

Solicitation 09308-11

Insurance: Medical, Dental, FSA and Cobra



Collin County

Bid 09308-11

Insurance: Medical, Dental, FSA and Cobra

Bid Number	09308-11
Bid Title	Insurance: Medical, Dental, FSA and Cobra
Bid Start Date	In Held
Bid End Date	Oct 27, 2011 2:00:00 PM CDT
Question & Answer End Date	Oct 21, 2011 5:00:00 PM CDT
Bid Contact	Sara Hoglund CPPB Contract Administrator Purchasing Department 972-548-4104 shoglund@co.collin.tx.us
Contract Duration	3 years
Contract Renewal	2 annual renewals
Prices Good for	90 days
Standard Disclaimer	<p>***Note to Bidders/Offerors~The following standard disclaimer applies to Invitation to Bid (IFB), Competitive Sealed Proposal (CSP), and Request for Proposal (RFP) ONLY, not applicable to Request for Qualifications (RFQ) or Request for Information (RFI).***</p> <p>Mailing Address: Collin County Purchasing 2300 Bloomdale Rd., Ste 3160 McKinney, TX 75071</p> <p>Prices bid/proposed shall only be considered if they are provided in the appropriate space(s) on the Collin County bid form(s). For consideration, any additions or deductions to the bid/proposal prices offered must be shown under the exceptions section of the bid/proposal in the case of electronic submittal, ONLY in the case of a hard copy submittal will an additional attachment be allowed. Extraneous numbers, prices, comments, etc. or bidder/offeror generated documents appearing elsewhere on the bid or as an additional attachment shall be deemed to have no effect on the prices offered in the designated locations.</p> <p>All delivery and freight charges (F.O.B. inside delivery at Collin County designated locations) are to be included as part of the bid/quote/proposal price. All components required to render the item complete, installed and operational shall be included in the total bid/quote/proposal price. Collin County will pay no additional freight/delivery/installation/setup fees.</p>
Bid Comments	Collin County is seeking a vendor to provide group benefits administration/insurance for Collin County's Medical, Dental, COBRA and Flexible Spending Account (FSA) plans.

Item Response Form

Item	09308-11--01-01 - See proposal for instructions on submitting pricing information
Quantity	1 each
Prices are not requested for this item.	

Delivery Location

Collin County

0402 Human Resources

2300 Bloomdale Road

Suite 4117

McKinney TX 75071

Qty 1

Description

See proposal for instructions on submitting pricing information



COLLIN COUNTY, TEXAS TERMS AND CONDITIONS

1.0 GENERAL INSTRUCTIONS

1.0.1 Definitions

1.0.1.1 Bidder/Quoter/Offeror: refers to submitter.

1.0.1.2 Vendor/Contractor/Provider: refers to a Successful Bidder/Quoter/Contractor/Service Provider.

1.0.1.3 Submittal: refers to those documents required to be submitted to Collin County, by a Bidder/Quoter/Offeror.

1.0.1.4 IFB: refers to Invitation For Bid.

1.0.1.5 RFQ: refers to Request For Qualifications

1.0.1.6 RFP: refers to Request For Proposal.

1.0.1.7 RFI: refers to Request For Information.

1.0.1.8 CSP: refers to Competitive Sealed Proposal

1.0.1.9 Quotation: refers to Request for Quotation

1.1 If Bidder/Quoter/Offeror do not wish to submit an offer at this time, please submit a No Bid Form.

1.2 Awards shall be made not more than ninety (90) days after the time set for opening of submittals.

1.3 Collin County is always conscious and extremely appreciative of your time and effort in preparing your submittal.

1.4 Collin County exclusively uses BidSync for the notification and dissemination of all solicitations. The receipt of solicitations through any other company may result in your receipt of incomplete specifications and/or addendums which could ultimately render your bid non-compliant. Collin County accepts no responsibility for the receipt and/or notification of solicitations through any other company.

1.5 A bid/quote/submittal may not be withdrawn or canceled by the bidder/quoter/offeror prior to the ninety-first (91st) day following public opening of submittals and only prior to award.

1.6 It is understood that Collin County, Texas reserves the right to accept or reject any and/or all Bids/Quotes/Proposals/Submittals for any or all products and/or services covered in an Invitation For Bid (IFB), Request For Qualifications (RFQ), Request For Proposal (RFP), Request For Information (RFI), Competitive Sealed Proposal (CSP), and Quotation, and to waive informalities or defects in submittals or to accept such submittals as it shall deem to be in the best interest of Collin County.

1.7 All IFB's, RFP's, CSP's, RFQ's, and RFI's submitted in hard copy paper form shall be submitted in a sealed envelope, plainly marked on the outside with the IFB/RFP/RFQ/RFI/CSP/Quotation number and name. A hard copy paper form submittal shall be manually signed in ink by a person having the authority to bind the firm in a contract. Submittals shall be mailed or hand delivered to the Collin County Purchasing Department.

1.8 No oral, telegraphic or telephonic submittals will be accepted. IFB's, RFP's, RFQ's, CSP's, and RFI's, may be submitted in electronic format via **BidSync**.

1.9 All Invitation For Bids (IFB), Request For Proposals (RFP), Request For Qualifications (RFQ), Competitive Sealed Proposals (CSP), and Request For Information (RFI), submitted electronically via **BidSync** shall remain locked until official date and time of opening as stated in the Special Terms and Conditions of the IFB, RFP, RFQ, CSP, and/or RFI.

1.10 Time/date stamp clock in Collin County Purchasing Department shall be the official time of receipt for all Invitation For Bids (IFB), Request For Proposals (RFP), Request For Qualifications (RFQ), Competitive Sealed Proposals (CSP), Request For Information (RFI), submitted in hard copy paper form. IFB's, RFP's, RFQ's, CSP's, RFI's, received in County Purchasing Department after submission deadline shall be considered void and unacceptable. Absolutely no late submittals will be considered. Collin County accepts no responsibility for technical difficulties related to electronic submittals.

1.11 For hard copy paper form submittals, any alterations made prior to opening date and time must be initialed by the signer of the IFB/RFQ/RFP/CSP/RFI/, guaranteeing authenticity. Submittals cannot be altered or amended after submission deadline.

1.12 Collin County is by statute exempt from the State Sales Tax and Federal Excise Tax; therefore, the prices submitted shall not include taxes.

1.13 Any interpretations, corrections and/or changes to an Invitation For Bid/Request For Qualifications/Request For Proposal/Request for Information/Competitive Sealed Proposal, and related Specifications or extensions to the opening/receipt date will be made by addenda to the respective document by the Collin County Purchasing Department. Questions and/or clarification requests must be submitted no later than seven (7) days prior to the opening/receipt date. Those received at a later date may not be addressed prior to the public opening. Sole authority to authorize addenda shall be vested in Collin County Purchasing Agent as entrusted by the Collin County Commissioners' Court. Addenda may be transmitted electronically via **BidSync**, by facsimile, E-mail transmission or mailed via the US Postal Service.

1.13.1 Addenda will be transmitted to all that are known to have received a copy of the IFB/RFQ/RFP/RFI/CSP and related Specifications. However, it shall be the sole responsibility of the Bidder/Quoter/Offeror to verify issuance/non-issuance of addenda and to check all avenues of document availability (i.e. **BidSync** at www.bidsync.com, telephoning Purchasing Department directly, etc.) prior to opening/receipt date and time to insure Bidder/Quoter/Offeror's receipt of any addenda issued. Bidder/Quoter/Offeror shall acknowledge receipt of all addenda.

1.14 All materials and services shall be subject to Collin County approval.

1.15 Collin County reserves the right to make award in whole or in part as it deems to be in the best interest of the County.

1.16 The Bidder/Quoter/Offeror shall comply with Commissioners' Court Order No. 96-680-10-28, Establishment of Guidelines & Restrictions Regarding the Acceptance of Gifts by County Officials & County

Employees.

1.17 Any reference to model/make and/or manufacturer used in specifications is for descriptive purposes only. Products/materials of like quality will be considered.

1.18 Bidders/Quoters/Offerors taking exception to the specifications shall do so at their own risk. By offering substitutions, Bidder/Quoter/Offeror shall state these exceptions in the section provided in the IFB/RFQ/RFP/CSP/Quotation or by attachment. Exception/substitution, if accepted, must meet or exceed specifications stated therein. Collin County reserves the right to accept or reject any and/or all of the exception(s)/substitution(s) deemed to be in the best interest of the County.

1.19 Minimum Standards for Responsible Prospective Bidders/Quoters/Offerors: A prospective Bidder/Quoter/Offeror must meet the following minimum requirements:

1.19.1 have adequate financial resources, or the ability to obtain such resources as required;

1.19.2 be able to comply with the required or proposed delivery/completion schedule;

1.19.3 have a satisfactory record of performance;

1.19.4 have a satisfactory record of integrity and ethics;

1.19.5 be otherwise qualified and eligible to receive an award.

Collin County may request documentation and other information sufficient to determine Bidder's/Quoter's/Offeror's ability to meet these minimum standards listed above.

1.20 Vendor shall bear any/all costs associated with its preparation of an RFI/IFB/RFQ/RFP/CSP/Quotation submittal.

1.21 Public Information Act: Collin County is governed by the Texas Public Information Act, Chapter 552 of the Texas Government Code. All information submitted by prospective bidders during the bidding process is subject to release under the Act.

1.22 The Bidder/Quoter/Offeror shall comply with Commissioners' Court Order No. 2004-167-03-11, County Logo Policy.

1.23 Interlocal Agreement: Successful bidder agrees to extend prices and terms to all entities that has entered into or will enter into joint purchasing interlocal cooperation agreements with Collin County.

1.24 Bid Openings: All bids submitted will be read at the county's regularly scheduled bid opening for the designated project. However, the reading of a bid at bid opening should be not construed as a comment on the responsiveness of such bid or as any indication that the county accepts such bid as responsive.

The county will make a determination as to the responsiveness of bids submitted based upon compliance with all applicable laws, Collin County Purchasing Guidelines, and project documents, including but not limited to the project specifications and contract documents. The county will notify the successful bidder upon award of the contract and, according to state law; all bids received will be available for inspection at that time.

2.0 TERMS OF CONTRACT

2.1 A bid/quote/proposal, when properly accepted by Collin County, shall constitute a contract equally binding between the Vendor/Contractor/Provider and Collin County. No different or additional terms will become part of this contract with the exception of an Amendment and/or a Change Order.

2.2 No oral statement of any person shall modify or otherwise change, or affect the terms, conditions or specifications stated in the resulting contract. All Amendments and/or Change Orders to the contract will be made in writing by Collin County Purchasing Agent.

2.3 No public official shall have interest in the contract, in accordance with Vernon's Texas Codes Annotated, Local Government Code Title 5, Subtitle C, Chapter 171.

2.4 The Vendor/Contractor/Provider shall comply with Commissioners' Court Order No. 96-680-10-28, Establishment of Guidelines & Restrictions Regarding the Acceptance of Gifts by County Officials & County Employees.

2.5 Design, strength, quality of materials and workmanship must conform to the highest standards of manufacturing and engineering practice.

2.6 Bids/Quotes/Proposals must comply with all federal, state, county and local laws concerning the type(s) of product(s)/service(s)/equipment/project(s) contracted for, and the fulfillment of all ADA (Americans with Disabilities Act) requirements.

2.7 All products must be new and unused, unless otherwise specified, in first-class condition and of current manufacture. Obsolete products, including products or any parts not compatible with existing hardware/software configurations will not be accepted.

2.8 Vendor/Contractor/Provider shall provide any and all notices as may be required under the Drug-Free Work Place Act of 1988, 28 CFR Part 67, Subpart F, to its employees and all sub-contractors to insure that Collin County maintains a drug-free work place.

2.9 Vendor/Contractor/Provider shall defend, indemnify and save harmless Collin County and all its officers, agents and employees and all entities, their officers, agents and employees who are participating in this contract from all suits, claims, actions, damages (including personal injury and or property damages), or demands of any character, name and description, (including attorneys' fees, expenses and other defense costs of any nature) brought for or on account of any injuries or damages received or sustained by any person, persons, or property on account of Vendor/Contractor/Provider's breach of the contract arising from an award, and/or any negligent act, error, omission or fault of the Vendor/Contractor/Provider, or of any agent, employee, subcontractor or supplier of Vendor/Contractor/Provider in the execution of, or performance under, any contract which may result from an award. Vendor/Contractor/Provider shall pay in full any judgment with costs, including attorneys' fees and expenses which are rendered against Collin County and/or participating entities arising out of such breach, act, error, omission and/or fault.

2.10 If a contract, resulting from a Collin County IFB, RFP, RFQ, CSP, Quotation is for the execution of a public work, the following shall apply:

2.10.1 In accordance with V.T.C.A. 2253.021, a governmental agency that makes a public work contract with a prime contractor shall require the contractor, before beginning work, to execute to the governmental entity a Payment Bond if the contract is in excess of \$25,000.00. Such bond shall be in the amount of the contract payable to the governmental entity and must be executed by a corporate surety in accordance with Section 1, Chapter 87, Acts of the 56th Legislature, Regular Session, 1959 (Article 7.19-1 Vernon's Texas Insurance Code).

2.10.2 In accordance with V.T.C.A. 2253.021, a governmental agency that makes a public work contract with a prime contractor shall require the contractor, before beginning work, to execute to the governmental entity a Performance Bond if the contract is in excess of \$100,000.00. Such bond shall be in the amount of the contract payable to the governmental entity and must be executed by a corporate surety in accordance with Section 1, Chapter 87, Acts of the 56th Legislature, Regular Session, 1959 (Article 7.19-1 Vernon's Texas Insurance Code).

