

HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS
Purchasing Department

REQUEST FOR PROPOSALS

19-035

HEALTH INSURANCE AND EMPLOYEE BENEFITS

April 2019



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**HIGHLANDS COUNTY BOARD OF COUNTY
COMMISSIONERS
Human Services**

REQUEST FOR PROPOSALS (“RFP”)

The Board of County Commissioners of Highlands County, Florida (“County”) will receive sealed Proposals in the Highlands County Purchasing Department (“Purchasing Department”) for:

RFP NO. 19-035 HEALTH INSURANCE AND EMPLOYEE BENEFITS

The County is seeking experienced and qualified firms that demonstrate the highest level of ability to provide the following lines of coverage: Medical Administrative Services Only, Reinsurance, Medical, Pharmacy Benefit Manager, Dental Administrative Services Only, Vision, Basic and Supplemental Life, Voluntary Short and Long-Term Disability, Flexible Spending Account (FSA) Administration, Health Reimbursement Account (HRA) Administration, Employee Assistance Program (EAP), COBRA Administration.

Specifications may be obtained by downloading from our website: www.hbcc.net, or www.VendorRegistry.com. Questions directed at cmdavis@hbcc.org. Part C Attachments may be obtained by licensed providers by contacting Larry Anchel at the Gehring Group. Firms interested are responsible for obtaining any Addenda prior to their submittal. For information contact: Larry Anchel, Senior Employee Benefit Analyst, at Larry.Ancel@GehringGroup.com.

Determination of Proposer’s qualifications will be based on its Proposal which is to be completed and submitted in accordance with the RFP specifications and oral presentation, if required.

Each submittal shall include one (1) original and three (3) exact paper copies and two (2) exact electronic copy (CD or thumb drive) of the Proposal submission packet.

PROPOSALS MUST BE DELIVERED to the Purchasing Department, 600 S. Commerce Avenue., Sebring, FL 33870 reach said office no later than 3:30 P.M., Tuesday, May 7, 2019, at which time they will be opened. The public is invited to attend this meeting. Proposal envelopes must be sealed and marked with the RFP number and name to identify the enclosed Proposal. Proposals received later than the date and time specified will be rejected. All proposals are subject to public records laws per Section 119 Florida Statutes. Any documents submitted by the proposer that are exempt under the Public Records Law should be submitted in a single copy and enclosed envelope marked confidential.

The County will not be responsible for the late deliveries of Proposals that are incorrectly addressed, delivered in person, by mail or any other type of delivery service.

One or more County Commissioners may be in attendance at the Proposal opening.

The Board's Local Preference Policy ("Local Preference Policy") and the Board's Women/Minority Business Enterprise preference will apply to the award of this RFP.

The County reserves the right to accept or reject any or all Proposals or any parts thereof, and the determination of this award, if an award is made, will be based on the ranking of each Proposal. The County reserves the right to waive irregularities in the Proposal.

The County does not discriminate upon the basis of any individual's disability status. This non-discrimination policy involves every aspect of the Board's functions, including one's access to, participation, employment or treatment in its programs or activities. Anyone requiring reasonable accommodation as provided for in the Americans with Disabilities Act or Section 286.26, Florida Statutes, should contact Mrs. Pamela Rogers, ADA Coordinator at: 863-402-6509 (Voice), or via Florida Relay Service 711, or by e-mail: progers@hcbcc.org. Requests for CART or interpreter services should be made at least 24 hours in advance to permit coordination of the service.

Board of County Commissioners, Highlands County, FL

www.hcbcc.net

PART A

SECTION I. GENERAL TERMS AND CONDITIONS

- A. For purposes of this RFP, the following terms are defined as follows:
1. County means Highlands County, a political subdivision of the State of Florida.
 2. Proposer means the person or entity submitting a Proposal in response to this RFP.
- B. All Proposals shall become the property of the County.
- C. All Proposers shall comply with Florida Statutes Sections 287.087, on Drug Free Work Place, 287.133(2)(a), on Public Entity Crimes, and 287.134, on Discrimination, and Section 287.135, Florida Statutes, prohibiting contracting with scrutinized companies.

Section 287.087, Florida Statutes. Preference in case of a tie score will be given to businesses with drug free workplace programs:

In order to have a drug free workplace program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893, Florida Statutes, or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community by, any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug free workplace through implementation of this section.

Section 287.133, Florida Statutes. Public entity crime; denial or revocation of the right to transact business with public entities:

(2)(a) A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid, proposal or reply on a contract to provide any goods or services to a public entity, may not submit a bid, proposal or reply on a contract with a public entity for the construction or repair of a public building or public work; may not submit bids, proposals or replies on leases of real property to a public entity, may not be awarded or perform

work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, Florida Statutes, for CATEGORY TWO for a period of 36 months following the date of being placed on the convicted vendor list.

NOTE: Please be sure to indicate on the Compliance Certification form (page 26-27) if paragraph 5 or 6 is applicable and mark through the paragraph not applicable.

Section 287.134, Florida Statutes. Discrimination; denial or revocation of the right to transact business with public entities:

(2)(a) An entity or affiliate who has been placed on the discriminatory vendor list may not submit a bid, proposal or reply on a contract or provide goods and services to a public entity; may not submit a bid, proposal or reply on a contract with a public entity for construction or repair of a public building or public work; may not submit bids proposals or replies on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under contract with any public entity; and may not transact business with a public entity.

Section 287.135, Florida Statutes. Prohibition against contracting with scrutinized companies:

(2) A company is ineligible to, and may not, bid on, submit a proposal for, or enter into or renew a contract with an agency or local governmental entity for goods or services of:

(a) Any amount if, at the time of bidding on, submitting a proposal for, or entering into or renewing such contract, the company is on the Scrutinized Companies that Boycott Israel List, created pursuant to s. 215.4725, or is engaged in a boycott of Israel; or

(b) One million dollars or more if, at the time of bidding on, submitting a proposal for, or entering into or renewing such contract, the company:

1. Is on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, created pursuant to s. 215.473; or 2. Is engaged in business operations in Cuba or Syria.

(5) At the time a company submits a bid or proposal for a contract or before the company enters into or renews a contract with an agency or local governmental entity for goods or services of \$1 million or more, the company must certify that the company is not on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List and that it does not have business operations in Cuba or Syria. At the time a company submits a bid or proposal for a contract or before the company enters into or renews a contract with an agency or local governmental entity for goods or services of any amount, the company must certify that the company is not participating in a boycott of Israel.

CERTIFICATIONS OF COMPLIANCE WITH THE ABOVE REFERENCED STATUTES ARE LOCATED IN PART A, SECTION XIV. AND MUST BE INCLUDED WITH THE PROPOSAL, SIGNED AND NOTARIZED

- D. Proposals are due and must be received in accordance with the instructions given in the announcement page.
- E. The County will not reimburse Proposers for any costs associated or expenses incurred in connection with the preparation and submittal of any Proposal.

- F. Proposers, their agents, and associates shall not solicit any County Official and shall not contact any County Official other than the individual listed in Section XV of this RFP for additional information and clarification.
- G. Due care and diligence have been exercised in the preparation of this RFP and all information contained herein is believed to be substantially correct. However, the responsibility for determining the full extent of the services required rests solely with those submitting a Proposal. Neither the County nor its representatives shall be responsible for any error or omission in the Proposals submitted, nor for the failure on the part of the Proposers to determine the full extent of the exposures.
- H. All timely Proposals meeting the specifications set forth in this RFP will be considered. However, Proposers are cautioned to clearly indicate any deviations from these specifications. The terms and conditions contained herein are those desired by the County and preference will be given to those Proposals in full or substantially full compliance with them.
- I. Each Proposer is responsible for full and complete compliance with all laws, rules, and regulations including those of the Federal Government, the State of Florida and the County of Highlands. Failure or inability on the part of the Proposer to have complete knowledge and intent to comply with such laws, rules, and regulations shall not relieve any Proposer from its obligation to honor its Proposal and to perform completely in accordance with its Proposal.
- J. The County, at its discretion, reserves the right to waive minor informalities or irregularities in any Proposals, to reject any and all Proposals in whole or in part, with or without cause, and to accept that Proposal, if any, which in its judgment will be in its best interest.
- K. Award will be made to the Proposer whose Proposal is determined to be the most advantageous to the County, taking into consideration those Proposals in compliance with the requirements as set forth in this RFP. The County reserves the right to reject any and all Proposals for any reason or make no award whatsoever or request clarification of information from the Proposers.
- L. Any interpretation, clarification, correction or change to this RFP will be made by written addendum issued by the Purchasing Department. Any oral or other type of communication concerning this RFP shall not be binding.
- M. Proposals must be signed by an individual of the Proposer's organization legally authorized to commit the Proposer to the performance of services contemplated by this RFP with documentation of such authority provided with the submitted Proposal.
- N. Unless otherwise stated in the specifications, the following Insurance Requirements will be included in the contract and must be met before delivery of goods and performance of services:
 - 1. *Workers' Compensation Insurance*: Contractor shall have and maintain workers' compensation insurance for all employees for statutory limits in compliance with Florida law and Federal law. The policy must include Employer' Liability with a limit of \$100,000 each accident, \$100,000 each employee, \$500,000 policy limit for disease.
 - 2. *Commercial General Liability Insurance: Occurrence Form Required*: Contractor shall have and maintain commercial general liability (CGL) insurance with a limit of not less than \$1,000,000 each occurrence. If such CGL insurance contains a general aggregate limit, it shall apply

separately to the work performed pursuant to this RFP in the amount of \$1,000,000. Products and completed operations aggregate shall be \$1,000,000. CGL insurance shall be written on an occurrence form and shall include bodily injury and property damage liability for premises, operations, independent contractors, products and completed operations, contractual liability, broad form property damage and property damage resulting from explosion, collapse or underground (x, c, u) exposures, personal injury and advertising injury. Fire damage liability shall be included at \$100,000.

3. *Commercial Automobile Liability Insurance:* Contractor shall have and maintain automobile liability insurance with a limit of not less than \$1,000,000 combined single limit per occurrence for bodily injury and property damage liability. Such insurance shall cover liability arising out of any auto (including owned, hired, and non-owned autos). The policy shall be endorsed to provide contractual liability coverage.
4. *Special Requirements / Evidence of Insurance:*
 - a. *A copy of the Proposer's current certificate of insurance shall be provided with the Proposal submitted in response to this RFP. A formal certificate shall be provided upon announcement that a Proposer has been awarded the work requested in this RFP. The Certificate(s) shall be signed by a person authorized by that insurer to bind coverage on its behalf. All Certificates of Insurance must be on file with and approved by the County before commencement of any work activities. The formal insurance certificate shall also comply with the following:*
 - (1) "Highlands County, a political subdivision of the State of Florida and its elected officials, its agents, employees, and volunteers" shall be named as an "Additional Insured" on all policies except Worker's Compensation and Professional Liability.
 - (2) Contractor shall deliver written notice to the County by overnight delivery return receipt requested, hand delivery or confirmed facsimile thirty (30) days prior to giving or within three (3) days after receiving notice of cancellation, modification, non-renewal, or any other lapse in coverage of any required insurance policies.
 - b. *The above requirements are minimum requirements, which are subject to modification in response to high hazard operations.*
 - c. *The policies of insurance shall be written on forms acceptable to the County and placed with insurance carriers authorized by the Insurance Department in the State of Florida and meet a minimum financial AM Best company rating of no less than "A- Excellent: FSC VII.*
 - d. *Contractor shall hold the County, its agents and employees, harmless on account of claims for damages to persons, property or premises arising out of the services performed to in connection with this RFP. The County reserves the right to require Contractor to provide and pay for any other insurance coverage the County deems necessary, depending upon the possible exposure to liability.*
 - e. *All policies must include Waiver of subrogation; any liability aggregate limits shall apply "Per Jobsite"/Per Job Aggregate. All liability insurance except Professional Liability shall*

be Primary and Non-Contributory. The Certificate of Insurance shall confirm in writing that these provisions apply.

5. Renewal:

- a. In the event the insurance coverage expires prior to termination of the contract entered into in connection with this RFP, a renewal certificate shall be issued 30-days prior to said expiration date.
- b. Such notification will be in writing by registered mail, return receipt requested, and addressed to the County Purchasing Manager, 600 S. Commerce Ave., Sebring, FL 33870-3809.

O. The following "Statement of Indemnification" will be incorporated in the contract entered into in connection with this RFP.

