



COLLIN COUNTY

Office of the Purchasing Agent
2300 Bloomdale Road
Suite 3160
McKinney, Texas 75071
www.collincountytx.gov

COLLIN COUNTY, TEXAS

ADDENDUM NO. ONE (1)

RFP NO. 2024-263

REQUEST FOR PROPOSAL
FOR
GROUP BENEFIT/INSURANCE FOR MEDICAL, PHARMACY, DENTAL,
VISION, COBRA, FSA, RETIREE, AND STOP LOSS

EFFECTIVE DATE: MAY 9, 2024

NOTICE TO ALL PROSPECTIVE PROPOSERS:

PLEASE MAKE THE FOLLOWING CHANGES TO THE RFP:

CHANGE: 5.1 OVERVIEW-STOP LOSS COVERAGE FOR MEDICAL AND
PHARMACY BENEFITS

FROM: INCURRED/PAID: 12/12

TO: PAID/12 STOP LOSS

REPLACE DOCUMENT: 4.0-6.0 Specifications and Conditions-final approved
3.21.24.doc WITH 4.0 – 6.0 SPECIFICATION AND CONDITIONS ADDENDUM 1

ADD: ATTRIBUTE 19 ADDENDUM 1 ACKNOWLEDGEMENT

ALL OTHER TERMS, CONDITIONS, AND SPECIFICATIONS REMAIN THE
SAME.

Sincerely,
Michelle Charnoski, NIGP-CPP, CPPB
Purchasing Agent

MC/cur

4.0 EVALUATION CRITERIA AND FACTORS

4.1. The award of the contract shall be made to the responsible Offeror whose proposal is determined to be the lowest and best evaluated offer resulting from negotiation, taking into consideration the relative importance of price and other factors set forth in the RFP in accordance with Local Government Code 262.030. The County reserves the right to determine the suitability of proposals based on all of these criteria.

The evaluation committee will review all proposals received by the proposal due date as part of a documented evaluation process. For each decision point in the process, the County will evaluate Offerors according to specific criteria and will elevate a certain number of Offerors to compete against each other.

A strong record of accomplishment for accurate and timely delivery of services to organizations comparable in size to Collin County, Texas, will be a significant factor in the award process.

The County will use a competitive process based upon “selection levels”. The County recognizes that if an Offeror fails to meet expectations during any part of the process, it reserves the right to proceed with the remaining Offerors or to elevate another Offeror that was not elevated before. The following sections describe the selection levels.

4.2. Selection Level 1 – Conformance with mandatory requirements

Documents and responses required in Section 6.0 shall be submitted as part of the proposal. Medical proposals also require Offeror to propose on all services (medical, pharmacy, dental, vision, COBRA, flexible spending accounts, retiree health, and stop loss services) with the understanding that Collin County may elect to accept all or only a portion of the services which are proposed. Failure to provide these documents may deem Offeror as non-responsive.

The first part of the elevation process is to validate the completeness of the proposal and ensure that all the RFP guidelines and submittal requirements are met. Those Offerors who do not meet all the requirements for the RFP may, at the discretion of the County, be contacted to submit the missing information. Offerors must submit information within two business days. Offerors may be disqualified if RFPs are incomplete or noncompliant. Completed proposals will be elevated to Level 2.

4.3. Selection Level 2 – Detailed Proposal Assessment

The evaluation committee will conduct a detailed assessment of all completed proposals.

Criteria evaluated in Level 2:

Factors	Points
Competitiveness and transparency of pricing and firm price for the duration for services proposed. This includes overall cost of the plan including claims. (Attachment S)	30
Administrative flexibility including the ability to accurately, effectively, and efficiently administer Collin County’s plan and resolve issues in a timely manner. (Attachments A-R)	25
Comprehensiveness of services provided including innovative concepts such as a health engagement nurse, disease management programs, Centers of Excellence, interactive case management programs, network capability including network size, the option of limited networks with demonstrable cost savings, employee accessibility, pharmacy drug utilization	10

review programs, step programs, and the agreement not to carve or laser for stop loss. (Attachments A-R)	
Technology including the extent of electronic capability such as electronic billing, electronic enrollment, websites (for employee and employer) and the quality, cost, and accessibility of analytic reporting. (Attachments A-R)	10
Demonstrated effectiveness of services provided, including but not limited to references. (Section 6.2.3 – 6.2.4.9)	10
Stability, insurance coverage experience, and financial ability. (Section 6.0)	10
Availability of a qualified dedicated customer service unit with dedicated toll free telephone assistance and the extent of service offered. Assignment of a dedicated sales/field representative to assist Human Resources with plan and claims issues. (Attachments A-R)	5
Total	100

Offerors elevated to Level 2 may be asked to respond in writing to issues and questions raised by the County, as well as any other cost and implementation planning considerations in the proposal.

