



**REQUEST FOR PROPOSALS FOR HEALTH AND WELFARE EMPLOYEE
BENEFITS INSURANCE PLANS
(Medical/RX, Dental, Life/AD&D, Voluntary Life/AD&D, STD & LTD, EAP)**

**RFP #1096
CITY OF CORINTH, TEXAS**

IMPORTANT DATES:

RFP Issue Date: Thursday, April 21, 2016
RFP Publication Dates: Thursday, April 21, 2016 & Thursday, April 28, 2016
Questions Deadline: **Thursday, May 5, 2016 @ 3:00 PM CST**
Response to Questions: Tuesday, May 10, 2016
Proposals Due Date and Time: **Wednesday, May 25, 2016 @ 10:00 AM CST**
Coverage Effective Date: October 1, 2016

Sealed proposals for the materials or services specified will be received by the City of Corinth at the office of the Purchasing Agent until the date and time as indicated above.

Please submit one (1) original unbound proposal, two (2) complete bound copies of proposal, and two (2) complete copies of proposal in USB memory drive format (each with required signatures), in a sealed envelope or package to the address listed below. *The original unbound proposal requires an original signature; electronic signatures will not suffice.*

Delivery & Mailing Address:

City of Corinth
Attn: Purchasing Agent
3300 Corinth Parkway, 2nd Floor
Corinth, Texas 76208

Proposal Contact:

Cindy Troyer
Purchasing Agent
purchasing@cityofcorinth.com
(940) 498-3244

Sealed submissions shall be clearly marked "RFP #1096-HEALTH AND WELFARE EMPLOYEE BENEFITS INSURANCE PLANS – Do not Open until 10:00 AM May 25, 2016"; and include the respondent's name and address on the front of the envelope or package. Additional instructions for preparing a response are provided within. *All forms in Appendix B must be completed, signed, and returned with the proposal.*

Requests for additional information should be made no later than the questions deadline above and shall be directed to the Purchasing Agent at purchasing@cityofcorinth.com. All requests must be made in writing. Oral explanations will not be binding.

Any interpretations, corrections, clarifications, or changes to this Request for Proposals or specifications will be made by addenda. Addenda will be posted at <http://cityofcorinth.com/Bids.aspx>. It is the responsibility of the respondent to monitor the City's website for addenda. *Respondents shall acknowledge receipt of all addenda by submitting a signed copy with their proposal.*

The City of Corinth reserves the right to reject any and all proposals and to waive defects in proposals. No officer or employee of the City of Corinth shall have a financial interest, direct or indirect, in this or any contract with the City of Corinth. Minority and small business are encouraged to submit a proposal on any and all City of Corinth projects.

The City appreciates your time and effort in preparing a response. **Please note that responses must be received by the due date and time shown above.** Proposals received later than the date and time above will be returned unopened, and will not be considered in the evaluation process. No telephone, facsimile or electronic proposals will be accepted. Proposals will be accepted only if delivered in person, by the U.S. Postal Service, or by delivery service such as UPS or Federal Express. The City will not be responsible for or consider missing, lost, or late deliveries.

Policies/certificates for Medical (with Rx 0MM), Dental, Life/AD&D, Vol. Life/AD&D, Short Term Disability, Long Term Disability, EAP; **and Submittal Forms and RFP Questionnaire (in MS Word format) are available on the City's website** at <http://www.cityofcorinth.com/Bids.aspx>

To obtain the following supporting documents to this Request for Proposal: Medical Claims Experience, Dental Claims Experience, Life & Disability Claims Experience, and Census, **please contact: Charlotte Starks, Senior Marketing Assistant, IPS Advisors, LLP at cstarks@ipsadvisors.com or Phone 214-443-2483.**

1. INTRODUCTION

The City of Corinth (City) is requesting proposals for a licensed insurance provider for the City's employee benefits plans/programs. The successful Respondent shall execute a contract with the City to furnish all equipment, materials, supplies, labor, permits, insurance, and licenses as necessary to provide goods/services in accordance with the instructions, specifications, terms and conditions set forth in this RFP.

The City will choose the combination of insurance plans it determines to be in its best interest, which may mean that a number of contracts could be awarded. The City reserves the right to award several contracts which may result in a Respondent receiving a contract for only one (1) coverage, even if the Respondent submitted a proposal for several coverages. The successful Respondent shall execute the Contract Agreement within fourteen (14) days after written request from the City.

2. SPECIFICATIONS/SCOPE OF SERVICES

The purpose of this RFP is to identify a provider to the City for its employee benefits plans/programs and for the other services set forth below.

Respondent shall comply with all requirements herein. Exceptions or deviations from specifications and requirements shall be noted on the Submittal Exception Form (Appendix B).

A. **Background Information**

Client:	City of Corinth
Location:	Corinth, Texas 76208
Industry:	Municipality
Group to be Covered:	All Eligible Employees (Full-Time and Part-Time working at least 1040 hours a year)
Size:	158 Full-Time Employees Budgeted; 4 Part-Time Employees Budgeted 147 Active Employees, 1 COBRA, 1 in election period for COBRA (As of March 2016) 3 Part-Time Employees (City offers medical and dental coverage)
Current Coverages to propose:	Fully Insured Medical/Rx; Dental, Life/AD&D, Voluntary Life/AD&D, STD, LTD, Employee Assistance Program
Plan Options:	The City would also like to evaluate the following plan options: Dental – Employer/Employee Paid and From Employer Paid to 100% Voluntary STD – From Employer Paid to 100% Voluntary LTD – From Employer Paid to Base / Buy Up
Current Employer Contributions:	Health Plan - 100% Employee; 75% Dependent for Full-Time Employees Health Plan - 50% Employee; 0% Dependent for eligible Part-Time Employees Dental: 100% Employee; 75% Dependent for Full-Time Employees Dental: 50% Employee; 0% Dependent for eligible Part-Time Employees Basic Life & AD&D – 100% for Full-Time Employees STD – 100% for Full-Time Employees LTD – 100% for Full-Time Employees EAP – 100% for Full-Time Employees
Requested Geo Access Reports:	Medical: 2 PCPs in 10 miles; 2 Specialists in 10 miles; 1 Hospital in 10 miles Dental: 2 GPs in 10 miles; 2 Specialists in 10 miles
Additional Information:	Employees are eligible for coverage on their start date (there is no waiting period). Thirty (30) hours per week are required for full-time employees to be eligible for benefits; Twenty (20) hours per week are required for part-time employees to be eligible for the Medical and Dental Part- Time benefits. All full-time employees as well as part-time employees in a position that normally requires at least 1,000 hours of work in a year participate in Texas Municipal Retirement System (TMRS). The City does not participate in Social Security, only Medicare.

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

B. Scope of Services

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

Proposals must be clearly explained and identified. All costs, including optional programs, must be clearly stated and summarized. Alternative proposals will also be considered, provided the alternatives are clearly explained.

1. Handling of Claims & Customer Service:

- a) The contractor must agree to deliver quality customer service to the City and its employees, and follow all applicable regulations and industry standards. Any problems related to servicing the contract, the employees, or the City with regard to billing procedures must be rectified immediately.
- b) The contractor shall submit separate invoices, in duplicate, for payment as directed by the City. Invoices should include the contract number and will be itemized in accordance with the components of the contract. Payment will not be due until thirty (30) days after the date the above instruments are submitted or the work is actually performed, whichever is later.
- c) If invoices have not been paid by the due date, the contractor will submit an overdue reminder notice. The City reserves the right to review all of the contractor's invoices after payment and recover any overpayments discovered in such review.

2. **Continuity of Coverage:** All employees and dependents covered by the current plan are to receive immediate coverage under the new plan. Fair credit will be allowed for all or any part of deductibles, coinsurance, etc., satisfied between January 1, 2016 and the October 1, 2016 effective date. Credit is to be given for accumulated deductible and coinsurance.

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

4. The proposal is to be based on the proposed plan of benefits.

5. The proposal is to be based upon the census provided in the RFP.

6. All participants enrolled in the Employee Benefits Plan as of September 30, 2016 are to receive immediate coverage under the new plan. All health services incurred on or after October 1, 2016, for currently enrolled participants are to be eligible expenses. The City's enrollment records are to be the basis for "take-over."

7. All Respondent proposal offerings will comply with the Patient Protection and Affordable Care Act of 2010.

8. Coverage for eligible employees becomes effective on the 1st day of employment, and terminates at the end of the month in which the employer notifies the insurance provider for medical/RX coverage. All other benefits coverage ends the day after employees terminate employment.

9. This RFP is for a three-year contract. A three year rate guarantee or a two-year rate guarantee with a one-year renewal with caps or a one-year contract with options for two one-year renewals with caps will be considered. **If it is the Respondent's intent to increase rates at the renewal date, the City must be notified of the maximum increase for each renewal period and the basis for calculating the increase.** The City must be notified of renewal rates at least one hundred and twenty (120) days prior to the effective date of the rate change.

10. **Premium Costs:** All premium costs related to the RFP must be clearly defined, and all deviations from the specifications must be clearly identified and explained on the Submittal Exceptions Form in Appendix B.

11. **Legal Consideration:** All parties submitting proposals are expected to comply with all federal, state, and local laws and regulations pertaining to the preparation of proposals and the services to be provided. Specifically, the services to be provided are expected to be in compliance with the Americans with Disabilities

CITY OF CORINTH RFP #1096
HEALTH AND WELFARE EMPLOYEE BENEFITS INSURANCE PLANS

Act (ADA), insurance laws and insurance regulations. All submitted proposals will be presumed to be in compliance with applicable laws.

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

3. SUBMITTAL INSTRUCTIONS AND REQUIREMENTS

A. Submittal Instructions

Proposals shall be organized and submitted in the format and order as outlined below. All information in the proposal must be clearly explained. Failure to provide requested information may result in the City, at its sole discretion, disqualifying the proposal from further consideration.

Do not enclose preprinted sales materials in place of a response. These materials will not be considered a response to the requirements.

1. **Cover Letter.** Cover letter with a general description of the firm and the services it provides. The letter should provide contact information of individuals authorized to answer technical, price, and/or contract questions. The letter should indicate your company's understanding of the scope and requirements relating to this RFP. A person who is authorized by the organization to enter into an agreement with the City of Corinth, Texas will sign the letter.

The cover letter must specify which coverages you are proposing:

Medical & Prescription Drug Coverage:

Conventional Fully Insured basis, using a Preferred Provider Organization (PPO)

Dental Coverage:

Conventional Fully Insured Basis
Contributory – 100% Employee Paid

Basic Life/AD&D

Employer Paid

Voluntary Life/AD&D

Contributory – 100% Employee Paid

Short Term Disability

Employer paid
Contributory - 100% Employee Paid

Long Term Disability

Employer paid
Base/Buy Up Plan (Employer funds at Base level)

Employee Assistance Program (EAP)

Employer Paid

2. **Staff and Experience.** Provide the name(s) and resume(s) or a brief professional history of key staff that would be assigned to the City. The resume or professional history for each employee shall describe the individual's previous experience with like products/services.
3. **References.** Demonstrate your company's capabilities and competence in providing employee benefits by providing at least three (3) past or current references where like goods/services have been provided for municipalities with 150+ lives. Include the following information:
- Project and Client's Name
 - Client Contact Person with telephone number and email address
 - Description of the Project (e.g., number of covered employees, benefits plans/programs)
 - Length of contract

It is the Respondent's responsibility to provide valid reference information. The City reserves the right to use reference checks in its evaluation of proposals.

