



**REQUEST FOR PROPOSAL
(RFP) # FY 2012-2013-012**

EMPLOYEE BENEFITS PROGRAMS:

- **Group Medical and Prescription Insurance**
 - **Group Dental Insurance**
 - **Group Vision Insurance**
- **Group Basic Life and Supplemental Life Insurance**
 - **Group Short Term Disability Insurance**
 - **Group Long Term Disability Insurance**
 - **Employee Assistance Program (EAP)**

**PREPARED BY:
CITY OF HALLANDALE BEACH
GENERAL SERVICES/PURCHASING DEPARTMENT AND
GEHRING GROUP**

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NOTICE TO PROSPECTIVE PROPOSERS

SUBMITTAL DUE DATE:

RESPONSES ARE DUE: FRIDAY, MAY 24, 2013 BY NO LATER THAN 10:00 A.M.

ANY QUESTIONS ARE TO BE SUBMITTED VIA EMAIL TO ALUES@COHB.ORG BY NO LATER THAN **FRIDAY, MAY 17, 2013 BY 10:00 A.M.**

RESPONSES MUST BE SUBMITTED IN SEALED ENVELOPES AND MUST BE MAILED OR HAND DELIVERED TO:

CITY OF HALLANDALE BEACH
CITY CLERK'S DEPARTMENT – EXECUTIVE OFFICES
400 SOUTH FEDERAL HIGHWAY – 2 ND FLOOR
HALLANDALE BEACH, FL 33009
TITLED: RFP NO. FY2012-2013-012
EMPLOYEE BENEFITS PROGRAMS

SUBMITTAL FORMAT:

Firms are to submit responses only on a thumb drive that is searchable in adobe format. In order to ascertain that the proposal information provided on the thumb drive contains data that allows the reviewer to perform an “edit” “find” process to read the data/information, please make sure that the thumb drive is tested before submission. Provide five (5) thumb drives with your firm's submittal.

END OF SECTION

CONTRACT TERM:

Your firm's proposal submission shall be valid until such time as City Commission awards a contract as a result of this RFP.

The City is interested in developing a long term relationship with a firm that can provide the best available services.

The initial contract period shall commence upon execution which by both parties following the City Commission award of the contract. The City is looking to have an effective date of coverage of October 1, 2013. This start date is contingent upon all parties having signed the Agreement by this date.

The Contract term will be governed by the length of the rate guarantee included with the proposed coverage.

Renewals shall be provided to the City 180 days in advance of renewal date. If your firm is unable to comply with the 180 day notification, clearly indicate the maximum renewal notice your firm is willing to provide in the questionnaire attached to the RFP.

Contract may be cancelled within thirty (30) days with a written notice by the City of Hallandale Beach.

CONTRACT COST:

The City requires an all inclusive contract cost for all functions and duties generally required and as outlined in this RFP.

COMMISSIONS:

All Proposers must provide proposals in response to this RFP that are "Net of Commission" only.

UNABLE TO SUBMIT A RESPONSE? We sincerely hope this is not the case.
If your firm cannot submit a proposal at this time, please provide the information requested in the space provided below and return:

WE _____ HAVE RECEIVED THE RFP
(COMPANY NAME)

WE ARE UNABLE TO RESPOND TO THE RFP AT THIS TIME DUE TO THE FOLLOWING REASONS:

COMPLETE INFORMATION BELOW:

SIGNATURE:	
TITLE:	
STREET ADDRESS: (OR)	
P.O. BOX:	
CITY:	
STATE:	ZIP CODE:
TELEPHONE/AREA CODE: ()	
EMAIL ADDRESS:	

RETURN THIS UNABLE TO SUBMIT FORM ONLY TO:
CITY OF HALLANDALE BEACH
GENERAL SERVICES DEPARTMENT
400 SOUTH FEDERAL HIGHWAY, ROOM 242
HALLANDALE BEACH, FL 33009
TITLED: RFP # FY 2012-2013-012 EMPLOYEE BENEFITS PROGRAMS

LIST OF ADMINISTRATORS AND DEPARTMENT LIAISONS

1.	CITY MANAGER
	Renee C. Miller
	400 S. Federal Highway
	Hallandale Beach, Florida 33009
	(954) 457-1300
2.	PERSONNEL DIRECTOR
	George Amiraian
	400 S. Federal Highway
	Hallandale Beach, Florida 33009
	(954) 457-1348
3.	ASSISTANT PERSONNEL DIRECTOR
	Radu Dodea
	400 S. Federal Highway
	Hallandale Beach, Florida 33009
	(954) 457-1346
4.	GENERAL SERVICES/PURCHASING DIRECTOR
	Andrea Lues
	400 S. Federal Highway
	Hallandale Beach, Florida 33009
	(954)457-1332 (OR)
5.	GENERAL SERVICES/PURCHASING SPECIALIST
	Joann Wiggins
	400 S. Federal Highway
	Hallandale Beach, Florida 33009
	(954)457-1331

PURPOSE OF RFP
INTRODUCTION / INFORMATION

I. PURPOSE

The City of Hallandale Beach is seeking sealed proposals from qualified insurance carriers and employee benefits providers to provide Group Health, Group Dental, Group Vision, Group Life, Supplemental Life, Accidental Death and Dismemberment (AD&D), Group Long-term Disability and Group Employee Assistance Program (EAP) to eligible employees, elected officials and their dependents. Retirees and their dependents are eligible to participate in the Group Health and Group Dental. Retirees only and not retiree dependents are eligible to participate in the Group Basic Life.

The City has retained the services of the Gehring Group to assist in the RFP production, RFP evaluation and carrier selection.

The City is a municipality that offers a full employee benefit program to all eligible employees. The benefits program at the City includes Group Medical, Group Dental, Group Vision, Group Life, Supplemental Life, Accidental Death and Dismemberment (AD&D), Group Long-term Disability and Group Employee Assistance Program (EAP)

Attached and as a part of the RFP, please note the following are being provided:

1. Attachment A – Group Medical Benefit Summaries
2. Attachment B – Group Medical Claims Experience
3. Attachment C – Group Dental Benefit Summaries
4. Attachment D – Group Dental Claims Experience
5. Attachment E – Group Basic Life Benefit Summary and Certificate
6. Attachment F – Group Supplemental Life Benefit Summary and Certificate
7. Attachment G – Group Supplemental Life Claims Experience
8. Attachment H – Group Long-term Disability Benefit Summary and Certificate
9. Attachment I – Group Long-term Disability Claims Experience
10. Attachment J – Group EAP Claims Experience
11. Attachment K – Questionnaire
12. Attachment L – Census (Excel Format)
13. Attachment M – Price and Benefits Response Forms (Word Format)
14. Attachment N – Questionnaire (Word Format)

The Rate History for the City benefits offerings is below:

RATE HISTORY:

