

COUNTY OF YORK, VIRGINIA
REQUEST FOR PROPOSALS (RFP)

Issue Date: November 27, 2013

RFP No. 1889

Title: Group Health and Dental Program: Employees and Retirees of the County of York, Virginia, the York/Poquoson Department of Social Services, and Colonial Behavioral Health.

Classification Code: 95300

Issuing Agency:

County of York, Virginia

Central Purchasing

120 Alexander Hamilton Blvd./P.O. Box 532

Yorktown, Virginia 23690

Using Agency And/Or Location
Where Work Will Be Performed:

County of York, Virginia

Colonial Behavioral Health

York/Poquoson Social Services

Yorktown, Virginia

Sealed Proposals Will Be Received Until **4:00 p.m. on Friday, January 10, 2014.**

NOTE: Six (6) hard copies of your Proposal and one (1) CD will be required. Mark the outside of the envelope or box with **RFP #1889 and the proposal subject, "Group Health and Dental Program"**. Proposals will not be accepted by fax machine or email.

All Inquiries For Information Should Be Directed To: Denise Weston, CPPB, Senior Buyer
Telephone: (757) 890-3680.

Inquiries for Technical Information Should Be Directed To: Luana Bond, Human Resources Division Telephone: (757) 890-3713. All questions regarding this RFP must be received by 4:00 p.m., December 27, 2013 in order to be considered.

SEND PROPOSALS DIRECTLY TO THE ISSUING AGENCY SHOWN ABOVE.

In Compliance With This Request For Proposal, The Undersigned Offers To Provide The Requested Service(s) Shown in the Attached/Enclosed (A signed Letter of Transmittal may be substituted for this cover page).

Name and Address of Firm:

Date:

By:

Signature in Ink

Federal Tax ID #:

Print/Type Name:

Telephone No.: ()

Title:

Facsimile No.: ()

Email Address:

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ATTACHMENTS:

ATTACHMENT A:	NOTICE OF PROPRIETARY INFORMATION (Separate Word Doc.)
ATTACHMENT B:	DEVIATIONS FROM REQUESTED PLAN DESIGN (Separate Word File)
ATTACHMENT C:	PERFORMANCE GUARANTEES (Separate Word File)
ATTACHMENT D:	QUESTIONNAIRE (Separate Word Doc.)
ATTACHMENT E:	CURRENT EMPLOYEE CONTRIBUTIONS (Separate PDF)
ATTACHMENT F:	CLAIMS AND ENROLLMENT HISTORY (Separate Excel Files)
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Electronic copies of the Attachments may be downloaded from Wells Fargo's secure web portal. You may obtain instructions for downloading the RFP files by contacting Debbie Foster at Wells Fargo Insurance by email at: Deborah.Foster1@wellsfargo.com. Wells Fargo serves as Owner's employee benefits advisor.

1.0 PURPOSE:

It is the express intent of this formal Request For Proposal (RFP) to solicit proposals from one or more highly qualified firms (hereinafter referred to as the "Offeror") to provide comprehensive administration of the group medical, prescription drug, and dental plans for active employees and retirees of the County of York, Virginia, Colonial Behavioral Health, and York/Poquoson Department of Social Services, hereinafter the "Owner". The group medical and prescription drug program is provided through a self-insured funding arrangement with specific stop loss of \$250,000. The group dental plan is also self-insured. **The County is not considering contracting separately for prescription drug management services or reinsurance at this time.** Nothing herein is intended to exclude any reasonable firm or in any way restrain or restrict competition. On the contrary, all responsible firms are encouraged to submit proposals. As used herein, the term "Contractor" refers to the successful Offeror with whom a contract is negotiated.

2.0 BACKGROUND:

The Owner is in a current contract with Anthem for administration of the Owner's self-insured medical and prescription drug program as well as for provision of specific and reinsurance. The Owner is also in a contract for administration of their self-insured Dental plan with Delta Dental Plan of Virginia. During 2013, the plan year for the Group Medical/Rx program and the Group Dental plan was changed from July 1 through June 30 to August 1 through July 31. For budget purposes, the Owner intends to continue in the future with a plan year beginning August 1 and ending July 31 of each year.