4. **Transition/Implementation Plan.** Provide a detailed description of the steps Respondent will take to ensure a successful transition to a new vendor, if applicable.
5. **Submittal Forms – Appendix B.** All forms in Appendix B must be completed, signed, and returned with the proposal.
6. **Service Agreement.** Insert your company's standard agreement, and any other agreement that requires approval by the City. The awarded contract will consist of the written agreement(s), the Respondent's proposal, and the City's Request for Proposals (RFP #1096).
7. **Acknowledgment of Addenda, if applicable.** Acknowledge and sign all addenda, if applicable.

4. EVALUATION PROCEDURES

A. Evaluation Criteria

The City will review all proposals for completeness based on the requirements in this RFP. Those found to be incomplete or that fail to address the needs of the City may not be evaluated.

A selection committee will rank the proposals received in accordance with the requirements defined in the RFP. The City will select the proposal that is determined to be the most advantageous to the City, considering the relative importance of the following criteria and weights, and any other facts considered relevant by the City.

In addition to cost, the City of Corinth is looking for carriers or vendors who can provide a high level of service and whose products hold with long term cost containment goals.

Length: 3 Years

Option I: 3-Year rate guarantee

Option II: 2-Year rate guarantee with a rate increase cap for the 2018-2019 plan year

Option III: 1-Year rate guarantee with rate increase caps for the 2017-2018 and 2018-2019 plan years

1. **Cost (30%)**
 - a) Fixed Costs: includes insurance costs and administrative costs
 - b) Variable Costs: costs stated as a percentage of paid claims, cost management (i.e., shifting of more/less workload to City of Corinth's staff)
 - c) Ability to reduce claims expense (Disease Management and Wellness Initiatives)
2. **Financial Stability (20%)**
 - a) Insurance Company, A.M. Best Rating
3. **Communication (5%)**
 - a) Educational material for employees
 - b) Summary Plan Description capabilities
 - c) Administrative kits for locations
 - d) Bilingual capability
4. **Claims Processing (20%)**
 - a) Turnaround time excluding medical review of claims
 - b) Pended claims procedures
 - c) Statistical accuracy
 - d) General service procedures
 - e) Willingness to contractually establish performance criteria
5. **Claims Management Reports (10%)**
 - a) Frequency of claims reports
 - b) Format of claims reports

CITY OF CORINTH RFP #1096
HEALTH AND WELFARE EMPLOYEE BENEFITS INSURANCE PLANS

c) Access to claims reports

6. Integrated Systems / Technology Initiative (10%)

Integrated systems linked to database are integral to the provider selection. The following components make up the whole of an integrated system:

- a) Eligibility
- b) Utilization review
- c) Claims function
- d) Claims payment
- e) Electronic claims inquiry
- f) Employer and employee self service

7. References (5%)

The City reserves the right to:

- require additional technical and pricing information and
- have discussion with Respondents regarding all elements which comprise the Respondent's proposal,
- accept all or part of any proposal, or
- reject any or all proposals, and
- re-solicit for proposals.

The award of the contract shall be made to the responsible Respondent whose proposal is determined to be the lowest responsible Respondent or the Respondent who provides the best value to the City relative to price, qualifications, and quality of services, as set forth above. Proposals may not be withdrawn or canceled for a period of 150 days following the date designated for the receipt of proposals, and Respondents so agree upon the submission of their proposals. Respondents are expected to examine all instructions, specifications, requirements, terms and conditions prior to submitting their proposal. Failure to do so will be at the Respondent's risk. At the City's request, Respondents may be selected for in-person presentations. All proposals and related materials become the property of the City.

CITY OF CORINTH RFP #1096
HEALTH AND WELFARE EMPLOYEE BENEFITS INSURANCE PLANS

5. COVERAGE / FUNDING MATRIX

<u>Coverage</u>	<u>In force or Proposed</u>	<u>Contributory</u>	<u>Non-Contributory</u>	<u>Funding</u>	<u>Retiree Coverage</u>
Medical	Current	X		Fully Insured	No
Dental	Current	X		Fully Insured	No
Life/AD&D	Current		X	Fully Insured	N/A
Vol. Life/AD&D	Current	X		Fully Insured	N/A
Short Term DI	Current & Option	X	X	Fully Insured	N/A
Long Term DI	Current & Option	X	X	Fully Insured	N/A
EAP	Current		X	Traditional	N/A

CITY OF CORINTH RFP #1096
HEALTH AND WELFARE EMPLOYEE BENEFITS INSURANCE PLANS

6. PLAN SUMMARIES

**CITY OF CORINTH
HSA PLAN - HEALTH PLAN BENEFITS SUMMARY**

MEDICAL BENEFITS	AETNA (HSA HDHP PLAN, OAMC 100.80)
Waiting Period	None
Employer HSA Account Contribution	\$1,000
Deductible	
In-Network	\$2,600 Ind./\$5,200 Fam.
Non-Network	\$4,500 Ind./\$9,000 Fam.
Out Of Pocket Max	Includes Deductible
In-Network	\$2,600 Ind./\$5,200 Fam.
Non-Network	\$5,500 Ind./\$11,000 Fam.
Coinsurance	
In-Network	100%
Non-Network	80%
Lifetime Max	Unlimited
Emergency Room	
In-Network	Ded./100%
Non-Network	Ded./100%
Maternity	Included
In-Network	Ded./100%
Non-Network	Ded./80%
Vision Exam	Included
In-Network	Ded./100%
Non-Network	Ded./80%
Physician Office Visit	
In-Network	Ded./100%
Non-Network	Ded./80%
Specialist Office Visit	
In-Network	Ded./100%
Non-Network	Ded./80%
Preventive Care	
In-Network	100%
Non-Network	Ded./80%
Diagnostic Lab & Radiology	
In-Network	Ded./100%
Non-Network	Ded./80%
In-Patient Hospital	
In-Network	Ded./100%
Non-Network	Ded./80%
In-patient Substance	
In-Network	Ded./100%
Non-Network	Ded./80%
Out-patient Substance	
In Network	Ded./100%
Non-Network	Ded./80%
In-patient Mental Health	
In-Network	Ded./100%
Non-Network	Ded./80%
Out-patient Mental Health	
In-Network	Ded./100%
Non-Network	Ded./80%
Prescriptions	
Network Retail Pharmacy	Ded./100%
Mail Order	Ded./100%
Note: This is a brief summary and not intended to be a contract.	

CITY OF CORINTH RFP #1096
HEALTH AND WELFARE EMPLOYEE BENEFITS INSURANCE PLANS

**CITY OF CORINTH
DENTAL PLAN BENEFITS SUMMARY**

DENTAL BENEFITS	AETNA
Type I – Preventive Services	100%
Waiting Period	None
Oral Examinations	2 Per Year
Bitewing X-Rays	1 Per Year
Full mouth X-Rays	1 Per 3 Years
Cleanings	2 Per Year
Topical Fluoride Treatment	2 Per Year
Sealants	1st and 2nd Permanent Molars every 3 Years
Space Maintainers	Type II
Palliative Treatment (Relief of Pain)	Type II
Type II – Basic Services	80%
Waiting Period	None
Fillings	Type II
Root Canal Treatment	Type II
Root Planing	Type II
Periodontal Surgery	Type II
Periodontics	Type II
Extractions - Non-Surgical & Surgical	Type II
General Anesthesia	Type II
Type III – Major Services	50%
Waiting Period	None
Crowns	Type III
Inlays and Onlays	Type III
Removable / Fixed Bridge-Work	Type III
Implants	Type III
Partial or Complete Dentures	Type III
Denture Relines / Rebases	Type III
Type IV - Orthodontia	50%
Waiting Period	None
Orthodontia Lifetime Maximum	\$1,000
Orthodontia Eligibility (Adult/Child)	Child/Age 19
Calendar Year Deductible	II-III
Individual	\$50
Family	\$150
Dental Annual Maximum	\$1,500
UCR Out of Network Percentile	90th

CITY OF CORINTH RFP #1096
HEALTH AND WELFARE EMPLOYEE BENEFITS INSURANCE PLANS

**CITY OF CORINTH
BASIC LIFE/AD&D SUMMARY**

BENEFIT	Lincoln Financial Group
BASIC LIFE	Current
Class Description	All Active Full-time Employees of the employer working a minimum of 30 hours per week
Employer Contribution	100%
Basic Life Schedule	1 X BAE to \$150,000
Guarantee Issue Amount	\$150,000
Age Reduction Schedule	Reduces to 65% @ 65, to 50% @ 70, to 35% @ 75; terminates at retirement
Waiver of Premium	Included
Accelerated Death Benefit	75% to \$150,000
Conversion	Included
Portability	Not Included
Spouse Basic Life Schedule	\$5,000
Spouse Guarantee Issue Amount	\$5,000
Spouse Maximum	\$5,000
Dependent Child Basic Life Schedule	\$2,500
Dependent Child Guarantee Issue Amount	\$2,500
Dependent Child Maximum	\$2,500
Basic AD&D	
Class Description	All Active Full-time Employees of the employer working a minimum of 30 hours per week
Basic AD&D Schedule	1 X BAE to \$150,000
Age Reduction Schedule	Reduces to 65% @ 65, to 50% @ 70, to 35% @ 75; terminates at retirement
Seatbelt	10% of amount to a maximum of \$25,000
Air Bag	10% of amount to a maximum of \$25,000

CITY OF CORINTH RFP #1096
HEALTH AND WELFARE EMPLOYEE BENEFITS INSURANCE PLANS

**CITY OF CORINTH
VOLUNTARY LIFE/AD&D SUMMARY**

BENEFIT	Lincoln Financial Group
VOLUNTARY LIFE	Current
Employee Amount	Increments of \$10,000 to a maximum of \$500,000
Guarantee Issue Amount	\$100,000
Employee Maximum	\$500,000
Age Reduction Schedule	Reduces to 65% @ 65, 50% @ 70, 35% @ 75
Spouse Life Amount	\$5,000 increments not to exceed 50% of Employee amount
Spouse Guarantee Issue Amount	\$25,000
Spouse Maximum Amount	\$250,000
Dependent Child Life Amount	\$2,000 increments to \$10,000
Dependent Child Guarantee Issue Amount	\$10,000
Child Maximum Amount	\$10,000
Waiver of Premium Elimination Period	9 month EP, to age 65
Waiver of Premium Termination Age	Age 65
Portability	Included
Conversion	Included
Accelerated Death Benefit	75% to \$200,000, Basic and Vol Life combined
VOLUNTARY AD&D	
Employee Amount	\$10,000 increments to \$500,000
Spouse Amount	\$5,000 increments not to exceed 50% of Employee amount
Maximum	\$250,000
Dependent Child Amount	\$2,000 increments to \$10,000
Maximum	\$10,000
Seat Belt	10% of amount to a maximum of \$25,000
Air Bag	10% of amount to a maximum of \$25,000

CITY OF CORINTH RFP #1096
HEALTH AND WELFARE EMPLOYEE BENEFITS INSURANCE PLANS

**CITY OF CORINTH
SHORT TERM DISABILITY SUMMARY**

BENEFIT	Lincoln Financial Group
STD BENEFITS	Current
Class 1	All Active Full-Time Employees working a minimum of 30 hours per week
Class 2	All Active Full-Time Firefighters regularly working an average of 56 hours per week
Weekly Percentage	66.67%
Weekly Maximum	\$500
Minimum Weekly	\$25
Accident Benefits Begin/Day	8
Sickness Benefits Begin/Day	15
Accident Benefit Duration/Weeks	13 Weeks
Sickness Benefit Duration/Weeks	13 Weeks
Pre-existing Condition	None
Maternity Coverage	Included
W-2 Preparation	Not Included