2.11 Purchase Order(s) shall be generated by Collin County to the vendor. Collin County will not be responsible for any orders placed/delivered without a valid purchase order number.

2.12 The contract shall remain in effect until any of the following occurs: delivery of product(s) and/or completion and acceptance by Collin County of product(s) and/or service(s), contract expires or is terminated by either party with thirty (30) days written notice prior to cancellation and notice must state therein the reasons for such cancellation. Collin County reserves the right to terminate the contract immediately in the event the Vendor/Contractor/Provider fails to meet delivery or completion schedules, or otherwise perform in accordance with the specifications. Breach of contract or default authorizes the County to purchase elsewhere and charge the full increase in cost and handling to the defaulting Vendor/Contractor/Provider.

2.13 Collin County Purchasing Department shall serve as Contract Administrator or shall supervise agents designated by Collin County.

2.14 All delivery and freight charges (FOB Inside delivery at Collin County designated locations) are to be included as part of the bid/quote/proposal price. All components required to render the item complete, installed and operational shall be included in the total bid/quote/proposal price. Collin County will pay no additional freight/delivery/installation/setup fees.

2.15 Vendor/Contractor/Provider shall notify the Purchasing Department immediately if delivery/completion schedule cannot be met. If delay is foreseen, the Vendor/Contractor/Provider shall give written notice to the Purchasing Agent. The County has the right to extend delivery/completion time if reason appears valid.

2.16 The title and risk of loss of the product(s) shall not pass to Collin County until Collin County actually receives and takes possession of the product(s) at the point or points of delivery. Collin County shall generate a purchase order(s) to the Vendor/Contractor/Provider and the purchase order number must appear on all itemized invoices.

2.17 Invoices shall be mailed directly to the Collin County Auditor's Office, 2300 Bloomdale Road, Suite 3100, McKinney, Texas 75071. All invoices shall show:

2.17.1 Collin County Purchase Order Number;

2.17.2 Vendor's/Contractor's/Provider's Name, Address and Tax Identification Number;

2.17.3 Detailed breakdown of all charges for the product(s) and/or service(s) including applicable time frames.

2.18 Payment will be made in accordance with V.T.C.A., Government Code, Title 10, Subtitle F, Chapter 2251.

2.19 All warranties shall be stated as required in the Uniform Commercial Code.

2.20 The Vendor/Contractor/Provider and Collin County agree that both parties have all rights, duties, and remedies available as stated in the Uniform Commercial Code.

2.21 The Vendor/Contractor/Provider agree to protect Collin County from any claims involving infringements of patents and/or copyrights.

2.22 The contract will be governed by the laws of the State of Texas. Should any portion of the contract be in conflict with the laws of the State of Texas, the State laws shall invalidate only that portion. The remaining portion of the contract shall remain in effect. The contract is performable in Collin County, Texas.

2.23 The Vendor/Contractor/Provider shall not sell, assign, transfer or convey the contract, in whole or in part, without the prior written approval from Collin County.

2.24 The apparent silence of any part of the specification as to any detail or to the apparent omission from it of a detailed description concerning any point, shall be regarded as meaning that only the best commercial practices are to prevail. All interpretations of the specification shall be made on the basis of this statement.

2.25 Vendor/Contractor/Provider shall not fraudulently advertise, publish or otherwise make reference to the existence of a contract between Collin County and Vendor/Contractor/Provider for purposes of solicitation. As exception, Vendor/Contractor/Provider may refer to Collin County as an evaluating reference for purposes of establishing a contract with other entities.

2.26 The Vendor/Contractor/Provider understands, acknowledges and agrees that if the Vendor/Contractor/Provider subcontracts with a third party for services and/or material, the primary Vendor/Contractor/Provider (awardee) accepts responsibility for full and prompt payment to the third party. Any dispute between the primary Vendor/Contractor/Provider and the third party, including any payment dispute, will be promptly remedied by the primary vendor. Failure to promptly render a remedy or to make prompt payment to the third party (subcontractor) may result in the withholding of funds from the primary Vendor/Contractor/Provider by Collin County for any payments owed to the third party.

2.27 Vendor/Contractor/Provider shall provide Collin County with diagnostic access tools at no additional cost to Collin County, for all Electrical and Mechanical systems, components, etc., procured through this contract.

2.28 Criminal History Background Check: If required, ALL individuals may be subject to a criminal history background check performed by the Collin County's Sheriff's Office prior to access being granted to Collin County. Upon request, Vendor/Contractor/Provider shall provide list of individuals to Collin County Purchasing Department within five (5) working days.

2.29 Non-Disclosure Agreement: Where applicable, vendor shall be required to sign a non-disclosure agreement acknowledging that all information to be furnished is in all respects confidential in nature, other than information which is in the public domain through other means and that any disclosure or use of same by vendor, except as provided in the contract/agreement, may cause serious harm or damage to Collin County. Therefore, Vendor agrees that Vendor will not use the information furnished for any purpose other than that stated in contract/agreement, and agrees that Vendor will not either directly or indirectly by agent, employee, or representative disclose this information, either in whole or in part, to any third party, except on a need to know basis for the purpose of evaluating any possible transaction. This agreement shall be binding upon Collin County and Vendor, and upon the directors, officers, employees and agents of each.

2.30 Vendors/Contractors/Providers must be in compliance with the Immigration and Reform Act of 1986 and all employees specific to this solicitation must be legally eligible to work in the United States of America.

2.31 Certification of Eligibility: This provision applies if the anticipated Contract exceeds \$100,000.00 and as it relates to the expenditure of federal grant funds. By submitting a bid or proposal in response to this solicitation, the Bidder/Quoter/Offeror certifies that at the time of submission, he/she is not on the Federal Government's list of suspended, ineligible, or debarred contractors. In the event of placement on the list between the time of bid/proposal submission and time of award, the Bidder/Quoter/Offeror will notify the Collin County Purchasing Agent. Failure to do so may result in terminating this contract for default.

2.32 Notice to Vendors/Contractors/Providers delivering goods or performing services within the Collin County Detention Facility: The Collin County Detention Facility houses persons who have been charged with and/or convicted of serious criminal offenses. When entering the Detention Facility, you could: (1) hear obscene or graphic language; (2) view partially clothed male inmates; (3) be subjected to verbal abuse or taunting; (4) risk physical altercations or physical contact, which could be minimal or possibly serious; (5) be exposed to communicable or infectious diseases; (6) be temporarily detained or prevented from immediately leaving the Detention Facility in the case of an emergency or "lockdown"; and (7) subjected to a search of your person or property. While the Collin County Sheriff's Office takes every reasonable precaution to protect the safety of visitors to the Detention Facility, because of the inherently dangerous nature of a Detention Facility and the type of the persons incarcerated therein, please be advised of the possibility of such situations exist and you should carefully consider such risks when entering the Detention Facility. By entering the Collin County Detention

Facility, you acknowledge that you are aware of such potential risks and willingly and knowingly choose to enter the Collin County Detention Facility.

2.33 Delays and Extensions of Time when applicable:

2.33.1 If the Vendor/Contractor/Provider is delayed at any time in the commence or progress of the Work by an act or neglect of the Owner or Architect/Engineer, or of an employee of either, or of a separate contractor employed by the Owner, or by changes ordered in the Work, or by labor disputes, fire, unusual delay in deliveries, unavoidable casualties or other causes beyond the Vendor/Contractor/Provider's control, or by delay authorized by the Owner pending mediation and arbitration, or by other causes which the Owner or Architect/Engineer determines may justify delay, then the Contract Time shall be extended by Change Order for such reasonable time as the Owner/Architect may determine.

2.33.2 If adverse weather conditions are the basis for a Claim for additional time, such Claim shall be documented by data substantiating that weather conditions were abnormal for the period of time and could not have been reasonably anticipated, and that the weather conditions had an adverse effect on the scheduled construction.

NOTE: All other terms and conditions (i.e. Insurance Requirements, Bond Requirements, etc.) shall be stated in the individual IFB/RFQ/RFP/RFI/CSP/Quotation Solicitation documents as Special Terms, Conditions and Specifications.

3.0 INSURANCE REQUIREMENTS

Before commencing work vendor shall at there own expense, procure, pay for and maintain the following insurance written by companies approved by the state of Texas and acceptable to the COUNTY of Collin. Vendor shall furnish to the COUNTY of Collin Purchasing Agent certificates of insurance executed by the insurer or its authorized agent stating coverage's, limits, expiration dates and compliance with all applicable required provisions. Certificates shall reference the project/contract number and be addressed as follows:

- 3.1 Commercial General Liability insurance, including, but not limited to Premises/Operations, Personal and Advertising Injury, Products/Completed Operations, Independent Contractors and Contractual Liability, with minimum combined single limits of \$1,000,000 per-occurrence, \$1,000,000 Products/Completed Operations Aggregate and \$1,000,000 general aggregate. Coverage must be written on an occurrence form. The General Aggregate shall apply on a per project basis.
- 3.2 Workers' Compensation insurance with statutory limits; and Employers' Liability coverage with minimum limits for bodily injury: a) by accident, \$100,000 each accident, b) by disease, \$100,000 per employee with a per policy aggregate of \$500,000.
- 3.3 Business Automobile Liability insurance covering owned, hired and non-owned vehicles, with a minimum combined bodily injury and property damage limit of \$1,000,000 per occurrence.
- 3.4 Professional Liability Insurance to provide coverage against any claim which the bidder and all persons engaged or employed by the bidder become legally obligated to pay as damages arising out of the performance of professional services caused by error, omission or negligent act with minimum limits of \$5,000,000 per claim, \$5,000,000 annual aggregate.

NOTE: If the insurance is written on a claims-made form, coverage shall be continuous (by renewal or extended reporting period) for not less than *thirty-six (36) months* following completion of the contract and acceptance by the COUNTY of Collin.

With reference to the foregoing required insurance, the vendor shall endorse applicable insurance policies as follows:

- 3.5 A waiver of subrogation in favor of COUNTY of Collin, its officials, employees, and officers shall be contained in the Workers' Compensation insurance policy.
- 3.6 All insurance policies shall be endorsed to the effect that COUNTY of Collin will receive at least thirty (30) days notice prior to cancellation, non-renewal, termination, or material change of the policies.

- 3.7 All insurance shall be purchased from an insurance company that meets a financial rating of A-VI or better as assigned by A.M. Best Company or equivalent.

4.0 GENERAL INFORMATION & SPECIFICATIONS

4.1 INTRODUCTION

Collin County is seeking a vendor to provide group benefits administration/insurance for Collin County's Medical, Dental, COBRA and Flexible Spending Account (FSA) plans. Interested vendors are asked to propose on the following coverages/services:

Medical and Dental Claim Administration

- provider network
- third party administrator (TPA)
- HIPPA notification administration
- case management
- pre-authorizations

COBRA Administration

- medical
- dental
- retiree billing

Flexible Spending Account (FSA) Administration

Collin County is requesting vendors to propose on a self insured basis for medical, dental, COBRA administration and FSA administration. Offerors may submit proposals for any or all services listed. Collin County desires to partner with a vendor who demonstrates a commitment to helping Collin County meet our objectives. This RFP provides for a contract(s) commencing on January 1, 2012.

Collin County is a political subdivision of the State of Texas with positions in areas such as law enforcement, clerical, service/maintenance, skilled crafts, professional, technical and para-professional.

UnitedHealthcare is the current administrator for the medical, dental, COBRA and FSA plans.

Active full-time and part-time employees, including elected officials, of Collin County are eligible to participate in the medical, dental, COBRA and flexible spending plans. State, temporary, intern, contract employees, and volunteers are not eligible to participate.

Please see section 5.1 for additional information regarding each plan.

The following documents are attached for the offerors review:

1. Attachment A - 2011 COBRA Rates
2. Attachment B - 2011 Dental Plan Summary
3. Attachment C - 2011 Dual Plan Summary
4. Attachment D - 2011 Retiree Rates
5. Attachment E - 2011 Employee Medical Rates
6. Attachment F - 2011 Employee Dental Rates
7. Attachment G - 2011 Vision Summary UHC Vision
8. Attachment H - Collin County COBRA and Retiree Admin Fees
9. Attachment I - Collin County Medical, Dental and FSA Admin Fees

Documents that will be made available upon request:

1. Active Employee Dental Census
2. Active Employee Medical Census
3. Collin County 2009 Large Loss Claims with Diagnosis
4. Collin County 2010 Large Loss Claims with Diagnosis
5. Medical Claim Report
6. Dental Claim Report
7. Medical COBRA and Retiree Census
8. Dental COBRA and Retiree Census
9. Collin County 2007 Large Loss Claims with Diagnosis
10. Collin County 2008 Large Loss Claims with Diagnosis

4.2 CONDITIONS

4.2.1 Contract Term: The County wishes to enter into contract(s) for up to a five (5) year period. The County requests a minimum rate guarantee for three (3) years, with the option of annual renewals for the remaining two (2) years. Any offeror providing definable limits on future renewals may receive preference.

In your response, clearly indicate the method of calculating the increase for each period. The contract is to provide that changes in premium may only be instituted on a policy anniversary date and that the selected offeror must provide for notice of changes in premium at least one hundred and twenty (120) days before renewal.

If the offeror does not intend to continue the contract beyond the contract term, notification must be provided to Collin County a minimum of one hundred and twenty (120) days prior to contract termination.