Medical - Monthly			
<u>COVENTRY – HMO OPTION 1</u>	2010-2011	2011-2012	2012-2013
Employee Only	\$355.69	\$374.52	\$389.50
Employee plus One	\$718.50	\$756.55	\$786.81
Employee plus Two or more	\$1,045.75	\$1,101.13	\$1,145.18
<u>COVENTRY – HMO OPTION 2</u>	2010-2011	2011-2012	2012-2013
Employee Only	\$450.42	\$420.32	\$437.13
Employee plus One	\$909.84	\$849.04	\$883.00
Employee plus Two or more	\$1,324.23	\$1,235.73	\$1,285.16
<u>COVENTRY – PPO OPTION</u>	2010-2011	2011-2012	2012-2013
Employee Only	\$530.59	\$581.30	\$604.55
Employee plus One	\$1,071.79	\$1,174.21	\$1,221.18
Employee plus Two or more	\$1,559.94	\$1,709.00	\$1,777.40
Dental - Monthly			
<u>DELTA CARE - PREPAID</u>	2010-2011	2011-2012	2012-2013
Employee Only	\$14.40	\$14.40	\$14.40
Employee plus One	\$23.75	\$23.75	\$23.75
Employee plus Family	\$35.44	\$35.44	\$35.44
<u>DELTA DENTAL – INDEMNITY</u>	2010-2011	2011-2012	2012-2013
Employee Only	\$64.18	\$46.18	\$46.18
Employee plus One	\$90.96	\$90.96	\$90.96
Employee plus Family	\$130.15	\$130.15	\$130.15
Vision (Embedded in Medical Plan) - Monthly			
<u>COVENTRY</u>	2010-2011	2011-2012	2012-2013

Employee	\$0.00	\$0.00	\$0.00
Employee plus One	\$0.00	\$0.00	\$0.00
Employee plus Family	\$0.00	\$0.00	\$0.00

Basic Life / AD&D - Monthly				
<u>FT. DEARBORN LIFE</u>	2010-2011	2011-2012	2012-2013	
Active Employee				
Life Rate / \$1000	\$0.36	\$0.36	\$0.36	
AD&D Rate / \$1000	\$0.04	\$0.04	\$0.04	
Retirees				
Before 8/1/04 Life Rate / \$1,000	\$0.36	\$0.36	\$0.36	
After 8/1/04 Life Rate / \$1,000	\$0.36	\$0.36	\$0.36	
Supp. Life / AD&D - Monthly				
<u>RELIANCE STANDARD</u>	2010-2011	2011-2012	2012-2013	
Employee & Spouse Per \$1,000	<30	\$0.095	\$0.095	\$0.095
	30-34	\$0.117	\$0.117	\$0.117
	35-39	\$0.169	\$0.169	\$0.169
	40-44	\$0.241	\$0.241	\$0.241
	45-49	\$0.439	\$0.439	\$0.439
	50-54	\$0.671	\$0.671	\$0.671
	55-59	\$1.001	\$1.001	\$1.001
	60-64	\$1.360	\$1.360	\$1.360
	65-69	\$2.032	\$2.032	\$2.032
	70-74	\$3.091	\$3.091	\$3.091
75-99	\$3.091	\$3.091	\$3.091	
Dependent Children per Unit (One rate for all eligible Children, regardless of number)				

\$2,500 Benefit	\$0.49	\$0.49	\$0.49
\$5,000 Benefit	\$0.95	\$0.95	\$0.95
\$7,500 Benefit	\$1.41	\$1.41	\$1.41
\$10,000 Benefit	\$1.88	\$1.88	\$1.88
LTD - Monthly			
<u>CIGNA</u>	2010-2011	2011-2012	2012-2013
Employee Base / \$100	\$0.36	\$0.36	\$0.36
Employee Buy-up / \$100	\$0.23	\$0.23	\$0.23
EAP - Monthly			
<u>CIGNA</u>	2010-2011	2011-2012	2012-2013
Active Employee (PEPM)	\$2.71	\$2.71	\$2.71

END OF SECTION

The current Employer / Employee contribution levels for the benefits programs are below:

2012-2013 Employee / Employer Contributions:

Medical - Monthly			
<u>COVENTRY – HMO OPTION 1</u>	Employee	Employer	Total Premium
Employee Only	\$0.00	\$389.50	\$389.50
Employee plus One	\$119.19	\$667.62	\$786.81
Employee plus Family	\$226.70	\$918.48	\$1,145.18
<u>COVENTRY – HMO OPTION 2</u>	Employee	Employer	Total Premium
Employee Only	\$47.63	\$389.50	\$437.13
Employee plus One	\$195.68	\$687.32	\$883.00
Employee plus Family	\$316.33	\$968.83	\$1,285.16
<u>COVENTRY – PPO OPTION</u>	Employee	Employer	Total Premium
Employee Only	\$604.55	\$0.00	\$604.55
Employee plus One	\$1,221.18	\$0.00	\$1,221.18
Employee plus Family	\$1,777.40	\$0.00	\$1,777.40
Dental - Monthly			
<u>DELTA CARE - PREPAID</u>	Employee	Employer	Total Premium
Employee Only	\$9.40	\$5.00	\$14.40
Employee plus One	\$18.75	\$5.00	\$23.75
Employee plus Family	\$30.44	\$5.00	\$35.44
<u>DELTA DENTAL - INDEMNITY</u>	Employee	Employer	Total Premium
Employee Only	\$41.18	\$5.00	\$46.18

Employee plus One	\$85.96	\$5.00	\$90.96
Employee plus Family	\$125.15	\$5.00	\$130.15

Vision (Embedded in Medical Plan) - Monthly			
<u>Coventry</u>	Employee	Employer	Total Premium
Employee Only	\$0.00	\$0.00	\$0.00
Employee plus One	\$0.00	\$0.00	\$0.00
Employee plus Family	\$0.00	\$0.00	\$0.00
Group Basic Life / AD&D - % Contribution			
<u>Fort Dearborn Life</u>	Employee	Employer	
Active Employee	0%	100%	
Retiree	100%	0%	
Group Supplemental Life / AD&D - % Contribution			
<u>Reliance Standard</u>	Employee	Employer	
Active Employee	100%	0%	
Group LTD - % Contribution			
<u>Cigna</u>	Employee	Employer	
Employee Base	0%	100%	
Employee Buy-up (Over Base Amount)	100%	0%	
Group EAP - % Contribution			
<u>Cigna</u>	Employee	Employer	
Active Employee (PEPM)	0%	100%	

Retiree contributions are as follows for the plans in which they are eligible to participate:

- Group Medical – Retiree pays 100% of the premium with no subsidy by the City
- Group Dental – Retiree pays 100% of the premium with no subsidy by the City
- Group Vision – Currently embedded in the Medical, and is 100% paid by the retiree. Retirees will be eligible if a stand-alone vision plan is implemented. The Retiree will pay 100% of the premium with no subsidy by the City
- Group Life – Retirees in Classes 2 and 3 pay 100% of the premium with no subsidy by the City
- Group Supplemental Life – Retirees are not eligible to participate
- Group Long-term Disability – Retirees are not eligible to participate
- Group EAP – Retirees are not eligible to participate

II. CONSULTANT FOR THIS PROJECT

The City of Hallandale Beach has appointed Gehring Group as the City's Consultant for this project.

III. ADDITIONAL BACKGROUND INFORMATION

The City of Hallandale Beach is a City Manager/City Commission form of government. It serves an area of approximately 4.4 square miles with a population of approximately 35,000. The City's fiscal year begins October 1st and ends September 30th.

IV. QUESTIONS REGARDING RFP:

For information pertaining to this Request for Proposals (RFP), contact General Services/Purchasing Department (954) 457-1333. Such contact shall be for clarification purposes only. Changes, if any, to the scope of the services or proposal procedures will be transmitted only by written addendum.

V. CONE OF SILENCE:

Per Section 2.3 (e) of the City of Hallandale Beach Code of Ordinances, Lobbyists shall cease all contact and communication with the City Commission forty-eight (48) hours before the date set for a decision on a matter, unless contacted by a City Commissioner. No City Board, Agency or Committee shall have contact forty-eight (48) hours before the date set for a decision on a matter.