CITY OF CORINTH RFP #1096
HEALTH AND WELFARE EMPLOYEE BENEFITS INSURANCE PLANS

**CITY OF CORINTH
LONG TERM DISABILITY SUMMARY**

BENEFIT	Lincoln Financial Group
LTD BENEFITS	Current
Class 1	All Active Full-time Employees working a minimum of 30 hours per week
Class 2	All Active Full-time Firefighters regularly working an average of 56 hours per week
Employer Contributions	100%
Eligible Income	Base Annual Earnings
Monthly Percentage	60%
Monthly Maximum	\$5,000
Guarantee Issue	\$5,000
Minimum Benefit	\$100 or 10%, whichever is greater
Elimination Period	90 Days
Benefit Duration	65 or SSNRA
Definition of Disability	24 Months Own/Any Occ thereafter
Residual/Partial	Zero Day
Social Security Integration	Full Family
Earnings Test	1% during own occupation period, 15% during any occupation period
Survivor Benefit	3 Months
Pre-existing Limitations	3/12
Mental/Nervous Limits	24 Months Lifetime
Drug & Alcohol Limits	24 Months Lifetime
Self-reported Limitations	Not Limited
Mandatory Rehab	Included
Family Care Benefit	\$250
Work Incentive	Included
FICA Match	Included
W-2 Preparation	Included
EAP Program	Included

CITY OF CORINTH RFP #1096
HEALTH AND WELFARE EMPLOYEE BENEFITS INSURANCE PLANS

**CITY OF CORINTH
EAP SUMMARY**

Employee Assistance Program Provider	ALLIANCE WORK PARTNERS
BENEFITS	Current
24 / 7 Access Center	Yes
National Network	Yes
EAP Website Access	www.alliancewp.com
Program Promotion	Yes
Eligibility (employees covered whether on City's health plan or not, all in household)	Included
6 Visit Program	Included
Onsite CISD	Included
Educational workshops (onsite)	Included
Orientation for employees	Included
Orientation for supervisors and managers	Included
Legal Consultation	Included
Financial Consultation	Included
Department of Transportation and Substance Abuse Program Services	Included
Reporting	Quarterly
Work / Life	Included

CITY OF CORINTH RFP #1096
HEALTH AND WELFARE EMPLOYEE BENEFITS INSURANCE PLANS

7. RATE HISTORY

MEDICAL RATE HISTORY

10/1/2012 (United Healthcare)	HSA	Base	Buy Up
EE Only	\$501.74	\$535.81	\$647.97
EE + SP	\$1,103.81	\$1,178.77	\$1,425.51
EE + CH	\$903.12	\$964.45	\$1,166.33
EE + Family	\$1,605.53	\$1,714.56	\$2,073.45

10/1/2013 (United Healthcare)	HSA
EE Only	\$467.01
EE + SP	\$1,027.41
EE + CH	\$840.61
EE + Family	\$1,494.40

10/1/2014 (United Healthcare)	HSA
EE Only	\$503.88
EE + SP	\$1,108.52
EE + CH	\$906.98
EE + Family	\$1,612.38

10/1/2015 (Aetna)	HSA
EE Only	\$492.58
EE + SP	\$1,083.68
EE + CH	\$886.64
EE + Family	\$1,576.26

CONTRIBUTION STRUCTURE – MEDICAL

2015-2016 – Full Time	City Contributions	High Deductible Plan Employee Contribution
	Monthly	Semi-Monthly
Employee Only	\$492.58	\$0.00
Employee & Spouse	\$933.66	\$75.01
Employee & Child	\$786.62	\$50.01
Employee & Family	\$1,301.22	\$137.52

2015-2016 – Part Time	City Contributions	High Deductible Plan Employee Contribution
	Monthly	Semi-Monthly
Employee Only	\$242.54	\$125.02
Employee & Spouse	\$233.54	\$425.07
Employee & Child	\$236.54	\$325.05
Employee & Family	\$226.04	\$675.11

CITY OF CORINTH RFP #1096
HEALTH AND WELFARE EMPLOYEE BENEFITS INSURANCE PLANS

DENTAL RATE HISTORY

	Humana 10/1/2012	Humana 10/1/2013	Humana 10/1/2014	Aetna 10/1/2015
EE Only	\$27.24	\$27.24	\$27.24	\$29.22
EE + SP	\$59.48	\$59.48	\$59.48	\$63.90
EE + CH	\$62.69	\$62.69	\$62.69	\$67.24
EE + F	\$94.95	\$94.95	\$94.95	\$101.84

CONTRIBUTION STRUCTURE – DENTAL

2015-2016 – Full Time	City Contribution	Employee Contribution
	Monthly	Semi-Monthly
Employee Only	\$29.22	\$0.00
Employee & Spouse	\$55.22	\$4.34
Employee & Child	\$57.74	\$4.75
Employee & Family	\$83.68	\$9.08

2015-2016 – Part Time	City Contribution	Employee Contribution
	Monthly	Semi-Monthly
Employee Only	\$14.62	\$7.30
Employee & Spouse	\$14.62	\$24.64
Employee & Child	\$14.62	\$26.31
Employee & Family	\$14.62	\$43.61

BASIC LIFE/AD&D RATE HISTORY

Humana	2011-2013	\$.06/.045 EE Per \$1,000	\$1.35 Per Family Unit
Lincoln Financial	2013-Current	\$.09/.025 EE Per \$1,000	\$1.13 Per Family Unit

IN RATE GUARANTEE UNTIL 10/1/2016

VOLUNTARY LIFE/AD&D RATE HISTORY

CURRENT CARRIER PREMIUM	Lincoln Financial Group	
	EE (Per \$1,000)	SP (Per \$1,000)
Age		
< 25	\$0.048	\$0.048
25 - 29	\$0.048	\$0.048
30 - 34	\$0.055	\$0.055
35 - 39	\$0.088	\$0.088
40 - 44	\$0.167	\$0.167
45 - 49	\$0.320	\$0.320
50 - 54	\$0.511	\$0.511
55 - 59	\$0.888	\$0.888
60 - 64	\$1.016	\$1.016
65 - 69	\$1.927	\$1.927
70 - 74	\$3.197	\$3.197
75 - 79	\$10.658	\$10.658
80+	\$10.658	\$10.658
Dependent Child (per \$1,000)	\$0.249	
Voluntary AD&D Rate		
Employee (per \$1,000)	\$0.050	
Spouse (per \$1,000)	\$0.050	
Per Child (\$1,000)	\$0.050	

CITY OF CORINTH RFP #1096
HEALTH AND WELFARE EMPLOYEE BENEFITS INSURANCE PLANS

SHORT TERM DISABILITY RATE HISTORY

Humana	2011-2013	\$.21
Lincoln Financial	2013-2015	\$.16
Lincoln Financial	2015-2016	\$.29

LONG TERM DISABILITY RATE HISTORY

Humana	2011-2013	\$.17	
Lincoln Financial	2013-2015	\$.20	IN RATE GUARANTEE UNTIL 10/1/2016

EAP RATE HISTORY

Alliance Work Partners	2013-2016	\$1.45 Per Employee Per Month
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APPENDIX A

GENERAL INFORMATION INSURANCE REQUIREMENTS STANDARD TERMS & CONDITIONS

A. GENERAL INFORMATION

1. **Confidentiality:** Information contained in the RFP is confidential and is to be used only for the purpose of preparing legitimate proposals for all or part of the services stipulated in this RFP.
2. **Proposal Preparation Cost:** All costs associated with the preparation of the proposal will be borne by the respondent.
3. **Withdrawal of Proposal:** Proposals may be withdrawn prior to the closing time for RFPs, as long as the request is submitted in writing by an authorized representative. Thereafter, all proposals shall remain open and valid for a period of 150 days.
4. **Authorized Signature:** All proposal forms must be signed by persons who have the legal authority to bind the respondent to the proposed services.
5. **Conflicts:** To the extent any portion of this section conflicts with the Standard Terms and Conditions, the provisions of this section shall be controlling.

6. Insurance

- A. It is highly recommended that Respondents confer with their respective insurance carriers or brokers to determine in advance of Proposal submission the availability of insurance certificates and endorsements as prescribed and provided herein. If a Respondent fails to comply strictly with the insurance requirements, that Respondent may be disqualified from award of the contract. Upon contract award, all insurance requirements shall become contractual obligations, which the successful respondent shall have a duty to maintain throughout the course of this contract.
- B. Respondent may, upon written request to the Purchasing Department, ask for clarification of any insurance requirements at any time; however, Respondents are strongly advised to make such requests prior to proposal opening, since the insurance requirements may not be modified or waived after proposal opening unless a written exception has been submitted with the bid.
- C. The Contractor shall provide Certificates of Insurance with the coverages and endorsements required to the City as verification of coverage prior to contract execution and within fourteen (14) calendar days after written request from the City. Failure to provide the required Certificate of Insurance may subject the proposal to disqualification from consideration for award. The Contractor must also forward a Certificate of Insurance to the City whenever a previously identified policy period has expired, or an extension option or hold over period is exercised, as verification of continuing coverage.
- D. Contractor shall not commence any work or deliver any material until he or she receives notification that the contract has been accepted, approved, and signed by the City of Corinth.

7. Insurance Requirements

Vendors/Contractors shall procure and maintain for the duration of the contract insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder by the vendor, his agents, representatives, employees or subcontractors. The cost of such insurance shall be borne by the vendor. A certificate of insurance meeting all requirements and provisions shall be provided to the City prior to any services being performed or rendered. Renewal certificates shall also be supplied upon expiration.

A. Minimum Scope of Insurance: Coverage shall be at least as broad as:

1. ISO Form Number GL 00 01 (or similar form) covering Commercial General Liability. "Occurrence" form only, "claims made" forms are unacceptable. Policy must include coverage for:
 - a. Premises/Operations
 - b. Broad Form Contractual Liability

CITY OF CORINTH RFP #1096
HEALTH AND WELFARE EMPLOYEE BENEFITS INSURANCE PLANS

- c. Products and Completed Operations
 - d. Personal Injury
 - e. Broad Form Property Damage
2. Workers Compensation insurance as required by the Labor Code of the State of Texas, including Employers' Liability Insurance.
 3. Automobile Liability as required by the State of Texas, covering all owned, hired, or non-owned vehicles. Automobile Liability is only required if vehicle(s) will be used under the contract.
 4. Professional Liability, also known as Errors and Omissions Coverage. Professional Liability is only required for Professional Services contracts.
- B. Deductibles and Self-Insured Retentions:** Any deductible or self-insured retention in excess of \$10,000 must be declared to and approved by the City.
- C. Other Insurance Provisions:** The policies are to contain, or be endorsed to contain the following provisions.
1. General Liability and Automobile Liability Coverage:
 - a. The City, its officers, officials, employees, boards and commissions and volunteers are to be added as "Additional Insured's" relative to liability arising out of activities performed by or on behalf of the vendor/contractor, products and completed operations of the vendor, premises owned, occupied or used by the vendor/contractor. The coverage shall contain no special limitations on the scope of protection afforded to the City, its officers, officials, employees or volunteers.
 - b. The vendor/contractor insurance coverage shall be primary insurance in respects to the City, its officers, officials, employees and volunteers. Any insurance or self-insurance maintained by the City, its officers, officials, employees or volunteers shall be in excess of the vendor's insurance and shall not contribute with it.
 - c. Any failure to comply with reporting provisions of the policy shall not affect coverage provided to the City, its officers, officials, employees, boards, and commissions or volunteers.
 - d. The vendor/contractor insurance shall apply separately to each insured against whom the claim is made or suit is brought, except to the limits of the insured's limit of liability.
 2. Workers Compensation and Employer's Liability Coverage: The insurer shall agree to waive all rights of subrogation against the City, its officers, officials, employees and volunteers for losses arising from work performed by the vendor for the City.
 3. All Coverage: Each insurance policy required by this clause shall be endorsed to state that coverage shall not be suspended, voided, canceled or non-renewed by either party, reduced in coverage or in limits except after thirty (30) days prior written notice by certified mail, return receipt requested, has been given the City.
- D. Acceptability of Insurers:** The City prefers that insurance be placed with insurers with an A.M. Best's rating of no less than A-VI, or better.
- E. Verification of Coverage:** Vendor/Contractor shall provide the City certificates of insurance indicating the coverage required. The certificates are to be signed by a person authorized by that insurer to bind coverage on its behalf. Certificates of Insurance similar to the ACORD Form are acceptable. City will not accept Memorandums of Insurance or Binders as proof of insurance. The City reserves the right to require complete, certified copies of all required insurance policies at any time.
- F. Insurance Waiver Request.** Vendors/contractors requesting a waiver of the minimum limits of insurance identified in section 7.2.B must submit the request in writing. Please note, commercial general

CITY OF CORINTH RFP #1096
HEALTH AND WELFARE EMPLOYEE BENEFITS INSURANCE PLANS

liability cannot be waived. Requests to waive other coverage requirements will be considered in the bid evaluation process. The vendor/contractor must also complete, sign, and return the Release Agreement form to the Purchasing Office prior to authorization to perform services for the City.