The current contracts with Anthem and Delta Dental will expire on July 31, 2014. During the RFP process, the Owner will re-evaluate the overall competitiveness of the current plans from a design, cost management, and administrative perspective with the intent of awarding a new contract (or contracts) effective August 1, 2014.

3.0 CONTRACT TERM AND RENEWAL:

The period of coverage will be for one (1) year (August 1, 2014 through July 31, 2015) with the option to renew upon mutual agreement of both parties for up to four (4) additional one-year periods (five years maximum), upon the same terms and conditions, except for mutually agreeable price adjustments.

4.0 SCOPE OF SERVICES:

It is the intent of this RFP to solicit proposals for plans that are equivalent to, or approximately equivalent to, the current Medical and Dental Plans as well as one alternative Medical plan

option. The current Medical program includes two plan options: a HealthKeepers POS plan and a KeyCare PPO plan. The current Dental plan is a PPO. **Plan designs for the current Medical and Dental plans have been provided in Attachment L to this RFP.** The medical plan options are not grandfathered for purposes of Patient Protection and Affordable Care Act (PPACA). Further details about the requested plans have been provided in Section 10 of this RFP.

All proposals must be provided net of broker commissions.

5.0 MINIMUM REQUIRED SERVICES:

- 5.1 Currently, retirees are eligible to participate in any of the medical plans offered by the Owner up to the age of 65 (Medicare entitlement). At the age of 65, the only medical plan that employees may enroll in is the KeyCare PPO (as a Medicare carve-out). The Contractor must provide at least one plan that the Medicare-eligible retirees may participate in on a carve-out basis.
- 5.2 The Contractor must support the Owner by answering questions and providing guidance with various enrollment and claims issues during the annual “open enrollment period” for enrollments and changes to be effective on August 1 of each year, and if necessary at other times if required throughout the year, or necessitated by PPACA. It is expected that a representative will be available to attend open enrollment meetings and present an overview of the different plans available to employees each year.
- 5.3 Contractor shall be responsible for the certification requirements under the Health Insurance Portability and Accountability Act of 1996 (HIPPA), to include all legislative updates.
- 5.4 Contractor shall enter into Voluntary Data Sharing Agreements and provide Group Health Plan (GHP) information to the Centers for Medicare and Medicaid Services (CMS).
- 5.5 Contractor shall provide a single point of contact for the medical and/or dental plans who will have primary responsibility for resolving issues, answering claims and administrative questions, working on billing and membership changes/issues, and expediting all issues related to the plans.
- 5.6 Contractor shall support the Owner with implementing all mandates as they relate to PPACA and any subsequent federal or state legislation that impacts the administration of the medical and/or dental programs. Examples of the type of support that may be needed are special reports, census data, etc. needed in order to compute the various fees the County is required to pay under the PPACA. Offerors shall confirm in their proposals that they will not charge additional fees for this support.
- 5.7 Contractor shall provide projected monthly premiums for budgeting purposes.