Per Chapter 23, Section 23-105 of the City of Hallandale Beach Code of Ordinances and the City's Protocol Manual, Section 3 H., the City Commission shall not be involved in the preparation, submittal and evaluation of bids, request for proposals and other purchases, including attendance at or participating in presentations to or deliberations by a selection committee or contact with persons, firms, organizations, and corporations submitting bids or proposals to the City.

VI. LOBBYIST REGISTRATION:

Registration. Every lobbyist shall file the registration with the City Clerk's Office on the form provided by the City. Under no circumstances shall a lobbyist working for the City lobby the City Commission.

Annual registration. Commencing January 1, 2005, and annually thereafter, every lobbyist shall submit to the City Clerk's office a signed statement under oath identifying themselves and their respective principals or clients and/or the party they represented on City matters over the past year or in accordance with administrative policy. Such annual disclosure statements shall be submitted on the form provided by the City Clerk's Office. A fee of \$100.00 shall be paid to the city for annual lobbyist registration.

VII. CONTRACT TERM:

Contract may be cancelled within thirty (30) days with a written notice by the City of Hallandale Beach.

VIII. CONTRACT COST:

See page 4.

IX. SCRUTINIZED COMPANIES

The City, entering into a contract for goods or services of \$1 million or more, entered into or renewed on or after July 1, 2011, can terminate such contract at the option of the City if the company awarded the contract is found to have submitted a false certification or has been placed on the Scrutinized Companies with Activities in Sudan List or Scrutinized Companies with Activities in the Iran Petroleum.

X. SUBMISSION OF PROPOSALS

The following format must be followed by firms submitting responses to the RFP.

The outline for items # 1 through # 14 below must be followed.

1. Title Page

Provide the RFP # and title, the firm's name; the name, address and telephone number of the contact person; and the date of the proposal.

2. Table of Contents

Include clear identification of the material by section and by page number.

3. Transmittal Letter

A letter of transmittal, signed by an authorized officer of your company, briefly stating the proposer's understanding of the work to be done, the commitment to perform the work within the time period, a statement why the firm believes to be best qualified to perform the work and a statement that the proposal is a firm and irrevocable offer until such time as City Commission awards a contract as a result of this RFP.

Provide the names of the person who will be authorized to make representation for the Proposer, their titles, addresses and telephone numbers.

4. General Requirements

The purpose of the proposal is to demonstrate the qualifications, competence, and capacity of the firms seeking to undertake the work for the City in conformity with the requirements of the specifications in the RFP. As such, the substance of the proposals will carry more weight than their form or manner of presentation.

The proposal should address all points outlined in the specifications of this RFP. The proposal should be prepared simply and economically, providing straightforward, concise description of the proposer's capability to satisfy the requirements of the RFP.

While additional data may be presented, the information requested in items 1 through 14, must be included. Items 1-14 represent the criteria against which proposals will be evaluated.

5. Professional Licenses and Certifications

The proposer must be licensed and appointed in the State of Florida for applicable lines of coverage being proposed. Provide proof of such with your submission.

In addition to being properly licensed and appointed by the State of Florida for applicable lines of coverage being proposed, firms must also be properly licensed to conduct business in Broward County, Florida. If applicable, provide proof of such with your submission.

6. Information to be provided

Medical and Pharmacy proposers must include a Geo Access Report utilizing the following criteria:

- Number of Hospitals within 10 miles
- Number of PCP's and Pediatricians within 5 miles
- Number of OB/GYN's within 10 miles
- Number of Specialists within 10 miles

Dental proposers must include a Geo Access report utilizing the following criteria:

- Number of General Dentists within 5 miles
- Number of Specialty Dentists within 10 miles
- Number of Orthodontists within 10 miles

Vision proposers must include a Geo Access report utilizing the following criteria:

- Number of General Vision Providers within 5 miles
- Number of Specialty Vision Providers within 10 Miles

Medical proposers must include a report outlining their average discounts for the service area covered by the employee base of the City. Proposers must provide the report in the following format:

- Average discounts for in-patient hospital charges
- Average discounts for out-patient hospital charges
- Average discounts for primary care physician charges
- Average discounts for specialty care physician charges
- Average discounts for all other charges not specifically listed

7. Firm Qualifications and Experience

Indicate the firm's number of years of experience in providing the required services.

The proposal must demonstrate the qualifications and experience of the firm. Include such items as responsiveness, quality of billing, etc.

Provide a list of the governmental and private clients to which your company is currently providing employee benefits programs. Please indicate the group name, location and number of employees. List and describe any potential conflicts of interest between the City and your firm's other clients that may affect your company's representation of the City's interests.

List and describe all legal claims against any person or firm that is a member of the team alleging error and/or omissions, or any breach in professional ethics, including those settled out of court, during the past five (5) years. If not applicable, please so state.

8. Team's Experience/Qualification

- Provide a list of the personnel to be used on this project and their qualifications. A resume of key management personnel, including education, experience, and any other pertinent information shall be included for each member to be assigned to this project. Proposer, whenever applicable, will not be required to provide resumes or qualifications for current City employees for this RFP.

-
- Provide the name(s) of the person, within your organization, who will be assigned to the City for this Project.

9. Account Manager's Experience

- Provide a comprehensive summary of the experience and qualification of the individual(s) who are proposed to serve as the Account Manager(s) for the City's Contract. These individuals must have a minimum of three (3) years experience in their designated professional specialization.
- Describe the responsibilities of the management that will perform the work.
- List the name, title or position, and duties of management or senior position that will be assigned to this Project. For each individual, include a resume or summary of qualifications and experience that demonstrates the person's knowledge and understanding of the type of services to be performed.

10. Past Performance (References)

Provide five (5) references of similar engagements, scope of work and complexity that have been completed by your company within the last three (3) years which demonstrate the experience of the company and team that will be assigned to provide the services as required by this Project. Please provide the following information for the references:

- Client name, address, phone number, email.
- Description of the scope of work.
- Total cost of services.

11. Proposer's Implementation and Performance approach

Proposer should disclose in detail in their proposal the implementation steps, implementation timeline and the City's responsibilities for implementation. The information provided in this section should be specific as to the date range the activity will encompass and the responsible party for completing the step.

12. Financial Resources

Provide evidence of your company's financial stability and sufficient financial resources to provide employee benefits to a client of the City's size. Proposers shall provide a statement of Proposer's financial stability including the Proposer's current ratings with the following ratings companies: AM Best, Moody's and Standard and Poor's.

13. Cost Proposal and Multi-line discounts

Proposer will disclose in detail the term for the rates being proposed. Specifically indicate the rate guarantee for each line of coverage being proposed. Proposers are encouraged to provide multi-year rate guarantees for dental, vision, basic life, supplemental life, accidental death and dismemberment, long-term disability and employee assistance programs.

14. Performance Measures

Describe the method employed to ensure prompt service, efficient service for claims and billing, customer satisfaction, prompt complaint resolution, effective personnel performance and training and timely initiation and completion of work.

In addition, describe in detail the performance guarantees associated with the proposal. The performance guarantees should be listed individually indicating the item to be measured, the amount at risk, specific timeframe to be measured and the specific date the measure will be completed and the results communicated to the City. Provide detailed examples of reports and data which will be provided and how often reports will be submitted to the City's Contract Manager.