7.2 PROFESSIONAL SERVICES REQUIREMENTS

- A. Definition:** Professional Services are defined as services performed by consultants or other professionals, including but not limited to: Accountants, Attorneys, Architects, Engineers, Surveyors, Veterinarians, Real Estate Appraisal, Optometry, Landscape Architects, Medical Doctors, and Materials Testing.
- B. Minimum Limits of Insurance:**
1. Commercial General Liability: \$500,000 per occurrence / \$1,000,000 in the aggregate for third party bodily injury, personal injury and property damage. Policy must include coverage listed in Section 7.A.1.
 2. Workers Compensation and Employer's Liability: Workers Compensation limits as required by the Labor Code of the State of Texas and Statutory Employer's Liability minimum limits of \$100,000 each accident, \$300,000 Disease - Policy Limit, and \$100,000 Disease – Each Employee.
 3. Automobile Liability: \$500,000 Combined Single Limit. Limits can only be reduced if approved by the City. Automobile liability shall apply to all owned, hired, and non-owned autos. Automobile Liability is only required if vehicle(s) will be used under the contract.
 4. Professional Liability: Also known as Errors and Omissions: \$500,000 per occurrence and in the aggregate. "Claims made" policy is acceptable coverage which must be maintained during the course of the project, and up to two (2) years after completion and acceptance of the project by the City.

CITY OF CORINTH RFP #1096
HEALTH AND WELFARE EMPLOYEE BENEFITS INSURANCE PLANS

STANDARD TERMS AND CONDITIONS

The terms and conditions set forth in this request for proposal shall be incorporated into and be a part of any proposal submitted to the City of Corinth for the goods and/or services specified. No other terms and conditions shall apply unless approved in writing by the City of Corinth, Texas.

- A. **ADDENDA:** Any interpretations, corrections, clarifications, or changes to this Request for Proposals or specifications will be made by addenda. Sole issuing authority of addenda shall be vest in the City of Corinth Purchasing Agent. Addenda will be posted at <http://www.cityofcorinth.com/Bids.aspx>. It is the responsibility of the Respondent to monitor the City's website for addenda. Respondents shall acknowledge receipt of all addenda by submitting a signed copy with their proposal.
- B. **ADVERTISING:** The successful respondent shall not advertise or publish, without the City of Corinth's prior approval, the fact that the City has entered into a contract, except to the extent necessary to comply with proper requests for information from an authorized representative of the Federal, State, or Local government.
- C. **ALTERING PROPOSALS:** Proposals cannot be altered or amended after submission deadline. The signer of the proposal, guaranteeing authenticity, must initial any interlineations, alterations or erasures made before opening time.
- D. **NON-APPROPRIATION CLAUSE:** If the governing body of the City fails to specifically appropriate sufficient funds to make the payments due in any Fiscal Year under this Contract, an event of non-appropriation ("Event of Non-appropriation") will have occurred, the terms of this Contract will not be renewed, and Contractor or City may terminate this Contract at the end of the then current Fiscal Year, whereupon City will be obligated to pay those amounts then due subject to the provisions herein. Nothing in this Section or elsewhere in this Contract will be deemed in any way to obligate the City or create a debt of City beyond its current Fiscal Year. **CONTRACTOR HAS NO RIGHT TO COMPEL CITY TO LEVY OR COLLECT TAXES TO MAKE ANY PAYMENTS REQUIRED HEREUNDER, OR TO EXPEND FUNDS BEYOND THE AMOUNT PROVIDED FOR IN THE THEN CURRENT FISCAL YEAR OF CITY.**
- E. **ASSIGNMENT:** The successful respondent shall not sell, assign, transfer or convey the awarded contract, in whole or in part, without the prior written consent of the City of Corinth.
- F. **AWARD:** The City reserves the right to award by line item, section, or by entire proposal; whichever is most advantageous to the City, unless denied by the bidder.

The City may award bids/proposals to the lowest responsive responsible vendor(s), or to the vendor(s) who provides good or services at the best value to the City. If using the best value method, the selection criteria will be clearly identified in the bid/proposal document. The best value method may take into consideration, in whole or in part, by way of illustration and not limitation, the following criteria:

1. The purchase price;
 2. The reputation of the bidder and of the bidder's goods or services;
 3. The quality of the bidder's goods or services
 4. The extent to which the goods or services meet the City's needs;
 5. The bidder's past relationship with the City;
 6. The total long-term cost to the City to acquire the bidder's goods or services;
 7. Any relevant criteria specifically listed herein.
- G. **CHANGE ORDERS:** No oral statement of any person shall modify or otherwise change, or affect the terms, conditions or specifications stated in the resulting contract. The City of Corinth's Purchasing Agent will make all change orders to the contract in writing as allowed by law.
 - H. **COMMUNICATION:** The successful respondent shall direct all contact with the City through the Contract Administrator identified in the Contract. The Respondent will not directly respond to, make inquiries of, survey or solicit information from, or otherwise interact with any departments, divisions, employees, or agents of the City of Corinth unless specifically approved, or requested by the Contract Administrator.
 - I. **CONFLICT OF INTEREST:** In compliance with Local Government Code §176.006, all vendors shall file a completed Conflict of Interest Questionnaire with the City of Corinth's Purchasing Office (attached).
 - J. **CONTRACT ADMINISTRATOR:** Under the contract, the City of Corinth, Texas, may appoint a contract administrator with designated responsibility to ensure compliance with contract requirements, such as but not limited to, acceptance, inspection and delivery. If appointed, the administrator will serve as liaison between the City of Corinth, Texas and the successful contractor.
 - K. **CONTRACT ENFORCEMENT:**
 1. The City of Corinth, Texas reserves the right to enforce the performance of any contract that results from an award of this Request for Proposal. Enforcement shall be in any manner prescribed by law or deemed to be in the best interest of the City of Corinth, Texas in the event of breach or default of the contract. Breach of contract or default authorizes the City to make an award to another vendor, purchase the service elsewhere and to charge the full increase in cost and handling to the defaulting contractor. Additionally, the City will remove the defaulting contractor from the City's list of approved vendors for a period of two years.
 2. In the event the successful contractor shall fail to perform, keep or observe any of the terms and conditions of the contract, the City shall give the contractor written notice of such default; and in the event said default is not remedied to the satisfaction and approval of the City within a reasonable period of time from which the contractor received notice, default will be declared and all of the contractors rights shall terminate. Respondents who submit proposals for this service agree that the City of Corinth, Texas shall not be liable to prosecution for damages in the event that the City declares the successful contractor in default.

CITY OF CORINTH RFP #1096
HEALTH AND WELFARE EMPLOYEE BENEFITS INSURANCE PLANS

3. Any notice provided by this Request for Proposal (or required by law) to be given to the successful contractor by the City of Corinth, Texas shall be conclusively deemed to have been given and received on the next day after such written notice has been deposited in the mail at the City of Corinth, Texas by Registered or Certified mail with sufficient postage affixed thereto, addressed to the successful contractor at the address so provided; this shall not prevent the giving of actual notice in any other manner.
 4. The successful contractor and the City of Corinth, Texas agree that both parties have all rights, duties and remedies available as stated in the Uniform Commercial Code (UCC). In case of a conflict between the terms of this RFP and the UCC, the RFP will control.
- L. **ETHICS:** The respondent shall not offer or accept gifts or anything of value nor enter into any business arrangement with any employee, official, agent of the City of Corinth, except in accordance with City Policy.
- M. **EQUAL OPPORTUNITY:** It is expected during the performance of the contract, all Contractor employees will be treated under the requirements of an Equal Employment Opportunity employer and honor all protected rights afforded to employees under the law. The Contractor will be advised of any complaints filed with the City alleging that the contractor is not operating in good faith as an equal employment opportunity employer. The City reserves the right to consider such complaints, along with other considerations, in determining whether or not to terminate any portion of this contract for which the services have not yet been performed.
- N. **EXCEPTIONS/SUBSTITUTIONS:** All proposals meeting the intent of this RFP will be considered for award. Respondents taking exception to the instructions, specifications, terms and conditions or offering substitutions, shall state these exceptions in the section provided or by attachment as part of their proposal. The absence of such a list shall indicate that the Respondent has not taken exceptions and shall hold the Respondent responsible to perform in strict accordance with the instructions, specifications, terms and conditions of the invitation. The City of Corinth reserves the right to accept any and all or none of the exception(s)/substitution(s) deemed to be in the best interest of the City.
- O. **FELONY CRIMINAL CONVICTIONS:** The respondent represents and warrants that neither the respondent nor the respondent's employees have been convicted of a felony criminal offense, or under investigation of such charge, or that, if such a conviction has occurred, the respondent has fully advised the City of Corinth as to the facts and circumstances surrounding the conviction.
- P. **FORCE MAJEURE:** *Force majeure* is defined as acts of God, war, strike, fires or explosions. Neither the successful respondent nor the City of Corinth is liable for delays or failures of performance due to *force majeure*. Each party must inform the other in writing with proof of receipt within three (3) business days of the occurrence of an event of *force majeure*.
- Q. **INDEMNITY AGREEMENT: THE SUCCESSFUL BIDDER HEREBY AGREES TO AND SHALL INDEMNIFY, HOLD HARMLESS, AND DEFEND THE CITY, ITS OFFICERS, AGENTS AND EMPLOYEES FROM AND AGAINST ANY AND ALL CLAIMS, LOSSES, DAMAGES, DEMANDS, CAUSES OF ACTION, SUITS AND LIABILITY OF EVERY KIND, INCLUDING ALL EXPENSES OF LITIGATION, COURT COSTS AND ATTORNEYS' FEES, FOR INJURY TO OR DEATH OF ANY PERSON, FOR LOSS OF USE OR REVENUE, OR FOR DAMAGE TO ANY PROPERTY ARISING OUT OF OR IN CONNECTION WITH THE ACTUAL OR ALLEGED MALFUNCTION, DESIGN OR WORKMANSHIP IN THE MANUFACTURE OF EQUIPMENT, THE FULFILLMENT OF CONTRACT, OR THE BREACH OF ANY EXPRESS OR IMPLIED WARRANTIES UNDER THIS CONTRACT. SUCH INDEMNITY SHALL APPLY WHERE THE CLAIMS, LOSSES, DAMAGES, CAUSES OF ACTION, SUITS OR LIABILITY ARISE IN PART FROM (I) THE NEGLIGENCE OF THE SUCCESSFUL BIDDER, AND/OR THEIR RESPECTIVE OFFICERS, AGENTS AND/OR EMPLOYEES OR (II) THE NEGLIGENCE OF THE SUCCESSFUL BIDDER, ITS OFFICERS, AGENTS AND EMPLOYEES. IT IS THE EXPRESSED INTENTION OF THE PARTIES HERETO, BOTH BIDDER AND THE CITY, THAT THE INDEMNITY PROVIDED FOR IN THIS PARAGRAPH IS INDEMNITY BY BIDDER TO INDEMNIFY AND PROTECT THE CITY FROM THE CONSEQUENCE OF (I) THE CONTRACTOR'S OWN NEGLIGENCE WHERE THAT NEGLIGENCE IS THE CAUSE OF THE INJURY, DEATH, OR DAMAGE. FURTHERMORE, THE INDEMNITY PROVIDED FOR IN THIS PARAGRAPH SHALL HAVE NO APPLICATION TO ANY CLAIM, LOSS, DAMAGE, CAUSE OF ACTION, SUIT AND LIABILITY WHERE IN INJURY, DEATH OR DAMAGE RESULTS FROM THE NEGLIGENCE OF THE CITY. IN THE EVENT ANY ACTION OR PROCEEDING IS BROUGHT AGAINST THE CITY BY REASON OF ANY OF THE ABOVE, THE BIDDER AGREES AND COVENANTS TO DEFEND THE ACTION OR PROCEEDING BY COUNSEL ACCEPTABLE TO THE CITY. THE INDEMNITY PROVIDED FOR HEREIN SHALL SURVIVE THE TERMINATION OR EXPIRATION OF THIS AGREEMENT.**
- R. **INVOICES:** Each invoice shall contain the successful respondent's name and address, City of Corinth's purchase order number, receiving departments name and address. Invoices shall be mailed directly to the City of Corinth, Attention Accounts Payable, 3300 Corinth Pkwy., Corinth, Texas, 76208.
- S. **LATE SUBMITTALS:** The City of Corinth will reject late proposals. The City of Corinth is not responsible for lateness or non-delivery of mail, carrier, etc. and the date/time stamp in the Purchasing Office shall be the official time of receipt. The Respondent is responsible for ensuring that packets are delivered to the Purchasing Office, for confirmation of receipt you may contact Cindy Troyer, Purchasing Agent at 940-498-3244.
- T. **MINIMUM STANDARDS FOR RESPONSIBLE PROSPECTIVE RESPONDENT:** A prospective respondent must affirmatively demonstrate respondent's responsibility. A prospective respondent must meet the following requirements:
1. Have adequate financial resources or the ability to obtain such resources.
 2. Be able to comply with the instructions, specifications, terms and conditions.
 3. Have a satisfactory record of performance.
 4. Have a satisfactory record of integrity and ethics.
 5. Not be on the State of Texas debarred vendor list or on the Federal Excluded Parties List.
- U. **PATENTS/COPYRIGHTS:** The successful respondent agrees to protect the City of Corinth from claims involving infringements of patents and/or copyrights.