Contractor shall, in addition to any other obligation to indemnify the County and to the fullest extent permitted by law, protect, defend, indemnify and hold harmless the County, its elected officials, employees, agents, and volunteers from and against all claims, actions, liabilities, losses (including economic losses), costs, including attorneys' fees and all costs of litigation, and judgments of every name and description arising out of or incidental to the performance of this Agreement or work performed under or related to this Agreement, unless caused by the sole negligence of the County, its elected officials, employees, agents, or volunteers. Any cost or expenses, including attorney's fees (including appellate, bankruptcy or patent counsel fees), incurred by the County to enforce this Indemnification shall be borne by the Contractor. This Indemnification shall also cover all claims brought against the County, its elected officials, employees, agents, or volunteers by any employee of the Contractor. The Contractor's obligation under this Indemnification shall not be limited in any way to the agreed upon Agreement price as shown in this Agreement or the Contractor's limit on or lack of sufficient insurance protection. Upon completion of all services, obligations and duties provided for in this Agreement, or in the event of termination of this Agreement for any reason, the terms and conditions of this Indemnification shall survive indefinitely.

- P. All pages included in or attached by reference to this RFP shall be called and constitute the Request for Proposals as stated on the front page of this RFP.
- Q. If submitting a Proposal or Bid for more than one RFP or Invitation to Bid (ITB), each Proposal and each Bid must be in a separate envelope and correctly marked. Only one Proposal per RFP shall be accepted from any person, corporation, or firm. Modifications will not be accepted or acknowledged.
- R. Each Proposal must contain proof of enrollment in E-Verify.
- S. Minority Owned and Women Owned businesses must submit a copy of the certificate to receive credit.
- T. Board policy prohibits any County employee or members of an employee's family from receiving any gift, benefit, and/or profit resulting from any contract or purchase. Board policy also prohibits acceptance of gifts of any kind other than advertising novelties valued less than \$10.00
- U. Proposals are only accepted if delivered to the location and prior to the time specified on the RFP.

Proposals must be delivered in a sealed envelope or box. Late Proposals will not be accepted under any circumstances. If a Proposal is received after the scheduled time of the Proposal Opening Meeting, the Proposer will be contacted for disposition. The Purchasing Department, at the Proposer's expense, can return the unopened envelope, or, at the Proposer's request in writing, can destroy it.

- V. E-mailed and faxed Proposals will not be accepted. Any blank spaces on the required Proposal form or the absence of required submittals or signatures may cause the Proposal to be declared non-responsive.
- W. The County is not responsible for correcting any errors or typos made on the Proposal. Incorrect calculations or errors may cause the Proposal to be declared non-responsive.
- X. The Proposer shall comply with the Florida Sales and Use Tax Law as it may apply to the contract. The quoted amount(s) shall include any and all Florida Sales and Use Tax payment obligations required by Florida law of the successful Proposer and its material suppliers.
- Y. Any material submitted in response to this RFP will become public record pursuant to Section 119, Florida Statutes.
- Z. In the event of legal proceedings to enforce the terms of a contract entered into in connection with this RFP, the prevailing party will be entitled to recover attorney's fees and costs, including attorney's fees and costs through appellate proceedings. Venue is in Highlands County, Florida.
- aa. If any Proposer violates or is a party to a violation of the code of ethics of the County or the State of Florida, with respect to this RFP, such Proposer may be disqualified from performing the work described in this RFP or from furnishing the goods or services for which this RFP is issued and shall be further disqualified from bidding on any future requests for work, goods, or services for the County.

-END OF SECTION-

SECTION II. LOCAL PREFERENCE POLICY AND MBE/WBE PREFERENCE POLICY

- A. In accordance with the County's 2017 Purchasing Manual, Local Preference and MBE/WBE Preference is applicable for this Request for Proposal. Any Vendor claiming Local Preference must complete the Local Vendor Affidavit (See Part B, Section XI.). Any Vendor claiming MBE/WBE Vendor Preference must supply evidence as indicated in the second paragraph below.
1. Any vendor claiming to be a Highlands County Entity shall deliver a written affidavit to the Purchasing Division with their proposal. The affidavit shall certify, that the business meets the definition of a Highlands County Entity, shall provide all necessary information establishing that fact, and shall be signed under penalties of perjury.
 2. W/MBE's may be given preference in the procurement process, after local vendors are given preference, unless otherwise prohibited or waived by the County Administrator. Any vendor claiming to be a W/MBE shall deliver adequate certification with their proposal from one of the following: Florida Minority Supplier Development Council, Women Business Enterprise National Council, The State of Florida Office of Supplier Diversity, Florida Department of Transportation, U. S. Small Business Administration, or Federal Aviation Authority. False representation of any vendor as a W/MBE may subject the vendor to suspension or debarment.

-END OF SECTION-

SECTION III. THE COUNTY'S RESERVATION OF RIGHTS

This RFP constitutes as an invitation only to submit a Proposal to the County. The County reserves, holds and may in its own discretion, exercise any or all of the following rights and options with respect to this RFP:

- A. To supplement, amend or otherwise modify this RFP, and to cancel this RFP with or without the substitution of another Invitation to Bid (ITB) or Request for Proposals (RFP).
- B. To issue additional subsequent ITBs or RFPs.
- C. To reject all incomplete / non-responsive Proposals, or Proposals with errors.
- D. The County reserves the right to determine, in its sole discretion, whether any aspect of the submitted Proposals is satisfactory to meet the criteria established in this RFP, the right to seek clarification and/or additional information from any submitting Proposer.
- E. The County also reserves the right to modify the Scope of Work to be performed.
- F. The County shall have no liability to any Proposer for any costs or expenses incurred in connection with the preparation and submittal of a Proposal in response to this RFP.
- G. If the County determines that collusion exists among Proposers, all Proposals shall be subject to rejection.
- H. The County reserves the right to audit the records of the awarded Proposer related to this RFP at any time during the contract period and for a period of five (5) years after final payment is made. The awarded Proposer shall provide copies of any records related to contracts entered into in connection with this RFP solely at the cost of reproduction.

-END OF SECTION-

SECTION IV. ADDITIONAL TERMS AND CONDITIONS FOR RFP 19-035

- A. ADDENDUMS: In this RFP, the County has attempted to address most situations that may occur. However, should situations arise that are not addressed, those situations will be handled on a case by case basis, at the discretion of the County. If deemed necessary, the Purchasing Department will supplement this RFP document with Addendums. These Addendums will be posted on the County's website, www.hbcc.net and www.VendorRegistry.com. The Proposer bears responsibility to check the website for Addendums and to have knowledge of any Addendums. Proposers must acknowledge receipt of Addendums by completing the respective section on the Proposal Submittal Form.
- B. AFFIRMATION: By submitting a Proposal, the Proposer affirms that the Proposal is genuine and not made in the interest of or on behalf of any undisclosed person, firm or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation; that the Proposer has not directly or indirectly induced or solicited any other person to submit a false or sham Proposal; that the Proposer has not solicited or induced any person, firm or corporation to refrain from submitting a Proposal; that the Proposer has not sought by collusion to obtain for him/herself/itself any advantage over other persons or over the County; and that Proposer has no conflict of interest with any person or entity associated with the project or purchase contemplated by this RFP, including the County, other Bidders, or entities that have provided or are providing services or goods related to this RFP.
- C. COUNTY EMPLOYEES / CONFLICT OF INTEREST: All Proposers must disclose the name of any officer, director or agent who is also an employee of the Board. All Proposers must disclose the name of any Board employee who owns, directly or indirectly, any interest in the Proposer's business or any of its branches.
- D. JOINT PROPOSALS: In the event multiple vendors submit a joint Proposal in response to this solicitation, a single Proposer shall be identified as Primary Proposer. The Primary Proposer must include the name, address and contact information of all parties of the joint Proposal. Primary Proposer shall provide all insurance requirements, execute any contract, sign the Proposal and have overall and complete accountability to resolve any dispute arising within the contract. Only a single contract with one Proposer will be acceptable. Invoices will be accepted from and paid only to the Primary Proposer. Primary Proposer shall remain responsible for performing services associated with Proposal made in response to this RFP.
- E. MISUNDERSTANDINGS: The failure or omission of the Proposer to receive or examine any instruction or document, or any part of the specifications, or to visit the site and acquaint themselves as to the nature and location of the work (where applicable), the general and local conditions, and all matters which may in any way affect performance shall not relieve the Proposer of any obligation to perform as specified herein. The Proposer understands the intent and purpose thereof and their obligations and will not make any claim for, or have any right to damages resulting from any misunderstanding or misinterpretation of this RFP, or because of any lack of information.
- F. ASSIGNMENT OF CONTRACT: The selected Proposer and the person designated by the Proposer to perform the services required by this RFP in its Proposal submitted in response to this RFP shall not assign, transfer, convey, sublet or sell any portion of any contract entered into in connection with this RFP unless permission is first given in writing by the County.

- G. COMPLAINTS: The contract will provide that complaints against the Contractor will be processed through the Purchasing Division and are to be corrected within five (5) business days. Written response to the Purchasing Manager is required. Failure to properly resolve complaints within five (5) business days may result in cancellation of the contract. Repeat complaints against the Contractor may result in termination of contract.
- H. REQUEST FOR CHANGE OF RFP SPECIFICATIONS: Requests for changes to specifications must be submitted for consideration in writing to the person identified in Section XV of this RFP. Requests must be submitted by the Request for Information (RFI) Cut-Off date stated in Section XVI of this RFP. The request will be evaluated by the Project Manager, and the County's response will be made in an Addendum.
- I. EXCEPTIONS / ITEMS NOT IDENTIFIED IN THE SCOPE OF WORK: Any modification to these specifications by a Proposer shall be an exception to the RFP and must be discussed in detail by the Proposer in its Proposal under "Exceptions / Items not Identified in Scope of Work", unless otherwise specified.
- J. DOCUMENTATION RESULTING FROM SERVICES RENDERED: The contract will prohibit the Contractor from publishing or releasing any information related to the requested services without prior written permission from the County. All reports, documents, resulting from the ensuing contract will remain the sole property of the County.
- K. TERM OF AGREEMENT: The term of the Agreement will be for a period of five (5) years from the effective date of the Agreement, unless the Agreement is terminated earlier in accordance with the Agreement. Upon mutual agreement by both parties, the Agreement may be renewed for five (5) additional one-year terms.

-END OF SECTION-

SECTION V. PROPOSAL FORMAT CRITERIA AND PRESENTATION CRITERIA

- A. Each Proposer must fully complete and submit the Proposal Submittal Form found within Part A, Section VI of this RFP and provide all necessary documentation required to fully demonstrate the Proposer’s capabilities and qualifications in order to be considered responsive. Failure to supply the required documentation or failure to address all criteria will be grounds for rejection of the Proposal. A checklist of all required information is a part of the Proposal Submittal Form.
- B. Proposals must be sealed and marked with the name of the Proposer, the RFP number and title to identify the enclosed Proposal.
- C. Each Proposal shall include one (1) original and three (3) exact paper copies, and two (2) exact electronic copies (such as compact discs or thumb drives) of the Proposal, all of which are properly indexed and tabbed.
 - 1. Electronic copies:
 - a. No macros, audio-start media allowed.
 - b. PDF or Word formats are allowed.
 - c. The Proposer must ensure that the electronic copy includes only one (1) file of the entire submittal and that the electronic file is the exact copy of the original printed Proposal submitted by the Proposer, provided however, that confidential information is not required to be included in the electronic copy. If the Proposer chooses to include confidential information on the electronic copy, such information must be in a separate, second file marked “Confidential” in the file name.
- D. It is imperative that the information submitted is precise, clear, and complete. All Proposals must be presented in an 8 1/2" by 11" bound document. Proposals shall not exceed seventy-five (75) pages single sided print. Proposals not conforming to this format may be disqualified from further consideration or will receive a lower score under criteria B-8 of the Evaluation Score Sheet, an example of which is provided in Part A, SECTION VII of this RFP.
- E. At the discretion of the Evaluation Committee, one or more Proposers may be asked to give short presentations / interviews as part of the selection and ranking process.
- F. **Sections and subsections of the Proposal must correspond to the sequence/tabbed format identified below. In order to be considered responsive, the Proposer must answer each heading and any sub-heading and be constructed in the following tabbed format, Tab A through Tab C.**

TAB-A

-----**(No points)**

- 1. **Proposal Submittal Form (required, see Part A, Section VI of this RFP)**
- 2. **Table of Contents (optional)**

3. **Certification forms under Part A Section XIV - Drug Free Workplace Certification, Public Entities Crimes Sworn Statement, Discrimination Certification, Scrutinized Companies Certification, E-Verify Certification, and Local Preference Affidavit under Part A Section XV, if applicable.**
4. **Copy of sample Certificate of Liability Insurance as indicated in Part A Section I, subsection N of this RFP (Copy of Accord Form)**
5. **Copy of license to provide insurance in the State of Florida**

The pages from Tab-A do not count toward the seventy-five (75) page allowance.

