



**GULF COUNTY BOARD OF COUNTY
COMMISSIONERS**

BID #1819-30

HEALTH INSURANCE: REQUEST FOR PROPOSALS

April 23, 2019

Information & Requirements

Narrative

Gulf County's health insurance is currently with Florida Blue through Public Risk Management's (PRM) Self-Insured Trust. Overall satisfaction with Florida Blue and PRM is high, however, Gulf County Board of County Commissioners (GCBOCC) would like a review of market options.

All Gulf County Constitutional Officers, including the Sheriff's Office, participate in the county plan.

Employer Contributions: The board contribution and employee deductions may be found on the attached worksheet. It is at the GCBOCC's discretion to continue the current employer contributions or make modifications.

Rate History: Attached.

Benefit Program: Attached. Prospective companies are encouraged to offer similar plan design for the current HSA product. If GCBOCC wishes to consider benefit options, this will be requested during any negotiations phase.

Experience History: Attached.

Schedule:

- RFP Release Date: April 23, 2019
- RFP Responses Due: May 17, 2019
- Board Decision: July 23, 2019
- Enrollment/Education: August TBA, 2019
- Effective Date: October 1, 2019

➤ **RFP General Information**

The anniversary date for the health insurance program is set for October 1, 2019.

Copies of the RFP package are available at the Gulf County Clerk's Office, 1000 Cecil G. Costin, Sr. Blvd., Port St. Joe, FL 32456 on April 23, 2019. The RFP package will be available in hard copy fashion, or electronically at www.gulfcounty-fl.gov.

All proposals, **with original signature and three (3) additional copies**, must be received at the Office of the Clerk by **May 17, 2019 at 4:00 p.m. EDT**. Proposals received after the closing time will be returned unopened.

Bidder Initials _____

Gulf County will advertise publicly and send the RFP requests directly to responding insurance companies. Please direct all questions and requests to Gulf County's Agent-of-Record and Consultant, Todd Torgersen, Combined Insurance Services, Inc. (850-433-9996/todd@ciscompanies.com). **Please send a summary of the proposal via soft copy to the AOR/Consultant on Friday, May 17th, 2019.**

Proposals must be received by the indicated date and time in county offices. Proposal packages must clearly state that it is a proposal for Group Health Insurance. Proposals must be valid through the effective date of the contract.

Gulf County may reject any or all proposals. The county also may enter into negotiations with carriers as allowed by Florida statute.

Each proposing company's benefit program must comply with all applicable Florida and U.S. laws pertaining to mandated benefits.

Although every effort was made to ensure such, Gulf County does not vouch for the accuracy of the information provided by the existing insurance company.

Additional information may be provided during the RFP process. It is the responsibility of all bidders to confirm whether additional information was released.

Contract awards will be based on price, service reputation, financial stability and ability to handle the specific needs of Gulf County employees.

➤ **Financial Arrangement & Basis of Quotation**

Gulf County will consider the following financial arrangements:

- Standard Fully-Insured
- Fully-Insured with Profit Sharing Provision
- Self-Insured Pool with other like groups

Bidder description of financial arrangement(s) proposed, including any risk to the county other than stated premiums (e.g. assessments; run-out liability; fees):

➤ **Commissions**

The county requests that the proposal be *net* of commissions and/or contingency bonuses.

Bidder confirmation that rates are net of commissions:

Bidder Initials _____

➤ **Contract Duration**

The contract duration for the health insurance will be for a period of 1 year beginning October 1, 2019.

Bidder confirmation of effective date and term of agreement:

➤ **Notice**

Gulf County may cancel the contract off-cycle with a 30 day written notice.

Contracted company will agree to provide Gulf County with at least 120 days notice for intent to cancel or modify the program. If the intention is to modify the program, the company must agree to provide details of the modification.

Contracted company will agree to provide Gulf County with at least 120 days notice of any rate increase by providing the actual proposed rates.

All proposals must clearly indicate underwriting assumptions, enrollment requirements and any terms and conditions associated with their prospective contract.

Bidder to list any variances from requested notice requirements:

➤ **Eligibility**

Employees are eligible for health insurance on the 1st of the month following their 30th day of employment. This includes all full-time employees working at least 30 hours per week and those otherwise eligible for FMLA, COBRA or other legislated coverage requirements. Eligible dependents may also participate in the program.

In accordance with Florida Statutes, retirees may participate in the health insurance plan at their own cost.

Bidder confirms agreement with eligibility requirements:

Bidder Initials _____

➤ **Materials & Implementation**

Company awarded the business is expected to build in costs for implementation and on-going materials. This is to include, but is not limited to, benefit summaries; certificates; ID cards; enrollment forms; claim forms and billing. Each company needs to indicate their efforts to orient Gulf County employees on the features and benefits of each program. The successful company will agree to accept the enrollment spreadsheet for enrollment purposes.

Bidder acknowledges acceptance of these requirements:

➤ **COBRA Administration**

Additional consideration will be provided companies that offer COBRA administration as part of their service. Each company will be asked to indicate as to whether this service is provided and to provide detail on the services.

Bidder response as to COBRA services included:

➤ **Actively at Work Waiver**

All active employees (as deemed by Gulf County) will be eligible for the health insurance regardless if they are actively at work. As such, the successful company will waive any actively at work requirements regardless of the reason for the absence.

Bidder acknowledges agreement on Actively at Work Waiver requirements:

➤ **Claims & Enrollment Reporting**

The successful health insurance company will agree to provide monthly claims (including ongoing large claims reports), premium and enrollment information.

Bidder acknowledges agreement to provide ongoing reports as requested in a timely fashion:

Bidder Initials _____

➤ **ACA Compliance**

The successful bidder will agree to offer a program in compliance with all known laws and regulations, including the Affordable Care Act. The county plans are not considered Grandfathered in accordance with PPACA.

Bidder acknowledges compliance with terms and requirements of PPACA:

➤ **Networks**

Availability of a good selection of high-quality providers in close proximity is important to the county's decision. Please include network directories for the counties of: Gulf, Bay and Franklin. In addition, please detail your company's plans to broaden choices of providers, or to respond to the county's request for specific providers.

Bidder explanation for expanding network providers at the request of the county:

➤ **Network Performance**

Please provide a summary of your company's methodology for contracting and the **associated area-specific discounts for:** Inpatient hospital; Outpatient Hospital; Physician Services (Primary and Specialty); and Pharmacy.

Bidder response to contracting methodology and network performance:

Bidder Initials _____

➤ **Utilization Management/Quality Management/Disease Management**

Each proposing entity is asked to describe the programs in-force for UM, QM, DM in the body of their submitted proposal

➤ **Wellness**

The county has engaged in a variety of wellness initiatives and is interested in continuing those efforts. Please include documentation of the wellness programs included in your proposal, or available for additional fees in the body of your response.

Bidder Initials _____

Bidder Authorization & Acknowledgement

I hereby certify that I am authorized to submit this proposal and agree to the terms set forth in the RFP unless otherwise noted.

Name (print):

Title:

Company:

Signature:

Date: