGE / FUNDING MATRIX**

**REQUEST FOR PROPOSAL  
FOR  
CITY OF CONROE**

<b>Coverage</b>	<b>Current Coverage</b>	<b>Contributory</b>	<b>Non-Contributory</b>	<b>Funding</b>	<b>Retiree Coverage</b>
Stop Loss – Med/Rx	YES	YES		Self-Funded	YES



**VENDOR SELECTION CRITERIA**  
**VENDOR SELECTION CRITERIA OVERVIEW**

**Selection Criteria:** In addition to cost, the City of Conroe is looking for carriers or vendors who can provide a high level of service and whose coverage provides long term cost containment goals and financial stability.

**Length:** 3 Years  
**Renewal Option I:** 2-Year rate guarantee with a rate increase cap for the 2020 plan year.  
**Renewal Option II:** 1-Year rate guarantee with rate increase caps for the 2019 and 2020 plan years.

**Opportunity for Presentation:** To be determined

## **VENDOR SELECTION CRITERIA**

### **(Stop Loss)**

The objective of the evaluation for proposals will be to select the provider whose proposal is most responsive to the City's relating importance, price, and other factors considered:

#### **1. Cost (50%)**

- a) Fixed Costs: includes insurance costs and administrative costs
- b) Variable Costs: costs stated as a percentage of paid claims, cost management (i.e., shifting of more/less workload to City staff)
- c) Ability to reduce claims expense
- d) Cost of Stop Loss integration with current third party administrator

#### **2. Financial Stability (30%)**

- a) Financial Stability (AM Best or Equivalent Agency Rating)

#### **3. Claims Processing (10%)**

- a) Turnaround time excluding medical review of claims
- b) Pended claims procedures
- c) Statistical accuracy
- d) General service procedures
- e) Dedicated service team
- f) Willingness to contractually establish performance criteria

#### **4. Past Performance (10%)**

- a) Active and terminated reference
- b) Past relationship with client
- c) Recognitions / reputation of proposer

## PLAN SUMMARIES

**CITY OF CONROE**  
**2016 & 2017 HEALTH PLAN BENEFITS SUMMARY**

BENEFITS – Kelsey & CIGNA		KelseyCare	HSA Plan	Buy-Up Plan
<b>Deductible</b>	Network	\$1,000 Individual / \$2,000 Family	\$2,600 Individual / \$5,200 Family	\$1,000 Individual / \$2,000 Family
	Non-Network	N/A	\$6,000 Individual / \$12,000 Family	\$3,000 Individual / \$6,000 Family
<b>Out-of-Pocket Maximum</b>		Includes Deductible	Includes Deductible	Includes Deductible
	Network	\$4,000 Individual / \$8,000 Family	\$4,000 Individual / \$8,000 Family	\$4,000 Individual / \$8,000 Family
	Non-Network	N/A	\$30,600 Individual / \$90,000 Family	\$31,200 Individual / \$90,000 Family
<b>Co-insurance</b>	Network	80%	80%	80%
	Non-Network	N/A	50%	50%
<b>Lifetime Maximum</b>		Unlimited	Unlimited	Unlimited
		<b>You Pay</b>	<b>You Pay</b>	<b>You Pay</b>
<b>Office Visit</b>	Network	\$30 PCP / \$50 Spec Copay	Deductible/ 20%	Deductible/ 20%
	Non-Network	N/A	Deductible/ 50%	Deductible/ 50%
<b>Wellness Visit</b>	Network	\$0 Copay	\$0 Copay	\$0 Copay
	Non-Network	N/A	Deductible/ 50%	Deductible/ 50%
<b>In-Patient &amp; Out-Patient Hospital</b>	Network	Deductible / 20%	Deductible/ 20%	Deductible/ 20%
	Non-Network	N/A	Deductible/ 50%	Deductible/ 50%
<b>Urgent Care</b>	Network	\$50 Copay/ Deductible/ 20%	Deductible/ 20%	\$50 Copay / Deductible/ 20%
	Non-Network	N/A	Deductible/ 50%	Deductible / 50%
<b>Emergency Room</b>	Network	\$200 Copay/ Deductible/ 20%	Deductible/ 20%	\$200 Copay/ Deductible/ 20%
	Non-Network	\$200 Copay / Deductible/ 20%	Deductible/ 20%	\$200 Copay/Deductible/ 20%
<b>Prescriptions</b>	Generic/Brand/ Non-Formulary	\$10/\$35/\$70/\$150	Deductible then \$0/\$15/\$30/20%	\$10/\$35/\$70/\$150
	Mail Order (90 Days)	\$20/\$70/\$140/\$300	Deductible then \$0/\$15/\$30/20%	\$20/\$70/\$140/\$300
<b>Network Website</b>	<a href="http://www.cigna.com">www.cigna.com</a>	KelseyCare Network	Open Access Plus Network	Open Access Plus Network