TAB-B

1. **Introduction of your Organization** **(Maximum of 10 points)**
2. **Minority or Woman Owned Business Certificate** **(Maximum of 5 points)**
Please note, this certificate must be held by the Proposer.
and/or
Local Business (Submit Local Business Affidavit) **(Maximum of 5 points)**
3. **Ability of Personnel** **(Maximum of 20 points)**
 - a. Identify each principal of the firm and other "key personnel" who will be associated with the County. Describe their respective areas of expertise; include their personalized resumes, which identify the qualifications, training and experience of each key personnel.
 - b. Provide a project team organizational chart and describe the level of involvement anticipated with County staff.
 - c. Identify any proposed subcontractors (if any) by listing name, address, point of contact, telephone number and a description of the work that will be performed.
4. **Relevant Firm Experience and References** **(Maximum of 40 points)**
 - a. Provide examples of at least three (3) similar services provided for similar size or larger county governments.
 - b. The Proposer must provide three (3) references of clients for similar services in the last five (5) years by the Proposer. The Scope of Work shall be indicated. Provide references including address, contact name, telephone number and e-mail address. Please provide a current email address for the reference if he or she is no longer available at the applicable client.
5. **Location / Accessibility** **(Maximum of 10 points)**
 - a. State the Proposer's office location(s) that would be involved with proposed services
 - b. Explain how we can access your contact, and the estimated response time.
6. **Description of Services** **(Maximum of 40 points)**
 - a. Complete the forms under Part B Section III, with the services proposed to offer.
 - b. Complete the questionnaire. Part B Section IV.

7. Pricing

(Maximum of 40 points)

Pricing will be considered for award. Proposer should submit its pricing for all its Services on the Forms in Part B Section III.

9. RFP Format

(Maximum of 10 points)

The Proposal shall be prepared and submitted in accordance with the Proposal Format Criteria required by this Section.

TAB-C

(No points)

The Proposer may include additional material that the Proposer deems to be pertinent, but not specifically requested pursuant to this RFP. Please note that pages under Tab-C count toward the 75-page allowance. Material in this section cannot be substituted for the documents that must be included in the Proposal under Tabs A and B pursuant to subsection F of this Section.

G. PRESENTATIONS (*If Requested by Committee*)

(Maximum 25 points per Evaluator)

After preliminary scoring based on the above criteria, presentations/interviews as part of the evaluation process may or may not be requested by the Evaluation Committee. The Committee may invite all or only the top scoring Proposers to provide a presentation (based on preliminary evaluation). The Presentations/interview are scheduled as noted in the solicitation. If the schedule changes, a two (2) week notice will be given to the Proposers invited to give presentations. Presentations by Proposers should include the key personnel that will be responsible for the County contract and services.

-END OF SECTION-

SECTION VI. PROPOSAL SUBMITTAL FORM

**HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS
PROPOSAL SUBMITTAL FORM**

RFP IDENTIFICATION: **RFP 19-035 HEALTH INSURANCE AND EMPLOYEE BENEFITS**

PROPOSAL SUBMITTED TO: HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS – PURCHASING DEPARTMENT

PROPOSAL SUBMITTED BY:

Proposer’s Name

Proposer’s Authorized Representative’s Name

Proposer’s Address 1 _____

Proposer’s Address 2 _____

Contact’s Name (Print) _____

Contact’s E-mail Address _____

Contact’s Phone Number

Duns Number

1. In submitting this Proposal, Proposer represents that:

- Proposer has examined and carefully studied this RFP and the following Addenda (receipt of all which is hereby acknowledged by placing the date and Addenda numbers reviewed in the boxes below):

Date	Addendum Number						

2. Documentation included with Proposal packet:

	YES	NO
One (1) original (please sign in blue ink), three (3) exact paper copy, and two (2) exact electronic copy (CD or thumb drive) of the submitted Proposal.		
Acknowledgment of the Addenda issued (prior page- if applicable)		
Statement of compliance with Section 287.087, Florida Statutes, as a “Drug Free Workplace”		
Statement of compliance with Section 287.133, Florida Statutes, as a “Public Entity Crime”		
Statement of compliance with Section 287.134, Florida Statutes, as a “Discrimination”		
Statement of compliance with Section 287.135, Florida Statutes, as a “Contracting with scrutinized companies”		
Certificate of participation in E-Verify		
Local Preference Affidavit (Include a copy of your Affidavit, if applicable)		
Woman or Minority Owned Business (Include a copy of your certificate, if applicable)		
Acord Insurance Certificate included (sample showing ability to obtain)		
Copy of license to provide insurance in the State of Florida		
Medical Plan Benefits Response Form		
Medical Plan Benefits Response Form (Qualified HDHP)		
Administrative Services Only Response Form		
Stop Loss Reinsurance Response Form		
Dental Insurance Response Form		
Vision Insurance Response Form		
Basic Life Response Form		
Basic Life Response Form (\$25k)		
Supplemental Life Response Form		
Long Term Disability Response Form		
Short Term Disability Response Form		
Employee Assistant Program		
Flexible Spending Account Response Form		
Cobra Services Response Form		
Proposer Questionnaire with answers		

- This Proposal is genuine and not made in the interest of or on behalf of any undisclosed person, firm or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation. Proposer has not directly or indirectly induced or solicited any other Proposer to submit a false or sham Proposal. Proposer has not solicited or induced any person, firm or corporation to refrain from submitting a Proposal. Proposer has not sought by collusion to obtain for itself any advantage over any other Proposer or over the County.
- The County reserves the right to further negotiate pricing.

SUBMITTED ON: _____, 20 ____.

SIGNATURE: _____ (seal)
Proposer's Authorized Representative

PRINTED NAME: _____

TITLE: _____

EMAIL: _____

SECTION VII. SAMPLE EVALUATION SCORE SHEET

<u>CRITERIA FOR EVALUATION</u>	<u>Evaluators Score</u>	<u>Maximum Points</u>		<u>Score</u>
<u>B-1) Introduction of Organization</u>		10	x 1	
<u>B-2) Minority or Women Owned Businesses</u>		5		
<u>B-2) Local Preference (Not more than 5% of total score)</u>		5		
<u>B-3) Ability of Personnel</u>		10	x 2	
<u>B-4) Relevant Firm Experience and References</u>		10	x 4	
<u>B-5) Location / Accessibility</u>		10	x 1	
<u>B-6) Description of Services</u>		10	x 4	
<u>B-7) Price Proposal</u>		10	x 4	
<u>B-8) RFP Format</u>		10	x 1	
<u>PROPOSAL EVALUATION TOTAL</u>		180		
		points max.		
<u>PRESENTATION (If Requested by the Evaluation Committee)</u>		25		
<u>GRAND TOTAL</u>				

SECTION VIII. SELECTION PROCESS AND CRITERIA

The County strictly enforces open and fair competition in its RFPs. The County reserves the right to consider any Proposal as non-responsive if any part of the Proposal does not meet the established scope and/or criteria. Each Proposer must fully complete the RFP Proposal Submittal Form and provide all necessary documentation to fully demonstrate the Proposer’s capabilities and qualifications according to Part A Sections V and VI.2 of this RFP. Failure to supply the required documentation will be grounds for rejection of the Proposal. The selection process shall be open to the public, and records shall be maintained in accordance with the State of Florida's records retention requirements. Technical review and assistance will be provided by the County’s Agent of Record. The Proposal Evaluators have the right to correct any errors in the evaluation and selection process that may be made. The County is not obligated to award a contract and the Proposal Evaluators or County may decide to reject all Proposals. If the Proposal Evaluators decide not to reject all Proposals, the County may proceed in accordance with the Evaluation Committee’s recommendation.

- A. Proposals will be reviewed by the Evaluation Committee, and the Proposers will be ranked based upon the RFP Evaluation Criteria. Each Evaluation Committee member shall perform the member’s own independent ranking. The County reserves the right to consider any Proposal as non-responsive if any part of the Proposal does not meet established scope and/or criteria.
- B. After review of the Proposals, at the discretion of the Evaluation Committee, (all or some of, based on preliminary scores, the top ranked) Proposers may be asked to give short presentations/interviews as part of the selection and ranking process. The presentations/interviews, if any, will be scheduled at least two (2) weeks from the time the invitation is sent to the selected Proposers.
- C. The Contract will be awarded to one or more Proposer as required to secure all services required.

SECTION IX. AWARD

The County shall award to the responsive and qualified Proposer(s) whose Proposal is determined to be the most advantageous to the County. Evaluation of the Proposals shall be based on the evaluation factors set forth in this RFP and any other relevant information obtained through the evaluation process. Notice of the award shall be made by e-mail to all Proposers. The date and time of the e-mail shall constitute the time of notification.

SECTION X. CONTRACT NEGOTIATIONS AND EXECUTION

Negotiation of the Contract for services may follow the initial selection process with the top ranked Proposer(s) for all services required. Should a satisfactory contract not be negotiated with the top ranked Proposer, the next ranked Proposer shall be contacted, and negotiations shall begin. This process shall be followed until a satisfactory Contract is negotiated or the County decides to terminate negotiations.

The proposed contract or Proposer’s contract will be submitted for review to the County staff and the County Attorney, prior to submittal to the Board. The contract then will be forwarded to the Proposer for review and signatures. After the contract is signed by the Proposer, the contract will be placed on the agenda of the Board to be considered for approval and execution. The reviewed contract, with any changes agreed upon resulting from the review, will be placed on a Board Agenda for its approval and execution.

SECTION XI. CONTINGENT FEES PROHIBITED

Each Proposer must warrant that it has not employed or retained a company or person, other than a bona fide employee, working in its employ, to solicit or secure a contract with the County and that it has not paid or agreed to pay any person, company, corporation, individual or firm other than a bona fide employee working in its employ any fee, commission, percentage, gift or other consideration contingent upon or resulting from the award or making of a contract with the County.

SECTION XII. TENTATIVE SCHEDULE

DATE	TIME	EVENT
April 6, 2019		First Advertisement
April 13, 2019		Second Advertisement
April 17, 2019	5:00 P.M.	Deadline to submit questions (RFP’s)
April 26, 2019	5:00 P.M.	Deadline to release responses by County to RFP’s
May 7, 2019	3:30 P.M.	Proposal due date
May 30, 2019	9:00 A.M.	Review/Ranking of Proposals by the Evaluation Committee
June 13, 2019	8:30 A.M.	Presentations / Interviews (at the discretion of the Evaluation Committee)
June 18, 2019		Anticipated award date
July 2, 2019		Anticipated contract consideration by the Board, if required

Dates are subject to changes

SECTION XIII. RFP CONTACT INFORMATION

All questions during the RFP process regarding this RFP and the details of the services to be performed shall be submitted by Proposers in writing to:

*Chris Davis, Purchasing Manager
Highlands County Purchasing Department
600 S. Commerce Ave., Sebring, FL 33870-3809*

Phone: (863) 402-6528; Email: cmdavis@hcbcc.org

SECTION XIV. REQUEST FOR INFORMATION (RFI) CUT-OFF

All questions regarding this RFP shall be submitted by Proposers in writing by 5:00 P.M. EST on April 17, 2019, to the person identified in Part A Section XIII of this RFP. The County shall release responses to RFI by 5:00 P.M. EST on April 26, 2019.

SECTION XV. COMPLIANCE REQUIREMENTS

**CERTIFICATION PURSUANT TO SECTION 287.087, FLORIDA STATUTES
PREFERENCE TO DO BUSINESS WITH DRUG FREE WORKPLACE PROGRAMS
RFP 19-035**

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to the HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS

by

[Print individual's name and title]

for

[Print name and state of incorporation or other formation of the entity submitting this sworn statement]

whose business address is _____ and

whose Federal Employer Identification Number (FEIN) is _____ (hereinafter referred to as "Bidder")

2. CERTIFICATION

Bidder hereby certifies that at the time of its Bid the Bidder has a drug free workplace program in place. The program meets the requirements of Section 287.087, Florida Statutes.

THIS CERTIFICATION IS MADE PURSUANT TO SECTION 287.087, FLORIDA STATUTES, AND IS, UPON DELIVERY, A PUBLIC RECORD.