- 5.8 Contractor shall maintain separate accounts or subgroups for Medical and Dental Plans as required by the Owner. There are currently 4 subgroups maintained for the Medical PPO plan and 3 for the HealthKeepers POS plan. There is currently a main group number and 10 subgroups maintained for the Owner's Dental plan.
- 5.9 Contractor must furnish to each enrolled employee or retiree, a benefit booklet (certificate or evidence of coverage) outlining and defining all covered services, limitations and exclusions, procedures for receiving services, schedule of benefits, COBRA, HIPAA, and other plan information as required by Federal and State law. All expenses associated with the printing or reprinting of these materials shall be the responsibility of the Offeror. In addition to printed copies, a PDF of the booklet must be made available. The initial booklet proof must be provided to the Owner on a timely basis, but not later than February 1, 2014. Owner shall review and approve booklets prior to distribution. Booklets must be reprinted if changes are required at the Offeror's expense.
- 5.10 Contractor must furnish sufficient copies of a detailed summary of benefits, including limitations and exclusions, for each eligible employee and retiree during open enrollment periods.
- 5.11 Contractor shall be able to provide, at no charge, a variety of reports for various business purposes throughout the year for analysis and planning purposes, for Other Post-Employment Benefits (OPEB) needs, and other business needs that may arise which need enrollment and/or claims data.
- 5.12 Contractor must provide a detailed renewal underwriting analysis each February 1 (or earlier if requested by the Owner) for the upcoming August 1 renewal. Detailed utilization data comparing current and prior years (if applicable) must be provided separately and collectively for all accounts and sub-groups maintained on behalf of the Owner for medical, prescription drug, and dental.
- 5.13 Contractor shall provide quarterly and cumulative year-to-date utilization and savings reports specific to the benefits paid and services rendered to covered members separately and collectively for all plans, accounts and sub-groups maintained on behalf of the Owner.
- 5.14 Contractor shall provide a detailed annual accounting showing the expenditure of all funds. Enrollment, premium, claims and expenses must be tracked separately and collectively for all sub-groups or accounts maintained on behalf of the Owner.
- 5.15 Contractor shall designate a transition of care manager or coordinator to work with the Owner and their members regarding medical and prescription drug transition of care issues (if applicable).

5.16 Contractor shall provide the Owner with the administrative services and reinsurance contracts, as well as any other contractual documents necessary to this coverage, no later than April 1, 2014.

5.17 Contractor shall offer an online enrollment tool to the benefits staff of the County.

5.18 Contractor shall commit to support the Owner in any future wellness program initiatives.

6.0 INFORMATION FOR OFFERORS RESPONDING TO REQUEST FOR PROPOSAL:

6.1 Acceptance of a proposal by the Owner is not an order to proceed.

6.2 All proposals must be signed with the firm name and by a responsible officer or employee. Obligations assumed by such signature must be fulfilled. In the case of a limited liability company, the bid must be signed by the manager (if any) or by a member.

6.3 Verify your proposals before submission as they cannot be withdrawn or corrected after being opened.

6.4 Trade secrets or proprietary information submitted by an Offeror in response to this Request for Proposal shall not be subject to public disclosure under the Virginia Freedom of Information Act; however, the Offeror must invoke the protection of this section prior to or upon submission of data or materials, and must identify the data or other materials to be protected and state the reasons why protection is necessary (Va. Code § 2.2-4342.F). (Offerors must complete Attachment A to identify materials in their proposals that they want protected.)

7.0 GENERAL TERMS AND CONDITIONS:

7.1 APPLICABLE POLICY:

This solicitation is subject to the provisions of the County of York, Virginia, Procurement Policy

(Ordinance No. 12-13(R), and any revisions thereto.

7.2 FORM:

All responses to a Request for Proposals (RFP) may be on the Offeror's letterhead or form. Response to an RFP should address all aspects of the request and must include a signature of the Offeror. All offers must be submitted in a sealed envelope plainly marked using the RFP number, date and time of receipt of proposals.

7.3 OPENING DATE/TIME:

Offers and amendments thereto, or withdrawal of proposals submitted, if received by the County of York, Virginia, Central Purchasing office, hereinafter "Purchasing office", after the date and time specified for scheduled opening, will not be considered. It will be the responsibility of the Offeror to see that his offer is in this office by the specified time and date. There will be no

exceptions. Date of postmark will not be considered. Phone or telegraphic proposals (including FAX) will not be accepted.

7.4 INCONSISTENCIES IN CONDITIONS:

In the event there are inconsistencies between the General Terms and Conditions and the Special Terms and Conditions, and/or other schedules contained herein, the latter two shall take precedence.

7.5 CLARIFICATION OF TERMS:

If any prospective Offeror has questions about the specifications or other solicitation documents, the prospective Offeror should contact the buyer whose name appears on the face of the solicitation. Any revisions to the solicitation will be made only by written addendum issued by the buyer.