REQUEST FOR PROPOSAL (RFP) TENTATIVE SCHEDULE

THE DATES SHOWN BELOW ARE TENTATIVE AND ARE NOT BINDING AND MAY BE SUBJECT TO CHANGE.

RFP ADVERTISING DATE	THURSDAY, APRIL 25, 2013
RFP DOCUMENT RELEASED	THURSDAY, APRIL 25, 2013
QUESTIONS	ALL QUESTIONS MUST BE EMAILED BY LATER THAN <u>FRIDAY, MAY 17, 2013</u> <u>BY NO LATER THAN 10 AM</u>
RFP DEADLINE FOR RECEIPT OF PROPOSALS	<u>FRIDAY, MAY 24, 2013</u> <u>BY NO LATER THAN 10 AM</u>
EVALUATION OF PROPOSAL/SELECTION OF FIRMS	TO BE DETERMINED
ORAL INTERVIEWS – (IF REQUIRED)	TO BE DETERMINED
CONTRACT AWARD BY CITY COMMISSION – ESTIMATED	TO BE DETERMINED
PROJECT START DATE – ESTIMATED	TO BE DETERMINED

END OF SECTION

XI. GENERAL TERMS AND CONDITIONS

These General Terms and Conditions apply to all responses made to the City of Hallandale Beach by all prospective Proposers. The City of Hallandale Beach reserves the right to reject any or all proposals, to waive any informalities or irregularities in any proposals received, to re-advertise for proposals, to enter into contract negotiations with the selected Proposer(s) or take any other actions that may be deemed to be in the best interest of the City of Hallandale Beach.

XII. DEFINITIONS

“City” the City of Hallandale Beach or the City Commission, a municipal corporation of the State of Florida.

“City’s Contract Administrator” means the City’s representative duly authorized by the City Commission and/or City Manager, to provide direction to the Contractor regarding services provided pursuant to this RFP and the Contract.

“Contract” and “Contract Documents” means the agreement for Agreement for this Project to be entered into between the City and the Successful Proposer/Contractor.

“Contractor” the individual(s) or firm(s) to whom the award is made and who executes the Contract Documents.

“Local Business” pursuant to Section 23-105 of the Code of Ordinances of the City of Hallandale Beach, Florida, business who maintains a place of business within the City limits; business who maintains a place of business within the County; business who maintains a place of business within the State of Florida, in this order.

“Notice to Proceed” means the written notice given by the City to the Contractor of the date and time for work to start.

“Project Manager” means the Contractor’s representative authorized to make and execute decisions on behalf of the Contractor.

“Proposal” means the proposal or submission submitted by a Proposer. The terms “Proposal” and “Bid” are used interchangeably and have the same meaning.

“Proposer” means one who submits a Proposal in response to a solicitation. The terms “Proposer” and “Bidder” are used interchangeably and have the same meaning.

“Proposal Documents” the Request for Proposals, Instructions to Proposers, Technical Specifications, plans and attachments and the proposed Contract Documents (including all Addenda issued prior to the opening of Proposals).

“Successful Proposer” means the qualified, responsible and responsive Proposer to whom City (on the basis of City’s evaluation as hereinafter provided) makes an award.

XIII. SUBMISSION AND RECEIPT OF PROPOSALS

1. Proposals to receive consideration must be received on or prior to the specified time and date of opening, as designated in the proposal.
2. Unless otherwise specified, firms **MUST** use the proposal form(s) furnished by the City. Failure to do so may be cause for rejection of proposal. Removal of any part of the proposal forms may invalidate proposal.
3. Proposals having any erasure or corrections **MUST** be initialed by the Proposer in INK. Proposals shall be signed in INK; all forms shall be typewritten or printed with pen and ink.

PROPOSALS SHALL BE SUBMITTED IN SEALED ENVELOPES. PROPOSALS MUST BE MAILED OR HAND DELIVERED TO:

CITY OF HALLANDALE BEACH
CITY CLERK'S DEPARTMENT – EXECUTIVE OFFICES
400 SOUTH FEDERAL HIGHWAY, 2ND FLOOR
HALLANDALE BEACH, FL 33009
TITLED: RFP NO. FY2012-2013-012 EMPLOYEE BENEFITS PROGRAMS

DATE/TIME OF PROPOSAL SUBMITTAL:

Plainly mark on the outside of the envelope, the Proposal Number, Item Identification and Time and Date of Proposal Receipt.

IT WILL BE THE SOLE RESPONSIBILITY OF THE PROPOSER TO ENSURE THAT THE PROPOSAL REACHES THE OFFICE OF THE CITY CLERK OFFICE, CITY OF HALLANDALE BEACH ON OR BEFORE: FRIDAY, MAY 24, 2013, BY NO LATER THAN 10:00 A.M.

4. CONFLICT OF INTEREST:

In the event the Contractor becomes aware of any conflicts or potential conflicts between the interest of the City and the interests of the Contractor, the Contractor shall immediately notify the City Manager, or designee, in writing, of such conflict. Written notice may be in the form of fax or email notification. Such conflict is defined as any client represented by the firm. In the event the City becomes aware of any conflicts or potential conflicts between the interest of the City and the interests of the clients of the Contractor, the City Manager or designee, shall promptly notify the Contractor of such conflict. The City and the Contractor shall attempt to resolve any such conflict in a manner mutually acceptable to the City and the Contractor.

If the conflict cannot be resolved to the satisfaction of the City, the City reserves the right to procure these services from other vendors with an appropriate reduction to the Contractors fee(s).

5. **BID GUARANTEE AND BOND REQUIREMENTS:**

Not applicable. There are no Performance Bond requirements for this RFP.

6. **PROPOSAL ACCEPTANCE PERIOD:**

Proposer warrants by virtue of submitting a proposal that costs, terms and conditions quoted in the Proposal will remain firm for acceptance by the City until such time as City Commission awards a contract as a result of this RFP.

7. **PUBLIC RECORDS:**

Sealed bids, or replies received by an agency pursuant to a competitive solicitation are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution until such time as the agency provides notice of an intended decision or until 30 days after opening the bids, proposals, or final replies, whichever is earlier.

If the bidder/proposer believes any of the information contained in his or her response is exempt from the Public Records Law, then the Proposer, must in his or her response, specifically identify the material which is deemed to be exempt and cite the legal authority for the exemption. City's determination of whether an exemption applies shall be final, and bidder/proposer agrees to hold harmless and releases the City, and to defend, indemnify, by Counsel chosen by the City Attorney, the City and City's officers, employees, and agents against any loss or damages incurred by any person or entity as a result of the City's treatment of records as public records.

8. **ADDENDA AND MODIFICATIONS:**

All addenda and other modifications to the documents or this RFP made prior to the time and date of proposal opening shall be issued as separate documents identified as changes to the proposal project document.

The City shall make reasonable efforts to issue addenda within seven days prior to proposal opening.

If any addenda are issued, the City will attempt to notify known prospective Proposers. Addenda to this solicitation will be posted on the City's webpage www.cohb.org/Bidnotifications. Firms are solely responsible to check the website or contact the General Services/Purchasing Department prior to the Proposal submittal deadline to ensure addenda has not been released. All Proposals shall be construed as though all addenda had been received and acknowledged and the submission of his/her Proposal shall constitute acknowledgment of receipt of all addenda, whether or not received by him/her. It is the responsibility of each prospective Proposer to verify that

he/she has received all addenda issued before depositing the Proposal with the City.