**NOTE:** This is a brief summary and not intended to be a contract.

Medical Costs	KelseyCare Plan	HSA Plan	Buy-Up Plan
	<b>Monthly</b>	<b>Monthly</b>	<b>Monthly</b>
Employee Only	\$40.00	\$60.00	\$75.00
Employee & Spouse	\$143.94	\$204.28	\$246.40
Employee & Children	\$109.30	\$156.19	\$178.18
Employee & Family	\$211.46	\$298.00	\$347.41

**Buy Up Plan**  
**Closed to new applicants**  
**In 2017**

**CITY OF CONROE  
CURRENT RATES AND CONTRIBUTIONS**

**ACTIVE EMPLOYEES**

<b>Budget and Contribution Data</b>				
<b><i>OAP Plan</i></b>	<b>EE</b>	<b>EESp</b>	<b>EECh</b>	<b>Fam</b>
2017 Expected Claims				
Employee Contributions	\$75.00	\$246.40	\$178.18	\$347.41
Employer Contributions	\$907.80	\$1,915.77	\$1,590.87	\$2,207.90
Premium Equivalents	\$982.80	\$2,162.17	\$1,769.05	\$2,555.31
Fixed Costs - Admin	\$33.16	\$33.16	\$33.16	\$33.16
Fixed Costs - Stop Loss	\$131.05	\$131.05	\$131.05	\$131.05
<b><i>HSA Plan</i></b>	<b>EE</b>	<b>EESp</b>	<b>EECh</b>	<b>Fam</b>
2017 Expected Claims				
Employee Contributions	\$60.00	\$204.28	\$156.19	\$298.00
Employer Contributions	\$610.32	\$1,270.43	\$1,050.39	\$1,444.85
Premium Equivalents	\$670.32	\$1,474.71	\$1,206.58	\$1,742.85
Fixed Costs - Admin	\$33.16	\$33.16	\$33.16	\$33.16
Fixed Costs - Stop Loss	\$131.05	\$131.05	\$131.05	\$131.05
<b><i>KelseyCare</i></b>	<b>EE</b>	<b>EESp</b>	<b>EECh</b>	<b>Fam</b>
2017 Expected Claims				
Employee Contributions	\$40.00	\$143.94	\$109.30	\$211.46
Employer Contributions	\$592.92	\$1,248.49	\$1,029.97	\$1,434.15
Premium Equivalents	\$632.92	\$1,392.43	\$1,139.27	\$1,645.61
Fixed Costs - Admin	\$33.16	\$33.16	\$33.16	\$33.16
Fixed Costs - Stop Loss	\$131.05	\$131.05	\$131.05	\$131.05

**Contributions**

<b>Medical Costs</b>	<b>KelseyCare Plan</b>	<b>HSA Plan</b>	<b>Buy-Up Plan</b>
<b>2016 &amp; 2017</b>	<b>Monthly</b>	<b>Monthly</b>	<b>Monthly</b>
Employee Only	\$40.00	\$60.00	\$75.00
Employee & Spouse	\$143.94	\$204.28	\$246.40
Employee & Children	\$109.30	\$156.19	\$178.18
Employee & Family	\$211.46	\$298.00	\$347.41

**CITY OF CONROE RETIREE**

**HEALTH INSURANCE COST SCHEDULE 2016 & 2017**

**Medical Coverage – Kesley Care Plan**

Employer Cost	\$ 510.46/ month
Retiree Only	\$ 40.00/ month
Spouse	\$ 103.94/ month
Children	\$ 69.30/ month
Family	\$ 171.46/ month

**Medical Coverage – CIGNA HSA/HDHP**

Employer Cost	\$ 522.98/ month
Retiree Only	\$ 60.00/month
Spouse	\$ 144.28/ month
Children	\$ 96.19/ month
Family	\$ 238.00/ month

**Medical Coverage – CIGNA OAP**

Employer Cost	\$ 593.12/ month
Retiree Only	\$ 75.00/ month
Spouse	\$ 171.40/ month
Children	\$ 103.18/ month
Family	\$ 272.41/ month