7.6 ETHICS IN PUBLIC CONTRACTING:

By submitting their proposal, all Offerors certify that their proposals are made without collusion or fraud and that they have not offered or received any kickbacks or inducements from any other Offeror, supplier, manufacturer or subcontractor in connection with their proposal, and that they have not conferred on any public employee having official responsibility for this procurement transaction any payment, loan, subscription, advance, deposit of money, services or anything of more than nominal value, present or promised unless consideration of substantially equal or greater value was exchanged.

7.7 ANTI-DISCRIMINATION:

By submitting its bids or proposals, each Offeror certifies to the Owner that it will conform to the provisions of the Federal Civil Rights Act of 1964, as amended, as well as the Virginia Fair Employment Act of 1975, as amended, and Section 2.2-4311 of the Virginia Public Procurement Act which provides:

In every contract over \$10,000, the provisions of a. and b. below apply:

a. During the performance of this Contract, the Contractor agrees as follows:

The Contractor will not discriminate against any employee or applicant for employment because of race, religion, color, sex or national origin, age, disability, status as a service disabled veteran, or any other basis prohibited by state law relating to discrimination in employment, except where there is a bona fide occupational qualification reasonably necessary to the normal operation of the Contractor. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.

Contractor, in all solicitations for advertisements for employees placed in behalf of Contractor, will state that Contractor is an equal opportunity employer.

Notices, advertisements and solicitations placed in accordance with Federal law, rule or regulation shall be deemed sufficient for the purpose of meeting the requirements of this section.

During the performance of this contract, the Contractor agrees to (i) provide a drug-free workplace for the Contractor's employees; (ii) post in conspicuous places, available to employees and applicants for employment, a statement notifying employees that the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violations of such prohibition; (iii) state in all solicitations or advertisements for employees placed by or on behalf of the Contractor that the Contractor maintains a drug-free workplace; and (iv) include the provisions of the foregoing clauses in every subcontract or purchase order of over \$10,000, so that the provisions will be binding upon each subcontractor or vendor.

- b. Contractor will include the provisions of a. above in every subcontract or purchase order over \$10,000, so that the provisions will be binding upon each subcontractor or vendor.
- c. In accordance with §2.2-4343.1 of the Code of Virginia, et. seq., the Owner shall not (i) discriminate against a faith-based organization as defined in Code of Virginia section 2.2-4343.1(B) on the basis of the organization's religious character or (ii) impose conditions that (a) restrict the religious character of the faith-based organization, except as provided in subsection F of section 2.2-4343.1 the Code of Virginia, or (b) impair, diminish, or discourage the exercise of religious freedom by the recipients of such goods, services, or disbursements.

7.8 SCC REGISTRATION REQUIRED:

If Contractor is organized as a stock or nonstock corporation, a limited liability company, a business trust, or a limited partnership, or is registered as a registered limited liability partnership, Contractor must be authorized to transact business in the Commonwealth as a domestic or foreign business entity if so required by Title 13.1 or Title 50 of the Code of Virginia, or as otherwise required by law. If Contractor allows its existence to lapse, or its certificate of authority or registration to transact business in the Commonwealth of Virginia to expire, or be revoked or cancelled, such will be deemed an act of default enabling Owner to all remedies for default, including but not limited to revocation of any contract awarded as a result of this RFP.

7.9 IMMIGRATION REFORM AND CONTROL ACT OF 1986:

Offeror certifies that it does not and will not during the performance of the contract, violate the provisions of the Federal Immigration Reform and Control Act of 1986, which prohibits employment of illegal aliens.

7.10 INDEMNITY AGREEMENT:

The following shall be deemed incorporated into any contract awarded as a consequence of this RFP to the same extent as if fully set forth therein:

Contractor and all subcontractors shall bear all loss, expense (including reasonable attorney's fees) and damage in connection with, and shall indemnify Owner against and save Owner harmless from all claims, demands, and judgments made or recovered against Owner because of bodily injuries, including death at any time resulting therefrom, and/or because of damage to property, from any cause whatsoever, arising out of, incidental to, or in connection with the performance of the contract whether or not due to any act of its or their employees, servants or agents and whether or not due to any act of omission or commission, including negligence, but excluding sole negligence, of Owner, its employees, servants, or agents. Compliance by Contractor with the insurance provisions hereof shall not relieve Contractor from liability under this provision.