Print Name: _____ Date: ___/___/___

STATE OF _____

COUNTY OF _____

The foregoing Certification was sworn to before me this ___ day of _____, 20___, by _____, as _____, the duly authorized officer of _____, on its behalf, who is either personally known to me [] or has produced _____ as identification [].

(AFFIX NOTARY SEAL)

Signature: _____
Print Name: _____
Notary Public, State of _____
Commission No. _____
My Commission Expires: _____

**SWORN STATEMENT UNDER SECTION 287.133(3)(a), FLORIDA STATUTES,
ON PUBLIC ENTITY CRIMES
RFP 19-035**

**THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL
AUTHORIZED TO ADMINISTER OATHS.**

STATE OF FLORIDA }ss

COUNTY OF _____ }

Before me, the undersigned authority, personally appeared _____ who, being by me first duly sworn, made the following statement:

1. The business address of _____(name of bidder or contractor), is _____

2. I understand that a public entity crime as defined in Section 287.133 of the Florida Statutes includes a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity in Florida or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or such an agency or political subdivision and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy or material misrepresentation.

3. I understand that "convicted" or "conviction" is defined by the statute to mean a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilt or nolo contendere.

4. I understand that "affiliate" is defined by the statute to mean (1) a predecessor or successor of a person or a corporation convicted of a public entity crime, or (2) an entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime, or (3) those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate, or (4) a person or corporation who knowingly entered into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months.

5. Neither the bidder or contractor nor any officer, director, executive, partner, shareholder, employee, member or agent who is active in the management of the bidder or contractor nor any affiliate of the bidder or contractor has been convicted of a public entity crime subsequent to July 1, 1989.

(Draw a line through paragraph 5 if paragraph 6 below applies.)

6. There has been a conviction of a public entity crime by the bidder or contractor, or an officer, director, executive, partner, shareholder, employee, member or agent of the bidder or contractor who is active in the management of the bidder or contractor or an affiliate of the bidder or contractor. A determination has been made pursuant to 287.133(3) by order of the Division of Administrative Hearings that it is not in the public interest for the name of the convicted person or affiliate to appear on the convicted vendor list. The name of the convicted person or affiliate is _____.

A copy of the order of the Division of Administrative Hearings is attached to this statement.

(Draw a line through paragraph 6 if paragraph 5 above applies.)

THIS SWORN STATEMENT IS MADE PURSUANT TO SECTION 287.133(3)A, FLORIDA STATUTES, AND IS, UPON DELIVERY, A PUBLIC RECORD

Signature: _____

Print Name: _____

Print Title: _____

On ____ day of _____, 20 ____.

STATE OF _____

COUNTY OF _____

Sworn and subscribed before me in the State and County first mentioned above on the _____ day of _____, 20 ____.

Signature: _____

Print Name: _____

Notary Public, State of _____

Commission No. _____

My Commission Expires: _____

(AFFIX NOTARY SEAL)

**CERTIFICATION PURSUANT TO SECTION 287.134, FLORIDA STATUTES
DISCRIMINATION; DENIAL OR REVOCATION OF THE RIGHT TO TRANSACT BUSINESS WITH PUBLIC ENTITIES
RFP 19-035**

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to the HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS

by

 [Print individual's name and title]

for

 [Print name and state of incorporation or other formation of the entity submitting this sworn statement]

whose business address is _____ and

whose Federal Employer Identification Number (FEIN) is _____ (hereinafter referred to as "Bidder")

2. CERTIFICATION

Bidder hereby certifies that at the time of its Bid the Bidder has not been placed on the discriminatory vendor list by the Department of Management Services.

THIS CERTIFICATION IS MADE PURSUANT TO SECTION 287.134, FLORIDA STATUTES, AND IS, UPON DELIVERY, A PUBLIC RECORD.

Print Name: _____ Date: ___/___/___

STATE OF _____

COUNTY OF _____

The foregoing Certification was sworn to before me this ___ day of _____, 20___, by _____, as _____, the duly authorized officer of _____, on its behalf, who is either personally known to me [] or has produced _____ as identification [].

(AFFIX NOTARY SEAL)

Signature: _____
Print Name: _____
Notary Public, State of _____
Commission No. _____
My Commission Expires: _____

CERTIFICATION PURSUANT TO SECTION 287.135, FLORIDA STATUTES

RFP-19-035

**THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL
AUTHORIZED TO ADMINISTER OATHS.**

1. This sworn statement is submitted to the HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS

by

_____ [Print individual's name and title]

for

_____ [Print name and state of incorporation or other formation of the entity submitting this sworn statement]

whose business address is _____ and

whose Federal Employer Identification Number (FEIN) is _____ (hereinafter referred to as "Bidder")

2. CERTIFICATION

Bidder hereby certifies that at the time of its Bid the Bidder is not on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, and that it does not have business operations in Cuba or Syria. Bidder also hereby certifies that it is not participating in a boycott of Israel.

THIS CERTIFICATION IS MADE PURSUANT TO SECTION 287.135(5), FLORIDA STATUTES, AND IS, UPON DELIVERY, A PUBLIC RECORD.

Print Name: _____

STATE OF _____

COUNTY OF _____

The foregoing Certification was sworn to before me this ___ day of _____, 2017, by _____, as _____, the duly authorized officer of _____, on its behalf, who is either personally known to me [] or has produced _____ as identification [].

(AFFIX NOTARY SEAL)

Print Name: _____

Notary Public, State of Florida

Commission No. _____

My Commission Expires: _____

**CERTIFICATION OF PARTICIPATION IN THE UNITED STATES CITIZENSHIP AND IMMIGRATION SERVICE BUREAU'S E-VERIFY PROGRAM
RFP 19-009**

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to the HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS

by _____

[Print individual's name and title]

for _____

[Print name and state of incorporation or other formation of the entity submitting this sworn statement]

whose business address is _____ and

whose Federal Employer Identification Number (FEIN) is _____ (hereinafter referred to as "Bidder")

2. CERTIFICATION

Bidder hereby certifies that at the time of its Bid the Bidder participates in the United States Citizenship and Immigration Services Bureau's E-Verify Program, and does not knowingly employ, hire for employment, or continue to employ an unauthorized alien.

Bidder's E-verify Company ID #: _____

THIS CERTIFICATION IS, UPON DELIVERY, A PUBLIC RECORD.

Print Name: _____ Date: ___/___/___

STATE OF _____

COUNTY OF _____

The foregoing Certification was sworn to before me this ___ day of _____, 20___, by _____, as _____, the duly authorized officer of _____, on its behalf, who is either personally known to me [] or has produced _____ as identification [].

Signature: _____

Print Name: _____

(AFFIX NOTARY SEAL)

Notary Public, State of _____

SECTION XVI.

**LOCAL VENDOR AFFIDAVIT
HIGHLANDS COUNTY LOCAL PREFERENCE
AFFIDAVIT OF ELIGIBILITY**

**THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL
AUTHORIZED TO ADMINISTER OATHS.**

1. This sworn statement is submitted to HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS

by _____

[Print individual's name and title]

for _____

[Print name of Company/Individual submitting sworn statement]

Whose business address is _____

(If applicable) its Federal Employer Identification Number (FEIN) is _____

(If the entity has no FEIN, include the Social Security Number of the individual signing this

Sworn statement): _____.

2. LOCAL PREFERENCE ELIGIBILITY

A. Vendor/Individual has had a fixed office or distribution point located in and having a street address within Highlands County for at least twelve (12) months immediately prior to the issuance of the request for quotation, competitive bids or request for proposals by the County.

YES _____ NO _____

B. Vendor/Individual holds business license required by the County, and/or if applicable, the Municipalities:

YES _____ NO _____

C. Vendor/Individual employs at least one full-time employee, or two part-time employees whose primary residence is in Highlands County, or, if the business has no employees, the business shall be at least fifty (50) percent owned by one or more persons whose primary residence is in Highlands County.

YES _____ NO _____

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM SHALL BE CONSIDERED PUBLIC RECORD.

[Signature and Date]

**STATE OF FLORIDA
COUNTY OF HIGHLANDS**

Subscribed and sworn before me, the undersigned notary public on this ____ day of _____, 20__.

NOTARY PUBLIC

SEAL

-END OF PART A-

**Part B – SCOPE OF WORK, GENERAL INFORMATION &
REQUIREMENTS, SUBMITTAL FORMS, AND
QUESTIONNAIRE**

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SECTION I SCOPE OF WORK

1. Highlands County BOCC is seeking experienced and qualified firms that demonstrate the highest level of ability to provide the following lines of coverages:
 - a. Medical Insurance (Self-Insured)
 - i. Administrative Services Only (ASO)
 - b. Reinsurance Insurance
 - c. Pharmacy Benefit Management
 - d. Dental Insurance
 - e. Vision Insurance
 - f. Life and Accidental Death and Dismemberment (AD&D) Insurance
 - g. Supplemental Life and Accidental Death and Dismemberment (AD&D) Insurance
 - h. Voluntary Short-Term Disability Insurance
 - i. Voluntary Long-Term Disability Insurance
 - j. Flexible Spending Account Administration
 - k. Health Reimbursement Account Administration
 - l. Cobra Administration
 - m. Employee Assistance Program

2. The HCBCC is soliciting the above listed coverages, for its eligible active employees, elected officials, retirees, COBRA participants, and their eligible dependents.

3. The HCBCC expects proposers to provide a high level of service corresponding to the line(s) of coverage for which they are proposing at no additional cost to the County. Service standards include, but are not limited to, the following:
 - a. Attend Open Enrollment sessions to educate members on the benefits provided under the contract
 - b. Provide printed materials and collateral for distribution to members throughout the year
 - c. Provide adequate dedicated support to efficiently address and resolve coverage, eligibility and billing inquiries, provide timely renewal related information, provide reporting timely, provide expert implementation support, etc.
 - d. Ensure plan benefits and administration satisfy legislative compliance mandates, expeditiously update carrier systems accordingly, and notify policyholder and/or plan participants of changes timely
 - e. Where applicable, maintain provider networks and utilization management programs, and notify policyholder and/or plan participants of changes timely

SECTION II GENERAL INFORMATION AND REQUIREMENTS

1. Proposal Effective Date: October 1, 2019
2. The current schedule of benefits and other policy documents for each requested line of coverage (with the exception of voluntary short and long-term disability insurance) are included in Part C. It is Highlands County BOCC's desire that all proposers quote these benefits as outlined. Any change or alternative must be fully explained.
3. Commissions: Proposals should include the following commission levels in the rates. It is Highlands County BOCC's intention to deal directly with all insurance carriers via its Consultant.

Coverage	Self-Funded
Medical/ASO	\$7.50 PEPM
Stop Loss	10%
Dental PPO/ASO	\$1.00 PEPM
Vision	5%
Life and AD&D, Supplemental Life and AD&D	10%
Short and Long-Term Disability	10%
FSA Administration	0%
HRA/HSA Administration	0%
COBRA Administration	0%
Employee Assistance Program	0%

4. Retirees: Florida Governmental Retirees must be allowed to continue coverage under Highlands County BOCC insurance program as required by Florida Statue 112.08.
5. Onsite Medical Plan Administrator: A full-time onsite plan administrator is being requested to assist employees and to provide support to County Human Resources staff as it relates to the medical plan and the wellness program.
6. Wellness Funds: Medical proposers are encouraged to include wellness funds in their proposal. Proposers are encouraged to include a minimum of \$100,000 per year (in addition to annual onsite Biometric screenings at no cost to the County) for a period of at least three years. If there are certain criteria for using the wellness funds, please disclose in the proposal.
7. Technology Funds: All proposers are encouraged to include technology funds in their proposal. Highlands County BOCC is requesting funds to apply toward an online enrollment system. Please confirm the amount and the duration of the technology funds.
8. Claim Audit Funds: All proposers are encouraged to include funds for outside claim auditing services utilizing the vendor appointed by HCBC.