**CITY OF CONROE  
STOP LOSS RATE HISTORY**

<b>STOP LOSS</b>	<b>2017 Cigna</b>	<b>2016 Cigna</b>	<b>2015 Cigna</b>
Specific Deductible	<b>\$137,500</b>	<b>\$137,500</b>	<b>\$137,500</b>
Specific Contract Type	Paid	Paid	Paid
Specific Coverages	Med, Rx	Med, Rx	Med, Rx
Specific Stop Loss Lifetime Max Specific Stop Loss Annual Max	Unlimited Unlimited	Unlimited Unlimited	Unlimited Unlimited
Specific Rates: Composite	\$122.55	\$111.82	\$131.88
Aggregate Corridor	120%	120%	120%
Aggregate Contract Type	Paid	Paid	Paid
Aggregate Coverages	Med, Rx	Med, Rx	Med, Rx
Aggregate Contract Max	Unlimited	Unlimited	Unlimited
Aggregate Accommodation	Not Included	Not Included	Not Included
Aggregate Premium	\$3.21	\$6.09	\$8.12
Aggregate Factors: Composite	\$1,475.14	\$1,176.91	\$1,280.29

# **SUBMISSION FORMS**



**SUBMISSION FORM  
STOP LOSS**

	<b>CARRIER</b>	<b>CARRIER</b>	<b>CARRIER</b>
Specific Deductible	<b>\$137,500</b>	<b>\$150,000</b>	<b>\$175,000</b>
Specific Contract Type	PAID	PAID	PAID
Specific Coverages	Medical / Rx	Medical / Rx	Medical / Rx
Specific Stop Loss Lifetime Max	Unlimited	Unlimited	Unlimited
Specific Stop Loss Annual Max	Unlimited	Unlimited	Unlimited
Specific Rates:			
Employee	\$	\$	\$
Employee & Family	\$	\$	\$
Composite	\$	\$	\$
Aggregate Corridor	120%	120%	120%
Aggregate Contract	PAID	PAID	PAID
Aggregate Coverages	Medical / Rx	Medical / Rx	Medical / Rx
Aggregate Premium	\$	\$	\$
Aggregate Contract Max	Unlimited	Unlimited	Unlimited
Aggregate Rates:			
Employee	\$	\$	\$
Employee & Family	\$	\$	\$
Composite	\$	\$	\$
Minimum Attachment	\$	\$	\$
Terminal Liability Option	\$	\$	\$
Other			
AM Best Rating			

**The costs above are based upon the Proposed 2018 plan of benefits with the plan changes outlined in the RFP.**

---

**Signature**

## Summary Conditions & Specifications - RFP

**In submitting this quote/proposal, the respondent agrees and certifies to the following conditions:**

1. Non-Inducement Statement: The respondent certifies that no employee, representative, or agent of the firm offered or gave gratuities in any form (i.e. gifts, entertainment, etc.) to any council Member, official, or employee of the City of Conroe in order to secure favorable treatment or consideration in awarding, negotiating, amending or concluding a final agreement for this proposal.
2. Non-Debarment Statement: The respondent hereby certifies that he/she is not included on the U.S. Comptroller General's Consolidated List of Persons or Firms currently debarred for violations of various contracts incorporating labor standards/provisions.
3. Validity Statement: If this proposal is accepted and a firm contract is entered, the undersigned offers and agrees, within one-hundred twenty (120) calendar days from the proposal date, to supply any or all items/services upon which prices are offered at the designated point and within the time specified.
4. Non-Collusion Statement: The respondent hereby certifies that he/she has made this quote independently, without consultation, communication, or agreement, for the purpose of restricting competition as to any matter relating to this proposal, with any other respondent or with any other competitor.
5. Conflict of Interest Statement: The respondent agrees that and warrants that no employee, official, or member of the City Council is, or will be, peculiarly benefited, directly or indirectly, in this proposal or any ensuing contract that may follow.
6. Conduct Statement: The respondent certifies by signing below that all of the above statements are true, and he/she has read the entire proposal document and agrees to abide by the terms, certifications, and conditions outlined.

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

# CONFLICT OF INTEREST QUESTIONNAIRE

# FORM CIQ

## For vendor doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

### OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with local governmental entity.

2  Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of local government officer about whom the information is being disclosed.

\_\_\_\_\_  
Name of Officer

4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes  No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

Yes  No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

6  Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7

\_\_\_\_\_  
Signature of vendor doing business with the governmental entity

\_\_\_\_\_  
Date

## **ATTACHMENTS:**

- **Current SPDs and policies or booklets**
- **Census**
- **Claims Data**