Should Contractor, or any of its subcontractors use any of Owner's equipment, tools, employees, or facilities, such will be gratuitous and Contractor shall release Owner from and indemnify and save harmless Owner from and against any claims for personal injuries, including death, arising out of the use of any such equipment, tools, employees, or facilities, whether or not based upon the condition thereof or any alleged negligence of Owner in permitting the use thereof.

7.11 AUTHORIZED SIGNATURES:

All proposals and resulting contract documents must be signed with the firm name and be signed by an officer or authorized employee of the firm. In the case of a corporation, the title of the officer signing must be stated and each officer must be duly authorized. In the case of a partnership, the signature of at least one of the partners must follow the firm name using the term "member of the firm" or "general partner". In the case of a limited liability company, the signature must be that of a member, or the manager if any.

8.0 SPECIAL TERMS AND CONDITIONS:

8.1 No Loss/No Gain Provision: No member (employee, COBRA continuant, retiree, or dependent) currently covered by the Owner's group Medical, Prescription Drug, and Dental plans shall suffer a loss of coverage as a result of changing insurance carriers or administrators. Members shall receive credit under the new plans for time served under the current program. Actively-at-

work requirements shall not apply.

- 8.2 **Cost Containment Services:** The Contractor must provide cost containment services to the Owner for the Medical plans. Cost containment services may include, but need not be limited to: precertification of hospital admissions, utilization review services, large case management for hospital inpatient services, and review of high cost outpatient services. Cost containment services will be required for psychiatric, substance abuse, and prescription drug programs. Meaningful reports that demonstrate participation levels and return on investment from these programs must be provided.
- 8.3 **Disease Management Programs:** The Contractor must provide disease management programs to the Owner for the Medical plans. Disease management programs may include, but need not be limited to, programs for: asthma, diabetes, high cholesterol, hypertension, coronary artery disease, congestive heart failure, low back pain, and musculoskeletal conditions. Meaningful reports that demonstrate participation levels and return on investment from these programs must be provided.
- 9.0 **CURRENT PLAN SPECIFICATIONS:**
This section provides an overview of the current medical, prescription drug, and dental program plan designs, the eligibility requirements, and the employee contributions.

9.1 **CURRENT MEDICAL PROGRAM**

Current Plan Design – Owner offers a dual-option plan design consisting of a POS Plan and a PPO. Prescription drug coverage is purchased through the current medical plan administrator and is the same for each medical plan option. A more detailed description of benefits has been provided in Attachment L as well as a description of plan changes that have been made in past years.

Plan Eligibility Requirements for Active Employees

- All full-time employees
- .75 FTE employees
- .60 FTE employees working in the County's Headstart Program.
- A small closed class of fewer than 12 part-time employees (either .50 or .60 FTE) is currently grandfathered under the Medical plans, and will be allowed to continue coverage under the plans.

Currently, employees/retirees who elect Medical coverage must also elect Dental coverage. Please refer to employee contributions for Medical and Dental bundled in Attachment E).

Plan Eligibility Requirements for Retirees

- Pre-65 retirees are eligible to participate in any of the Medical plan options offered to active employees provided they were enrolled immediately prior to retirement. If they choose not to continue coverage at retirement, they will not be allowed to enter the plan at a later date. Once enrolled in the plan, if they cancel coverage for any reason, they will not be allowed to re-enter the plan at a later date.
- Retirees who are age 65 or older (entitled to Medicare) are only eligible to participate in the current PPO plan that is offered to active employees under a carve-out policy. If they choose not to continue coverage at retirement, they will not be allowed to enter the plan at a later date. Once enrolled in the plan, if they cancel coverage for any reason, they will not be allowed to re-enter the plan at a later date.

Age Limit for Children – In compliance with PPACA, children are covered until the end of the calendar year in which they reach age 26.

Plan Funding Arrangement - Administrative Services Only (ASO) with \$250,000 specific stop loss reinsurance. Owner currently has elected to pay level, monthly “budget” rates (versus claims plus administrative and reinsurance fees). The carrier then provides an annual settlement at year end.

9.2 CURRENT DENTAL PROGRAM

Current Plan Design – Owner offers a passive PPO plan consisting of two networks (a smaller network referred to as PPO and a larger one referred to as Premier). Reimbursement to the dentists participating in the PPO network is lower than in the Premier network. Members may also utilize non-network providers. A more detailed description of benefits has been provided in Attachment L. There have been no plans changes to the dental plan over the contract period.

Plan Eligibility Requirements for Active Employees

- All full-time employees
- .75 FTE employees
- .60 FTE employees working in the County’s Headstart Program.
- Employees classified as part-time (.50 FTE, .60 FTE, .75 FTE)

Currently, employees who waive Medical coverage may choose to enroll in Dental only. The employees classified as part-time (.50 FTE, .60 FTE, .75 FTE) are only eligible for Dental coverage.

Plan Eligibility Requirements for Retirees

Pre-65 and Post-65 retirees are eligible to participate in the Dental plan offered to active employees provided they were enrolled immediately prior to retirement. If they choose not to continue coverage at retirement, they will not be allowed to enter the plan at a later date. Once enrolled in the plan, if they cancel coverage for any reason, they will not be allowed to re-enter the plan at a later date.

Age Limit for Children – In compliance with PPACA, children are covered until the end of the calendar year in which they reach age 26.

Plan Funding Arrangement - Administrative Services Only (ASO) – Owner currently has elected to pay level, monthly “budget” rates (versus claims plus administrative fees). The administrator provides a renewal analysis each year to project needed income. Each year Owner may opt to accept any increase or use existing surplus.

Employee Contributions – The current employee contributions have been provided separately as Attachment E.

10.0 REQUESTED PLAN SPECIFICATIONS:

This section provides an overview of the requested medical, prescription drug programs. The Owner is requesting that Offerors submit proposals for the following.

10.1 REQUESTED MEDICAL PROGRAM

Option 1: A dual-option medical program which is equivalent to the current plan (POS and PPO) including the current prescription drug program. Each plan shall also include the current, embedded routine annual vision benefit.

Option 2: A high deductible health plan with a health savings account to be offered along with the traditional POS and PPO plans offered in Option 1 above. The requested plan design is as follows:

- Annual Deductible: \$1,500 Individual / \$3,000 Family
- Annual Out-of-Pocket Limit: \$3,000 Individual / \$3,000 Family
- Coinsurance After Deductible: 80%/20%
- Preventive Care: Covered at 100%
- Prescription Drug: Subject to the Deductible, then \$10/\$30/\$60 copays.

For both Options above, offerors should submit proposals assuming an administrative services only funding arrangement (with the Owner paying level monthly premiums with an annual

settlement each year). All plan options should be priced with a specific stop loss level of \$250,000.

Offerors must complete a set of price quotation exhibits for each of the requested Plan options that are being offered. Pricing for option 2 should be submitted as a percentage of relative values by plan (PPO, POS, HDHP). Separate rates are not requested at this time. See Attachment K under the Medical folder, Tab Option 2 HDHP.

10.2 REQUESTED DENTAL PROGRAM

Provide a dental plan which is equivalent to the current dental plan on a self-insured (ASO) basis with the Owner paying level monthly premiums and the administrator providing an annual settlement each year.

11.0 RATES AND GUARANTEES:

1. General Information and Requirements

Proposed price quotations for the plans should be provided in Tab IV of your proposal and should be based upon the claims experience provided in Attachment F and the enrollment data provided on the price quotation exhibits (Attachment K) and the census provided in Attachment M.