4.2.2 Funding: Funds for payment have been provided through the Collin County budget approved by the Commissioners' Court for this fiscal year only. The State of Texas statutes prohibit the County from any obligation of public funds beyond the fiscal year for which a budget has been approved. Therefore, anticipated orders or other obligations that arise past the end of the current Collin County fiscal year shall be subject to budget approval.

4.2.3 Price Considerations: If during the life of the contract, the vendor's net prices to other customers under the same terms and conditions for items/services awarded herein are reduced below the contracted price, it is understood and agreed that the benefits of such reduction shall be extended to Collin County.

4.2.4 Changes in Services Provided: Collin County reserves the right to add or reduce any and all services provided. If such an addition or reduction occurs, the offeror agrees that this change will not affect the prices of any of the remaining services provided.

4.2.5 Termination: Collin County reserves the right to cancel the contract at any time for any reason. If the contract is cancelled by Collin County, services will terminate after a thirty (30) day termination notice has been provided by Collin County.

4.2.6 Negotiations: Discussions may be conducted with responsible offerors who submit proposals determined to be possibly selected for award. Offerors will be accorded fair and equal treatment with respect to an opportunity for discussion and revision of proposals. Revisions to proposals may be permitted after submission and before award for the purpose of obtaining best and final offers.

Offerors may be required to submit additional data during the process of any negotiations.

Collin County reserves the right to negotiate the price and any other term with the offerors.

Any oral negotiations shall be confirmed in writing prior to award.

4.2.7 Rejection of Proposals: Collin County may:

- waive any defect, irregularity or informality in any proposal;
- reject any proposal or any parts of any proposal;
- accept proposals from one or more offerors; or
- procure the services in whole or in part by other means.

4.2.8 Proposal Guidelines: Collin County will consider proposals from all responsible offerors. Under no circumstances should any employee of Collin County or any public official other than those indicated in this RFP, be contacted between the initial receipt of the RFP and the awarding of the contract. Failure to follow this requirement may result in an automatic disqualification of proposal. Current carriers, in conducting current business, may not reference the RFP to any County employee or official other than those indicated in this RFP.

4.2.8.1 All offerors submitting proposals are expected to comply with federal, state, and local laws and regulations applicable to the plan design, services, and payments for services which are being proposed. All proposals submitted will be presumed to be in compliance with all applicable laws. The offeror is also expected to adjust the plan to comply with future legislation.

4.2.8.2 Any coverage or services you cannot provide but are requested in this Request for Proposal, shall be disclosed in writing in the section labeled Deviations at the end of the proposal. Any deviations from this request are to be presented in writing to the Collin County Purchasing Department before the RFP deadline. If no deviations are listed it is understood that the offeror has agreed to all requests as listed in the RFP. The offeror will be held strictly responsible for all items contained in the specific requirements.

4.2.8.3 Do not include commissions or overrides in your quoted rates and fees. No commissions will be

paid by Collin County to any individual or organization. Disclose the amount of any fees you are paying to a third party.

4.2.8.4 Each provider may only submit one (1) proposal. Collin County will not accept multiple proposals from a provider (i.e. ABC Company and DEF Company cannot both submit an Aflac proposal). If multiple proposals are submitted, the proposal that is received first will be the proposal that is considered.

4.2.8.5 The offeror shall indemnify, hold, and save the County, their agents, officers and employees harmless from liability of any nature or kind, including costs, expenses, and attorney's fees, for harm suffered by an entity or person as a result of the negligent, reckless, or willful acts of omissions by the carrier, its officers, agents or employees.

4.2.8.6 The offeror shall state any and all costs outside of the monthly administration fees such as one time start up costs.

4.2.8.7 If there is a discrepancy between the responses on this RFP and the policy, the RFP responses will be the accepted responses.

4.2.8.8 The County will accept alternative responses. Any alternatives to section **6.0 PROPOSAL RESPONSE - PLAN REQUIREMENTS & QUESTIONNAIRE** shall be identified in the section labeled Deviations at the end of the proposal.

4.3 SUBMISSION REQUIREMENTS

4.3.1 Submission of Proposal: To be considered, proposals must be received by **October 20, 2011**, in the Purchasing Department or via www.bidsync.com.

All proposals shall be addressed to:

Collin County Purchasing Department
Attn: Sara Hoglund, CPPB, Contract Administrator
Collin County Administration Building
2300 Bloomdale, Suite 3160
McKinney, Texas 75071

The envelope in which the proposal is enclosed must be marked:

**SEALED PROPOSAL
INSURANCE, MEDICAL, DENTAL, COBRA AND FLEXIBLE SPENDING ACCOUNT (FSA)
ADMINISTRATION
RFP NO. 09308-11**

To achieve a uniform review process and to obtain a maximum degree of comparability, vendors may submit proposals via www.bidsync.com or if vendor chooses to submit manually Collin County requires that proposals be submitted with a master (marked original) and three (3) copies.

NOTE: If submitting manually, offeror shall submit in addition to the hard copies of the proposal a CD copy. Microsoft Word format is preferred.

POINT OF CONTACT: Information regarding the purchasing process and the contents of this RFP may be obtained from the Collin County Purchasing Department, Attn: Sara Hoglund, CPPB, Contract Administrator.

4.3.2 Clarification or objection to proposal specification: If any offeror contemplating submitting a proposal for this contract is in doubt as to the true meaning of the specifications or other documents or any part thereof, they may submit to the Purchasing Department on or before FIVE DAYS PRIOR to the scheduled opening a request for clarification. All such requests for information shall be made in writing and the offeror submitting the request will be responsible for its prompt delivery. Any interpretation of the RFP will be made only by RFP Addendum duly issued. A copy of such RFP Addendum will be posted at www.bidsync.com.

4.3.3 Incurred Expenses: There is no expressed or implied obligation for Collin County to reimburse offerors for any expense incurred in preparing proposals in response to this request, and Collin County will not reimburse anyone for these expenses.

4.3.4 Schedule of Events

RFP released:	October 4, 2011
Deadline for submission of vendor questions:	October 21, 2011
Proposals due:	October 27, 2011
Vendor(s) selected contract approved:	November 21, 2011
Effective date of contract:	January 1, 2012

Collin County reserves the right to change the schedule of events as it deems necessary.

4.3.5 Required Documents: The following documentation must be submitted with the proposal. **Please note that this section does not address all documentation required by the RFP. The offeror is cautioned to read the entire RFP to determine all requirements.**

COLLIN COUNTY RESERVES THE RIGHT TO REJECT A PROPOSAL THAT DOES NOT CONTAIN ALL INFORMATION REQUIRED BY THIS RFP.

All proposals are to include the following:

4.3.5.1 Title Page

Title page must show the RFP subject; the offeror's name; the name, address, and telephone number of a contact person; and the date of the proposal.

4.3.5.2 Transmittal Letter

A signed letter must briefly address the offeror's understanding of the medical and dental coverage and

the COBRA and FSA administration services being requested, the commitment to provide the services required and a statement explaining why the offeror believes itself to be best qualified to provide the services detailed within this RFP.

4.3.5.3 Financial Information

Please submit the following financial documents with your proposal:

- Copies of your last two (2) audited financials including balance sheets and income statements.
- Plans for merger/divestiture or a major capital investment or divestment or major claims administration conversion during the next twelve (12) months.
- S/P, AM Best, and Weiss Ratings

5.3.5.4 Detailed Proposal

The detailed proposal must address the ability to provide services for each requirement as set forth in the Plan Administration Requirements and Questionnaire sections of this RFP. Options or alternatives to the requirements should be given as percentage(s) or dollar adjustment(s). You must submit your responses in the order that is provided.

5.3.5.5 Offeror References

The offeror must furnish the following reference information:

- Name, address, contact name, position of the individual in the organization, and telephone number for all clients, with at least 1,000 lives, who have terminated medical coverage with your organization in the last six (6) months. If there have been less than four (4) terminations in the last six (6) months, please provide information on the last four (4) terminated clients.
- Name, address, contact name, position of the individual in the organization, and telephone number for all new clients, with at least 1,000 lives, who have added medical coverage with your organization in the last six (6) months. If there have been less than four (4) new clients in the last six (6) months, please provide information on the last four (4) new clients.
- Name, address, contact name, position of the individual in the organization, and telephone number for the three (3) top public sector clients based on employee size.

Collin County may contact or visit any listed representative to evaluate the services proposed.

4.3.5.6 Sample Policy

The offeror is required to submit with their proposal a sample policy that would be issued to Collin County if their proposal is selected. Please clearly notate any changes that will need to be made on the sample policy.

4.3.5.7 Errors and Omissions Coverage

A copy of the offeror's errors and omissions coverage should be provided.

4.3.5.8 Offeror Staff

The offeror must provide a resume and other related data for each of the key personnel proposed to be assigned to Collin County's account. Information provided should accurately reflect the experience and expertise of the proposed staff, including the number of accounts managed, how many of those accounts are public sector, the location of the account manager and how many years of experience they have managing public sector accounts. Please note that Collin County reserves the right to have a new account manager assigned to our account at any time, for any reason.

4.3.5.9 Experience

Please detail the length of time your organization has provided medical and dental coverage as well as COBRA and FSA administration services as well as the number of accounts serviced annually. Information should be broken down into the following categories: accounts less than 1,000 lives, 1,000 – 5,000, and more than 5,000 lives.

4.3.5.10 Litigation

Identify by court and cause number any litigation against your organization, or in which your organization is a party, involving the same or similar services your organization would be providing to Collin County.

4.3.5.11 Additional Information

Offerors should submit information describing in detail their qualifications, experience, and capabilities. Brochures, fact sheets, etc. may be submitted as appropriate to describe capabilities, experience, or any other pertinent information. References and experience with contracts for similar scope of work will be seriously considered during the selection process.

Please include any additional information which may be pertinent to this RFP. Collin County intends to consider all aspects of the proposed services in determining what is the best overall package for Collin County.

NOTE: FAILURE TO PROVIDE ALL INFORMATION REQUESTED MAY RESULT IN DISQUALIFICATION OF THE PROPOSAL.

4.4 EVALUATION PROCESS

4.4.1 Proposal Disclosure: In accordance with V.T.C.A. Local Government Code 262.030 (c), proposals will be opened so as to avoid disclosure of the contents to competing offerors. The contents will be kept secret during the process of negotiation. However, all proposals will be open for public inspection after contract award. If identified by the offeror, and requested, information that qualifies as trade secrets and confidential information under the Texas Open Records Act will remain confidential.

4.4.2 Evaluation Factors: Collin County will consider many evaluation factors, of which price is only one factor. Offeror may be requested to make oral presentations on their respective proposals.

Factors	Points
Competitiveness of pricing and length of rate for services proposed.	25
Network size or partnering of multiple provider networks, access to centers of excellence and other innovative concepts, if appropriate for coverage.	20
Quality and accessibility of proposed analytical reporting. Extent of electronic capability, such as electronic billing, enrollment, websites.	15
Agreement to meet performance specifications and measures that are measureable for Collin County business as a separate unit and the willingness to provide payments for non-compliance.	10
Financial stability and insurance coverage experience.	10
Existence of qualified dedicated customer service unit, with dedicated toll free telephone assistance and extent of service offered. Location and size of claim and/or administrative office.	10
Demonstrated effectiveness of services provided to other companies, including but not limited to references	10
Total	100

4.4.3 Award Information: The award of the contract shall be made to the responsible offeror(s) whose proposal is determined to be the best evaluated offer resulting from negotiation, taking into consideration the relative importance of price and other evaluation factors in paragraph 4.4.2 above. Collin County reserves the right to award on an “all or none” or by “service or coverage” basis.

Prompt payment discounts will not be considered in determining low proposals and making awards.

In consideration of the proposals, Collin County reserves the right to select one or more acceptable offerors who offer contractual terms and conditions most favorable to Collin County.

Collin County reserves the right to award all or a portion of the RFP.

5.0 PLAN DESIGN INFORMATION

5.1 GENERAL PLAN DESIGN

Listed below is information on the county’s current plan design. Collin County requests the proposal(s) be made on the current plan design.

5.1.1 Collin County allows eligible employees participating in the medical and dental plans to enroll the following family members:

- lawful spouse

- dependent children under the age of 26.

Once an eligible dependent child reaches age 26 their coverage terminates at the end of the month in which they turn 26.

Coverage for an eligible dependent child may continue beyond age 26 only if:

- the child is unmarried and mentally or physically handicapped;
and
- the child is unable to earn a living and is dependent on the employee for support;
and
- the child became incapacitated prior to age 26.

5.1.2 Employees must enroll in the medical and/or dental plans in order to enroll their eligible dependents.

5.1.3 Employees may make medical and dental elections independent of each other and may change plans, drop or enroll in coverage every year during annual enrollment or if they experience a qualifying life event.

5.1.4 Employees are given the option to pay for certain benefit costs on a pre-tax basis under Collin County's Internal Revenue Code (IRC) Section 125 cafeteria plan.

5.1.5 Full-time employees contribute to the cost of their medical and dental coverage. Part-time employees are responsible for the entire cost of their medical and dental coverage.

5.1.6 Medical and dental coverage becomes effective on the first day of the month following ninety (90) days of active service.

5.1.7 Collin County offers one retiree medical and one retiree dental insurance plan. The plans offer the same medical and dental benefits that are offered to active employees.

5.1.7.1 Retirees are required to pay the full cost of coverage.

5.1.7.2 For retirees over age 65 these plans are secondary to Medicare.

5.1.7.3 Retirees are only eligible to enroll upon their retirement. Retirees do not have the option to enroll in the coverage after their initial enrollment period at the time of retirement. Retirees may make changes to their coverage during annual enrollment. However, they are not allowed to add dependents to the plan at any time.