CITY OF CORINTH RFP #1096
HEALTH AND WELFARE EMPLOYEE BENEFITS INSURANCE PLANS

- V. PAYMENT:** Will be made upon receipt and acceptance by the City for item(s) and/or service(s) ordered and delivered after receipt of a valid invoice, in accordance with the State of Texas Prompt Payment Act, Chapter 2251, Government Code.
- W. PRICES HELD FIRM:** All prices quoted in the proposals will remain firm for a minimum of 90 days from the date of the proposal unless it is otherwise specified by the City of Corinth.
- If during the life of the contract, the successful vendor's net prices to other customers for the items awarded herein are reduced below the contracted price, it is understood and agreed that the benefits of such reduction shall be extended to the City of Corinth, Texas.
- X. PURCHASE ORDER:** The City of Corinth shall generate a purchase order(s) to the successful respondent. The purchase order number must appear on all itemized invoices.
- Y. REFERENCES:** The City of Corinth requests Respondent to supply, with its RFP, a list of at least three (3) references where their firm supplied like services within the last three to five years. It is preferred that the list identify municipalities that are customers of respondent. For each reference, include the name of firm, address, contact employee of firm, with telephone number and e-mail address, what services are provided to this reference, and how long your firm has provided this service to the reference entity.
- Z. RELEASE OF INFORMATION AND PUBLIC INSPECTION:** Only the name of the Company responding to this proposal shall be released at the proposal opening. Other information submitted by the Company shall not be released by the City, and the proposals will not be available for inspection, during the proposal evaluation process, or prior to contract award. If the proposal contains trade secrets or confidential information, the Respondent must specifically list that portion as confidential. All other parts of the proposal are open for public viewing upon request. At no time will confidential information, as noted by the Company, be released, unless ordered by a court or the Attorney General.
- AA. REQUIRED DOCUMENTATION:** In response to this request for proposals, all documentation required by this RFP must be provided.
- BB. SALES TAX:** The City of Corinth is exempt by law from payment of Texas Sales Tax and Federal Excise Tax. Our taxpayer identification number is 75-1453222.
- CC. SEVERABILITY:** If any section, subsection, paragraph, sentence, clause, phrase or word of these instructions, specifications, terms and conditions, shall be held invalid, such holding shall not affect the remaining portions of these instructions, specifications, terms and conditions and it is hereby declared that such remaining portions would have been included in these instructions, specifications, terms and conditions as though the invalid portion had been omitted.
- DD. SILENCE OF SPECIFICATIONS:** The apparent silence of specifications as to any detail or to the apparent omission from it of a detailed description concerning any point shall be regarded as meaning that only the best commercial practices are to prevail. All interpretations of the specifications shall be made based on this statement.
- EE. SUBCONTRACTORS:** The Contractor shall be the sole source of contact for the contract. The City will not subcontract any work under the contract to any other firm and will not deal with any subcontractors. The Contractor is totally responsible for all actions and work performed by its subcontractors. All terms, conditions and requirements of the contract shall apply without qualification to any services performed or goods provided by any subcontractor.
- FF. TAX/DEBT ARREARAGE:** The City shall pay no money upon any claim, debt, demand, or account whatsoever, to any person, firm or corporation, who is in arrears to the City of Corinth, Texas for taxes or otherwise; and, the City shall be entitled to a counter-claim and offset against any such debt, claim, demand, or account, in the amount of taxes or other debt in arrears, and no assignment or transfer of such debts are due, shall affect the right, authority, and power of the City to offset the said taxes or other debts against the same.
- GG. TERMINATION FOR DEFAULT:** The City of Corinth reserves the right to enforce the performance of the contract in any manner prescribed by law or deemed to be in the best interest of the City in the event of breach or default of the contract. The City of Corinth reserves the right to terminate the contract in the manner set forth in the attached Contract.
- HH. TERMINATION OF CONTRACT:** The contract shall remain in effect until contract expires, delivery and acceptance of products and/or performance of services ordered or terminated by either party with a 10 day written notice prior to any cancellation. The successful respondent must state therein the reasons for such cancellation. The City may, by written notice to the selected company, cancel this contract without liability to the selected company if it is determined by the City that gratuities or bribes in the form of entertainment, gifts, or otherwise contrary to City Policy, were offered or given by the successful proposing party, or its agent or representative to any City officer, employee or elected representative with respect to the performance of the contract.
- II. TRAVEL AND DIRECT CHARGES:** The City of Corinth shall not compensate the Respondent for any travel costs incurred in delivery of services under the contract.
- JJ. VENUE:** Respondent shall comply with all Federal and State laws and City Ordinances and Codes applicable to the Respondent's operation under this contract. The resulting specifications and the contract herefrom shall be fully governed by the laws of the State of Texas, and shall be fully performable in Denton County, Texas, where venue for any proceeding arising hereunder will lie.
- KK. WITHDRAWAL OF PROPOSAL:** A proposal may be withdrawn so long as the request is received in writing from an authorized representative of the Respondent prior to the proposal deadline.



APPENDIX B

SUBMITTAL FORMS

CITY OF CORINTH RFP #1096
HEALTH AND WELFARE EMPLOYEE BENEFITS INSURANCE PLANS

**SUBMISSION FORM 1
FULLY INSURED MEDICAL AND RX
(Please complete)**

MEDICAL BENEFITS	
Employer HSA Account Contribution	
Deductible	
In-Network	
Non-Network	
Out Of Pocket Max	
In-Network	
Non-Network	
Coinsurance	
In-Network	
Non-Network	
Lifetime Max	
Emergency Room	
In-Network	
Non-Network	
Maternity	
In-Network	
Non-Network	
Vision Exam	
In-Network	
Non-Network	
Physician Office Visit	
In-Network	
Non-Network	
Specialist Office Visit	
In-Network	
Non-Network	
Preventive Care	
In-Network	
Non-Network	
Diagnostic Lab & Radiology	
In-Network	
Non-Network	
In-Patient Hospital	
In-Network	
Non-Network	
In-patient Substance	
In-Network	
Non-Network	

CITY OF CORINTH RFP #1096
HEALTH AND WELFARE EMPLOYEE BENEFITS INSURANCE PLANS

Out-patient Substance	
In Network	
Non-Network	
In-patient Mental Health	
In-Network	
Non-Network	
Out-patient Mental Health	
In-Network	
Non-Network	
Prescriptions	
Network Retail Pharmacy	
Mail Order	
Note: This is a brief summary and not intended to be a contract.	

The benefits in this submission form are based upon the Current plan of benefits outlined in the RFP.

Signature

CITY OF CORINTH RFP #1096
HEALTH AND WELFARE EMPLOYEE BENEFITS INSURANCE PLANS

SUBMISSION FORM 2
FULLY INSURED MEDICAL AND RX PREMIUM COST
(Please complete)

(Company Name)

<u>HSA PLAN</u> MONTHLY PREMIUM COST (MEDICAL <u>AND</u> RX)	<u>Rate</u>	<u>#Lives</u>
Employee Only	\$ _____	_____
Additional for Spouse	\$ _____	_____
Additional for Child	\$ _____	_____
Additional for Spouse & Child	\$ _____	_____
Total Monthly Costs/Lives	\$ _____	_____

Rate Guarantee _____
A.M. Best Rating _____

(PPO NETWORK NAME)

GeoAccess (2 PCPs within 10 miles) _____% coverage
 GeoAccess (2 Specialists within 10 miles) _____% coverage
 GeoAccess (1 Hospital within 10 miles) _____% coverage

The costs in this submission form are based upon the Current plan of benefits outlined in the RFP.

Signature

CITY OF CORINTH RFP #1096
HEALTH AND WELFARE EMPLOYEE BENEFITS INSURANCE PLANS

**SUBMISSION FORM 3
DENTAL PLAN
(Please complete)**

DENTAL BENEFITS	
Type I – Preventive Services Waiting Period Oral Examinations (2 per year) Bitewing X-Rays (1 per year) Full mouth X-Rays (1 per 3 years) Cleanings (2 per year) Topical Fluoride Treatment (2 per year) Sealants (1st and 2nd permanent molars every 3 years)	%
Type II – Basic Services Waiting Period Fillings Root Canal Treatment Root Planing Periodontal Surgery Periodontics Extractions General Anesthesia Space Maintainers Palliative Treatment (Relief of Pain)	%
Type III – Major Services Waiting Period Crowns Inlays and Onlays Removable / Fixed Bridge-Work Partial or Complete Dentures Denture Relines / Rebases Repairs - Bridges, Crowns, Inlays, Dentures Implants	%
Type IV - Orthodontia Waiting Period Orthodontia Lifetime Maximum Orthodontia Eligibility (Adult/Child)	%
Calendar Year Deductible Individual Family	
Extended Annual Maximum	%
Dental Annual Maximum	
UCR Out of Network Percentile	

The benefits in this submission form are based upon the Current plan of benefits outlined in the RFP.