9. **TAXES:**

The City of Hallandale Beach, Florida is exempt from any taxes imposed by the State of Florida and/or Federal Government. State Sales Tax Exemption Certificate No. 16-04199765-54C; United States Treasury Department, I.R.S. No. 59-6000333, applies and appears on each City of Hallandale Purchase Order. Exemption Certificates provided on request.

10. **FAILURE TO SUBMIT PROPOSAL:**

If you do not submit a proposal, PLEASE return the form, "**UNABLE TO SUBMIT A PROPOSAL**", stating thereon and request that your name be retained on the City mailing list, otherwise, your name will be removed from the City's bid mailing list.

11. **SIGNED PROPOSAL CONSIDERED AN OFFER:**

The signed Proposal shall be considered an offer on the part of the Proposer or firm, which offer shall be deemed accepted upon approval by the City Commission of the City of Hallandale Beach, Florida and in case of default on the part of the successful Proposer or firm, after such acceptance, the City may take such action as it deems appropriate, including legal action, for damages or specific performance.

12. **LIABILITY, INSURANCE, LICENSES AND PERMITS:**

Where Proposers are required to enter onto City of Hallandale Beach property to deliver materials or perform work or services, as a result of proposal award, the Proposer will assume full duty, obligation and expense of obtaining all necessary licenses, permits, inspections and insurance, as required. The Proposer shall be liable for any damage or loss to the City occasioned by negligence of the Proposer (or agent) or any person the Proposer has designated in the completion of a contract as a result of the proposal.

13. **RESERVATION FOR REJECTION AND AWARD:**

The City of Hallandale Beach reserves the right to accept or reject any or all proposals, to waive irregularities and technicalities, and to request re-submission of proposals. The City also reserves the right to award the contract on such material the City deems will best serve its interests.

The City also reserves the right to waive minor variations to specifications (interpretation of minor variations will be made by applicable City Department personnel). In addition, the City reserves the right to cancel any contract by giving thirty (30) days written notice. **The City reserves the right to negotiate the type and cost of specific types of services to be purchased. These negotiations may be held with one or more proposers, as is deemed in the best interest of the City.**

14. **OMISSION OF INFORMATION:**

Any omissions of detailed specifications stated herein, that would render the materials/services not suitable for use as specified, will not relieve the Proposer from responsibility.

15. **SAMPLE FORM CONTRACT:**

Not applicable.

16. **INSPECTION OF FACILITIES / SITE VISIT:**

Not applicable.

17. **PROPOSER'S COSTS**

The City shall not be liable for any costs incurred by proposers in response to the RFP.

18. **INVOICES/PAYMENT**

Contractor shall submit invoices on a monthly basis based on the Contract Cost Proposal as approved through the Contract award.

19. **NON DISCRIMINATION, EQUAL OPPORTUNITY AND AMERICANS WITH DISABILITIES ACT**

Contractor shall not unlawfully discriminate against any person in its operations and activities in its use or expenditure of funds or any portion of the funds provided by this Agreement and shall affirmatively comply with all applicable provisions of the Americans with Disabilities Act (ADA) in the course of providing any services funded in whole or in part by CITY, including Titles I and II of the ADA (regarding nondiscrimination on the basis of disability), and all applicable regulations, guidelines and standards.

Contractor's decisions regarding the delivery of services under this Agreement shall be made without regard to or consideration of race, age, religion, color, gender, sexual orientation (Broward County Code, Chapter 16 ½), gender identity, gender expression, national origin, marital status, physical or mental disability, political affiliation, or any other factor which cannot be lawfully or appropriately used as a basis for service delivery.

Contractor shall comply with Title I of the Americans with Disabilities Act regarding nondiscrimination on the basis of disability in employment and further shall not discriminate against any employee or applicant for employment because of race, age, religion, color, gender, sexual orientation, gender identity, gender expression, national origin, marital status, political affiliation, or physical or mental disability. In addition,

Contractor shall take affirmative steps to ensure nondiscrimination in employment against disabled persons. Such actions shall include, but not be limited to the following: employment, upgrading, demotion, transfer, recruitment or recruitment advertising, layoff, termination, rates of pay, other forms of compensation, terms and conditions of employment, training (including apprenticeship, and accessibility).

Contractor shall take affirmative action to ensure that applicants are employed and employees are treated without regard to race, age, religion, color, gender, sexual orientation (Broward County Code, Chapter 16 ½), gender identity, gender expression, national origin, marital status, political affiliation, or physical or mental disability during employment. Such actions shall include, but not be limited to the following: employment, upgrading, demotion, transfer, recruitment or recruitment advertising, layoff; termination, rates of pay, other forms of compensation, terms and conditions of employment, training (including apprenticeship), and accessibility.

Contractor shall not engage in or commit any discriminatory practice in violation of the Broward County Human Rights Act (Broward County Code, Chapter 16 ½) in performing any services pursuant to this Agreement.

20. RESOLUTION OF PROTESTED SOLICITATIONS AND AWARDS

Protests

Any party may present a written protest about the award of a contract as a result of an RFP, RFQ or Bid to the Director of General Services Department. Emergency procurements, purchases for goods, supplies, equipment, and services, the estimated cost of which does not exceed \$50,000.00, are not subject to protests.

Time for Protest

The submission of a protest about the award of a contract, as a result of an RFP, RFQ or Bid, to the Director of General Services Department must be made no later than (10) calendar days of approval of a contract by City Commission.

Form and Content of Protest

The protest shall be filed in writing with the Director of General Services and shall state the contested information about the RFP, RFQ or Bid.

General Services will provide a copy of the written protest to the City Attorney and other appropriate City staff.

Protest Filing Fee

The written protest must be accompanied by a filing fee in the form of a money order or cashier's check payable to the City of Hallandale Beach in an amount equal to one percent of the contract value, which resulted from an RFP, RFQ or Bid, but no greater than \$5,000.00. The filing fee shall guarantee the payment of all costs which may be adjudged against the protestor in any administrative or court proceeding. If a protest is upheld by the Director of General Services and or the City Commission, the filing fee shall be refunded to the protestor less any costs assessed under section "Costs" below.

Costs

All costs accrued from a protest shall be assumed by the protestor.

Authority to resolve protests

The Director of General Services shall have the authority, subject to the approval of the City Manager and the City Attorney, to settle and resolve any written protest within thirty (30) days after receipt of the written protest.

Special Magistrate

In the event the protest is not resolved by the Director of General Services, a hearing shall be scheduled by the City before a special magistrate selected by the City, who shall only determine whether procedural due process has been afforded, whether the essential requirements of law have been observed, and whether the Director of General Services' findings are arbitrary, capricious, or an abuse of discretion. Any hearing shall be limited to two (2) hours per side, unless the special magistrate rules otherwise. This requirement is a jurisdictional prerequisite to the institution of any civil action regarding the same subject matter.

END OF SECTION

XIV. TECHNICAL SPECIFICATIONS

The City of Hallandale Beach is seeking proposals for the purpose of securing a qualified employee benefits carrier or carriers to provide the following lines of employee benefits programs for the benefit of the employees and retirees of the City: Group Medical and Prescription coverage, Group Dental, Group Vision, Group Basic Life and AD&D, Group Supplemental Life, Group Long-term Disability and Group Employee Assistance Program.

City Staff and Gehring Group will analyze the RFP responses and provide a summary of the responses to the Evaluation Committee in addition to the complete responses from each proposer. The Evaluation Committee may elect to recommend the acceptance of proposals on a coverage by coverage basis or by groups of coverage to a single carrier. Proposers should clearly indicate any discounts they may offer in their proposals for multiple lines of coverage being accepted. Proposers should be aware that finalist interviews, while scheduled, may not be conducted and the decision to do so is entirely the purview of the Evaluation Committee. Proposers should make certain to provide the best option for coverage and rate they are able in the original proposal.

Responsibilities

Responsibilities shall include, but not be limited to, the following:

- Renewal information shall be provided to Personnel Director in writing 180 days in advance of the renewal date.
- Effective date of coverage for all lines will be October 1, 2013. The proposer must agree to have the agreement for the lines of coverage they are awarded prepared, finalized and ready to execute by all parties no later than July 30, 2013.
- All current elections must be grandfathered.
- Support shall be provided to the City throughout the transition and implementation process. Successful proposers will be required to assist with the open enrollment of the City employees scheduled for the month of August. Proposers will be notified of specific meeting dates and times as they become available.
- Toll-free customer service lines for employees and retirees in and outside of area code 954.
- Provide direct billing and premium remittal services for retiree and retiree dependents.
- The City shall review and approve all communication materials prior to mailing directly to the employee's home by the proposer. Postage costs are to be paid by the proposer.

- Member information is to be mailed in a timely manner to the employer. Postage costs are to be paid by proposer.
- Actively-at-work provisions shall be waived for all participants.
- A no-loss/no-gain provision shall apply to all current plan participants.
- Variations in actual enrollment shall have no effect on your rate quotation. Your proposal shall be valid regardless of the final enrollment mix, number of proposers, and number of plan designs or outcome.

XV. PROPOSAL EVALUATIONS:

1. **Criteria.** Proposal packages firms will be evaluated as stated below.

The recommendation(s) for award shall be made to the City Commission, by the City Manager, through the Evaluation Committee, to the responsible Proposer(s) whose proposal is determined to be the most advantageous to City.

NUMBER	CRITERIA LISTED	POTENTIAL POINTS
1.	Qualifications and Experience	10
2.	Past Performance (References)	10
3.	Proposer's Implementation and Performance approach	20
4.	Resources & Financial Ability	10
5.	Cost Proposal and Multi-line discounts	40
6.	Performance Measures	10
	TOTAL POINTS	100

The criteria stated above will be utilized to rank proposer(s). The three (3) top rated proposals will be presented to Commission to grant the City Manager the ability to negotiate an agreement.

The top three ranked proposers will be asked to submit a Best and Final Offer (BAFO), either prior to the Commission agenda or after the Commission grants the City Manager the authority to negotiate, in the best interest of the City.

The BAFO that will be requested from the top three (3) ranked proposers is as follows:

NUMBER	CRITERIA LISTED	POTENTIAL POINTS
1.	Benefits Specific	50
2.	Cost Proposal and multi-line discounts	50
	TOTAL POINTS	100

Evaluation of Cost Proposal

The Cost Proposal will be evaluated in the following manner:

The response with the lowest total Cost Proposal will be given the full potential cost points.

The response with the lowest total Cost, including discounts offered for accepting multiple lines of coverage will be awarded the full potential cost points. The Evaluation Committee may elect to evaluate the proposals individually by coverage or in combination with other of the coverage proposals from a single carrier if it is in the City's interest to do so. In the event this is deemed to be in the best interest of the City, the total cost of the single carrier's proposals combined will be deemed to be the "Lowest Cost" even though a proposal for a specific line of coverage may not be the lowest cost for that line of coverage.

City reserves the right, where it may serve the City of Hallandale Beach's best interest, to request additional information or clarification from Proposers.

Notwithstanding anything to the contrary contained herein, the City of Hallandale Beach reserves the right to waive formalities in any proposal and further reserves the right to take any other action that may be necessary in the best interest of the City. The City further reserves the right to reject any or all proposals, with or without cause, to waive technical errors and informalities or to accept the proposal which in its judgment, best serves the City of Hallandale Beach.

The City will evaluate proposals and may conduct discussions with, and may require presentations by firms.

Oral presentations may be required from the responsive proposers by the Evaluation Committee to provide an oral presentation in support of what has been provided in the proposals by each firm or to exhibit or otherwise demonstrate the information contained therein for clarification purposes. No new information or material not already provided in the firm's proposal is to be presented during oral presentations.

2. **Local Business.** In addition to the foregoing criteria, Proposers may be entitled to additional consideration for local business certification pursuant to Section 23-105 of the Code of Ordinances of the City of Hallandale Beach, Florida, based on the following:
- (A) First, to proposers who maintain a place of business within the City limits;
 - (B) Second, to proposers who maintain a place of business within the County; and
 - (C) Third, to proposers who maintain a place of business within the State.

Firm is to submit with the proposal package proof of Florida Department of State Division of Corporation (Sunbiz) Annual Report issued to company submitting proposal one (1) year prior to proposal submission due date.

An award based upon local business certification will be awarded to a Proposer based upon vendors, contractors or subcontractors who are local businesses and whose proposal is within five points of the top ranked/rated Proposer.

END OF SECTION

XVI. COST PROPOSAL

The Contractor will provide all services and expenses necessary for the provision of the services as specified in this RFP. This cost is inclusive of all related expenses including contract administration, technical assistance to the City, personnel training and certification, services for security, safety, and associated actions necessary for the Project by the Contractor as defined in the technical specifications, RFP and Contract. All Proposers must submit their proposals "Net of Commission".

END OF SECTION

COST PROPOSAL FORM

Print name of Proposer (company name)

RFP # FY 2011-2012-012 Employee Benefits Programs

The undersigned, as Proposer, hereby declares that the only person or persons interested in the proposal, as principal or principals, is or are named herein and that no other person than herein mentioned has any interests in the Proposal of the contract to which the Work pertains; that this Proposal is made without connection or arrangement with any other person, company, or parties making Bids or Proposals and that the Proposal is in all respects fair and made in good faith without collusion or fraud.

The Proposer further declares that he has examined the requirements and scope of work; that he has made sufficient investigations to fully satisfy himself that such sites are suitable for this Work; and he assumes full responsibility therefore; that he has examined the technical specifications and plans for the Work and from his own experience or from professional advice that the technical specifications are sufficient for the Work to be done and he has examined the other Contract Documents relating thereto, including the Instructions to Proposers, Contract, Proposal, Detailed Scope of Work/Specifications, Qualification Statement, Public Entity Crime Form and Insurance requirements and he has read all addenda prior to the opening of Proposals, and that he has satisfied himself fully, relative to all matters and conditions with respect to the Work to which this proposal pertains.

The Proposer proposes and agrees, if this Proposal is accepted, to timely execute a contract with the City in the form attached and to furnish all necessary materials, all equipment, all necessary, tools, apparatus, means of transportation, and employees necessary to complete the Work specified in the Proposal and Contract, and called for by the specifications and in the manner specified and to timely submit all required bonds and insurance certificates.

NOTE: ANY SCHEDULE OF PROPOSAL ITEMS ARE MERELY ILLUSTRATIVE OF THE MINIMUM AMOUNT/QUANTITY OF WORK TO BE PERFORMED UNDER THE CONTRACT. IN THE CASE OF ANY CONFLICT BETWEEN THIS SCHEDULE OF PROPOSAL ITEMS AND THE CONTRACT DOCUMENTS, THE CONTRACT DOCUMENTS WILL PREVAIL.