9. File Transfer Funds: Proposers are encouraged to include funds to be utilized for reporting and/or data transfer. The funds would be utilized for any cost associated with pharmacy prior authorizations on file as well as open refill transfers and all reporting with a cost that would assist with a carrier transition should another carrier be awarded the contract.
10. Claim Repricing: Medical and pharmacy administrators must provide a claim repricing analysis is selected as a finalist.
11. Pharmacy Rebates: Medical carriers and Pharmacy Benefit Managers are encouraged to provide 100% pharmacy rebates in their proposal. It is preferred that these rebates be made payable to Highlands County BCC.
12. Guarantees: Proposers are required to include performance guarantees, implementation guarantees, service guarantees, and network discount guarantees to accompany their proposal.
13. Rate Guarantees: Highlands County BOCC highly recommends that proposals provide multiple year rate guarantees. Medical proposers, Pharmacy Benefit Managers and Dental proposers providing self-funded options are encouraged to provide multiple year rate guarantees for administrative fees. If proposer is bidding multiple lines of coverage, please quote each line separately with stand-alone rates, noting any multiple line discounts that are available.
14. Reference Requirement: It is a requirement that all insurance carriers currently provide group insurance to at least three other municipal entities with at least 850 employees. Proposers not able to list three current municipal references may be disqualified from consideration.
15. Provider Network: Proposer must be able to offer a high quality, accessible provider network(s) sufficient to meet the needs and geographic diversity of a group covering 800+ individuals and their dependents. Provider networks must include hospital, physician, and other provider services in Highlands, Okeechobee, Glades, Polk, Charlotte, Desoto, Hardee Counties. Please note that local or regional networks can be proposed, but it is HCBC's preference that national networks be made available to the employees, retirees, and their dependents. Retirees presently reside in AL, AR, OK, TN, TX, WI.
16. Plan Implementation: It is a requirement that the proposers awarded this contract provide representative(s) to assist with implementation, open enrollment, employee communications and ongoing assistance with routine plan administration.
17. Employee Communications: It is the responsibility of all successful proposers to provide the necessary papers, forms, etc., for initial enrollment and the administration of benefits including but not limited to: brochures outlining schedule of benefits, directories, certificates, claim forms, identification cards, benefit booklets, etc., where applicable.
18. Interactive Website: It is a requirement of Highlands County BOCC to award the contract to a vendor that offers an interactive website that would allow employees the ability to research the status of their claims on the internet, research information such as Preferred Drug Lists, and search provider directories, etc.
19. Highlands County BOCC plans to utilize an electronic enrollment system therefore all proposers must have the technological capacity to transmit and accept a HIPAA 834 5010 eligibility file with proper confirmation of receipt and discrepancy reporting.
20. Providers must be licensed to provide insurance services in the State of Florida.

BACKGROUND & UNDERWRITING INFORMATION

A. MEDICAL SUMMARY

Highlands County BCC's medical and pharmacy benefits have been with Florida Blue for 15+ years. The reinsurance is currently with Highmark. The program is self-insured and consists of 3 PPO plans (base, mid and high). The mid option (05771) plan was recently implemented on 10/1/18.

Currently there are 37 retirees enrolled on the HCBCB medical plan and 6 enrolled in a Medicare Advantage Plan offered through Florida Blue. Please include pricing for a Medicare Advantage product in your offering. It is important to note that the current Plan Administrator is the primary payor of claims for retirees enrolled in the HCBCB plan who are not enrolled in Medicare Part B.

The current contract includes a fourth quarter carryover provision whereby expenses incurred on or after 10/1 through 12/31 are also applied to the following plan year annual deductible.

Requested Medical Plan Designs (please include pricing for both options in your proposal):

Option A: All proposers should offer current plan designs matching the triple option

Option B: Include pricing for a dual option – HDHP as the Base Plan and the current 05360 as the Buy-Up plan.

Highlands County BOCC (active employee) enrollment as of February 2019:

- 381 enrolled in Base Plan
- 155 enrolled in Mid Plan
- 243 enrolled in High Plan

**Highlands County BOCC retirees are eligible for Medical, Dental, Vision, and Life benefits.*

B. DENTAL SUMMARY

The dental offer currently consists of three DPPO plans. Highlands County BOCC plans to maintain a similar triple-option for employees/retirees. Proposers are asked to match as closely as possible to the dental certificate of coverage provided in the RFP Attachments section. Additionally, dental claim experience is provided in the Attachments section. Dental coverage is subsidized by HCBCB for all active employees and elected officials. Retirees are required to pay the full cost of coverage.

C. VISION SUMMARY

The vision currently consists of one plan offered through Davis. The plan offers copays for exams and materials, along with allowance for frames and contact lenses. Highlands County BOCC plans to maintain a similar single plan offering for employees, elected officials and retirees. Proposers are asked to match as closely as possible to the vision benefit summary provided in the Attachments section.

D. BASIC LIFE and AD&D SUMMARY

All active employees receive a flat \$15,000 of life insurance that is paid for by HCBCB. Please provide pricing for a flat \$15,000 as well as for a flat \$25,000. Retirees have a Basic Life and AD&D benefit of

\$5,000 which is not subject to age reductions.

E. EMPLOYEE ELIGIBILITY

Employees are eligible to participate in Highlands County BOCC insurance plans if they are working a minimum of 30 hours per week. Coverage will be effective 30 days after the date of hire. At retirement, employees who meet the definition of retiree are eligible to remain on medical, dental, vision and life insurance plans through Highlands County BOCC. Retirees have their own Class for Basic Life insurance. Upon separation or termination, employees can continue medical, dental, vision, EAP, FSA and HRA under COBRA.

F. PLANS REQUESTED

Proposers are requested to submit proposals duplicating the current schedule of benefits for each of the plans currently offered and outlined in the response forms.

Medical – Please match the current triple option plans as closely as possible as well as provide the requested alternate plan design to replace the current base plan that includes a qualified high deductible health plan.

Basic Life and AD&D – Please include pricing for a flat \$15,000 for active employees as well as an option for a flat \$25,000.

G. MEDICAL/ASO/STOP LOSS RATES

MEDICAL AND RX	10/1/2017-9/30/2018 Florida Blue	10/1/2018-9/30/19 Florida Blue
Funding Rates	Base Plan 05360	Base Plan 05360
Employee	\$624.16	\$670.22
Employee + Spouse	\$836.40	\$920.22
Employee + Child(ren)	\$794.10	\$873.58
Employee + Family	\$934.43	\$1,027.96
Funding Rates		Mid Plan 05771
Employee	N/A	\$777.96
EE + Spouse		\$1,042.58
EE + Child(ren)		\$989.86
EE + Family		\$1,164.78
Funding Rates	High Plan 03564	High Plan 03564
Employee	\$740.19	\$823.62
EE + Spouse	\$992.05	\$1,103.86
EE + Child(ren)	\$941.89	\$1,048.04
EE + Family	\$1,108.33	\$1,233.24

Fixed Costs (Florida Blue/Highmark)	10/1/2017-9/30/2018	10/1/2018-9/30/19
Medical ASO (Florida Blue)	\$62.27 PEPM (includes EAP fee of \$1.62 PEPM)	\$64.77 PEPM (includes EAP fee of \$1.62 PEPM)
*Specific Stop Loss – \$200,000	\$34.81 EE Only \$89.71 Family	\$38.97 EE Only \$99.72 Family
Aggregate Stop Loss – Unlimited Annual Max	\$3.50 Composite	\$3.16 Composite
	n/a	*One member is lasered at \$525,000

H. DENTAL/VISION RATES

DENTAL	10/1/2017-9/30/2018	10/1/18-9/30/2019
ASO for all 3 plans	Guardian	Guardian
All Tiers	\$4.57	\$4.57
Funding	Base Plan	Base Plan
Employee Only	\$14.49	\$14.49
Funding Rates	Buy-Up Plan	Buy-Up Plan
Employee	\$27.67	\$27.67
EE + Spouse	\$52.11	\$52.11
EE + Child(ren)	\$62.97	\$62.97
EE + Family	\$79.97	\$79.97
Funding Rates	Premium Plan	Premium Plan
Employee	\$29.51	\$29.51
EE + Spouse	\$55.58	\$55.58
EE + Child(ren)	\$67.17	\$67.17
EE + Family	\$85.03	\$85.03

VISION	10/1/2017-9/30/2018	10/1/18-9/30/2019
	Davis	Davis
Employee	\$4.94	\$4.94
EE + Spouse	\$9.89	\$9.89
EE + Child(ren)	\$10.38	\$10.38
EE + Family	\$14.46	\$14.46

**SECTION III
RESPONSE FORMS**

Complete all response forms applicable to the coverage you are quoting.

- EXHIBIT I (A): MEDICAL PLAN BENEFITS RESPONSE FORM
 - EXHIBIT I (B): MEDICAL PLAN BENEFITS RESPONSE FORM (HDHP)
 - EXHIBIT II: ADMINISTRATIVE SERVICES ONLY RESPONSE FORM
 - EXHIBIT III: STOP LOSS REINSURANCE RESPONSE FORM
 - EXHIBIT IV: DENTAL INSURANCE RESPONSE FORM
 - EXHIBIT V: DENTAL RATE RESPONSE FORM
 - EXHIBIT VI: VISION INSURANCE RESPONSE FORM
 - EXHIBIT VII (A): BASIC LIFE RESPONSE FORM
 - EXHIBIT VII (B): BASIC LIFE RESPONSE FORM (\$25K)
 - EXHIBIT VIII: SUPPLEMENTAL LIFE RESPONSE FORM
 - EXHIBIT IX: LONG TERM DISABILITY RESPONSE FORM
 - EXHIBIT X: SHORT TERM DISABILITY RESPONSE FORM
 - EXHIBIT XI: EMPLOYEE ASSISTANT PROGRAM
 - EXHIBIT XII: FLEXIBLE SPENDING ACCOUNT RESPONSE FORM
 - EXHIBIT XIII: COBRA SERVICES RESPONSE FORM
-

SECTION III: EXHIBIT I (A)
MEDICAL PLAN BENEFITS RESPONSE FORM – BASE PLAN

SCHEDULE OF BENEFITS	CURRENT		PROPOSED	
	In Network	Out of Network	In Network	Out of Network
Network(s) Utilized	Florida Blue - Blue Options 05360			
Calendar Year Deductible (CYD)				
Individual	\$2,500	\$4,000		
Family	\$5,000	\$8,000		
Out-of-Pocket Maximum				
Individual	\$5,500	\$8,000		
Family	\$11,000	\$16,000		
Member Coinsurance	30%	40%		
Non-Hospital Services				
Physician Office Visit	\$45 Copay	40% After CYD		
Specialist Office Visit	\$65 Copay	40% After CYD		
Preventive Care	No Charge	40%		
Laboratory Services	Clinical Lab: No Charge Ind Diagnostic Ctr: \$75 Copay	40% After CYD		
Advanced Imaging (CT, PET, MRI)	30% After CYD	40% After CYD		
Urgent Care Visit	30% After CYD	30% After CYD		
Hospital Services				
Inpatient	30% After CYD	40% After CYD		
Outpatient	30% After CYD	40% After CYD		
Emergency Room Visit	30% After CYD			
Physician Services at Hospital	30% After CYD	30% After INN CYD		
Mental Health / Substance Abuse				
Inpatient	No Charge	Phy Office: No Charge Hospital 40%		
Outpatient	No Charge	40%		
Prescription Drugs				
Tier 1/Generic	\$10	50%		
Tier 2/Brand Name	\$50	50%		
Tier 3/ Non-Preferred Brand	\$80	50%		
Tier 4/Specialty Drugs	Based on Applicable Tier			
Mail Order (90-day supply)	2X Retail Copay	N/A		

SECTION III: EXHIBIT I (A)
MEDICAL PLAN BENEFITS RESPONSE FORM – MID PLAN

SCHEDULE OF BENEFITS	CURRENT		PROPOSE	
	In Network	Out of Network	In Network	Out of Network
Network(s) Utilized	Florida Blue - Blue Options 05771			
Calendar Year Deductible (CYD)				
Individual	\$1,500	\$4,500		
Family	\$4,500	\$13,500		
Out-of-Pocket Maximum				
Individual	\$4,500	\$9,000		
Family	\$9,000	\$18,000		
Member Coinsurance	20%	50%		
Office Visits				
Physician Office Visit	\$30 Copay	50% After CYD		
Specialist Office Visit	\$55 Copay	50% After CYD		
Preventive Care	No Charge	50%		
Laboratory Services	Clinical Lab: No Charge Ind Diagnostic Ctr: \$50 Copay	50% After CYD		
Advanced Imaging	\$250 Copay	50% After CYD		
Urgent Care Visit	\$60 Copay	CYD + \$60 Copay		
Hospital Services				
Inpatient	20% After CYD	\$500 PAD + 50% After CYD		
Outpatient	20% After CYD	50% After CYD		
Emergency Room Visit	\$250 Copay			
Physician Services at Hospital	20% After CYD	20% After INN CYD		
Mental Health & Substance Abuse				
Inpatient	No Charge	Phy Office: No Charge Hospital 50%		
Outpatient	No Charge	50% After CYD		
Prescription Drugs				
Tier 1/Generic	\$10	50%		
Tier 2/Brand Name	\$45	50%		
Tier 3/ Non-Preferred Brand	\$60	50%		
Tier 4/Specialty Drugs	Based on Applicable Tier			
Mail Order (90-day supply)	2X Retail Copay	N/A		