Signature

CITY OF CORINTH RFP #1096
HEALTH AND WELFARE EMPLOYEE BENEFITS INSURANCE PLANS

**SUBMISSION FORM 3A
DENTAL PLAN UCR PRICING
(Please complete)**

Zip 762	ADA Code	Description	Carrier / Percentile
120	D0120	periodic oral evaluation	\$
140	D0140	limited oral evaluation - problem focused	\$
150	D0150	comprehensive oral evaluation - new or established patient	\$
210	D0210	intraoral - complete series (including bitewings)	\$
220	D0220	intraoral - periapical first film	\$
230	D0230	intraoral - periapical each additional film	\$
272	D0272	bitewings - two films	\$
274	D0274	bitewings - four films	\$
330	D0330	panoramic film	\$
1110	D1110	prophylaxis - adult	\$
1120	D1120	prophylaxis - child	\$
1203	D1203	topical application of fluoride (prophylaxis not included) - child	\$
1351	D1351	sealant - per tooth	\$
2140	D2140	amalgam - one surface, primary or permanent	\$
2150	D2150	amalgam - two surfaces, primary or permanent	\$
2160	D2160	amalgam - three surfaces, primary or permanent	\$
2330	D2330	resin-based composite - one surface, anterior	\$
2331	D2331	resin-based composite - two surfaces, anterior	\$
2391	D2391	resin-based composite - one surface, posterior	\$
2792	D2792	crown - full cast noble metal	\$
4341	D4341	periodontal scaling and root planing - four or more teeth per quadrant	\$
4910	D4910	periodontal maintenance	\$
7140	D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$

The costs in this submission form are based upon the Current plan of benefits outlined in the RFP.

Signature

CITY OF CORINTH RFP #1096
HEALTH AND WELFARE EMPLOYEE BENEFITS INSURANCE PLANS

SUBMISSION FORM 3B
FULLY INSURED DENTAL RATE SHEET
(Please complete)

	<u>Rate</u>	<u>#Lives</u>
Basic Monthly Premium & Administration		
Employee Only	\$ _____	_____
Additional for Spouse	\$ _____	_____
Additional for Child	\$ _____	_____
Additional for Spouse & Child	\$ _____	_____
Total Monthly Costs	\$ _____	_____
Rate Guarantee		_____
AM Best Rating		_____

(PPO NETWORK NAME)

GeoAccess (2 GPs within 10 miles) _____% coverage
GeoAccess (2 Specialists within 10 miles) _____% coverage

The costs in this submission form are based upon the Current plan of benefits outlined in the RFP.

Signature

CITY OF CORINTH RFP #1096
HEALTH AND WELFARE EMPLOYEE BENEFITS INSURANCE PLANS

**SUBMISSION FORM 3C
FULLY INSURED DENTAL RATE SHEET
(Please complete)**

PLAN OPTION – 100% CONTRIBUTORY PLAN OPTION

	<u>Rate</u>	<u>#Lives</u>
Basic Monthly Premium & Administration		
Employee Only	\$ _____	_____
Additional for Spouse	\$ _____	_____
Additional for Child	\$ _____	_____
Additional for Spouse & Child	\$ _____	_____
Total Monthly Costs	\$ _____	_____
Rate Guarantee		_____
Minimum Participation		_____

The costs in this submission form are based upon the Current plan of benefits but moving to a 100% contributory basis as outlined in the RFP.

Signature

CITY OF CORINTH RFP #1096
HEALTH AND WELFARE EMPLOYEE BENEFITS INSURANCE PLANS

**SUBMISSION FORM 4
BASIC LIFE / AD&D SUMMARY**

BENEFIT	CARRIER NAME
BASIC LIFE	
Class Description	
Employer Contribution	
Basic Life Schedule	
Guarantee Issue Amount	
Age Reduction Schedule	
Waiver of Premium	
Accelerated Death Benefit	
Conversion	
Portability	
Spouse Basic Life Schedule	
Spouse Guarantee Issue Amount	
Spouse Maximum	
Dependent Child Basic Life Schedule	
Dependent Child Guarantee Issue Amount	
Dependent Child Maximum	
Basic AD&D	
Class Description	
Basic AD&D Schedule	
Age Reduction Schedule	
Seatbelt	
Air Bag	

The benefits in this submission form are based upon the Current plan of benefits outlined in the RFP.

Signature

CITY OF CORINTH RFP #1096
HEALTH AND WELFARE EMPLOYEE BENEFITS INSURANCE PLANS

SUBMISSION FORM 4A
BASIC LIFE / AD&D RATE SHEET
(Please complete)

CARRIER NAME _____

ACTIVE EMPLOYEES – CURRENT PLAN

	<u>Rate</u>	<u>Volume</u>
Life	\$ _____	\$ _____
AD&D	\$ _____	\$ _____
Dependent Life (spouse and child)	\$ _____	\$ _____
Total Monthly Costs	\$ _____	
Rate Guarantee	_____	
A.M. Best Rating	_____	

The costs in this submission form are based upon the Current plan of benefits outlined in the RFP.

Signature

CITY OF CORINTH RFP #1096
HEALTH AND WELFARE EMPLOYEE BENEFITS INSURANCE PLANS

**SUBMISSION FORM 5
VOLUNTARY LIFE / AD&D SUMMARY**

BENEFIT	CARRIER NAME
VOLUNTARY LIFE	
Employee Amount	
Guarantee Issue Amount	
Employee Maximum	
Age Reduction Schedule	
Spouse Life Amount	
Spouse Guarantee Issue Amount	
Spouse Maximum Amount	
Dependent Child Life Amount	
Dependent Child Guarantee Issue Amount	
Child Maximum Amount	
Waiver of Premium Elimination Period	
Waiver of Premium Termination Age	
Portability	
Conversion	
Accelerated Death Benefit	
VOLUNTARY AD&D	
Employee Amount	
Spouse Amount	
Maximum	
Dependent Child Amount	
Maximum	
Seat Belt	
Air Bag	

The benefits in this submission form are based upon the Current plan of benefits outlined in the RFP.

Signature

CITY OF CORINTH RFP #1096
HEALTH AND WELFARE EMPLOYEE BENEFITS INSURANCE PLANS

**SUBMISSION FORM 5A
VOLUNTARY LIFE / AD&D RATE SHEET
(Please complete)**

BENEFIT PREMIUM	CARRIER NAME	
	EE	SP
	Per \$1,000	Per \$1,000
Age		
< 25		
25 - 29		
30 - 34		
35 - 39		
40 - 44		
45 - 49		
50 - 54		
55 - 59		
60 - 64		
65 - 69		
70 - 74		
75 - 79		
80+		
Dependent Child (per \$1,000)		
Voluntary AD&D Rate		
Employee (per \$1,000)		
Spouse (per \$1,000)		
Per Child (\$1,000)		
Grandfather Current in force amounts		
True Open Enrollment		
Increase amount available to those currently participating		
Rate Guarantee		
AM Best Rating		

The costs in this submission form are based upon the Current plan of benefits outlined in the RFP.

Signature

CITY OF CORINTH RFP #1096
HEALTH AND WELFARE EMPLOYEE BENEFITS INSURANCE PLANS

**SUBMISSION FORM 6
SHORT TERM DISABILITY**

STD BENEFITS	CARRIER NAME
Class 1	
Class 2	
Weekly Percentage	
Weekly Maximum	
Minimum Weekly	
Accident Benefits Begin/Day	
Sickness Benefits Begin/Day	
Accident Benefit Duration/Weeks	
Sickness Benefit Duration/Weeks	
Pre-existing Condition	
Maternity Coverage	
W-2 Preparation	

The benefits in this submission form are based upon the Current plan of benefits outlined in the RFP.

Signature

CITY OF CORINTH RFP #1096
HEALTH AND WELFARE EMPLOYEE BENEFITS INSURANCE PLANS

**SUBMISSION FORM 6A
SHORT TERM DISABILITY RATE SHEET
(Please complete)**

100% Employer Paid

CARRIER	
	EMPLOYER PAID
Rates per \$10	\$
Volume - \$	\$
Monthly Premium - \$	\$
Rate Guarantee	
A.M. Best Rating	

The costs in this submission form are based upon the Current plan of benefits outlined in the RFP.

Signature

SUBMISSION FORM 6B
SHORT TERM DISABILITY RATE SHEET – PLAN OPTION
(Please complete)

PLAN OPTION – 100% CONTRIBUTORY PLAN OPTION AT CURRENT BENEFIT LEVELS

CARRIER	
	EMPLOYEE PAID
Rates per \$10	\$
Volume - \$	\$
Monthly Premium - \$	\$
Rate Guarantee	
A.M. Best Rating	

The costs in this submission form are based upon the Current plan of benefits but moving to a 100% contributory basis as outlined in the RFP.

Signature

CITY OF CORINTH RFP #1096
HEALTH AND WELFARE EMPLOYEE BENEFITS INSURANCE PLANS

**SUBMISSION FORM 7
LONG TERM DISABILITY SUMMARY
(Please complete)**

CARRIER	
Class Description	
Employer Contributions	100%
Eligible Income	
Monthly Percentage	
Monthly Maximum	
Guarantee Issue	
Minimum Benefit	
Elimination Period	
Benefit Duration	
Definition of Disability	
Residual/Partial	
Social Security Integration	
Earnings Test	
Survivor Benefit	
Pre-existing Limitations	
Mental/Nervous Limits	
Drug & Alcohol Limits	
Self-reported Limitations	
Mandatory Rehab	
Family Care Benefit	
Work Incentive	
FICA Match	
W-2 Preparation	
EAP Program	

The benefits in this submission form are based upon the Current plan of benefits outlined in the RFP.

Signature

CITY OF CORINTH RFP #1096
HEALTH AND WELFARE EMPLOYEE BENEFITS INSURANCE PLANS

**SUBMISSION FORM 7A
LONG TERM DISABILITY RATE SHEET
(Please complete)**

CARRIER	
	EMPLOYER PAID
Rates per \$100	\$
Volume - \$	\$
Monthly Premium - \$	\$
Rate Guarantee	
A.M. Best Rating	

The costs in this submission form are based upon the Current plan of benefits outlined in the RFP.