The Proposer further proposes and agrees to comply in all respects with the time limits for commencement and completion of the Work as stated in the contract form.

The Proposer agrees to execute a contract and furnish the executed contract, all required bonds, insurance certificates, and other required information to City within five (5) calendar days after date of award of contract. Failure on the part of the Proposer to timely comply with this provision shall give City all rights and remedies set forth in the Instructions to Proposers.

It is understood that the unit prices quoted or established for a particular item are to be used for computing the amount to be paid to the Contractor, based on the Work actually performed as determined by the contract and the City. However, in utilizing the schedule, the Proposer agrees that in no event shall compensation paid to the Proposer under the contract exceed the dollar amount of the Proposer's proposal amount, as set forth in the attached proposal form.

In no event shall the City be obligated to pay for work not performed or materials not furnished.

Proposer's Occupational License No. _____

WITNESS

By: _____
Authorized Signature

(SEAL)

Attachment M - Price and Benefits - Option 1 - Medical Plan Response Form

(Complete and Submit with your proposal. You may make multiple copies if necessary)

NAME OF PROPOSED PLAN: _____

Schedule of Insurance	Current Open Access HMO	Proposed Plan
Coventry – Focused Deductible Open Access	FDOA2020 Option 7	
Lifetime Maximum	Unlimited	
Calendar Year Deductible (CYD)		
Single	\$0	
Family	\$0	
Annual Hospital Deductible* (CY)	\$500	
Out-of-Pocket Maximum**		
Single	\$2,000	
Family	\$6,000	
Member Coinsurance	0%	
Physician Services		
Physician Office Visit	\$20 copay	
Specialist Office Visit	\$40 copay	
Laboratory Services at diagnostic center	\$40 copay	
Maternity Care (one time copay)	\$40 copay	
Hospital Services		
Inpatient	\$100 copay / day for 5 days after Hosp Ded	
Outpatient Surgery	\$250 copay after Hosp Ded	
Emergency Room Visits (copay waived if admitted)	\$200 copay after Hosp Ded	
Physician Services	Included in Hospital copay	
Mental Health & Substance Abuse		
Inpatient	\$100 copay / day for 5 days after Hosp Ded	
Outpatient	\$40 copay	
Prescription Drug Retail (30 day Supply)		
Tier 1	Tier 1A:\$3 Tier 1B: \$20	
Tier 2	\$40	
Tier 3	\$60	
Tier 4	N/A	
Mail Order (90 day Supply)	\$3 Tier 1A / \$20 Tier 1B 2x Copay for Tiers 2 & 3	
Rates		
Employee Only	\$389.50	
Employee plus One	\$786.81	
Employee and Family	\$1,145.18	

Please provide a Medical Summary of Benefits along with your proposal. *All services provided at a hospital are subject to hospital deductible

**Applies to Copayments and coinsurance amounts. Deductibles do not apply.

Attachment M - Price and Benefits - Option 2 - Medical Plan Response Form

(Complete and Submit with your proposal. You may make multiple copies if necessary)

NAME OF PROPOSED PLAN: _____

Schedule of Insurance	Current Open Access HMO – Focused Deductible	Proposed Plan
Coventry – Focused Deductible Open Access		
Lifetime Maximum	Unlimited	
Calendar Year Deductible (CYD)		
Single	\$0	
Family	\$0	
Annual Hospital Deductible* (CY)	\$250	
Out-of-Pocket Maximum**		
Single	\$4,000	
Family	\$10,000	
Member Coinsurance	0%	
Physician Services		
Physician Office Visit	\$10 copay	
Specialist Office Visit	\$40 copay	
Laboratory Services at diagnostic center	\$10 copay	
Maternity Care (one time copay)	\$40 copay	
Hospital Services		
Inpatient	\$100 copay / day for 5 days	
Outpatient Surgery	\$100 copay after Hosp Ded	
Emergency Room Visits (waived if admitted)	\$200 copay after Hosp Ded	
Physician Services	\$100 copay / day for 5 days after Hosp Ded	
Mental Health & Substance Abuse		
Inpatient	Hospital Deductible	
Outpatient	\$10 copay	
Prescription Drug Retail (30 day Supply)		
Tier 1	Tier 1A: \$3 Tier 1B: \$20	
Tier 2	\$40	
Tier 3	\$60	
Tier 4	N/A	
Mail Order (90 day Supply)	\$3 Tier 1A / \$20 Tier 1B 2x Copay for Tiers 2 & 3	
Rates		
Employee Only	\$437.13	
Employee plus One	\$883.00	
Employee plus Family	\$1,285.16	

Please provide a Medical Summary of Benefits along with your proposal.

*All services provided at hospital are subject to hospital deductible. **All deductibles and copayments for mental health, substance abuse services, and prescription drugs do not apply.

Attachment M - Price and Benefits - PPO Dental Response Form

(Complete and Submit with your proposal. You may make multiple copies if necessary)

NAME OF PROPOSED PLAN: _____

NAME OF NETWORK: _____

Schedule of Benefits	CURRENT PLAN		PROPOSED PLAN	
Delta Dental	PPO			
	In Network	Non Network	In Network	Non Network
Calendar Year Maximum	\$2,000			
Orthodontic Lifetime Maximum	\$1,000			
Calendar Year Deductible				
Single	\$50	\$50		
Family Aggregate	\$150	\$150		
Deductible Waived for Class 1?	Yes	Yes		
Benefits Payable				
Class 1 – Preventive/Diagnostic	100%	100%		
Class 2 – Basic Services	80%	80%		
Class 3 – Major Services	70%	70%		
Class 4 – Orthodontic Treatment (Adults & Dependents)	50%			
Endodontics and Periodontics are Covered as:	Basic Services			
Out of Network Benefits are Paid at what Level:	Premier contracted fees			
Rate Guarantee	N/A			
RATES				
Employee Only	\$46.18			
Employee plus One	\$90.96			
Employee plus Family	\$130.15			

Please provide a Dental PPO/Indemnity Summary of Benefits along with your proposal.

Attachment M - Price and Benefits - DMO Dental Response Form

(Complete and Submit with your proposal. You may make multiple copies if necessary)

NAME OF PROPOSED PLAN: _____

NAME OF NETWORK: _____

BE SURE TO INCLUDE A COMPLETE SCHEDULE OF DMO COPAYS WITH YOUR PROPOSAL.

*SAMPLE LISTING OF PROCEDURE CODES

Delta Dental		Delta Care Plan FLM 64	
PROCEDURE CODE	PROCEDURE DESCRIPTION*	CURRENT COPAYMENTS	PROPOSED COPAYMENTS
D0120	Periodic Exam	No Cost	
D9440	Office Visit after hours	\$24.00	
D1110	Prophylaxis	No Cost	
D0210	Full Mouth X-rays	No Cost	
D7111	Single Tooth	\$8.00	
D7230	Partial Impaction	\$72.00	
D7240	Boney Impaction	\$96.00	
D2140	Amalgam - 1 surface	No Cost	
D2330	Resin - 1 surface	No Cost	
D3310	Anterior	\$90.00	
D3320	Bicuspid	\$144.00	
D3330	Molar	\$216.00	
D4341	Root Planning (1/4)	\$54.00	
D4210	Gingivectomy (1/4)	\$150.00	
D2790	Full High Noble Metal	\$234.00	
D2750	Porcelain fused to Metal	\$234.00	
D5213	Partial Denture	\$330.00	
D5110	Complete Denture	\$270.00	
D5730	Denture Reline (chairside)	\$36.00	
D5750	Denture Reline (lab)	\$60.00	
D8070-90	Comprehensive Orthodontic Treatment	\$1,800.00-\$2,000.00	
Rate Guarantee		N/A	
RATES			
Employee Only		\$46.18	
Employee plus One		\$90.96	
Employee plus Family		\$130.15	

Please provide a Dental DHMO Summary of Benefits along with your proposal.