SECTION III: EXHIBIT I (A)
MEDICAL PLAN BENEFITS RESPONSE FORM – BUY-UP PLAN

SCHEDULE OF BENEFITS	CURRENT		PROPOSED	
	In Network	Out of Network	In Network	Out of Network
Network(s) Utilized	Florida Blue - Blue Options 03564			
Calendar Year Deductible (CYD)				
Individual	\$1,000			
Family	\$3,000			
Out-of-Pocket Maximum				
Individual	\$3,000	\$6,000		
Family	\$6,000	\$12,000		
Member Coinsurance	20%	40%		
Office Visits				
Physician Office Visit	\$35 Copay	40% After CYD		
Specialist Office Visit	\$50 Copay	40% After CYD		
Preventive Care	No Charge	40%		
Laboratory Services	Clinical Lab: No Charge Ind Diagnostic Ctr: \$50 Copay	40% After CYD		
Advanced Imaging	\$125 Copay	40% After CYD		
Urgent Care Visit	\$50 Copay			
Hospital Services				
Inpatient	20% After CYD	40% After CYD		
Outpatient	20% After CYD	40% After CYD		
Emergency Room Visit	\$200 Copay			
Physician Services at Hospital	CYD	INN CYD		
Mental Health & Substance Abuse				
Inpatient	No Charge	Phy Office: No Charge Hospital 40%		
Outpatient	No Charge	40% After CYD		
Prescription Drugs				
Tier 1/Generic	\$10	50%		
Tier 2/Brand Name	\$30	50%		
Tier 3/ Non-Preferred Brand	\$50	50%		
Tier 4/Specialty Drugs	Based on Applicable Tier			
Mail Order (90-day supply)	2X Retail Copay	N/A		

**SECTION III: EXHIBIT I (B) – QUALIFIED HDHP
MEDICAL PLAN BENEFITS RESPONSE FORM – BASE PLAN**

SCHEDULE OF BENEFITS	CURRENT		PROPOSED	
	In Network	Out of Network	In Network	Out of Network
Network(s) Utilized				
Calendar Year Deductible (CYD)				
Individual	\$3,000	\$6,000		
Family	\$6,000	\$10,000		
Out-of-Pocket Maximum				
Individual	\$6,500	\$13,000		
Family	\$13,000	\$26,000		
Member Coinsurance	20%	50%		
Non-Hospital Services				
Physician Office Visit	20% After CYD	50% After CYD		
Specialist Office Visit	20% After CYD	50% After CYD		
Preventive Care	No Charge	50%		
Laboratory Services	20% After CYD	50% After CYD		
Advanced Imaging (CT, PET, MRI)	20% After CYD	50% After CYD		
Urgent Care Visit	20% After CYD	50% After CYD		
Hospital Services				
Inpatient	20% After CYD	50% After CYD		
Outpatient	20% After CYD	50% After CYD		
Emergency Room Visit	20% After CYD			
Physician Services at Hospital	20% After CYD	20% After INN CYD		
Mental Health / Substance Abuse				
Inpatient	20% After CYD	50% After CYD		
Outpatient	20% After CYD	50% After CYD		
Prescription Drugs				
Tier 1/Generic	20% After CYD	50%		
Tier 2/Brand Name	20% After CYD	50%		
Tier 3/ Non-Preferred Brand	20% After CYD	50%		
Tier 4/Specialty Drugs	Based on Applicable Tier			
Mail Order (90-day supply)	2X Retail Copay After CYD	N/A		

SECTION III: EXHIBIT I (B)
MEDICAL PLAN BENEFITS RESPONSE FORM – BUY-UP PLAN

SCHEDULE OF BENEFITS	CURRENT		PROPOSED	
	In Network	Out of Network	In Network	Out of Network
Network(s) Utilized	Florida Blue - Blue Options 05360			
Calendar Year Deductible (CYD)				
Individual	\$2,500	\$4,000		
Family	\$5,000	\$8,000		
Out-of-Pocket Maximum				
Individual	\$5,500	\$8,000		
Family	\$11,000	\$16,000		
Member Coinsurance	30%	40%		
Non-Hospital Services				
Physician Office Visit	\$45 Copay	40% After CYD		
Specialist Office Visit	\$65 Copay	40% After CYD		
Preventive Care	No Charge	40%		
Laboratory Services	Clinical Lab: No Charge Ind Diagnostic Ctr: \$75 Copay	40% After CYD		
Advanced Imaging (CT, PET, MRI)	30% After CYD	40% After CYD		
Urgent Care Visit	30% After CYD	30% After CYD		
Hospital Services				
Inpatient	30% After CYD	40% After CYD		
Outpatient	30% After CYD	40% After CYD		
Emergency Room Visit	30% After CYD			
Physician Services at Hospital	30% After CYD	30% After INN CYD		
Mental Health / Substance Abuse				
Inpatient	No Charge	Phy Office: No Charge Hospital 40%		
Outpatient	No Charge	40%		
Prescription Drugs				
Tier 1/Generic	\$10	50%		
Tier 2/Brand Name	\$50	50%		
Tier 3/ Non-Preferred Brand	\$80	50%		
Tier 4/Specialty Drugs	Based on Applicable Tier			
Mail Order (90-day supply)	2X Retail Copay	N/A		

**SECTION III: EXHIBIT II
ADMINISTRATIVE SERVICES ONLY RESPONSE FORM**

ASO Contract Details	PROPOSED
Name of Proposer	
Name of Network(s) Utilized	
Outline All Applicable Fees Below:	
Administration Fee (PEPM)	
Utilization Review (PEPM)	
Network Access Fee (PEPM)	
Disease Management (PEPM)	
HIPAA Certification	
Pharmacy Management Fee (PEPM)	
Dental Administration Fee (PEPM)	
COBRA Administration (PEPM)	
Other Fees (PEPM)	
Termination Fees (PEPM)	
TOTAL ADMIN FEE (PEPM)	
Rate Guarantee	

** Include all fees associated with plan administration in your proposal response as a separate attachment.*

**SECTION III: EXHIBIT III
STOP LOSS REINSURANCE RESPONSE FORM**

Proposer is required to submit all cost proposals on a “per employee per month” basis for the entire term of the contract. Proposer will include any adjustments to the cost if the number of employees substantially varies, if any such adjustments will be proposed. Proposer is required to submit all costs for reinsurance on a **composite basis** and regardless of coverage tier or plan.

Please note below: Highlands County BOCC is requesting 2 Stop Loss options with a \$200,000 ISL.

SPECIFIC AND AGGREGATE REINSURANCE PROPOSAL	OPTION 1	OPTION 2
Aggregate Loss Corridor	120%	125%
Aggregate Type of Contract	24/12	24/12
Coverages Included	Medical & RX	Medical & RX
Annual & Lifetime Maximum	Unlimited	Unlimited
Specific Deductible	\$200,000	\$200,000
Specific Type of Contract	24/12 with TLO	24/12 with TLO
Specific Premium PEPM		
Aggregate Premium PEPM		
Aggregate Attachment Factors PEPM		
Minimum Aggregate Attachment Point		
Termination Fees (PEPM)		

****Include all fees associated with plan administration in your proposal response. Please include complete quote sheet with all details and caveats your proposal.***

All proposers are requested to submit reinsurance quotes in compliance with the terms below:

1. Reinsurance contracts should be quoted on a paid basis.
2. No actively at work requirements are acceptable.
3. No employer disclosure or other contingencies are to be included.

Indicate whether additional information is attached. _____

In addition, include the fee that will be charged should Highlands County BOCC decide to terminate the self-funded arrangement. This fee should be in the form of either a “percentage of paid claims” or a “per head” fee. Although these termination arrangements are preferred, Highlands County BOCC will review all alternatives. Include your termination proposal with this proposal page in your submission.

SECTION III: EXHIBIT IV
DENTAL INSURANCE RESPONSE FORM - BASE PLAN PPO

SCHEDULE OF BENEFITS	CURRENT DPPO		PROPOSED	
	In Network	Non-Network	In Network	Non-Network
Calendar Year Maximum	\$1,000			
Orthodontic Lifetime Maximum	N/A			
Calendar Year Deductible				
Single	N/A			
Family Aggregate	N/A			
Deductible Waived for Class 1	N/A			
Orthodontic Deductible	N/A			
Plan Benefits				
Class 1 – Preventive/Diagnostic	100%			
Class 2 – Basic Services	N/A			
Class 3 – Major Services	N/A			
Class 4 – Orthodontic Treatment (Adult and Child)	N/A			
Waiting Period				
Major Services	N/A			
Out of Network Benefits are Paid at what Level:	N/A			
Endodontic & Periodontics are Covered as:	N/A			

**SECTION IV: EXHIBIT IV
DENTAL INSURANCE RESPONSE FORM – BUY UP PPO**

SCHEDULE OF BENEFITS	CURRENT DPPO		PROPOSED	
	In Network	Non-Network	In Network	Non-Network
Calendar Year Maximum	\$1,000			
Orthodontic Lifetime Maximum	\$1,000			
Calendar Year Deductible				
Single	\$50			
Family Aggregate	\$150			
Deductible Waived for Class 1	Yes			
Orthodontic Deductible	None			
Plan Benefits				
Class 1 – Preventive/Diagnostic	100%	100%		
Class 2 – Basic Services	80%	80%		
Class 3 – Major Services	50%	50%		
Class 4 – Orthodontic Treatment (Adult and Child)	50%			
Waiting Period				
Major Services	None			
Out of Network Benefits are Paid at what Level:	U&C 90th percentile			
Endodontic & Periodontics are Covered as:	Major			

**SECTION IV: EXHIBIT IV
DENTAL INSURANCE RESPONSE FORM – PREMIER PPO**

SCHEDULE OF BENEFITS	CURRENT DPPO		PROPOSED	
	In Network	Non-Network	In Network	Non-Network
Calendar Year Maximum	\$5,000			
Orthodontic Lifetime Maximum	\$1,000			
Calendar Year Deductible				
Single	\$50			
Family Aggregate	\$150			
Deductible Waived for Class 1	Yes			
Orthodontic Deductible	None			
Plan Benefits				
Class 1 – Preventive/Diagnostic	100%	100%		
Class 2 – Basic Services	80%	80%		
Class 3 – Major Services	50%	50%		
Class 4 – Orthodontic Treatment (Adult and Child)	50%			
Waiting Period				
Major Services	None			
Out of Network Benefits are Paid at what Level:	U&C 90th percentile			
Endodontic & Periodontics are Covered as:	Major			

**SECTION III: EXHIBIT V
DENTAL RATE RESPONSE FORM**

DENTAL ASO FEE	CURRENT	PROPOSED
PEPM	\$4.57	

DENTAL BASE PLAN BASE MONTHLY FUNDING RATES	CURRENT	PROPOSED
Employee Only	\$14.49	
Employee + Spouse	N/A	
Employee + Children	N/A	
Employee + Family	N/A	

DENTAL BASE PLAN BUYUP MONTHLY FUNDING RATES	CURRENT	PROPOSED
Employee Only	\$27.67	
Employee + Spouse	\$52.11	
Employee + Children	\$62.97	
Employee + Family	\$79.97	

DENTAL BASE PLAN PREMIER MONTHLY FUNDING RATES	CURRENT	PROPOSED
Employee Only	\$29.51	
Employee + Spouse	\$55.58	
Employee + Children	\$67.17	
Employee + Family	\$85.30	

**SECTION III: EXHIBIT VI
VISION INSURANCE RESPONSE FORM**

SCHEDULE OF BENEFITS	CURRENT		PROPOSED	
	In Network	Out of Network	In Network	Out of Network
Eye Exam	\$10 Copay	Up to \$40 Reimbursement		
Frequency of Services				
Examination	12 Months			
Lenses	12 Months			
Frames	24 Months			
Contact Lenses	12 Months			
Lenses				
Single	No Charge After \$25 Copay. Polycarbonate covered in full for members under age 19.	Up to \$40 Reimbursement		
Bifocal		Up to \$60 Reimbursement		
Trifocal		Up to \$80 Reimbursement		
Frames				
Retail	\$150 Allowance, 210% off balance over \$150	Up to \$50 Reimbursement		
Contact Lenses				
Non-Elective (Medically Necessary)	Paid in Full	Up to \$225 Reimbursement		
Contact Lenses (Fitting and Follow-up)	Included			
Conventional	\$150 Allowance, 15% off balance over \$150	Up to \$105 Reimbursement		