5.2 MEDICAL PLAN DESIGN INFORMATION

5.2.1 Collin County currently offers two self insured medical plans with the following plan features:

5.2.1.1 Both plans utilize the UnitedHealthcare Choice Plus Network for Hospitals and Physicians. Collin County desires to continue to offer its active and retired employees a PPO network. Of high importance is quality and size of network, as well as availability of local contracted providers.

5.2.1.2 Out-of-network coverage is not provided under either medical plan except in specific circumstances such as for emergency health care or out-patient mental health treatment.

5.2.1.3 Medical plan A contains a vision care rider that is not limited to a specific network of providers. Medical plan B utilizes the UnitedHealthcare vision plan.

5.2.1.4 There are no pre-existing condition limitations on the medical plan.

5.2.1.5 Neither plan is grandfathered.

5.2.1.6 There are no lifetime limits.

5.2.1.7 The plans do not provide secondary coverage for dependent children and spouses who have primary coverage under another plan.

5.2.2 There are 1,407 employees enrolled in the medical insurance. In addition, there are 30 retirees enrolled in the medical plan. Coverage is broken down into the following categories:

- employee/retiree only: 577
- employee and child: 246
- employee and spouse: 236
- employee and family: 371

5.3 DENTAL INFORMATION

Collin County currently offers one self insured dental indemnity plan.

5.3.1 There are 1,399 full-time and part-time employees enrolled in the dental insurance. In addition, there are 78 retirees enrolled in the dental plan. Coverage is broken down into the following categories:

- employee/retiree only: 592
- employee/retiree and family: 885

5.4 COBRA INFORMATION

There are currently 7 individuals taking advantage of their COBRA options. Collin County will provide the offeror with an initial list of employees and their beneficiaries as well as employee enrollment and termination information on a monthly basis or bi-weekly basis via an electronic file.

5.5 FLEXIBLE SPENDING ACCOUNT INFORMATION

Collin County offers employees the opportunity to take advantage of health and dependent care flexible spending accounts (FSA). Participation in the flexible spending plans begins the first day of the month following thirty (30) days of active service. There are 183 employees enrolled in the medical flexible spending account and 11 employees enrolled in the dependent daycare account.

6.0 PROPOSAL RESPONSE - PLAN REQUIREMENTS & QUESTIONNAIRE

6.1 GENERAL PLAN REQUIREMENTS

For this section please provide written confirmation of your agreement to the requirements listed below. Any coverage or services you cannot provide but are requested in the Request for Proposal, must be disclosed in writing in the section labeled Deviations at the end of the proposal. If no deviations are listed in the section labeled Deviations, it is understood that the offeror has agreed to all requests as listed in the RFP. The offeror will be held strictly responsible for all items contained in the specific requirements. This section applies to the medical, dental, FSA and COBRA plans. **Please note that this section does not address all documentation required by the RFP. The offeror is cautioned to read the entire RFP to determine all requirements.**

6.1.1 The selected offeror will be responsible for all claims incurred on or after the effective date of January 1, 2012 and within the contract period. This includes any claims which occurred during the contract period but are filed after the contract has ended.

6.1.2 All covered employees and their covered dependents shall not lose or gain benefits as a result of a change in insurance carriers. This is commonly referred to as “No loss/No gain.”

It is imperative that any exclusions, limitations or any other deviation be clearly outlined and discussed. Proposals received with full protection – no limitations- will receive preference.

6.1.3 The offeror must provide coverage that includes all employees and dependents regardless of “actively at work” status. Offer must also provide coverage to “late entrants” into Collin County’s insurance plans, such as new hires and those employees or dependents who experience a qualifying life event.

6.1.4 The definition of “actively at work” shall include the following:

- Employees at work on a full time basis, either at Collin County’s place of business or any other place Collin County may require them to go.
- Employees in a paid status such as PTO, CTO, jury duty, administrative leave or compensatory time
- Unpaid absences of one year or less in which the individual remains employed
- Employees who are on Family and Medical Leave
- Employees who are on disability leave
- Employees who are on leave through Workers’ Compensation
- Employees who have exhausted their Family and Medical Leave entitlement but are still receiving compensation from Collin County
- Employees on military leave

- Law Enforcement employees not physically at work but who remain employed as provided under Article 3, Section 52(e) of the Texas Constitution

6.1.5 The offeror will be responsible for assisting with on-site enrollment at the County. Annual enrollment for the plan year beginning January 1, 2012 will be held during the month of November 2011. The offeror will be responsible for providing any requested enrollment materials at least two weeks prior to enrollment.

The offeror may be required to provide a minimum of two representatives for up to a maximum of 10 days to assist County benefits staff during any and all annual enrollment meetings to answer questions and assist with the completion of any necessary paperwork.

It is expected that the offeror will accept current enrollment information. Offeror shall provide employees with insurance cards or website access to print temporary insurance cards by January 2, 2012.

6.1.6 The offeror will be required, at any time during the contract/agreement, to supply the necessary current and historical data (as determined by Collin County) for inclusion in the next Request for Proposal at no cost to Collin County. Provision of such data will be provided according to the specifics requested by Collin County. The data must be provided within 15 business days of the request.

6.1.7 Collin County has a standard process for payment of all vendors which requires a sixty (60) day payment grace period from due date of payment. Payment may be made by either wire or check.

6.1.8 The offeror must notify Collin County, in writing, of any billing/payment issues within sixty (60) days from the date the check was submitted to the offeror. Any billing/payment issues presented to the County after the sixty (60) day date will not be owed.

6.1.9. Any written communications regarding plan administration issues sent by the offeror to Collin County must be mailed within 2 days of the day listed on the letter.

6.1.10 Collin County strives to accurately pay our bills in a timely manner. Should the offeror believe there is an outstanding balance the offeror shall research any outstanding balances to determine if the outstanding balance is truly owed before sending Collin County a notice of termination or non-payment. A detailed explanation of the outstanding balance must be provided in the termination/non-payment letter. The offeror must also provide Collin County twenty (20) days from the date the non-payment letter is received by Collin County to submit payment.

6.1.11 Any claims that are not paid within the designated timeframe required in the RFP due to an error or negligence by the offeror shall not be charged against the plan experience. In the event of such a situation, the offeror shall be responsible for all collections, plan reimbursement expenses, legal expenses, stop loss reimbursements and any penalties or late fees charged to Collin County or the member, resulting from the error, or negligence.

For example, if, due to an error by the offeror, a claim is not paid within the designated timeframe required in the RFP, and Collin County would have been reimbursed for any part of the claim by the stop loss carrier, the offeror will be responsible for reimbursing Collin County for the amount that would have been paid by the stop loss carrier.

6.1.13 If enrollment or coverage is denied due to an unintentional error or omission on the part of Collin

County, the offer will still provide enrollment or coverage if it would have been provided had the unintentional error or omission not occurred.

6.1.14 The offeror shall provide a toll free number to Collin County administration and our employees to be used for claims or other service issues. Collin County desires that customer service representatives be available to County employees between 8:00 am and 7:00 pm Central Standard Time Monday through Friday. If representatives are not available as specified above, please provide information on their availability.

Should an employee need to leave a message for customer service, a customer service representative should return the call to the employee within four (4) business hours.

6.1.15 Collin County requires the right to approve all communications and correspondence prior to being sent to our employees. The offeror may not send any written materials, including SPD Booklets and certificates of coverage, to any employee without the review and approval by Collin County unless a prior written release has been received.

The offeror will be required to create and mail SPD booklets and certificates of coverage at no additional cost. Documents must be available in both printed and electronic formats. The offeror must be able to mail these documents directly to employees.

6.1.16 The offeror is responsible for preparing and providing to Collin County, for review and approval, a detailed administrative manual including procedural information on all agreed upon plan administration and claims procedures. Administrative manual should be submitted to Collin County within sixty (60) days after contract becomes effective.

6.1.17 The selected offeror(s) are responsible for the ongoing maintenance of eligibility records including active employees, retirees, and detailed dependent data for the purpose of administering coordination of benefits and COBRA, and billing purposes. Offeror shall accept self-billed data and will provide the County with an eligibility listing of covered members each month in electronic format.

6.1.18 Collin County will be responsible for determining member eligibility for all plans. It will be the offeror's responsibility to maintain accurate member eligibility records in their computer systems.

The offeror will provide electronic services such as electronic billing, reporting, eligibility, claims, forms, etc. The offeror is also responsible for providing training for County employees that is necessary to operate their computer software. This also includes any other training such as reporting training that might be requested by the plan administrator. Any costs associated with training must be clearly listed in your response.

6.1.19 The offeror will be responsible for receiving claims and the complete calculation of the benefits payable, including investigation, follow-up coordinator of benefits, preparation and sending of Form 1099 to providers and the drawing and mailing of checks.

6.1.20 The offeror will be fully responsible for preparation and dissemination of any information to be sent to the IRS. If penalties are assessed, because of incorrect or late filings by the offeror, the offeror will be responsible for any such assessments and will hold the County harmless.

6.1.21 The selected offerors for all coverages should have the capability of electronic data interchange for eligibility and other records for bi-directional transfer of data files upon transition and on an ongoing basis.

6.1.22 Collin County self bills based upon our PeopleSoft payroll deductions. The offeror must agree to accept Collin County's self billing each month. Any billing related documents must be provided in electronic format.

6.1.23 The offeror will be required to provide an electronic file format within twenty (20) days of the award to Collin County so that initial enrollment and future changes or annual enrollment information can be transmitted to the offeror electronically.

6.1.24 The information contained in the claims is the property of the County and the offeror shall provide the information, in electronic format, to the County at no charge within 15 days of the County's request. Failure to provide such information in the time frame requested will result in \$5,000 reduction of the county's premium.

6.1.25 Texas Legislation provides that social security numbers may not be used for identification cards. The offeror agrees to utilize an identification system not using social security numbers.

6.1.26 The offeror shall enter eligibility data into their system within three (3) business days of receipt. Identification cards must be mailed to employees within ten (10) business days of receipt of eligibility information.

6.1.27 The selected offeror will be responsible for maintaining claim documents for the period of time as defined in the standard record retention schedule, after which the records will be destroyed at no additional cost to Collin County.

6.1.28 Please confirm that you will provide ad hoc reports at no additional cost and/or that the county can run ad hoc reports from your website.

If the offeror must generate the requested reports, the offeror shall provide the reports, if necessary, on a timely basis, but in no case later than ten (10) working days after the request.

Should the nature of the additional reports warrant compensation beyond the bounds of this contract, the report shall be provided at a cost mutually agreeable between the County and the offeror. It is the offeror's responsibility to clearly communicate the cost of providing the requested report prior to producing the report. If the report is produced and the cost was not approved prior, Collin County will not be responsible for the cost of producing the report.

6.1.29 Please provide a detailed proposed timeline for each step of implementation that includes the action, the party responsible, member of your account team responsible for each action, and the proposed due date for completion of each action.

6.1.30 Administrative service personnel shall be available for on-site consultations with County personnel as necessary.

6.1.31 The offeror shall provide a website that employees can access to check on covered benefits, eligibility, claim status, print mail order forms and EOB's, print/request temporary insurance cards and access a provider directory. Is there a demo site available where the site can be reviewed? If so, please provide the information for the county to access the demo site. If no demo site is available please provide detailed screen prints showing the websites ability to perform requested items.

In addition the offeror shall provide an administrative website that Collin County can access to check on eligibility, benefits, claims status, EOB's, reporting and billing. Does the website allow for enrollment and changes? Is there a demo site available for review? If so, please provide the information for the county to access the demo site. If no demo site is available please provide detailed screen prints showing the websites ability to perform requested items.

6.1.32 The offeror agrees to comply with any and all current and future HIPAA requirements. Please provide a copy of your business agreement and any documentation or agreements relating to HIPAA that would pertain to Collin County.

6.1.33 Collin County would like you to survey our employees quarterly (a minimum of 10% per quarter selected on a defined basis) to monitor the employees' satisfaction with your product and service. Results of these surveys shall be provided to the County within 45 days after survey completion. Please supply a sample satisfaction questionnaire and information on how you would provide the results of the questionnaire. Results should be based strictly on Collin County data. This survey is to be provided at no additional cost to Collin County.

6.1.34 Collin County reserves the right to perform audits (or contract with a third party) for performance, claims, premiums, eligibility, financial, and Collin County satisfaction. Access to requested information should be provided within 15 days of the initial request. The results will help measure performance guarantees. Will you accept these findings? What restrictions, if any are related to the right to perform audits?

6.2 MEDICAL AND DENTAL PLAN

6.2.1 Medical and Dental Plan Administration Requirements

For this section please provide written confirmation of your agreement to the requirements listed below. Any coverage or services you cannot provide but are requested in the Request for Proposal, must be disclosed in writing in the section labeled Deviations at the end of the proposal. If no deviations are listed in the section labeled Deviations, it is understood that the offeror has agreed to all requests as listed in the RFP. The offeror will be held strictly responsible for all items contained in the specific requirements. **Please note that this section does not address all documentation required by the RFP. The offeror is cautioned to read the entire RFP to determine all requirements.**

6.2.1.1 Provide Collin County's Human Resources Department with access to experts who can effectively address all legislative and legal questions regarding Health Care Reform legislation and any other pertinent laws.

6.2.1.2 Retiree medical and dental claims must be tracked separately from employee medical and dental claims.

6.2.1.3 The selected offeror for medical and dental administration must provide a plan for continuity of care for participants currently undergoing critical or complicated medical treatment or who are due to give birth within three (3) months of the transition. Provide detailed information on the proposed transition plan.