Signature

CITY OF CORINTH RFP #1096
HEALTH AND WELFARE EMPLOYEE BENEFITS INSURANCE PLANS

**SUBMISSION FORM 7B
LONG TERM DISABILITY RATE SHEET – PLAN OPTION
(Please complete)**

Please provide a quote with Base Plan Funded by the Employer at the following benefit levels:

	BASE	BUY UP
Employer Funded	Yes	No
Elimination Period	90 Days	90 Days
Monthly Percentage	40%	60%
Monthly Maximum	\$5,000	\$5,000
All other Benefits	Same as Current	Same as Current

CARRIER	
	BASE / BUY UP
Rates per \$100	\$/ \$
Volume - \$	\$/ \$
Monthly Premium - \$	\$/ \$
Rate Guarantee	
A.M. Best Rating	

The costs in this submission form are based upon the proposed plan of benefits outlined above:

Signature

CITY OF CORINTH RFP #1096
HEALTH AND WELFARE EMPLOYEE BENEFITS INSURANCE PLANS

**SUBMISSION FORM 8
EMPLOYEE ASSISTANCE PROGRAM
(Please complete)**

Employee Assistance Program Provider	
BENEFITS	Proposed
Home Office	(City, State)
24 / 7 Access Center	(Yes / No)
National Network	(Yes / No)
Gatekeeper Services	(If applicable)
Management Training	(Yes/No)
Legal and Financial Services	(Yes/No)
EAP Website Access	(Included/Not Included, website address?)
Orientation	(Yes/No, Onsite/Webinar/CD?)
Program Promotion	Yes
Account Management	(Yes/No, Local/Travel +?)
Comprehensive Utilization Reporting	(Yes/No, Quarterly or Annual?)
Specialty Onsite Services: <i>Employee Orientation, Management Training, Seminars</i>	<i>Example:</i> 2 Hours Per Year, then \$150 Per Hour + Travel
Critical Incident Services	<i>Example:</i> Group Services - Unlimited On-site Individual Services - \$150 Per Hour + Travel
Department of Transportation/Substance Abuse Professionals Services	<i>Example:</i> Unlimited - No Charge
Work-Life Services / Work Life and HelpNet	(Included/Not Included, extra fee?) (Unique to AWP)
For All Members of Household	(Included/Not Included)
Safe Ride Program	(Included/Not Included) (Bill back to Employer?)
Number of Visits	<i>Example:</i> up to 6 sessions per incident
FINANCIALS	Proposed
Number of Employees	
Rate PEPM (Per Employee Per Month)	
Monthly Estimated Cost	
Annual Estimated Cost	
Effective Date	
Rate Guarantee	

The costs in this submission form are based upon the Current plan of benefits outlined in the RFP.

Signature

MEDICAL QUESTIONNAIRE

A. GENERAL

1. Describe the implementation process and provide a timetable assuming notice by August 1, 2016 of an October 1, 2016 effective date. Be specific with regards to timing of significant tasks and responsibilities of Client and incumbent carrier.
2. How will you interface with the current carrier to assure smooth implementation? What data will you need to affect implementation? Describe your minimum data requirements and include the ideal data-reporting format.
3. Describe the customer service support available for the Client.
4. Provide the total number of 800 lines available for customer service within the claims processing office(s). How many employees are currently covered per line? What is the average time on hold? What percent of the calls are not taken?
5. What is the procedure when a call is received outside of your working hours?
6. Describe the formal training, qualifications and minimum experience required for your customer service representatives.
7. Provide samples of the following communication materials in electronic USB memory drive format **only**:
 - Sample ID Cards
 - Medical EOB
 - Enrollment Form
 - EOI Form
 - COB Letters
 - Pended Claims Letters
 - Appeal Response Letters
 - ASO Billing Statement
8. Describe automated enrollment/eligibility tools available to the Client as well as the automated proposed platform and functionality.
9. Will your organization administer and/or underwrite the benefits as outlined in the RFP?

B. CLAIMS PROCESSING

This information should be specific to the claims office or for the Client.

1. Provide the number of employees in each of the following categories:
 - First level claim processors
 - Supervisors
 - Management
 - Other (describe)
2. How many of the employees in the preceding question were in a similar position at your organization in 2014 and 2015?
3. Will the Client have a dedicated claims representative? Customer service representative?
4. Provide the following information for the office(s) proposed:
 - Percent of all claims paid within 10 working days (or 14 calendar days)
 - Average weekly volume of claims processed
 - Average percent of claims pended

CITY OF CORINTH RFP #1096
HEALTH AND WELFARE EMPLOYEE BENEFITS INSURANCE PLANS

5. Describe your hiring and training requirements for claims processors.
6. Describe your claims processing quality assurance program. Include:
 - Percent of and frequency of claim audits performed
 - Special procedures, if any, for processing high claims or those with complex diagnosis or unusual procedures.
7. What are the claims errors ratios, financial and non-financial for the most recent period computed for the office that will administer the Client? For the entire company? How do these results compare to your internal standards?
8. Provide a work flowchart from date of claims receipt to final disposition.
9. If a claim requires follow-up, is the pended claim tracked on-line?
10. What notification can the employee expect on claims in review?
11. What office issues drafts of EOBs?
12. Describe your procedure for handling coordination of benefit cases. What is the average non-Medicare COB savings your company realized during the last twelve month period?

C. CLAIMS ADMINISTRATION QUESTIONS

Please respond to the following:

1. List all available reports and indicate if there is any extra charge for any of these.
2. Provide information concerning your average turnaround time for 2015.
3. Explain the procedure policy regarding average claim turnaround time.
4. Describe the database you use for determination of reasonable and customary charges.
5. How does your system capture reasonable and customary information for doctor's visits (e.g., radiology and pathology)?
6. Can you offer a contract with performance-based criteria with financial penalties/incentives?
7. What performance criteria/guarantees can be applied to the conversion process?

Location/Size/Staffing

8. What is the name and title of person that might be responsible for this account?
9. Include your most recent annual report and A.M. Best rating.
10. Provide a copy of your plan for disaster recovery.
11. What is the organizational chart of your claims processing center?
12. Please provide the following information regarding your claims processing staff at their location:
 - Total number of processors, full time vs. part time (separately identify the number of supervisors)
 - Average length of service
 - Experience required
 - Rate of turnovers of claims processors for 2013, 2014 and 2015
 - Staffing ratios
 - Average number of claims processed by a claims processor daily (specify electronic vs. paper)

Standard & Production Levels

13. Indicate the turnover rate by area of responsibility for this claims office for 2014 and 2015.
14. Indicate the number of groups and average employer size administered by the unit/claims office responsible for the Client.
15. Can a backlogged office be assisted by another office?
16. Do you conduct quality monitoring of telephone calls? If so, what are your 2015 results?
17. Please indicate your normal production standards for the following:
 - a) Number of claims per hour/per processor
 - b) Number of claims per hour/per office
 - c) Turnaround time per processor
 - d) Turnaround time per office
18. Describe your procedure for clean claims vs. pending claims and indicate what percentages of claims are considered clean.
19. How do you account for investigated claims in your turn-around time standard?
20. What are the quality standards?
 - Procedure accuracy per processor
 - Procedure accuracy per office
 - Payment accuracy per processor
 - Payment accuracy per office
21. What are your standards for telephone inquiries? Do you have a standard for phone service level in the claims processing area for:
 - a) Abandon rate of phone calls
 - b) Average time wait in queue
 - c) Busy signal rate
22. Do you track and report:
 - a) Average number of inquiry calls per day
 - b) Average length of calls
 - c) Type of calls received
 - d) Accuracy of response to inquiries
23. What is the ratio of customer service phone lines per covered lives?

Quality Control

24. Briefly outline your standards/procedures for quality control in your claims processing center.
25. Do you maintain an internal audit staff?
26. If yes, what audit criteria is used for internal quality control?
27. Is there a manual of internal quality control procedures?
28. Who (firm or individual internally) would conduct an internal audit of your operations?

29. How often do you perform internal audits?

Administrative Services/Control/Banking

30. Describe your process for recovery of payments regarding subrogation.

31. Are claims payments cut and mailed from the office that is doing the claims processing? If no, where is it done?

32. What is the banking arrangement for transfer of funds that you would use for this account?

33. Are any alternative banking arrangements available? If so, describe briefly.

Eligibility

34. Assuming direct claims submission, describe your procedures for handling eligibility.

35. How often do you require updated eligibility from your Clients?

36. How long do you anticipate it taking to set up eligibility for this Client?

37. What online eligibility capabilities are available to the Client?

38. If the Client provides a full eligibility feed to the new administrator:

- How long before the effective day do you require to receive this data?
- Can your system track each dependent by the dependent's name and the dependent's social security number?
- Specify how you would prefer to receive the data (e.g., electronically).
- Provide the specifications of your preferred method.
- If any costs are associated with your preferred method, would you be willing to assume that cost?

Physician Payment

39. How often do you determine URC for physician reimbursement?

40. What database do you use to establish URC fee reimbursement?

41. How often do you update URC files?

42. For what CPT-4 code groupings do you establish URC?

43. Does your system contain logic, which can select the lower of two payment schedules? Can your system automatically identify the correct payment amount?

Reasonable and Customary

44. What is the source for your R&C database?

45. If you do not use HIAA, how do your allowances compare (i.e., generally at HIAA 90th percentile)?

46. How frequently is your R&C data updated?

47. What is your standard percentile level?

48. Can this percentile level be varied?

49. What is the proposed office's current level of R&C savings as a percentage of paid claims?

50. Do you track R&C charges by physician?

CITY OF CORINTH RFP #1096
HEALTH AND WELFARE EMPLOYEE BENEFITS INSURANCE PLANS

51. Describe how your system accommodates Medicare's balance billing limits to recognize fees only up to the permitted limits.
52. With respect to R&C table changes, do you apply the R&C amounts based upon processed date or date of service?

Clinical Management

53. Provide the following information on the current clinical management staff.

Credentials	#	Average Tenure	Full Time	Part Time
RNs				
BSNs				
Board-Certified Physicians				
Other				

54. What are the minimum hiring criteria for each of the above? What are your continuing education requirements?
55. What was the average annual staff turnover in your clinical management department during 2015?
56. Describe in detail your clinical management programs, including disease management, that are available.
 - To what extent is there integration among the various programs?
 - How do you see these changing over the next 5 years?
 - Would the Client be able to customize any of these programs?
57. How does your approach to clinical management differ from that of your competitors?
58. To what extent do clinical practice guidelines drive your clinical management process?
59. Describe how patient outcomes are assessed and how you record the results of your clinical management intervention.
60. Do your review personnel, other than physicians, have the ability to deny admissions or treatment? If yes, why and describe the process in detail.
61. Provide a copy of all of your standard clinical management reports. Would the Client be able to customize any of these?
62. How do you (a) define, (b) track and (c) manage chronic care? Describe how you assist with long-term placement and monitor the effectiveness of long-term care.
63. What happens to the review process if you are unable to obtain sufficient or any information from the providers?

D. WELLNESS PROGRAMS

1. Describe the wellness programs you currently have available to the Client. Include all services available for each program and the associated costs.
2. What initiatives are available?
3. Provide sample communication materials available on your wellness programs in electronic USB memory format.
4. Describe your recommended process for managing an effective wellness program.

E. CONFIDENTIALITY AND LEGAL

1. What are your procedures to ensure confidentiality of medical records that are used for the medical necessity review?
2. What is your liability cover for pre-admission review? Do you agree that the Client will be held harmless in any suit filed by a subscriber against the company?

F. C.O.B. SUBROGATION, SPOUSAL COVERAGE

1. What are your normal C.O.B. procedures?
2. How are C.O.B. savings tracked in the system?
3. What was the average C.O.B. saving that you reported to Clients over 300 lives in 2014 and 2015? What was the average for the under age 65 population?
4. What edits in your system identify potential C.O.B. claims?
5. Who is responsible for follow-up on potential C.O.B. claims?

G. COBRA ADMINISTRATION

The Client requires that administrator handle COBRA continuation. Please provide the following information regarding your services in this area:

1. Do you provide COBRA administration services?
2. Describe all available COBRA administration services from initial eligibility to termination of COBRA coverage, all letters/notifications used during this process.
3. How do you charge for COBRA administration (i.e., PEPM, per notice, % of admin.)?

H. REFERENCES

1. List 3 municipal Client references of 150+- lives as follows:
 - Project and Client's Name
 - Client Contact Person
 - Phone Number
 - Email address
 - Description of the Project (e.g., number of covered employees, benefits plans/programs)
 - Length of service provided to the Client
2. Provide a list of your current public sector Clients.
3. Provide a reference list of the three (3) most recent Clients, of 150-+ lives that terminated within the last two years. Include:
 - The date of termination
 - The reason for termination
 - Names and phone numbers of references to be contacted

I. PROVIDER NETWORK

1. What percentage of your physicians is board certified?
2. Do you anticipate making significant changes to your network during the next three years? If so, explain.