FULLY INSURED PREMIUM	CURRENT RATES	PROPOSED
Employee Only	\$4.94	
Employee + Spouse	\$9.89	
Employee + Children	\$10.38	
Employee + Family	\$14.46	

**SECTION III: EXHIBIT VII
BASIC LIFE RESPONSE FORM (A)**

SCHEDULE OF BENEFITS	CURRENT	PROPOSED
Eligibility	All full-time employees scheduled to work at least 30 hours per week	
Waiting Period	Eligible for benefits After 30 days from date of hire	
Class 1 – Active Employees	\$15,000	
Class 2 – All Retirees	\$5,000	
AD&D – Class 1 only	Equal to the Employee’s amount of Basic Life Insurance in force	
Age Reduction – Class 1 only	To 65% - Age 65 To 40% - Age 70	
Guarantee Issue Amount	All amounts – Class 1 & 2	
Waiver of Premium	Included	
Accelerated benefit	Up to 75% of Benefit	

Basic Life	CURRENT	PROPOSED
Basic Life Rate / \$1,000	\$.140	
Basic AD&D Rate / \$1,000	\$.030	
Retiree Life Rate / \$1,000	\$1.61	

**SECTION III: EXHIBIT VII
BASIC LIFE RESPONSE FORM (B) – (\$25K Class 1)**

SCHEDULE OF BENEFITS	SUGGESTED
Eligibility	All full-time employees scheduled to work at least 30 hours per week
Waiting Period	Eligible for benefits After 30 days from date of hire
Class 1 – Active Employees	\$25,000
Class 2 – All Retirees	\$5,000
AD&D – Class 1 only	Equal to the Employee’s amount of Basic Life Insurance in force
Age Reduction – Class 1 only	To 65% - Age 65 To 40% - Age 70
Guarantee Issue Amount	All amounts – Class 1 & 2
Waiver of Premium	Included
Accelerated benefit	Up to 75% of Benefit

Basic Life	SUGGESTED
Basic Life Rate / \$1,000	
Basic AD&D Rate / \$1,000	
Retiree Life Rate / \$1,000	

**SECTION III: EXHIBIT VIII
SUPPLEMENTAL LIFE RESPONSE FORM**

SCHEDULE OF BENEFITS	CURRENT	PROPOSED
All Eligible Employees	Units of \$10,000 to the lesser of 5 times salary up to \$300,000	
Spouse	Units of \$5,000 to the lesser of \$150,000 or 50% of Employee's Voluntary Life Insurance amount.	
Dependent Child(ren)	14 Days to 6 months: \$500 6 months to age 25 – Units of \$5,000 or \$10,000	
Features		
Guarantee Issue	Employee: \$100,000 Spouse: \$25,000	
Spouse	Combined Dependent coverage cannot exceed 50% of Employee benefit	
Child		
AD&D	Employee Only	
Dependent Eligibility	Employees must participate in voluntary plan for dependents to participate	
Monthly Premium	CURRENT	PROPOSED
Age Band	Rate / \$1,000	
0-19	\$.050	
20-24	\$.050	
25-29	\$.060	
30-34	\$.080	
35-39	\$.090	
40-44	\$.120	
45-49	\$.210	
50-54	\$.370	
55-59	\$.610	
60-64	\$.750	
65-69	\$ 1.310	
70-74	\$ 2.060	
75+	\$ 2.380	
Employee/Spouse AD&D	\$.030	
Child(ren) Rate per \$10,000	\$ 1.300	

**SECTION III: EXHIBIT IX
VOLUNTARY LONG-TERM DISABILITY RESPONSE FORM**

SCHEDULE OF BENEFITS	SUGGESTED
Eligibility	All active, Full-time Employees working a minimum of 30 hours per week
Core Benefit	60% weekly earnings
Core Benefit Monthly Maximum	\$5,000
Elimination Period	180 Days
Definition of Disability	24 Months
Benefit Duration	SSNRA
Limitations:	
Mental Illness	24 months
Alcohol / Substance Abuse	24 months
Self-reported Symptoms	None
Pre-Existing Conditions	3 / 12
MONTHLY PREMIUM	
Core Benefit	
Rate / \$100 of Covered Payroll	
Buy-Up Plan	
Rate / \$100 of Covered Payroll	
Rate Guarantee Proposed	

**SECTION III: EXHIBIT X
VOLUNTARY SHORT-TERM DISABILITY RESPONSE**

SCHEDULE OF BENEFITS	SUGGESTED
Eligibility	All active, Full-time Employees working a minimum of 30 hours per week
Weekly Benefit	60% weekly earnings
Maximum Weekly Benefit	\$1,500
Elimination Period for Accident	15 Day
Elimination Period for Sickness	15 Day
Benefit Duration (not including Benefit Waiting Period)	22 Weeks
Pre-existing Condition Limitation	None
PREMIUM	
Rate per \$10 Weekly Benefit	
Participation Requirement (%)	
Rate Guarantee Proposed	

**SECTION III: EXHIBIT XI
EMPLOYEE ASSISTANT PLAN RESPONSE FORM**

Core Features	CURRENT
Number of Sessions per EE or Dependent	3 per issue for employee, dependent up to age 26 and household member. Talk space is also included
Do Intake Personnel work for Provider or Outsourced	ND manages our EAP provider network
Management Referrals & Crisis Training	Included
Crisis Response Services	Telephonically included/CIR pooled w/ trainings
Brochures & Workplace Posters	Electronic and printed as needed
Frequency of Comprehensive Reporting	Quarterly
Referrals to Community Services	Included
Does Provider Participate in Company Benefits/Wellness Fairs	For Wellness Fairs
Critical Incident Debriefing	7 pooled hours w/ training
Are Counselors Available 24/7	Included
Telephonic Mgt/Supervisor Consultation and Support	Included
Legal/Financial Services	Included/30-minute telephonic consultations for both
Child/Elder Care Services	Included
Per Employee Per Month Rate	\$1.62

**SECTION III: EXHIBIT XII
FLEXIBLE SPENDING ACCOUNT RESPONSE FORM**

ADMINISTRATION	PROPOSED
Basic FSA Services PEPM	
Debit Card Fee	
First Year Set Up Fee	
Annual Renewal Fee	
Plan Design, Documents and Forms Costs	
Claim Submission Method	
Claims turnaround, processing and payment timing	
Direct Deposit of Reimbursements – Y/N	
Secure Employer & Employee Web Portals – list website link	
Electronic Enrollment Materials – Y/N	
Printed Enrollment Materials – Associated Costs	
Employee Communications	
Reporting frequency/availability	
Customized Group Employee Education Meeting	
Nondiscrimination Testing	
Per Employee Per Month Rate	\$4.00

**SECTION III: EXHIBIT XIII
COBRA SERVICES RESPONSE FORM**

CORE FEATURES	PROPOSED
Initial Notice to all Employees	<i>Included in monthly fee?</i>
Initial Notice to New Hires	
Qualifying Event notices	
Invoicing	
Payment Options for COBRA participants	<i>(ACH, Check, etc.)</i>
Does COBRA administrator manage re-enrollment of coverage after COBRA election	
Cost per packet for printed Open Enrollment Kits	
Web administration abilities	
Describe Reports availability to Employer	
Liability – Court costs and Legal Fees	
MONTHLY PREMIUM / RATES	
Minimum (if applies)	
Per employee per month	
Takeover Fee	
Plan Renewal Fee	
Implementation Fee	
Rate Guarantee	

**SECTION IV:
PROPOSER QUESTIONNAIRE**

General Information:

1. Are you willing to provide performance guarantees for implementation and servicing of your products? If so, please describe the performance guarantee programs you are proposing. Please indicate the group name, address, contact person, and telephone number of up to three firms in Florida to whom your company has forfeited money because of service problems in the last three years.
2. Please describe your process for handling transition of care?
3. Do you utilize any “wrap” or leased networks not negotiated or owned by your organization?
 - a. If yes, what is the name of the network?
4. Will you provide COBRA Administration at no cost as a part of your proposed services?
5. Do you agree to allow Retirees over and under 65 to continue coverage under the same plan at the same rate as active employees?
6. Please confirm that claims will be paid at the “primary” level for Medicare eligible Retirees who are not currently enrolled in Medicare Part B or D.
7. Please provide the name, title, contact information and resumé of the individual who would have direct daily account responsibility for the employee benefits program(s) you are proposing. If more than one person will be filling this role, please respond with complete information for all.
8. What is your company’s current A. M. Best, Moody’s and Standard and Poor’s ratings?
9. What is your account service team’s average response time to client requests or questions?
10. Describe any other services provided by your firm that will support employee benefit initiatives.
11. Describe any available benchmarking tools you can provide.
12. Does your company help facilitate annual open enrollment? i.e. Onsite meetings, Educational materials, printed materials at no cost?
13. Highlands County BOCC is requesting the successful medical insurance proposer include a part time onsite representative to support employees and dependents. The representative will be an employee of the insurance carrier.
14. Please confirm you can waive the requirement for a binder check at time of application submission.
15. Describe and list your firm’s “Centers of Excellence”.
16. Describe any prior or pending litigation, debarment action, performance improvement plan, sanctions, etc. either civil or criminal involving a government agency or the private sector which may affect the

performance of the services to be rendered herein, in which the Proposer or any of its employees or subcontractors or sub consultants is or has been involved within the last 3 years. If so, please explain.

Electronic Enrollment:

17. Highlands County BOCC seeks technology funds to apply towards an online benefit enrollment system. Please specify the amount and the duration of the technology funds (multi-year).
18. Does your company (or third-party) process electronic eligibility files via automation or are manual steps necessary? If manual steps are required to process files, please explain this process and impact on processing time.
19. Does your company outsource the processing of electronic eligibility to a third-party? If so, please provide company name.
20. Please specify if your company (or third-party) accepts the HIPAA 834 5010 file layout as well as all other file layouts accepted for automated enrollment. Please provide applicable coding supplements and other applicable file specification documents.
21. What is your company's (or third-party's) standard processing time for electronic eligibility to be updated in all applicable internal systems (eligibility/claims/billing/etc.)? If time varies, please specify for each system.
22. Will your company (or third-party) provide confirmation notification to the group when files are processed? Please provide details related to this notification process (email, requirement of group log into company website, etc.)
23. Please provide implementation time (in days) for initial set-up of automated enrollment (electronic eligibility) of an established group with your company.
24. Please provide implementation time (in days) for initial set-up of automated enrollment (electronic eligibility) of a new group with your company.
25. Please provide set-up time needed for changes to file structure, plans, funding strategy, platform changes for an established group with your company. What alternative options does your company provide to receive enrollment should these changes cause delay in set-up of the EDI process?
26. Please provide file testing time frame (in days) for initial set-up and structure changes.
27. Please provide the standard time frame required to process files, generate, and mail member ID cards. What options does the group have if ID card delivery is delayed beyond the plan effective date?

Data & Reports:

28. Please specify if your firm is SSAE 16 / SOC / SAS certified.
29. Describe the reports you will provide regarding the utilization and claims associated with the employee benefits program(s) you are proposing. Please indicate in your description if any of the reports would be provided at an additional cost over the fees associated with the programs.
30. How often are claim audits conducted and what percentage of claims are audited? If you use a third party to audit claims, please disclose the name of auditor.
31. How do you identify fraudulent claims and how will you notify the Highlands County BOCC's Office?
32. Describe the process for identifying and paying claims which may be subrogation claims.
33. What is your proposed frequency of reporting on utilization experience? Is there a charge for utilization data analysis?
34. Will there be online access for claim reports?

References/Other:

35. Please provide a listing of at least three (3) references with a minimum of 800 employees for whom you provide insurance coverage for the program(s) you are proposing. Include the group name, contact name, title and phone number.
36. Describe any other facets of your company and its experience which are relevant to this proposal that have not been previously described and that you feel warrant consideration.

Renewal Planning & Additional Fees:

37. Will your company be willing and/or able to provide the annual renewal for the programs you are proposing a minimum of 120 days prior to the renewal date?
38. Will you recruit a specific provider per Highlands County BOCC request?
39. Describe any plan modeling tools that you provide to assist with evaluating additional plan designs.
40. Are any of the rates you proposed contingent on any additional information? If so, please disclose.
41. Is your proposal contingent upon receiving updated claim reporting? If yes, through what time frame?
42. Would you allow a grace period of 45 days for payment of an invoice?
43. What additional services are available and the cost?