6.2.1.4 The County will establish a banking account for medical and dental claims and the offeror will be given authority to draw funds for benefit payment from this account. The County will keep one week of

funds, based upon previous claim levels, in the account at all times. Please state any special banking arrangements required.

6.2.1.5 The offeror's proposal shall be an all inclusive price which includes the following services, whether or not they are customized. The county may require customization of any or all of these materials:

6.2.1.5.1 Enrollment materials

6.2.1.5.2 Claim forms

6.2.1.5.3 Identification cards

6.2.1.5.4 Plan booklets

6.2.1.5.5 Provider network booklets

6.2.1.5.6 Provider savings reports

6.2.1.5.7 Monthly, quarterly and annual provider reports

Please provide samples of these documents and specify if this information is provided electronically, on paper, or both.

6.2.1.6 In settling the claim, the offeror shall be required to perform a minimum of the following standards. These standards are specific to Collin County claims, not the offeror's entire book of business. At least once each quarter the offeror shall provide statistical data to Collin County showing that these standards have been met:

6.2.1.6.1 The offeror shall be responsible for repricing of all claims for PPO discounts.

6.2.1.6.2 All claims in proper and complete order shall be calculated and paid within ten (10) working days after receipt;

6.2.1.6.3 All benefit checks shall reach the employee or provider within twenty (20) days after submission of a claim, unless more information is needed or Coordination of Benefits (COB) is involved;

6.2.1.6.4 No claim shall go unworked for more than twenty-one (21) days. The status of a pending or COB claim must be updated on the system within this period and the offeror must provide a report of pended claims when requested by the County;

6.2.1.6.5 No claim shall be over sixty (60) days old for any reason;

6.2.1.6.6 After a claim is processed, the offeror shall prepare and deliver the associated Explanation of Benefits (EOB);

6.2.1.7 Besides on-line claims adjudication services, the offeror shall maintain a detailed eligibility file

that includes name, date of birth, social security number, address, coverage level and effective date(s) information for the employee and dependent(s). Claim checks shall be run on a client directed schedule. Administration includes both active and retired employees.

6.2.1.8 Should the relationship be terminated prior to the contract expiration date, the offeror shall be required to settle all outstanding claims, including runout claims within 90 days from termination date. Please list any costs that would be required such as administrative fees, costs per claim and any other applicable fees for a plan termination.

6.2.1.9 Any covered expenses applied toward the benefits limits or lifetime maximum under the current plan will be applied to those same benefit limits or lifetime maximum under the new plan. The offeror agrees to apply all past benefit limits incurred to the participants.

6.2.1.10 The offeror shall administer claims in accordance with the terms of the Plan.

6.2.1.11 No later than May 15th of each year, the offeror will present an annual plan review. This review should compare Collin County's previous plan year data to our peer group and the offerors standard book of business. This annual review should include annual reports for the reports requested in section 6.2.1.13.

6.2.1.12 Please list any rebates (including any prescription rebates) you would offer to Collin County and the applicable dollar amount or percentage of each rebate offered. If any of the rebates are included as part of the administration fee, please provide the amount of the adjustment that would be made to the administration fee if the rebates were not included.

6.2.1.12 Medical/Dental Plans- Statistics

6.2.1.12.1 The offeror shall provide the County, at no charge, statistical claims information, including actuarial calculations, monthly or as deemed necessary for County operations.

6.2.1.12.2 The offeror shall provide the County with statistical information on medical and dental benefits detailing the total of all claims paid by each individual plan (active, COBRA, Retiree Plan 1 and Retiree Plan 2) per month. This report shall be provided by the last day of the following month.

6.2.1.12.3 Daily, weekly and monthly check registers; including checks issued and cleared, shall be available as requested by the County and shall be provided in an electronic file.

6.2.1.13 Medical/Dental Plans- Required Management Reports

The following management reports must be available online for continual access by Collin County. Please notate if the data cannot be downloaded by Collin County without assistance from the offeror.

Monthly reports in electronic format:

6.2.1.13.1 Experience reports of paid medical, pharmacy, and dental claims by month by benefit (service) for employee and dependents. Medical, dental and pharmacy should be reported separately. Claims must be separated by plan. Retiree claims must also be separated.

6.2.1.13.2 Listing of covered members for both medical and the dental plans.

6.2.1.13.3 Listing of dependent children turning 26 at the end of the calendar month. This report should be available by the 5th of each month.

6.2.1.13.4 A claims problem report or claims pending report showing claims pending for such reasons as coordination of benefits, reasonable and customary, lack of information or any other such items. Such report should indicate how many claims are outstanding more than 30 days, more than 60 days, etc.

6.2.1.13.5 Report of claims in excess of \$10,000 including diagnosis and prognosis.

Quarterly reports in electronic format:

6.2.1.13.6 Summation of claims experience.

6.2.1.13.7 Savings reports on COB, R&C, duplicate charges, deductibles, coinsurance and eligibility.

6.2.1.13.8 Utilization reports showing total number of hospital days and the average duration of stay by diagnosis, the total number of hospital days, the average duration of stay, and diagnosis by hospital. Provider information such as in-patient versus outpatient services, surgical procedures, accidents and PPO usage by number of patients and dollars incurred vs. charged by facility.

6.2.1.13.9 A claims lag report.

6.2.1.13.10 Area or provider comparisons such as hospital, physician expenses, drugs and diagnosis.

6.2.1.13.11 A claims report showing the number of claims by dollar breakout.

6.2.1.13.12 A list of the top 50 claims.

6.2.1.13.13 Collin County plan demographics.

6.2.1.13.14 Top 10 diagnosis categories and costs per diagnosis.

6.2.1.13.15 Medical and Pharmacy (if applicable) key indicators including:

6.2.1.13.15.1 Allowed Per Member Per Month (PMPM)

6.2.1.13.15.2 Net Paid Per Member Per month (PMPM)

6.2.1.13.15.3 Cost Share

6.2.1.13.15.4 Admits per 1,000

6.2.1.13.15.5 Days per 1,000

6.2.1.13.15.6 Average Length of Hospital Stay

- 6.2.1.13.15.7** ER Events per 1,000
- 6.2.1.13.15.8** PCP Visits per 1,000
- 6.2.1.13.15.9** Specialist Visits per 1,000
- 6.2.1.13.15.10** Urgent Care Visits per 1,000
- 6.2.1.13.15.11** Prescriptions PMPY
- 6.2.1.13.15.12** Pharmacy Net Paid per PMPM
- 6.2.1.13.15.13** Tier 1 Prescription Utilization
- 6.2.1.13.15.14** Net Paid per Hospital Day
- 6.2.1.13.15.15** Net Paid per Outpatient Surgery
- 6.2.1.13.15.16** Preventive Care Screening Rates
- 6.2.1.12.16** Large Claim Statistics
 - 6.2.1.12.16.1** Large Loss Members (>50,000)
 - 6.2.1.12.16.2** % of Members as High Cost
 - 6.2.1.12.16.3** High Cost Claimants PMPM
 - 6.2.1.12.16.4** % of PMPM as High Cost
 - 6.2.1.12.16.5** Cost Per High Cost Claimant
- 6.2.1.12.17** Network Utilization Statistics
 - 6.2.1.12.17.1** Eligible Charges
 - 6.2.1.12.17.2** Contracted Discounts
 - 6.2.1.12.17.3** Medical Net Paid- Network, Non-Network and % Network
- 6.2.1.12.18** PCP Utilization and Spend
- 6.2.1.12.19** Specialist Utilization and Spend
- 6.2.1.12.20** Emergency Room and Urgent Care Utilization

The above outline illustrates the type of information the County requires. Offerors shall provide, as an

attachment, the format utilized for similar reports that are part of their services and/or any other illustrations it considers pertinent. The County shall not incur extraneous charges for report generation, even if the reports requested are not standard reports.

6.2.2 Medical and Dental Plan Questionnaire

Instructions for completing questionnaire:

Answer all questions fully, clearly and concisely unless a specific question is inapplicable to the service you are proposing to provide.

Each response must immediately follow the respective question. Do not refer to other parts of your proposal for the answers.

You may not modify either the order or language of the question.

If you are unable to answer a question or the question does not apply, you should indicate either not applicable, or the reason why the question was not answered.

Any coverage or services you cannot provide but are referenced in the Request for Proposal, must be disclosed in writing in the section labeled Deviations at the end of the proposal. If no deviations are listed it is understood that the offeror has agreed to all requests as listed in the RFP. The offeror will be held strictly responsible for all items contained in the specific requirements.

6.2.2.1 As a vendor do you agree to work with Collin County on wellness programs and initiatives (such as diabetes management, hypertension, heart disease, allergy clinics, health risk assessments and healthy pregnancies)? If so, provide a list of programs and a suggested plan or sample plans you have used for other employers for each program you would offer. Detail any additional costs required for each program. Provide any quantitative data you have available on the effectiveness and cost savings of these programs.

6.2.2.2 Please list the pharmacy networks with which you can interface. Are there any additional costs associated with using an external Pharmacy Benefit Manager? If so, please detail the additional costs.

6.2.2.3 What are the authority levels of the claims processors? Supervisors? Who will be paying our claims? From what location will our claims be processed? Please provide the number of accounts and employees that the claims processors are required to support. Please provide hours of operations for claims processing.

6.2.2.4 What type of claim audit procedure is currently in place? Please indicate the percentage of total claims audited.

6.2.2.5 What is your claim audit accuracy percentage for the last year? Will you agree to provide claim audit statistics based strictly on Collin County data?

6.2.2.6 Does your claims system check for duplicate charges? What is the criteria used?

6.2.2.7 Do you have a person/organization responsible for obtaining subrogation claims information and following up on subrogation reimbursements due to the plan sponsor? Is this through a third party or is it

an integrated part of your business? How are subrogation claims handled? Based on your current businesses, what percentage of subrogated Texas claims are returned to the insurer? How would those funds be returned? Please include an example of your subrogation form and any available subrogation reports.

6.2.2.8 Please define how a “paid claim” is defined in your organization. (Please be specific, as to when a claim is received, processed, paid, and check cut.)

6.2.2.9 Please define a “clean claim” as it pertains to your organization.

6.2.2.10 How are check disbursements handled? How are outstanding checks handled?

6.2.2.11 Please describe in detail your case management process.

6.2.2.12 Customer Service/Account Management

6.2.2.12.1 Please provide the geographic location, the hours of operation, staff, and types of inquiries that the Customer Service staff will resolve.

6.2.2.12.2 Specify your average telephone and written response times. All telephone calls that cannot be answered immediately must be returned within 4 business hours. How often is your response time analyzed and reviewed? Can you provide information on response times specific to our organization? What percentage of calls to your customer service area are placed on hold and for how long? What is your percentage of dropped calls during the last 12 months?

6.1.2.12.3 What are the average years of experience and average staff turnover rates for your customer service staff for 2009 and 2010?

6.2.2.13 Do you have a fraud detection unit or program in place? If so, please describe. What percent of claims submitted were denied as a result of misrepresentation and/or fraud?

6.2.2.14 Describe the appeal procedures in place for plan participants. If a denial of benefits is made, you must agree to provide both the county and the employee a written letter indicating the exact reason for the denial as well as the appeal process and timeframes. Do you have a third party review process in place? Are there any additional costs associated with the appeal process?

6.2.2.15 Collin County currently uses a separate reinsurance carrier. Describe how your organization works with an outside reinsurance carrier. Is there a fee to use a separate reinsurance carrier? Be specific in providing the timeframes that information is submitted to the reinsurance carrier.

The annual contract with our reinsurance carrier has an effective date of February 1, 2012. Please detail how you would handle a new plan whose coverage does not begin in January.

6.2.2.16 Does your organization offer a Health Risk Assessment (HRA)? Can the HRA be completed electronically? Does the HRA integrate with your medical case management systems? Please describe in detail the various services you will provide to employees based upon the results of the HRA. If you do not offer an HRA can you coordinate with another organization to provide an HRA? Are there any costs associated with HRA’s or services as a result of HRA information?

6.2.2.17 County policy requires that if an employee and their spouse both work for Collin County they must elect coverage under their own medical plan (as employees). What can your systems do to help us manage this requirement?

6.2.2.18 Both medical plans offer a smoking cessation benefit of \$500 per year, \$1,000 lifetime maximum. This includes both office visits and prescription medications. Do you have a system in place to track this benefit? If not, please describe how you propose to manage this benefit.

6.2.2.19 Both medical plans offer an infertility benefit that is limited to a \$5,000 lifetime maximum. This includes both office visits and prescription medications. Do you have a system in place to track this benefit? If not, please describe how you propose to manage this benefit.

6.2.2.20 Both medical plans offer a lasik benefit of 50% up to a \$2,000 lifetime max. Do you have a system in place to track this benefit? If not, please describe how you propose to manage this benefit.

6.2.2.21 Please re-price the claims information provided in the attached claims spreadsheets, Facility and Non-Facility. Your proposal will not be considered unless the re-pricing is completed.

To get an accurate comparison, the offeror should observe the following guidelines:

- 6.2.2.21.1 Use "Total Eligible" column as your starting point for applying your contracted reimbursement rates.
- 6.2.2.21.2 Go claim line by claim line and apply your actual provider contracts based on the provider's Tax Identification Number. We will give preference to offerors who are able to do this accurately at the claim and provider Tax Identification Number level versus those substituting market average or 3 digit zip code averages. We recognize a small percentage of claims will not be able to be matched and thus market averages will be applied. Provide the percentage of claims to which you applied market averages in the space provided below.
- 6.2.2.21.3 Please do not lump together inpatient and outpatient claims. The appropriate contracted rates should be individually applied to inpatient and outpatient claims.
- 6.2.2.21.4 Use your actual stop loss/outlier provisions for each inpatient hospital claim; please do not substitute a market average for hospitals or any other claims. Do not remove any claims over a certain threshold.
- 6.2.2.21.5 Confirm your final answer below shows the allowed charges after applying your contracts, and just before member cost sharing is applied.
- 6.2.2.21.6 Disclose details of claims not re-priced, including dollar amount of each category.
- 6.2.2.21.7 Please complete the information below for the Facility and Non-Facility spreadsheet provided.