Attachment M - Price and Benefits - Vision Response Form

(Complete and Submit with your proposal. You may make multiple copies if necessary)

NAME OF PLAN: _____

NAME OF NETWORK: _____

Schedule of Benefits	Current	Proposed
Coventry	Vision Plan Embedded with Medical	
Frequency		
Exam	12 months	
Lenses	12 months	
Frames	12 months	
Eye Examinations		
Optometrist	\$15	
Lenses (per pair plus frame)		
Single	\$29	
Bifocal	\$49	
Trifocal	\$59	
Contact Lenses		
Elective (Exam)	\$69	
Daily Wear Lenses	\$35 per pair	
Extended Wear Lenses	\$39 per pair	
Rate Guarantee		
PREMIUM RATES	Current Rates	Proposed Rates
Employee Only	Included in Medical Premium	
Employee plus One	Included in Medical Premium	
Employee plus Family	Included in Medical Premium	

Please provide a Vision Summary of Benefits along with your proposal.

Attachment M - Price and Benefits - Basic Life and AD&D Response Form

Class	Class Description	Current Benefits	Proposed Benefits
1	All Active full-time employees, other than Elected Officials	\$25,000 Life and AD&D	
2	All Active Elected Officials	\$25,000 Life and AD&D	
3	Retirees who retired on or after August 1, 2004	\$15,000 Life	
4	Retirees who retired prior to August 1, 2004	\$13,000 Life	
		Current Benefits	Proposed Benefits
Premium Waiver		Class 1: Yes Class 2: Yes Class 3: No Class 4: No	
Age Reductions		Class 1: Benefits reduce 33% at age 70, and 60% of original amount at age 75 Class 2: N/A Class 3: N/A Class 4: N/A	
Accelerated Benefit		Class 1: Yes Class 2: Yes Class 3: No Class 4: No	
Rate Guarantee		N/A	
		Current Rates	Proposed Rates
Life Rate / \$1,000		\$0.36	
AD&D Rate / \$1,000		\$0.04	
Estimated Life Volume		\$12,459,250	
Estimated AD&D Volume		\$10,360,250	
Estimated Monthly Premium		N/A	

(Complete and Submit with your proposal. You may make multiple copies if necessary)

Please provide a Basic Life Summary of Benefits along with your proposal.

Attachment M - Price and Benefits - Voluntary Life Response Form

Reliance Standard	CURRENT		PROPOSED	
Employee Definition	Active, Full-time employee working 30 hours or more per week			
Employee Formula	Up to \$500,00 in \$10,000 Increments			
Guarantee Issue	Under age 60: \$100,000 Age 60-69: \$10,000 Age 70+: None			
Spouse Formula	Up to \$500,00 in \$10,000 Increments			
Guarantee Issue	Under Age 60: \$30,000 Age 60+: None			
Child Formula	Age 14 days to 6 months: \$1,000 Age 6 months to 20 years of age (26 if full-time student): \$2,500, \$5,000, \$7,500 or \$10,000			
Age Reduction Formula	Benefits to 60% at age 75 To 35% at age 80 To 27.5% at age 85 To 20% at age 90 To 7.5% at age 95 To 5% at age 100			
Portability	Included			
Conversion	Included			
Waiver	Included			
	Age Bracket	Rate/\$1,000	Age Bracket	Rate/\$1,000
	0-19	\$0.095	0-19	
	20-24	\$0.095	20-24	
	25-29	\$0.095	25-29	
	30-34	\$0.117	30-34	
	35-39	\$0.169	35-39	
	40-44	\$0.241	40-44	
	45-49	\$0.439	45-49	
	50-54	\$0.671	50-54	
	55-59	\$1.001	55-59	
	60-64	\$1.360	60-64	
	65-69	\$2.032	65-69	
	70-74	\$3.091	70-74	
	75-79	\$3.091	75-79	
	80-84	\$3.091	80-84	
	85-89	\$3.091	85-89	
	90-94	\$3.091	90-94	
	95-99	\$3.091	95-99	
Dependent Children (One rate for all eligible children, regardless of number)	\$2,500	\$0.49	\$2,500	
	\$5,000	\$0.95	\$5,000	
	\$7,500	\$1.41	\$7,500	
	\$10,000	\$1.88	\$10,000	
	Required Participation		N/A	
	Rate Guarantee		N/A	

(Complete and Submit with your proposal. You may make multiple copies if necessary)

Please provide a Voluntary Life Summary of Benefits along with your proposal.

Attachment M - Price and Benefits - Long-term Disability Response Form

(Complete and Submit with your proposal. You may make multiple copies if necessary)

Schedule of Benefits	Current Plan	Proposed Plan
Elimination Period	90 Days	
Monthly Benefit	Base: 50% Buy Up: 10% (60% total)	
Maximum Benefit	Base: to \$1,000 Monthly Buy Up: to \$5,000 Monthly	
Own Occupation Period	24 Months	
Duration of Benefit	To age 65 or the date of 42 nd monthly benefit if Age 62 or younger	
Conversion	Not Included	
Pre-existing Condition Limitation	3 / 12	
Mental Illness, Alcoholism & Drug Abuse Limitation	24 Months	
Survivor Benefit	3 X Monthly Benefit	
Rate Guarantee	N/A	
	Current Rates	Proposed Rates
Rate / \$100	Base: \$.36/\$100 Buy Up: \$.23/\$100	
Estimated Volume	\$1,094,122 Base \$858,978 Buy-up	
Estimated Monthly Premium	N/A	

Please provide a Long-term Disability Summary of Benefits along with your proposal.

Attachment M - Price and Benefits - Employee Assistance Program Response Form

(Complete and Submit with your proposal. You may make multiple copies if necessary)

Schedule of Benefits	Current Plan	Proposed Plan
Number of Sessions per member per year	5 visits per issue per year	
Relationship Issues	Included	
Substance Abuse	Consultation Included (drug testing excluded)	
Critical Incident Debriefing	Included	
Childcare / Eldercare Consultation	Included	
Marital Problems	Included	
Financial / Legal Issues	Included	
Stress Management	Included	
Parenting Problems	Included	
Assistance with College Selection	Not Specified	
Rate Guarantee	N/A	
	Current Rates	Proposed Rates
Rate Guarantee	24 Months	
Rate per Employee per Month	\$2.71 PEPM	

Please provide an Employee Assistance Program Summary of Benefits along with your proposal.

THIS PROPOSAL SUBMITTED BY:

COMPANY:
ADDRESS:
CITY & STATE:
ZIP CODE:
TELEPHONE:
DATE OF RFP:
FACSIMILE NUMBER:
E-MAIL ADDRESS:
FEDERAL ID NUMBER:
NAME & TITLE PRINTED:
SIGNED BY:

WE (I) the above signed hereby agree to furnish the item(s), service(s) and have read all attachments including specifications, terms and conditions and fully understand what is required.

The Request for Proposals, Specifications, Proposal Forms, and/or any other pertinent document form a part of this proposal and by reference made a part hereof. Signature indicates acceptance of all terms and conditions of the RFP.