Medical/ASO/TPA:

- 44. If you are quoting medical and Rx bundled, please confirm that your proposal includes Rx rebates payable directly to the Highlands County BOCC's Office.
- 45. Is your Company willing to provide administrative fee guarantee for your self-funded proposal? If so, please provide the details of your guarantee.
- 46. Medical proposers must provide a Geo Access report that illustrates the number of:
 - a. 1 Hospital within 10 miles
 - b. 2 PCPs & Pediatricians within 10 miles
 - c. 2 OBs/Gyns, within 10 miles
 - d. 2 Specialists within 10 miles
 - e. 2 Urgent Care Centers within 10 miles

The report format should include a breakdown by employee city of residence with the number of employees in that location and the number of providers servicing that location. The report should also include reporting on the number and location of employees who do not meet the above criteria.

- 47. What are the average network discounts for the area the census covers broken down by:

Charge Type	Network Discount per County					
	Highlands	Hardee	Glades	Charlotte	Okeechobee	Polk
Doctors						
Out-Patient Hospital						
In-Patient Hospital						
Urgent Care Centers						

- 48. Are you willing to provide performance guarantees for your network discounting? If so, please describe what you are proposing.
- 49. Please identify by name the provider network associated with each plan you are proposing which of your networks are included in your proposal.
- 50. Please describe your medical and dental out-of-area coverage for retirees, dependent students or other dependents not residing with the employee (because of divorce or other reasons) but covered under their health or dental plan.

51. For plans that provide out of network coverage, if radiologists, anesthesiologists and pathologists are not part of the network, is the member responsible for cost at the in network or out of network reimbursement levels?
52. How do you handle transition of care for members currently undergoing treatment or have existing relationships with the incumbent carrier's network providers?
53. Provide a medical disruption report for the attached provider list.
54. Please confirm requirements for coordination with Medicare.
55. Each proposer must confirm that they will provide the following reports upon request (possibly quarterly) of Highlands County BOCC's Office or its Consultant:
 - a. Large Claimants (over \$25,000) inclusive of gender, plan, diagnosis, last date of service, prognosis and if the claimant remains covered on the plan.
 - b. Utilization reports by diagnosis, place of service, employee vs. dependent costs.
 - c. Monthly paid claims.
56. Please confirm participation in annual (in person) program utilization review (including the medical director and underwriter/analyst) with the client and consultant.
57. Are you willing to waive the actively at work, dependent non-confinement and pre-existing limitation provisions for all currently enrolled members on medical?
58. Please list and describe your Disease Management programs that will be offered to Highlands County BOCC.
59. Please confirm you are willing to allow coverage for Domestic Partners.
60. Do you offer medical conversion policies? If yes, what is the cost?

Stop Loss Reinsurance:

61. Renewal notification is required 120 days prior to the renewal date. Can you comply with this requirement? If "No", please outline your proposed alternative.
62. What is the length of the rate guarantee proposed? Are you willing to provide a multiple year stop loss rate guarantee? If so, please provide the details of your guarantee(s).
63. Please confirm your stop loss quote contains no lasers upon implementation and no new lasers upon renewal.
64. Do you accept the ASO carriers' standard reporting as satisfactory proof of loss, and reimburse accordingly?
65. Does your Company hold the entire risk of the client's stop loss policy, or are you in a first-dollar arrangement that may require approval before a reimbursement can be made?
66. Please confirm that you will base the stop loss coverage on the 'Eligible Expenses' as defined by the SPD.

67. Will all eligible members of the current health plan, as defined in the SPD, be included in the stop loss insurance policy of your Company?
68. Please confirm that you will accept the Health Coverage Provisions found in the SPD as covered services under your stop loss contract.
69. Does your Company agree to monthly self-billing by the client for the premiums due?
70. Does your Company guarantee a renewal regardless of experience?
71. Upon underwriting approval, does your Company offer a maximum renewal rate cap on specific rates?
72. Does your Company require any new applications or disclosure forms upon renewal? If so, please provide a copy.
73. Does your Company have an aggregating specific deductible option available that represents a dollar for dollar premium off-set to share risk?
74. Does your Company have any internal limitations or exclusions that conflict with the SPD? If so, please explain.
75. Does your Company audit every reimbursable claim to ensure it's eligible under the SPD, and notify the client if the plan pays any ineligible claim that should have been covered by Medicare, coordination of benefits, or subrogation?
76. What is the time frame for reimbursements once the claim information is submitted for payment? Do you offer Advanced Funding on claims reimbursements at no cost to the client?
77. How many months of current year experience are required to offer a firm renewal?

Pharmacy Benefit Manager

78. Please provide a pharmacy disruption report identifying changes in tier and/or not covered prescriptions, for the attached historical pharmacy claims data.
79. What are the options and pricing of the network of providers your company offers? What support does your company provide for customizing the network (adding or deleting pharmacies that are important to the plan)?
80. Does your company allow the client the right to accept or reject formulary content decisions that impact plan design? Can a client make changes to the preferred list? Please provide data analytics specific to the client's drug mix and the associated economic impact.
81. Are there therapeutic switching programs in mail order or retail edits to flag preferred drugs?
82. Who are the representatives on the PBM's pharmaceutical and therapeutics committee? Do these members accept grant money from drug manufacturers?
83. Does your company reimburse pharmacies at a rate different from what it charges to the plan?

84. Does your company own the mail order program? If not, how does the sub-contractual relationship work between the two organizations?
85. How are mail order claims monitored for accuracy and timeliness?
86. Will you cover the cost of transferring existing mail order prescriptions from the incumbent carrier?
87. Please confirm that your proposal includes Rx rebates payable directly to Highlands County BOCC's Office.
88. Does your prescription drug proposal include Step Therapy (ST), Prior Authorization (PA) and Quantity Limits (QL)? If so, describe your process for each and provide a list of medications that require ST, PA and QL.
89. Will you allow the current population taking medications that require prior-authorization (including specialty medications) be grandfathered into the new plan without having to meet the requirements again?
90. Are Lifestyle drugs covered? If yes, explain program limitations.
91. Does your prescription drug proposal include an open or closed formulary?
92. Please outline your Specialty Drug Process:
 - a. How are specialty medications managed?
 - b. List internal/external organizations you work with.
 - c. What are your proposed discounts on Specialty Pharmacy?
93. What is the generic substitution policy and process for both mail order and retail? What steps do you implement to increase generic utilization?
94. Is your pricing offer based on implementation of any new mandatory mail order programs, clinical programs or plan design changes?
95. Each proposer must confirm that they will provide the following reports upon request (possibly quarterly) of Highlands County BOCC's Office or its Consultant:
 - a. Prescription drug utilization including number of prescriptions issued for Generic vs. Brand, Retail vs. Mail Order, Top Drugs paid by cost and Top Drugs paid by volume.
 - b. Monthly paid claims
 - c. Any other reporting the PBM offers
96. Are price guarantees backed by unrestricted audits by the plan sponsor?
97. What types of DUR edits are performed routinely? Can these be customized? Are the DUR edits limited to too-soon refills, prior authorization, quantity limits, and duplicate claims, or are pharmacists notified of DUR alerts (drug-drug interactions) during the dispensing process so that the prescription may be changed if needed.
98. Are DUR edits based on criteria that are measurable in the claims detail supporting the invoices?

99. How does the PBM work with physicians to educate and modify prescribing patterns? What types of educational programs are offered to patients?
100. If your Company offers disease management programs, how are the programs designed? Do they emphasize more than prescription drugs? How are the programs funded?
101. Please confirm your participation in an annual in person program utilization review (including the pharmacy director) with the client and consultant.
102. Does your prescription drug proposal ensure that Average Wholesale Price (AWP) for individual claims will not be an annual average, is from one consistent source and will not, in any way be calculated or adjusted or assigned an alternate NDC number?
103. Each proposer must confirm that your generic guarantee is based on all generic drugs and not only Maximum Allowable Cost (MAC) generic drugs.
104. Each proposer must confirm that the client will receive all quarterly formulary rebate and reconciliation payments within 90 days of quarter's close. If "Not Confirmed," indicate the number of days that you will pay quarterly rebates within?

Wellness:

105. Highlands County BOCC seeks proposals to include wellness dollars. Proposers are encouraged to provide \$100,000 in wellness funds on an annual basis. Please disclose the amount and duration of wellness dollars provided in your proposal and any restrictions/criteria for use of those funds.
106. Please confirm the amount and the duration of the Wellness fund (multi- year).
107. Please confirm that annual onsite Biometric screenings will be included at no cost to the County and that any proposed wellness funds will be offered in addition to the no cost biometric screenings.
108. Are there any additional costs to the client or employees for participation in your wellness programs or services?
109. Will a designated wellness coordinator be assigned?

Dental:

110. Dental proposers must provide a Geo Access report that illustrates the number of:
- a. General Dentists – 2 within 10 miles.
 - b. Specialty Dentists – 1 provider within 10 miles
 - c. Orthodontists – 2 providers within 10 miles.
111. The report format should include a breakdown by employee city of residence with the number of employees in that location and the number of providers servicing that location. The report should also include reporting on the number

and location of employees who do not meet the abovecriteria.

112. Are you willing to waive the actively at work, dependent non-confinement and pre-existing limitation provisions for all currently enrolled individuals on dental?

113. Is there a missing tooth clause provision included in your proposal?

114. How does the proposed plan treat coverage for composite resin (non-amalgam) fillings on molar teeth?

115. Does the proposed plan include coverage for implants? If so, what tier would implants be categorized.

116. Please confirm dependent child(ren) eligibility.

117. Please provide a dental disruption report for the attached provider list.

118. Please provide recommended premium equivalents.

Vision:

119. How does the proposed plan cover contact lens fit and follow-up examinations?

120. Is the materials copay applicable to contact lenses?

121. Please confirm if ophthalmologists are included as a part of the proposed vision network.

122. Please confirm dependent child(ren) eligibility.

123. Provide a listing of contracted retail chains.

124. Is the frequency for services (i.e. 12/12/24) based on the plan/calendar year or from date of last service?

125. Please provide a vision disruption report for the attached provider list.

Life and Disability:

126. If awarded the voluntary life insurance contract, confirm that you will grandfather current coverage amounts for employees and dependents?

127. Will there be a "true" open enrollment period each year?

128. Do you have the option of online Evidence of Insurability forms?

129. Please confirm if voluntary dependent life rates are bundled with AD&D rate?

130. Are voluntary life spouse rates based on employee age or spouse?

131. Confirm you will provide a list bill on a monthly basis for life and disability coverages?

132. Confirm proposed dependent child age?

133. Does your voluntary life proposal allow an employee to purchase dependent life without purchasing coverage on themselves?

134. Does your voluntary life proposal allow an employee to purchase voluntary AD&D without purchasing voluntary life?

135. Does your voluntary life proposal allow a dependent to purchase voluntary AD&D without purchasing voluntary life?

-End of Part B-

**PART C:
ATTACHMENTS**

ATTACHMENT 1A MEDICAL PLAN SUMMARY AND CERTIFICATE– BLUE OPTIONS 05360

ATTACHMENT 1B MEDICAL PLAN CERTIFICATE OF COVERAGE – BLUE OPTIONS 05771

ATTACHMENT 1C MEDICAL PLAN SUMMARY AND CERTIFICATE– BLUE OPTIONS 03564

ATTACHMENT 2..... STOP LOSS POLICY

ATTACHMENT 3ASO MEDICAL & DENTAL SERVICES

ATTACHMENT 4MEDICAL & PHARMACY CLAIMS EXPERIENCE INCLUDING HIGH CLAIMS REPORT

ATTACHMENT 5..... MEDICAL PROVIDER DISRUPTION REPORT

ATTACHMENT 6..... PRESCRIPTION UTILIZATION REPORT

ATTACHMENT 7ADENTAL PLAN SUMMARY BASE PPO & CERTIFICATE

ATTACHMENT 7B DENTAL PLAN SUMMARY BUY-UP PPO & CERTIFICATE

ATTACHMENT 7C DENTAL PLAN SUMMARY PREMIER PPO & CERTIFICATE

ATTACHMENT 8.....DENTAL CLAIMS EXPERIENCE

ATTACHMENT 9 DENTAL PROVIDER DISRUPTION REPORT

ATTACHMENT 10 VISION SUMMARY

ATTACHMENT 11 VISION CLAIMS EXPERIENCE

ATTACHMENT 12..... BASIC LIFE SUMMARY & CERTIFICATE

ATTACHMENT 13SUPPLEMENTAL LIFE & CERTIFICATE

ATTACHMENT 14LIFE EXPERIENCE

ATTACHMENT 15 EAP CERTIFICATE

ATTACHMENT 16 EMPLOYEE CENSUS (EXCEL FORMAT)