2. Format of Exhibits

Each Offeror is required to complete the price quotation exhibits as defined below for each plan option. A completed price quotation includes each of the following exhibits (found in Attachment K).

Medical Option 1 - Current Plan Equivalent

- Underwriting Analysis Exhibit
- Charge/Fee Exhibit
- Rate Quotation Exhibit
- Underwriting Assumptions and Deviations
- Renewal Methodology Worksheet

Medical Option 2 – High Deductible Health Plan with HSA

- Price Quotation Exhibit – identify value of the plan (as a percentage) to current PPO and POS plans. Monthly budget are not requested at this time

Dental Plan – Current Plan Equivalent

- Underwriting Analysis Exhibit
- Charge/Fee Exhibit
- Rate Quotation Exhibit

Notes:

- The Exhibits are labeled in the upper right-hand corner.
- In addition to monthly “budget” rates, please provide a breakdown of projected claims, margin, expenses, etc., on a per employee per month basis.
- Please specify the renewal methodology that will be used for the first three (3) years of the contract by completing the Renewal Methodology Worksheet.

3. Fee Guarantees

All fees must be guaranteed for twelve (12) months. Multi-year guarantees are requested and will be an important consideration in the evaluation process. All guarantees should be explained in your price quotation on the Underwriting Assumptions and Deviations Exhibit.

4. Underwriting Analysis Exhibit

Offerors must provide a breakdown of annual cost projections for medical and prescription drug separately (for the medical program) and the dental program. Mature year is for illustrative purposes only and assumes the same time period as the first year; however, projections would not be adjusted for the first year claim lag.

Claims incurred prior to August 1, 2014 shall be the responsibility of the prior carrier/administrator.

All fees and charges associated with the administration and management of the plans must be included on the Underwriting Analysis Exhibit. If a service is optional, the cost must be outlined on the Underwriting Analysis Exhibit.

5. Charge/Fee Exhibit

Show all charges and fees on a per employee per month basis. In the space provided at the bottom of the exhibit, outline the charges and fees as they will appear in the contract and indicate how the costs will be calculated each month.

6. Price Quotation Exhibit

Show all monthly “budget” rates for Owner . All rates should reflect 12-month rates. Please provide rates using the following membership tiers: employee only, employee + 1 child, employee + spouse, employee + family.

12.0 ANTICIPATED SCHEDULE:

Request for Proposal Released	November 27, 2013
Deadline for Questions	December 27, 2013, 4:00 p.m.
Receive Written Proposals	January 10, 2014, 4:00 p.m.
Evaluation of Proposals & Selection of Finalists	January – February 2014
Conduct Oral Interviews with Finalists	February 2014
Best & Final Offers	February 2014
Negotiations with Top Finalist(s)	February 2014
Intent to Award	March 2014
Award of Contract	April 2014
Implementation of Programs	April – July 2014
Effective Date of New Contract(s)	August 1, 2014

13.0 PROPOSAL RESPONSE FORMAT:

- 13.1 **Six (6) hard copies** of the proposal should be submitted on 8-1/2” x 11” paper, and prepared simply and concisely. All pages of the proposal should be numbered, and a table of contents should be included. Each copy of the proposal should be bound or contained in binders organized in the sequence described below, using Tabs as indicated below. Failure to follow these requirements may adversely affect your evaluation score.
- 13.2 All Offerors are also required to submit **One (1) CD** copy of their proposal on a 120 mm diameter disk meeting one of the optical-disk-storage-media listed below:
1. A “standard” compact disk (CD) [using 780 nm wavelength laser diode light]; or
 2. A digital video disk or “digital versatile disc” (DVD) [using 650 nm wavelength laser diode light – **Note:** ‘Blue-ray™ disks are not acceptable].