CITY OF CORINTH RFP #1096
HEALTH AND WELFARE EMPLOYEE BENEFITS INSURANCE PLANS

3. How do you select participating providers? What are your minimum requirements? Briefly describe your credentialing and recredentialing process.
4. Describe your reimbursement arrangements with primary care physicians, specialists, hospitals and other providers. Do you reimburse through discounted fees, DRGs, per stay, per diem, capitation, etc.? Describe any risk-sharing arrangements you have with providers and why you believe these arrangements help control costs and utilization.
5. How often do you renegotiate provider contracts? Briefly describe the procedure. Please provide a copy of your hospital and physician contract.
6. How do you evaluate provider practice patterns and what actions are taken once you have identified problems? What steps have you taken toward outcomes management?
7. How do you monitor quality and cost efficiency on an on-going basis for hospitals, physicians, and other providers?
8. Describe on-site reviews to hospitals, physicians' offices and other providers.
9. Describe the grievance procedure and internal tracking mechanism used to resolve physician complaints.
10. How many physicians have left your plan in each of the following years – 2013, 2014 and 2015?
11. How do you measure patient/customer satisfaction? If you use questionnaires, explain how and when they are administered. (Also, please attach a copy of the most recent questionnaire.) How do you respond to negative comments/criticisms from members?
12. Describe the grievance procedure and the internal tracking mechanism used to resolve member complaints.
13. Provide a report of grievances by type for the most recent 12-month period that is available.
14. Provide a Geo Access report using the following criteria in electronic USB memory drive format **only**:
 - 1 hospital within 10 miles
 - 2 PCPs within 10 miles
 - 2 specialists within 10 miles

Member Service

15. Describe the customer service support available for the Client during and after enrollment.
16. Do you have computer-assisted telephone answering capability? If so, are callers given the option to access a live operator?
17. How will calls be routed to each area (Customer Service and Provider Network)?
18. Explain how internal communication regarding the Client's account would be handled by your organization. For example, if the account manager receives a complaint/question, what are the formal procedures for documenting and following through to resolution?
19. Is the telephone system capable of call monitoring for quality assurance purposes? If so, describe the process by which this is accomplished.
20. What are your normal hours of operation? What is the procedure when a customer service call is received outside of your working hours?
21. List the provider-specific information maintained on-line for customer questions.
22. Are customer service representatives able to give provider names and addresses if given a zip code?

Cost Management

23. Provide the following utilization statistics (for non-Medicare population):

	Texas	DFW
Number of admissions/1,000		
Inpatient Days/1,000		
Inpatient Costs/1,000		
Average Length of Stay		
Number of ambulatory encounters per enrollee		
Cost per ambulatory encounter		

24. Complete the chart below using average non-Medicare premium rate increases for the last three years.

2013 _____ %
 2014 _____ %
 2015 _____ %

25. What percentage of premium has been added to benefit costs for expenses? Will this change in subsequent years?
26. What is the process for determining when a new procedure is no longer investigational / experimental and what steps are taken to determine if it should be an eligible expense?

Claims Payment System/Reporting

27. If asked, will your organization be willing to provide the Client with the following utilization reports?

- a) Summary of claims experience, including claims by provider and by diagnosis
- b) Claims by coverage (for example, inpatient room & board, prescription drugs, outpatient surgery, etc.)
- c) Large claim report

Provide samples of these reports in electronic USB memory drive format only and state frequency of availability. Identify any other reports that might be available to the Client. Are there additional charges for the reports requested?

28. How many months of historical claim data are stored in your claims system? How far back in time can claims be processed on your system?
29. Is your system an on-line, direct access system or a plan/claims information storage and retrieval system? Provide a flowchart or brief description of its operation.
30. Describe the last enhancements made to the system and any planned enhancements for the next 12 months.
31. What technological advances in claim payment systems are you contemplating within the next 5 years?
32. Describe the mechanics/ process of screening for duplicate claims.
33. Describe the analytical review procedures that are performed both automatically by the computer system and manually by claims personnel to ensure that billed services are being logically congruent with the age and sex of a given participant and reported diagnosis submitted by a provider.
34. Are hospital pre-certification/concurrent review decisions made available to your claim processors in real time? For example, are decisions input into your on-line claims system while the review work is being performed, or is this data input later? If input while the review work is being performed, is the information available immediately to your claims processors or is there a delay in accessing this information?

DENTAL QUESTIONNAIRE

A. GENERAL

1. What statistical data is used to compile your UCR fee profile? How often is it updated?
2. What percentile of the profile is used as the maximum allowable charge (e.g., 85th or 90th percentile)?
3. Describe your use of dental consultants.
 - a) Are they used to review only certain procedures or to review all claims over a certain dollar amount?
 - b) Do you employ dental consultants on a full-time basis or are they available for claim review only periodically?
4. Describe in detail any other features of your standard claim adjudication process that you feel are noteworthy and/or enhance dental cost containment.
5. Are you willing to provide a 2 and/or 3 year rate guarantee for dental administration? If so, will this affect your quoted rate?

B. PLAN STATISTICS

1. Furnish samples of all detailed summary claim reports regularly provided for dental claims. Confirm that these reports will be provided on a monthly basis.
2. Provide a list of all claims data elements that can be accessed if the client wishes to have ad hoc reports generated. How many months of historical claims data are stored in your system and are accessible if requested for ad hoc reports?

C. CLAIMS

1. Where is the location of the claims processing office that would service the Client?
2. What is your actual average claim turnaround for calendar year 2015 payments of dental claims? Is it guaranteed? How is it verified?
3. Describe the claim process for dental claims.

TO BE COMPLETED IF APPLICABLE

FOR DISADVANTAGED BUSINESS ENTERPRISES ONLY

Disadvantaged Business Enterprises (DBE) are encouraged to participate in the City of Corinth's bid process. The Purchasing Department will provide additional clarification of specifications, assistance with Bid Proposal Forms, and further explanation of bidding procedures to those DBEs who request it.

Representatives from DBE companies should identify themselves as such and submit a copy of the Certification.

The City recognizes the certifications of the State of Texas Procurement and Support Services HUB Program (TPASS). All companies seeking information concerning DBE certification are urged to contact:

State of Texas HUB Program
Texas Procurement and Support Services
1711 San Jacinto
Austin, TX 78701
(512) 463-5872

If your company is already certified, attach a copy of your certification to this form and return with bid.

COMPANY NAME: _____

REPRESENTATIVE: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE NO. _____ FAX NO . _____

Indicate all that apply:

- Minority-Owned Business Enterprise
- Women-Owned Business Enterprise
- Disadvantaged Business Enterprise

COPY OF NOTARIZED FORM MUST BE INCLUDED WITH YOUR PROPOSAL

Certificate of Interested Parties

In 2015, the Texas Legislature adopted House Bill 1295, which added Section 2252.908 of the Government Code.

Effective January 1, 2016 all contracts presented to City Council will require awarded vendors to electronically file Form 1295 "Certificate of Interested Parties" and submit a certificate of filing to the City, before the contract can be awarded. "Contract" includes contract amendments, extensions, or renewals; as well as purchase orders. The form will be included in every Bid, RFP, SOQ, and RFQ issued by the City and will be required to be completed as part of the solicitation requirements.

Bidders/vendors must file the form electronically at https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm and submit a signed and notarized copy of the form to the City with their bid.

Bidders/vendors will need to create an account on the Texas Ethics Commission website. For assistance on how to register and how to complete Form 1295, you may view the short "Logging In the First Time – Business User" and "How To Create a Certificate" videos that are posted on the website noted above. In addition, there are several other links on the website posted above that may be helpful in understanding and completing Form 1295.

The City is required to notify the Texas Ethics Commission, in an electronic format prescribed by the commission, of receipt of those documents not later than the 30th day after the date the contract for which the form was filed binds all parties to the contract.

Bidders must also complete the Conflict of Interest Questionnaire (Form CIQ) included in this solicitation.

CONFLICT OF INTEREST QUESTIONNAIRE
For vendor doing business with local governmental entity

FORM CIQ

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

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

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

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

OFFICE USE ONLY

Date Received

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

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

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

Name of Officer

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

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

Yes No

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

Yes No

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

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

7

Signature of vendor doing business with the governmental entity

Date

CERTIFICATION FORM

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

1. The undersigned agrees that after the official opening this proposal becomes the property of the City of Corinth.
2. The undersigned affirms he has familiarized himself with the local conditions under which the work is to be performed; satisfied himself of the conditions of delivery, handling and storage of equipment and all other matters that may be incidental to the work, before submitting a proposal.
3. The undersigned agrees, if this proposal is accepted, to furnish any and all items/services upon which prices are offered, at the price(s) and upon the terms and conditions contained in the Specifications. The period for acceptance of this Proposal will be 150 calendar days unless a different period is noted by the respondent.
4. The undersigned affirms that they are duly authorized to execute this contract, that this proposal has not been prepared in collusion with any other Respondent, nor any employee of the City of Corinth, and that the contents of this bid have not been communicated to any other respondent or to any employee of the City of Corinth prior to the official opening of this proposal.
5. The respondent certifies that no employee, representative, or agent of the firm offered or gave gratuities in any form (i.e. gifts, entertainment, etc.) to any council Member, official, or employee of the city of Corinth in order to secure favorable treatment or consideration in awarding, negotiating, amending or concluding a final agreement for this proposal. The respondent agrees that and warrants that no employee, official, or member of the City Council is, or will be, peculiarly benefited, directly or indirectly, in this proposal or any ensuing contract that may follow.
6. The respondent hereby certifies that he/she is not included on the U.S. Comptroller General's Consolidated List of Persons or Firms currently debarred for violations of various contracts incorporating labor standards/provisions.
7. Respondent/vendor hereby assigns to purchaser any and all claims for overcharges associated with this Contract which arise under the antitrust laws of the United States, 15 USCA Section 1 et seq., and which arise under the antitrust laws of the State of Texas, Tex. Bus. & Com. Code, Section 15.01, et seq.
8. The undersigned affirms that he/she has read and understands the specifications, terms and conditions, all exhibits and attachments contained in this proposal package.
9. The undersigned understands they are responsible for monitoring the City of Corinth's website at <https://www.cityofcorinth.com/Bids.aspx> to ensure they have downloaded and signed all addenda required for submission with their response.
10. The Contract is not valid until approved by Council, if applicable. When an award letter is issued, it becomes a part of this Contract.

If an addendum to this proposal is issued, acknowledge addendum by initialing beside the addendum number:

Add. No. 1 _____ Add. No. 2 _____ Add. No. 3 _____ Add. No. 4 _____ Add. No. 5 _____

Company Name: _____

Principal Place of Business Address: _____

Principal Place of Business City, State, Zip: _____

Principal Place of Business Phone Number: _____

Principal Place of Business Fax Number: _____

AUTHORIZED REPRESENTATIVE:

Signature

Date

Printed Name

Title

Email Address

Phone

***INSERT YOUR FIRM'S STANDARD PROFESSIONAL SERVICES
AGREEMENT AND ANY OTHER AGREEMENT THAT REQUIRES CITY
APPROVAL***

The Contract will consist of this written agreement and the following items which are attached hereto and incorporated herein by reference:

- (a) Respondent's Proposal (**Exhibit "A"**);
- (b) Request for Proposals (RFP #1096) (**Exhibit "B"**)