Facility		Non-Facility	
Total billed eligible claims (starting point)		Total billed eligible claims (starting point)	
Total allowed dollars for those claims		Total allowed dollars for those claims	
Percentage of claims for which market averages were applied		Percentage of claims for which market averages were applied	

6.2.2.21.8 Please describe any methodology departures from the requirements listed above.

6.2.2.22 Provider Network

6.2.2.22.1 How many employers are enrolled in your PPO network in North Texas as of:

January 1, 2010 _____

January 1, 2009 _____

January 1, 2008 _____

6.2.2.22.2 What is your voluntary and involuntary provider turnover rate?

	Voluntary	Involuntary
Primary Care Physician	_____	_____
OB/GYN's	_____	_____
Specialist (exclude OB?GYN's)	_____	_____

6.2.2.22.3 Who owns the provider network? Who maintains the provider network?

6.2.2.22.4 Percentage of General practices which are:

Closed to new patients during the past year? _____

Are currently closed to new patients? _____

Are open to new patients? _____

6.2.2.23 Please provide a geo-access study utilizing the following criteria:

Two (2) primary care providers accepting new patients within ten (10) miles, and
One (1) hospital within 15 miles.

6.2.2.24 Is a nurse advisory toll free number available? Is there any additional cost? What hours is it available? What types of services are offered?

6.2.2.25 Collin County will need to be notified if a large provider group or a hospital in our service area drops out of the network. What processes do you have in place that would ensure timely notification to the County?

6.2.2.26 Do you require the providers who participate in your provider network to accept Medicare?

6.2.2.27 Please provide the following financial information, making sure to list all costs individually:

6.2.2.27.1 Provide a quote by completing the following section, indicating the rates on a monthly basis for each of the following rate categories and employee classes:

	TPA Administrative Rate		Runout Claims at Contract Termination		PPO Network Access Fee		Other Fees – Detail Below		Prescription Plan (if included)	
Employee only										
+ 1 spouse										
+ 1 or more child (ren)										
+ 1 spouse and child (ren)										
Retirement Plan	Under 65	Over 65	Under 65	Over 65	Under 65	Over 65	Under 65	Over 65	Under 65	Over 65
Retiree only										
+ 1 spouse										
+ 1 or more child(ren)										
+ 1 spouse and child(ren)										

6.2.2.27.2 Multi-year Fee Guarantee

2012	Yes	_____	No	_____
2013	Yes	_____	No	_____
2014	Yes	_____	No	_____
2015	Yes	_____	No	_____
2016	Yes	_____	No	_____

If yes, please provide the formula or maximum increase guarantee for each year for each category listed above.

	TPA Administrative Rate	Runout Claims from Prior Carrier	PPO Network Access Fee	Other Fees (Detail Below)	Prescription Plan (if included)
2012					
2013					
2014					
2015					
2016					

6.3. COBRA PLAN

6.3.1 COBRA Plan Administration Requirements

For this section please provide written confirmation of your agreement to the requirements listed below. Any coverage or services you cannot provide but are requested in the Request for Proposal, must be disclosed in writing in the section labeled Deviations at the end of the proposal. If no deviations are listed in the section labeled Deviations, it is understood that the offeror has agreed to all requests as listed in the RFP. The offeror will be held strictly responsible for all items contained in the specific requirements. **Please note that this section does not address all documentation required by the RFP. The offeror is cautioned to read the entire RFP to determine all requirements.**

The selected provider will be required to do the following:

- 6.3.1.1** Comply with current and any future legal requirements related to COBRA.
- 6.3.1.2** Provide separate notification to all qualified beneficiaries (including dependents) within ten (10) days of notification of their eligibility.
- 6.3.1.3** Accept COBRA applications (electronic and/or handwritten) from prospective COBRA participants.
- 6.3.1.4** Accept and track any and all premium payments from COBRA participants.
- 6.3.1.5** If a participant's payment is not accepted, immediately mail the COBRA participant a letter, returning the payment and explaining why it was not accepted.
- 6.3.1.6** Ability to accept enrollment and termination information from Collin County or its Health Plan Administrator via electronic and written format.
- 6.3.1.7** Track notification of benefits and subsequent communications.
- 6.3.1.8** Generate timely initial premium billing to COBRA plan participants as well as subsequent monthly billings. Include user friendly explanation of COBRA options with initial billing.
- 6.3.1.9** Generate COBRA expiration notices prior to the end of 18, 29, or 36 months (as appropriate); and mail them to the homes of COBRA participants.
- 6.3.1.10** Generate timely warnings of potential termination of coverage under COBRA for the late premium payment prior to expiration of grace period.
- 6.3.1.11** Generate timely notice of termination of continued coverage for non-payment of premium.
- 6.3.1.12** Mail notices as necessary regarding unpaid insignificant amounts and payment deadlines to the homes of COBRA participants.
- 6.3.1.13** Track all dates required for proper compliance including postmark dates. Retain accurate records showing proof of compliance. Records must be provided to Collin County within 5 days of request. Failure to provide information requested within the specified timeframe will result in a penalty of \$5,000 from the offerors administrative fee.
- 6.3.1.14** Provide Collin County with electronic monthly reports reflecting COBRA participants, account status, and communications made.
- 6.3.1.15** Transfer collected funds to Collin County via wire transfer on a monthly basis.
- 6.3.1.16** Provide Collin County's Human Resources Department with access to experts who can address all legislative and legal questions regarding the COBRA program and related issues.
- 6.3.1.17** Initiate communications to current COBRA employees advising them of the change in administrators and how their payments will be processed.

6.3.1.18 Offeror is responsible for any and all costs associated with any COBRA administration errors or mistakes. Offeror agrees that if any COBRA documents are distributed with errors created by the offeror, then there will be a \$500 per error reduction in our administration fee. Offeror will be responsible for any penalties, levies, taxes, fines or fees occurring as a result of a failure to follow legal requirements.

6.3.1.19 Provide a website that COBRA participants can access to make payments, check payment status and submit questions. Please detail any additional on-line services that may be available to participants.

6.3.2 COBRA Questionnaire

Instructions for completing questionnaire:

Answer all questions fully, clearly and concisely unless a specific question is inapplicable to the service you are proposing to provide.

Each response must immediately follow the respective question. Do not refer to other parts of your proposal for the answers.

You may not modify either the order or language of the question.

If you are unable to answer a question or the question does not apply, you should indicate either not applicable, or the reason why the question was not answered.

Any coverage or services you cannot provide but are referenced in the Request for Proposal, must be disclosed in writing in the section labeled Deviations at the end of the proposal. If no deviations are listed it is understood that the offeror has agreed to all requests as listed in the RFP. The offeror will be held strictly responsible for all items contained in the specific requirements.

6.3.2.1 Please indicate whether participant data and reports are available to County plan administrators via the internet. If available, describe the type of information/reports that can be accessed and the system security measures in place. Please confirm if enrollment, and additions/deletions, can be submitted electronically.

6.3.2.2 Provide a sample of reports that will be provided. Quotes must be inclusive of all costs. Collin County will not pay additional fees for reports.

6.3.2.3 Please provide samples of the communications and materials you would send to participants.

6.3.2.4 Describe how you handle coordination between yourself, the Health Plan Administrator and Collin County Human Resources.

6.3.2.5 Describe any information and resources you will need from Collin County Human Resources or the insurance providers and provide the time frame in which you would need this information.

6.3.2.6 Please provide the following financial information, making sure to list all costs individually.

6.3.2.6.1 Provide a chart of all fees for each of the following years: 2012, 2013, 2014, 2015, and 2016. These fees must be all inclusive for services provided. Please list all services separately.

6.3.2.6.2 Provide a statement indicating for what years the fees are guaranteed. Provide the formula or maximum increase guarantee for each year.

6.4 FLEXIBLE SPENDING ACCOUNT (FSA) PLAN

6.4.1 FSA Administration Requirements

For this section please provide written confirmation of your agreement to the requirements listed below. Any coverage or services you cannot provide but are requested in the Request for Proposal, must be disclosed in writing in the section labeled Deviations at the end of the proposal. If no deviations are listed in the section labeled Deviations, it is understood that the offeror has agreed to all requests as listed in the RFP. The offeror will be held strictly responsible for all items contained in the specific requirements. **Please note that this section does not address all documentation required by the RFP. The offeror is cautioned to read the entire RFP to determine all requirements.**

The selected provider will be required to:

6.4.1.1 Comply with current and future legal requirements regarding Flexible Spending Accounts.

6.4.1.2 Provide Collin County's Human Resources Department with access to experts who can effectively address all legislative and legal questions regarding FSA programs and pertinent laws.

6.4.1.3 Administer both health care and dependent care spending accounts as per the Plan.

6.4.1.4 Monitor each account for the minimum and maximum requirements. Be able to administer accounts where married participants both work for the county.

6.4.1.5 Receive the employee's election forms via electronic and written format.

6.4.1.6 Mail any and all communications including confirmation notices and information on allowable expenses to the homes of participating FSA employees.

6.4.1.7 Provide a website that employees can access in order to view account balance, claims history and print claim forms. Is this website coordinated with the health care provider? Please describe any additional on-line services that would be available to FSA participants.

6.4.1.8 Receive information regarding participating FSA employees' pre-tax payroll deductions, terminations and leave status via electronic and written means.

6.4.1.9 Performs all claims processing functions, including, but not limited to: verification of proper documentation of the expense, screening for duplicate payment, calculation of reimbursement due, and payment directly to the participating employee.

6.4.1.10 If a claim is denied, immediately mail the participating FSA employee a letter explaining why the claim was denied. If a participating FSA employee submits a reimbursement request for more than one expense and only one of the expenses is denied, the participating FSA employee will be reimbursed for all approved eligible expenses, and the denied expense will be placed in a hold status pending additional information from the employee.

6.4.1.11 Provide quarterly statements to all participating FSA employees showing funds contributed to the accounts, claims paid, claims received but not yet paid, and the balance remaining in the account. Mail a notice by November 1st of each year reminding participating FSA employees that the plan year is coming to a close and that expenses must be incurred during the plan year to zero out their account. Statements should be provided at no additional cost to Collin County.

6.4.1.12 Produce additional account statements in April of each year for all participating FSA employees submitting claims during the grace period

6.4.1.13 All claims in proper and complete order shall be calculated and paid within ten (10) working days after receipt;

6.4.1.14 Notify Collin County Audit department by the day of payment of the total amount on the check run so that Collin County can transfer funds to the designated bank account.

6.4.1.15 Allow participating FSA employees to have their reimbursements direct-deposited into a checking or savings account. If a participating employee does not choose the direct-deposit option, the reimbursement checks will be mailed to the participating employee's home.

6.4.1.16 Mail checks or deposit payments the day the payments are issued.

6.4.1.17 Automatically deposit any dependent care amounts that are unpaid due to the expenses exceeding the amount in the account at the time of the claim as money accumulates in the Dependent Care account without resubmission of the unpaid claim.

6.4.1.18 Use a 90-day extended filing period at the end of each plan year to submit for reimbursement.

6.4.1.19 Process claims simultaneously for different plan years. All reporting will be broken out by each plan year.

6.4.1.20 Produce the following electronic documents:

6.4.1.20.1 Check Register Report

6.4.1.20.2 Aggregate Report (Transaction Summary Report)

6.4.1.20.3 Reimbursement Reconciliation Report

6.4.1.20.4 Payroll Deduction Report (Contribution Report)

6.4.1.20.5 Financial Summary Report

6.4.1.20.6 Claims Batch Report

6.4.1.20.7 Account Reconciliation Reports

Please provide a sample of each of the above reports with your proposal.

6.4.1.21 Provide participation reports for both Health Care and Dependent Care Spending Accounts.

6.4.1.22 The County will establish a bank account and the offeror will be given authority to draw funds for benefit payment from this account. The County will keep one week worth of funds in the account at all times.

6.4.1.23 Deposit any unused funds from the previous year in our bank account by May 1st of each year.

6.4.1.24 Offeror is responsible for any and all costs associated with any FSA administration errors or mistakes. Offeror agrees that if any FSA errors are made by the offeror, then there will be a \$500 per error reduction in our administration fee.

6.4.2 FSA Questionnaire

Instructions for completing questionnaire:

Answer all questions fully, clearly and concisely unless a specific question is inapplicable to the service you are proposing to provide.

Each response must immediately follow the respective question. Do not refer to other parts of your proposal for the answers.

You may not modify either the order or language of the question.

If you are unable to answer a question or the question does not apply, you should indicate either not applicable, or the reason why the question was not answered.

Any coverage or services you cannot provide but are referenced in the Request for Proposal, must be disclosed in writing in the section labeled Deviations at the end of the proposal. If no deviations are listed it is understood that the offeror has agreed to all requests as listed in the RFP. The offeror will be held strictly responsible for all items contained in the specific requirements.

6.4.2.1 Provide samples of the communications and materials you would provide to participants.

6.4.2.2 Describe what information and resources you will need from Collin County.

6.4.2.3 Please describe in detail how you will coordinate with the health care administrator. Please include information on how claims data will be received and how frequently, the length of time it will take to process claims, etc.