The media shall be capable of being read in a standard personal computer (PC) CD or DVD-drive. The media shall use a “standard” CD-file system format [ISO 9660], be virus-free, and may contain PC-files in any of the following formats:

- Adobe(c) Personal-Document-Files (pdf), version 5.0, or greater
- Microsoft(c) Word ‘document’ files (doc), version 11, or greater (Word 2003)
- Microsoft(c) Excel ‘spreadsheet’ files (xls), version 11, or greater (Excel 2003)
- Microsoft (c) PowerPoint ‘presentation’ files (ppt) , version 11, or greater (PowerPoint 2003)

- American Standard Code for Information Interchange (ASCII) text (txt) (e.g. Microsoft(c) Notepad, any version).
- Tagged Information Format (tif or TIFF) files

See the title page of this RFP for the number of CDs required.

Failure to follow the format requirements above may result in your proposal being considered “non-responsive”. Copies of the submittals will be provided to the members of the Evaluation Committee by Central Purchasing for review.

Please BE SURE that your proposal(s) addresses all evaluative criteria listed in Section 14.0.

Tab I	Signature Sheet (Cover Page of RFP) Executive Summary (or Cover Letter) Table of Contents Proprietary Information Notice (Attachment A)
Tab II	Description of Plan Designs quoted for each Medical & Dental Plan Deviations Exhibit for each Medical & Dental Plan (Attachment B) Performance Guarantees (Attachment C)
Tab III	Questionnaire (Attachment D)
Tab IV	Price Quotation Exhibits for each Medical/Dental Plan (Attachment K)
Tab V	Geoaccess Reports (Requested in Questionnaire) Checklists of Top Utilized Facilities, Doctors, Prescription Drugs, Dentists (Attachments G, H, I, and J)
Tab VI	Samples of Document or Reports (any you have provided)

14.0 EVALUATION CRITERIA:

Proposals received will be evaluated on the following criteria. These criteria are to be utilized in the evaluation of Offerors’ qualifications and for selection of those Offerors to be considered for negotiations. Individual criteria will be assigned varying weights at the Owner’s discretion to reflect their relative importance.

- 143.1 Adequacy of Proposed Networks
- 14.2 Quality of Administration and Services
- 14.3 Cost and Cost Guarantees
- 14.4 Appropriateness of Plan of Benefits
- 14.5 Offeror’s Credentials
- 14.6 Quality of Written Proposal, Oral Interview, and Overall Responsiveness of Offeror

15.0 AWARD OF CONTRACT:

- 15.1 Two or more Offerors deemed to be fully qualified and best suited among those submitting proposals will be identified on the basis of the evaluation criteria stated in Section 14.0 above.
- 15.2 Repetitive informal interviews shall be permissible wherein Offerors are encouraged to elaborate on their qualifications, performance data, staff expertise pertinent to the proposed services, as well as alternate concepts.
- 15.3 At the conclusion of discussions, outlined above, on the basis of evaluation criteria published in this RFP and all information developed in the selection process to this point, an Evaluation Committee appointed by Owner shall select, in the order of preference, two or more Offerors whose professional qualifications and proposed services are deemed most meritorious.
- 15.4 Negotiations will then be conducted beginning with the Offeror ranked first. If a contract which is satisfactory and advantageous to the public body can be negotiated at a price considered fair and reasonable, the award will be made to that Offeror. Otherwise, negotiations with the Offeror ranked first will be formally terminated and negotiations conducted with the Offeror ranked second, and so on until a contract can be negotiated at a fair and reasonable price.
- 15.5 Should the Evaluation Committee determine in writing and in its sole discretion that only one Offeror is fully qualified, or that one Offeror is clearly more highly qualified and suitable than the others under consideration, a contract may be negotiated and awarded to that Offeror. (Code of Virginia, 2.2-4301.) At any time during the negotiations, the Purchasing Office may terminate all negotiations and re-advertise the requirement.

16.0 CONTRACT:

The contract for these services shall reflect those conditions that are specified in this RFP. The final conditions of the resulting contract shall be negotiated between the Owner and the successful Offeror.

17.0 FORM OF CONTRACT:

A written contract shall be executed by both parties following Notice of Award to the successful Offeror. Such contract shall be in a form acceptable to, and approved by, the County Attorney.