6.4.2.4 Can an process be set up so that claims can be paid automatically without requiring the employee to file a paper claims? Please describe how this process would work, including coordination with the health care administrator.

6.4.2.5 Please provide the following financial information, making sure to list all costs individually:

6.4.2.5.1 Provide a chart of all fees for each of the following years: 2012, 2013, 2014, 2015, and 2016. These fees must be all inclusive for services provided. Please list all services included.

6.4.2.5.2 Provide a statement indicating for what years the fees are guaranteed. Provide the formula or maximum increase guarantee for each year.

6.4.2.6 Please explain your debit card program in detail, including how it is administered, the cost to the employer, the cost to the employee and how the employer is billed for costs.

7.0 PERFORMANCE GUARANTEES

The following are the performance guarantees Collin County is proposing for the health plans. Please review carefully, and note in writing in the deviations section of the RFP any areas with which you do not agree. Alternate standards will be reviewed if submitted with quote. The following standards will become part of the contract unless changes are agreed to by both parties. The following standards are to be measured on an ongoing basis for only Collin County business.

Performance guarantees are to be reviewed on a semi-annual basis (every 6 months).

Performance Guarantee	Definition	Performance Standard	% of Total Premium at Risk
		Every 6 months	
Turnaround time for claim payment	Payment of fully complete claim - within 30 calendar days beginning the date of receipt by payor. A claim is defined as paid on the date the payment check is issued.	90% or above of total complete claims received	0%
		80%-89.9% of total complete claims received	2%
		70%- 79.9% of total complete claims received	5%
Claims processing accuracy	The percentage of total claims processed correctly. This includes coding, payment, data entry, payment on correct person	98% and above accuracy	0%
		95% to 98% accuracy	2%
		90% to 94.9% accuracy	3%
		Below 90% accuracy	5%
Claims payment financial accuracy	The percentage of paid claims by dollar amount processed accurately.	99% and above accuracy	0%
		95% to 99% accuracy	2%
		90% to 94.9% accuracy	3%
		Below 90% accuracy	5%
Customer Service-Inquiry resolution for eligibility issues,	Percentage of total # of phone or written inquiries resolved	95% and above	0%
		80%-94.9%	3%

provider access	within 48 hours after one contact with group or employee.	70%-79.9%	5%
Customer Service- Inquiry resolution for claim payment/denial issues, other issues requiring research	Percentage of inquiry resolution within 14 calendar days	90% and above	0%
		80%-89.9%	3%
		70%-79.9%	5%
Customer Service- phone response time	The average time it takes to answer a customer service call.	30 seconds or less	0%
		30-60 seconds	1%
		Over 60 seconds	3%
Customer Service- Abandoned calls	Calls that come into customer service unit, and are not answered before caller hangs up.	Less than 5 %	0%
		5.1% to 10%	2%
		Over 10%	5%
ID card turnaround time	The average # of calendar days it takes to issue and mail ID cards after offeror has received notification of a new member or a change in the members benefit plan.	1-5 days	0%
		6-10 days	1%
		11-14 days	5%

7.1 DEVIATIONS

Instructions for completing section

An individual deviations table should be completed for medical, dental, COBRA and FSA Administration. Please complete the following worksheet listing any and all deviations from the information requested in the RFP. Attach additional pages as needed. If no deviations are listed it is understood that the offeror has agreed to all requests as listed in the RFP.

Section Number/ Question Number	Required Service You are Unable to Perform	Steps Taken to Meet Requirement

**SIGNATURE FORM
COLLIN COUNTY, TEXAS**

DELIVERY WILL BE F.O.B. INSIDE DELIVERY AT COLLIN COUNTY DESIGNATED LOCATIONS AND ALL TRANSPORTATION CHARGES PAID BY THE SUPPLIER TO DESTINATION.

DELIVERY TO BE SPECIFIED IN CALENDAR DAYS FROM DATE OF ORDER.

WE **DO NOT** TAKE EXCEPTION TO THE BID SPECIFICATIONS.

WE **TAKE** EXCEPTION TO THE BID SPECIFICATIONS (EXPLAIN):

COMPANY INFORMATION/PROFILE/REFERENCES

Preferential Requirement: The County of Collin, as a governmental agency of the State of Texas, may not award a contract to a nonresident bidder unless the nonresident's bid is lower than the lowest bid submitted by a responsible Texas resident bidder by the same amount that a Texas resident bidder would be required to underbid a nonresident bidder to obtain a comparable contract in the state in which the nonresident's principal place of business is located (Government Code, Title 10, V.T.C.A., Chapter 2252, Subchapter A). Bidder shall make answer to the following questions by selecting the appropriate radio button or inserting information in the box provided:

Is your principal place of business in the State of Texas? Yes No

If the answer to question is "yes", no further information is necessary; if "no", please indicate:

in which state is your principal place of business is located:

if that state favors resident bidders (bidders in your state) by some dollar increment or percentage: jn Yes jn No

if "yes", what is that dollar increment or percentage?

Company Profile: IS YOUR FIRM?

- Sole Proprietorship jn Yes jn No
- General Partnership jn Yes jn No
- Limited Partnership jn Yes jn No
- Corporation jn Yes jn No
- Other jn Yes jn No

List Legal Names in Company:

List at least three (3) companies or governmental agencies where these same/like products/services, as stated herein, have been provided. Include company name, address, contact name and telephone number.

AS PERMITTED UNDER TITLE 8, CHAPTER 271, SUBCHAPTER F, SECTION 271.101 AND 271.102 V.T.C.A. AND TITLE 7, CHAPTER 791, SUBCHAPTER C, SECTION 791.025, V.T.C.A., OTHER LOCAL GOVERNMENTAL ENTITIES MAY WISH TO ALSO PARTICIPATE UNDER THE SAME TERMS AND CONDITIONS CONTAINED IN THIS CONTRACT. EACH ENTITY WISHING TO PARTICIPATE MUST ENTER INTO AN INTERLOCAL AGREEMENT WITH COLLIN COUNTY AND HAVE PRIOR AUTHORIZATION FROM VENDOR. IF SUCH PARTICIPATION IS AUTHORIZED, ALL PURCHASE ORDERS WILL BE ISSUED DIRECTLY FROM AND SHIPPED DIRECTLY TO THE LOCAL GOVERNMENTAL ENTITY REQUIRING SUPPLIES/SERVICES. COLLIN COUNTY SHALL NOT BE HELD RESPONSIBLE FOR ANY ORDERS PLACED, DELIVERIES MADE OR PAYMENT FOR SUPPLIES/SERVICES ORDERED BY THESE ENTITIES. EACH ENTITY RESERVES THE RIGHT TO DETERMINE THEIR PARTICIPATION IN THIS CONTRACT. WOULD BIDDER BE WILLING TO ALLOW OTHER LOCAL GOVERNMENTAL ENTITIES TO PARTICIPATE IN THIS CONTRACT, IF AWARDED, UNDER THE SAME TERMS AND CONDITIONS? jn Yes jn No

By signing and submitting this Bid/Proposal, Bidder/Offeror acknowledges, understands the specifications, any and all addenda, and agrees to the bid/proposal terms and conditions and can provide the minimum requirements stated herein. Bidder/Offeror acknowledges they have read the document in its entirety, visited the site, performed investigations and verifications as deemed necessary, is familiar with local conditions under which work is to be performed and will be responsible for any and all errors in Bid/Proposal submittal resulting from Bidder/Offeror’s failure to do so. Bidder/Offeror acknowledges the prices submitted in this Bid/Proposal have been carefully reviewed and are submitted as correct and final. If Bid/Proposal is accepted, vendor further certifies and agrees to furnish any and all products/services upon which prices are extended at the price submitted, and upon conditions in the specifications of the Invitation for Bid/Request for Proposal.

THE UNDERSIGNED HEREBY CERTIFIES THE FOREGOING BID/PROPOSAL SUBMITTED BY THE COMPANY LISTED BELOW HEREINAFTER CALLED “BIDDER/OFFEROR” IS THE DULY AUTHORIZED AGENT OF SAID COMPANY AND THE PERSON SIGNING SAID BID/PROPOSAL HAS BEEN DULY AUTHORIZED TO EXECUTE SAME. BIDDER/OFFEROR AFFIRMS THAT THEY ARE DULY AUTHORIZED TO EXECUTE THIS CONTRACT; THIS COMPANY; CORPORATION, FIRM, PARTNERSHIP OR INDIVIDUAL HAS NOT PREPARED THIS BID/PROPOSAL IN COLLUSION WITH ANY OTHER BIDDER/OFFEROR OR OTHER PERSON OR PERSONS ENGAGED IN THE SAME LINE OF BUSINESS; AND THAT THE CONTENTS OF THIS BID/PROPOSAL AS TO PRICES, TERMS AND CONDITIONS OF SAID BID/PROPOSAL HAVE NOT BEEN COMMUNICATED BY THE UNDERSIGNED NOR BY ANY EMPLOYEE OR AGENT TO ANY OTHER PERSON ENGAGED IN THIS TYPE OF BUSINESS PRIOR TO THE OFFICIAL OPENING OF THIS BID/PROPOSAL.

Company Name	<input type="text"/>
Street Address of Principal Place of Business	<input type="text"/>
City, State, Zip	<input type="text"/>
Phone of Principal Place of Business	<input type="text"/>
Fax of Principal Place of Business	<input type="text"/>
E-mail Address of Representative	<input type="text"/>
Federal Identification Number	<input type="text"/>
Date	<input type="text"/>
Acknowledgement of Addenda	#1 € #2 € #3 € #4 € #5 € #6 €
Authorized Representative Name	<input type="text"/>
Authorized Representative Title	<input type="text"/>
Signature (Required for paper bid submission)	<input type="text"/>

**Collin County
COBRA Medical and Dental Rates
2011 Plan Year**

Coverage Type	EE Only	EE & Child	EE & Spouse	EE & Family
Advantage Medical Plan	\$682.15	\$1,163.61	\$1,283.98	\$1,494.62
Advantage Plus Medical Plan	\$749.82	\$1,285.41	\$1,419.32	\$1,653.64
Dental	\$22.71	\$66.56	\$66.56	\$66.56

(Amounts shown are monthly, includes 2% administrative fee)

COLLIN COUNTY
Dental Plan Summary
January 1, 2011

Covered Services	Cost
Calendar Year Deductible (Individual/Family)	\$50/\$150
Calendar Year Maximum (Per Person)	\$1,000
Lifetime Orthodontia Maximum (Per Person)	\$1,500
<i>Preventive Services</i> <ul style="list-style-type: none"> • Oral examinations and emergencies • Prophylaxis • Fluoride treatments for children under the age of 19 years • Sealants • Dental X-rays • Appliance therapy for children under the age of 16 years 	Plan pays 80% No Deductible
<i>Basic Services</i> <ul style="list-style-type: none"> • Fillings (Amalgam, Silicate, Acrylic) • Root canal • Periodontic services • Endodontics • Extractions and other oral surgery • Stainless steel & acrylic crowns • Test and laboratory exams 	Plan pays 80% After Deductible
<i>Major Services</i> <ul style="list-style-type: none"> • Gold and porcelain fillings and crowns • Installation of bridgework and crowns • Repair, replacement and maintenance of bridgework and dentures 	Plan pays 50% After Deductible
Coverage Levels	Employee Monthly Contribution
Employee Only	\$2.00
Employee & Family	\$24.00
<p>This document is intended as a convenient summary of the major points of this benefit plan. This document does not cover all provisions, limitations and exclusions. The official plan documents, policies and certificates of insurance govern in all cases.</p>	

Medical Plans January 1, 2011

	ADVANTAGE		ADVANTAGE PLUS	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Pre-existing Condition Limitations	None		None	
Calendar Year Deductible (Individual/Family)	\$750/\$1,500	\$1,250/\$2,500	\$250/\$500	\$500/\$1,000
Out-of-Pocket Maximum (Individual/Family)	\$3,000/\$6,000	Does not apply	\$2,000/\$4,000	Does not apply
Physician Office Visit	\$20 Co-pay	Not Covered	\$15 Co-pay	Not Covered
Specialist Office Visit	\$50 Co-pay	Not Covered	\$40 Co-pay	Not Covered
Diabetes Related Physician Office Visit	\$0 Co-pay	Not Covered	\$0 Co-pay	Not Covered
Diabetes Related Specialist Office Visit	\$0 Co-pay	Not Covered	\$0 Co-pay	Not Covered
Urgent Care Center Services	\$25 Co-pay	Not Covered	\$25 Co-pay	Not Covered
Lifetime Maximum	No Lifetime Maximum		No Lifetime Maximum	
Managed Pharmacy Generic/Brand Name/ Non-Preferred	Retail Pharmacy \$10/\$25/\$50 Mail Order \$25/\$50	Not Covered	Retail Pharmacy \$10/\$25/\$50 Mail Order \$25/\$50	Not Covered
Diabetes Related Pharmacy Generic/Brand Name Non-Preferred	Retail Pharmacy \$0/\$0/\$0 Mail Order \$0/\$0	Not Covered	Retail Pharmacy \$0/\$0/\$0 Mail Order \$0/\$0	Not Covered
Well Care Benefits	Plan pays 100%	Not Covered	Plan pays 100%	Not Covered
Emergency Health Services	Plan pays 80%*		Plan pays 75%*	
Durable Medical Equipment	Plan pays 80%*	Not Covered	Plan pays 75%*	Not Covered
Inpatient Hospital Co-Payment: 3 person maximum	Plan pays 80%*	Not Covered	Plan pays 100% after a \$100 per day/\$500 co-payment maximum per admission*	Not Covered
Professional Fees for Surgical and Medical Services	Plan pays 80%*	Not Covered	Plan pays 75%*	Not Covered
Outpatient Surgery	Plan pays 80%*	Not Covered	Plan pays 100%*	Not Covered
Diagnostic Laboratory and X-ray	Plan pays 80%*	Not Covered	Plan pays 75%*	Not Covered
Outpatient Diagnostic/Therapeutic Services	Plan pays 80%*	Not Covered	Plan pays 75%*	Not Covered
Skilled Nursing Facility/Inpatient Physical Rehabilitation	Plan pays 80%*	Not Covered	Plan pays 75%*	Not Covered
Hospice Care	Plan pays 80%*	Not Covered	Plan pays 100%*	Not Covered
Home Health Care	Plan pays 80%*	Not Covered	Plan pays 100%*	Not Covered
Ambulance Services	Plan pays 80%*		Plan pays 75%*	
Mental Health Services- Inpatient	Plan pays 80%*	Not Covered	Plan pays 75%*	Not Covered
Mental Health Services- Outpatient	\$50 Co-pay (Individual) \$45 Co-pay (Group)	Plan pays 60%*	\$40 Co-pay	Plan pays 60%*
Allergy Shots, Serum and Testing	\$20 or \$50 Co-pay	Not Covered	Plan pays 75%*	Not Covered
Lasik Surgery	Plan pays 50%*, limited to \$2,000 per lifetime		Plan pays 50%*, limited to \$2,000 per lifetime	
Vision Care (part of medical plan)	UnitedHealthcare Vision (see attached sheet)		\$25.00 Deductible, plan pays 50%	
Employee Monthly Contribution				
Employee Only	\$25.00		\$50.00	
Employee & Child(ren)	\$145.00		\$205.00	
Employee & Spouse	\$185.00		\$250.00	
Employee & Family	\$245.00		\$330.00	
Premium Discount Employee Monthly Contribution				
Employee Only	\$0.00		\$25.00	
Employee & Child(ren)	\$120.00		\$180.00	
Employee & Spouse	\$160.00		\$225.00	
Employee & Family	\$220.00		\$305.00	
Premium Surcharge Employee Monthly Contribution				
Employee Only	\$50.00		\$75.00	
Employee & Child(ren)	\$170.00		\$230.00	
Employee & Spouse	\$210.00		\$275.00	
Employee & Family	\$270.00		\$355.00	

This document is intended as a convenient summary of the major points of these benefits plans. This document does not cover all provisions, limitations and exclusions. The official plan documents, policies and certificates of insurance govern in all cases.

*Subject to calendar year deductible

Collin County
Collin County Retiree Plan
 2011 Monthly Insurance Premiums

Coverage Type	Advantage Premium Discount Plan	Advantage Premium Surcharge Plan	Advantage Plus Premium Discount Plan	Advantage Plus Premium Surcharge Plan	Dental
Retiree Only*	\$643.77	\$693.77	\$710.12	\$760.12	\$22.26
Retiree & Child(ren)*	\$1,115.79	\$1,165.79	\$1,235.12	\$1,285.12	\$65.25
Retiree & Spouse*	\$1,233.80	\$1,253.80	\$1,366.49	\$1,416.49	\$65.25
Retiree & Family*	\$1,440.31	\$1,490.31	\$1,596.22	\$1,646.22	\$65.25
Retiree Only**	\$750.00	\$800.00	\$775.00	\$825.00	\$22.00
Retiree & Child(ren)**	\$870.00	\$920.00	\$930.00	\$980.00	\$44.00
Retiree & Spouse**	\$910.00	\$960.00	\$975.00	\$1,025.00	\$44.00
Retiree & Family**	\$970.00	\$1,020.00	\$1,055.00	\$1,105.00	\$44.00

(Amounts shown are monthly)

***Rates for retirees who retired on or after June 1, 2010.**

****Rates for retirees who retired on or before May 1, 2010.**

2011 Employee Medical Monthly Premium Rates

Medical Coverage Type	Medical Coverage Level	Advantage Premium Discount EE Cost	Advantage Standard Premium EE Cost	Advantage Premium Surcharge EE Cost	Advantage Plus Premium Discount EE Cost	Advantage Plus Standard Premium EE Cost	Advantage Plus Premium Surcharge EE Cost
FT Employee	EE Only	\$ 0.00	\$ 25.00	\$ 50.00	\$ 25.00	\$ 50.00	\$ 75.00
	EE & Child (ren)	\$120.00	\$145.00	\$ 170.00	\$ 180.00	\$ 205.00	\$ 230.00
	EE & Spouse	\$160.00	\$185.00	\$210.00	\$ 225.00	\$ 250.00	\$ 275.00
	EE & Family	\$220.00	\$245.00	\$270.00	\$ 305.00	\$ 330.00	\$ 355.00
PT Employee	EE Only	\$ 750.00	\$ 775.00	\$800.00	\$ 775.00	\$800.00	\$825.00
	EE & Child (ren)	\$ 870.00	\$ 895.00	\$920.00	\$ 930.00	\$955.00	\$980.00
	EE & Spouse	\$ 910.00	\$ 935.00	\$960.00	\$ 975.00	\$1,000.00	\$1,025.00
	EE & Family	\$ 970.00	\$ 995.00	\$1,020.00	\$ 1,055.00	\$1,080.00	\$1,105.00

2011 Employee Dental Monthly Premium Rates

Dental Coverage Type	Dental Coverage Level	Dental Plan EE Cost	Collin County Contribution
FT Employee	EE Only	\$ 2.00	\$ 20.00
	EE & Family	\$ 24.00	\$ 20.00
PT Employee	EE Only	\$ 22.00	\$ 0.00
	EE & Family	\$ 44.00	\$ 0.00

UnitedHealthcare Vision Benefit Summary
Effective January 1, 2011
Underwritten by United HealthCare Insurance Company

BENEFITS AT A UNITEDHEALTHCARE VISION NETWORK PROVIDER	
COMPREHENSIVE VISION EXAM \$10 Co-pay; Once Every 12 Months	A vision examination is provided by a network optometrist or ophthalmologist, after applicable co-pay.
MATERIALS \$25 Co-pay	The materials co-pay is a single payment that applies to the entire purchase of eyeglasses (lenses and frames), or contacts in lieu of eyeglasses.
PAIR OF LENSES (for eyeglasses) Once Every 12 Months • Standard single vision • Standard lined bifocal • Standard lined trifocal • Standard lenticular	Standard scratch-resistant coating is covered-in-full. Lens Options - Options such as progressive lenses, polycarbonate lenses tints, UV, and anti-reflective coating may be available at a discount.
FRAMES Once Every 24 Months	UnitedHealthcare Vision's frame benefit applies to a wide variety of frames. Receive a \$50 wholesale frame allowance (approximate retail value of \$120 to \$150) at private practice providers, or a minimum \$130 frame allowance at retail chain providers.
Contact Lenses (in lieu of eyeglasses) Once Every 12 Months • Covered-in-full elective contact lenses • All other elective contacts • Necessary contact lenses*	The fitting/evaluation fees, contacts (including disposables), and up to two follow-up visits are covered-in-full (after applicable co-pay) for the most popular brands on the market. If covered disposable contact lenses are chosen, up to 8 boxes (depending on prescription) are included when obtained from a network provider. It is important to note that UnitedHealthcare Vision's covered-in-full contact lenses may vary by provider. A \$200 allowance is applied toward the fitting/evaluation fees and purchase of contact lenses outside of UnitedHealthcare Vision's covered-in-full contacts (materials co-pay does not apply). Toric, gas permeable, and bifocal contacts are all examples of contacts that are outside of our covered-in-full selection. Covered-in-full (after applicable co-pay).
BENEFITS AT AN OUT-OF-NETWORK PROVIDER	
SERVICE	PLAN PAYS AMOUNT
Exam	
Optometrist	up to \$40
Ophthalmologist	up to \$40
Lenses	
Single Vision	up to \$40
Bifocal	up to \$60
Trifocal	up to \$80
Lenticular	up to \$80
Frames	up to \$45
Contact Lenses (in lieu of eyeglasses)	
Elective	up to \$200
Necessary*	up to \$210
If you choose an out-of-network provider, you will need to send your itemized receipts, with the primary-insured's unique identification number and the patient's name and date of birth, to: UnitedHealthcare Vision Claims Department P.O. Box 30978 Salt Lake City, UT 84130 Fax: (248) 733-6060 Please note: Receipts for services and materials purchased on different dates must be submitted together at the same time to receive reimbursement.	

* Necessary contact lenses* are determined at the provider's discretion for one or more of the following conditions: Following post cataract surgery without intraocular lens implant; to correct extreme vision problems that cannot be corrected with spectacle lenses; with certain conditions of anisometropia; with certain conditions of keratoconus. If your provider considers your contacts necessary, you should ask your provider to contact UnitedHealthcare concerning the reimbursement that UnitedHealthcare will make before you purchase such contacts.

This document is intended as a convenient summary of the major points of these benefits plans. This document does not cover all provisions, limitations and exclusions. The official plan documents, policies and certificates of insurance govern in all cases.

Collin County Fees	Amount
COBRA Admin Fee (PEPM)	\$0.25
Retiree Admin Fee (per continant per month)	\$4.50

Collin County Fees	Amount
Medical Admin Fee (PEPM)	\$39.46
Dental Admin Fee (PEPM)	\$3.60
FSA Admin Fee (PEPM)	\$4.89

AFFIDAVIT OF COMPLIANCE

I, the undersigned, declare and affirm that my company is in compliance with the Immigration and Reform Act of 1986 and all employees are legally eligible to work in the United States of America.

I further understand and acknowledge that any non-compliance with the Immigration and Reform Act of 1986 at any time during the term of this contract will render the contract voidable.

Name of Company	<input type="text"/>
Title of Officer	<input type="text"/>
Name of Officer	<input type="text"/>
Date:	<input type="text"/>

CONFLICT OF INTEREST QUESTIONNAIRE FORM CIQ

For vendor or other person doing business with local governmental entity

<p>This questionnaire is being filed in accordance with chapter 176 of the Local Government Code by a person doing business with the governmental entity.</p> <p>By law this questionnaire must be filed with the records administrator of the local government not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.</p> <p>A person commits an offense if the person violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.</p>	<p>OFFICE USE ONLY</p> <p>Date Received</p>
<p>1 Name of person doing business with local governmental entity.</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	
<p>2 <input type="checkbox"/> Check this box if you are filing an update to a previously filed questionnaire.</p> <p>(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than September 1 of the year for which an activity described in Section 176.006(a), Local Government Code, is pending and not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)</p>	
<p>3 Name each employee or contractor of the local governmental entity who makes recommendations to a local government officer of the governmental entity with respect to expenditures of money AND describe the affiliation or business relationship.</p> <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 5px; position: relative;"> <div style="position: absolute; right: -20px; top: 50%; transform: translateY(-50%); border-left: 1px solid black; border-right: 1px solid black; border-bottom: 1px solid black; width: 10px; height: 100%; text-align: center;"> ▲ ▼ </div> </div>	
<p>4 Name each local government officer who appoints or employs local government officers of the governmental entity for which this questionnaire is filed AND describe the affiliation or business relationship.</p> <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 5px; position: relative;"> <div style="position: absolute; right: -20px; top: 50%; transform: translateY(-50%); border-left: 1px solid black; border-right: 1px solid black; border-bottom: 1px solid black; width: 10px; height: 100%; text-align: center;"> ▲ ▼ </div> </div>	

Adopted 11/02/2005

FORM CIQ

CONFLICT OF INTEREST QUESTIONNAIRE

Page 2

For vendor or other person doing business with local governmental entity

**5 Name of local government officer with whom filer has affiliation or business relationship.
(Complete this section only if the answer to A, B, or C is YES.)**

This section, item 5 including subparts A, B, C & D, must be completed for each officer with whom the filer has affiliation or other relationship. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income from the filer of the questionnaire? Yes No

B. Is the filer of the questionnaire receiving or likely to receive taxable income from or at the direction of the local government officer named in this section AND the taxable income is not from the local governmental entity? Yes No

C. Is the filer of this questionnaire affiliated with a corporation or other business entity that the local government officer serves as an officer or director, or holds an ownership of 10 percent or more? Yes No

D. Describe each affiliation or business relationship.

6

Signature of person doing business with the governmental entity

Date

Adopted 11/02/2005

In order to better serve our bidders, the Collin County Purchasing Department is conducting the following survey. We appreciate your time and effort expended to submit your bid. Please take a moment to complete the below. Should you have any questions or require more information please call (972) 548-4165.

HOW DID YOU RECEIVE NOTICE OF THIS REQUEST FOR BID OR PROPOSALS?

McKinney Courier-Gazette?	€	Yes	€	No
Plan Room?	€	Yes	€	No
Collin County Web-Site?	€	Yes	€	No
Facsimile or email from BidSync?	€	Yes	€	No
Other <input type="text"/>				

HOW DID YOU RECEIVE THE BID DOCUMENTS?

Downloaded from Home Computer?	€	Yes	€	No
Downloaded from Company Computer?	€	Yes	€	No
Requested a Copy from Collin County?	€	Yes	€	No
Other <input type="text"/>				

Thank You,

Collin County Purchasing Department

Question and Answers for Bid #09308-11 - Insurance: Medical, Dental, FSA and Cobra

OVERALL BID QUESTIONS

There are no questions associated with this bid. If you would like to submit a question, please click on the "Create New Question" button below.