The evaluation committee may hear oral presentations (if desired). Offerors are cautioned, however, that oral presentations are at the sole discretion of the committee and the committee is not obligated to request a demonstration or interview. The oral presentation is an opportunity for the evaluation committee to ask questions and seek clarification of the proposal submitted. The presentation is not meant as an opportunity for the Offeror simply to provide generic background information about the corporation or its experience. Thus, the time will be structured with a minimum time for the Offeror to present and the majority of time dedicated to addressing questions from the evaluation committee. The oral presentations, if held, will be scheduled accordingly and all presenting Offerors will be notified of time and date.

Oral presentations may be given to Commissioners Court should Commissioners Court so desire. Offerors are cautioned, however, that oral presentations are at the sole discretion of Commissioners Court, and Commissioners Court is not obligated to request a presentation. The County reserves the right to bypass any oral presentations.

4.4. Selection Level 3 – Best and Final Offer

Offerors who are susceptible of receiving the award will be elevated to Level 3 for Best and Final Offer. Proposals may be re-evaluated on criteria in previous levels. Based on the information collected in this phase, a single Offeror will be identified as the finalist for contract negotiations. If a contract cannot be reached after a period deemed reasonable by the County, it reserves the right to contact any of the other Offerors that have submitted proposals and enter into negotiations with them.

5.0 SCOPE OF SERVICES AND SPECIAL CONDITIONS

5.1. Overview: Collin County is seeking a vendor to provide group benefit administration/insurance for Collin County’s medical, pharmacy, dental, vision, Consolidated Omnibus Budget Reconciliation Act (COBRA) management, flexible spending accounts (FSA) management, and retiree health benefits as well as stop loss coverage for medical and pharmacy benefits. **(Proposals for medical coverage must also include quotes for all services (medical, pharmacy, dental, vision, COBRA, flexible spending accounts, retiree health, and stop loss services). Pharmacy, dental, vision, COBRA management, flexible spending accounts management, retiree health, and stop loss coverage may be quoted as a standalone policy if**

you do not submit a response for medical coverage.) Interested Offerors are asked to propose on one or more of the following coverages/services according to our current plan specifications.

Medical claim administration, including but not limited to:

- Provider networks
- Third party administrator (TPA) / administrative services only (ASO)
- Patient Protection and Affordable Care Act (PPACA) compliance, and other legally required notifications, provided in English and Spanish (and any other language required under PPACA)
- Case management
- Pre-authorizations
- Affordable pricing ability with out-of-network providers
- Cost control programs including limited provider groups, bundled payments, value-based insurance design, and other options not mentioned or that are new and innovative and will result in cost savings to the plan
- Wellness initiatives
- Customer service
- Reporting
- Subrogation
- Disease management programs
- Health risk assessments
- Actuarial services such as premium equivalent rates and plan design change cost-impact estimates
- Appeal management of medical claims

Pharmacy claim administration, including but not limited to:

- Transparent claim processing and payments
- Cost control programs such as limited networks
- Trend management
- Integrated specialty pharmacy
- Mail order services that can demonstrate value
- Ability to modify the prescription drug list
- Transparent rebates
- Current, prospective, and retrospective drug utilization review
- Appeal management of pharmacy claims

Dental claim administration, including but not limited to:

- Pre-authorizations
- Customer service
- Reporting
- Appeal management of dental claims

Vision claim administration, including but not limited to:

- Customer service
- Reporting

- Appeal management of vision claims

COBRA administration for medical, pharmacy, dental, vision, and retiree plans, including but not limited to:

- Preparation and distribution of all required COBRA notification including initial notices, election notices, late payment notices, and end-of-COBRA notices
- Collection and remittance of premiums
- Customer service
- Reporting
- Appeal management of COBRA claims

Flexible Spending Account (FSA) administration, including but not limited to:

- Health care administration
- Dependent care administration
- Customer service
- Reporting
- Appeal management of FSA claims

Retiree health insurance – pre- and post-Medicare eligible, fully- or self-insured, medical, dental, and vision benefits. If a fully insured product is proposed, prescription coverage must be included. Offerors must include:

- Health Insurance Portability and Accountability Act (HIPAA) and other legally required notifications
- Enrollment
- Collection of premiums
- Claims processing
- Customer service
- Reporting
- Appeal management of retiree health claims

Stop Loss Coverage for medical and pharmacy benefits

- Deductible: \$100,000
- ~~Inurred/Paid: 12/12~~ Paid/12 Stop Loss

5.2. Collin County is requesting Offerors to propose on medical, pharmacy, dental, vision, COBRA administration, FSA administration, retiree health insurance, and stop loss coverage for medical and pharmacy benefits. Dental, Vision, and Retiree health coverage may be fully- or self-insured. All other plans are self-insured. If Collin County elects to remain self-insured for retiree benefits, stop loss coverage must include coverage for retiree medical and pharmacy claims. Offerors may submit proposals for any or all services listed. However, when proposing on medical services, Offerors shall also propose on all services covered under this RFP with the understanding that Collin County may accept all or a portion of the services on which you propose. Collin County desires to collaborate with vendors who demonstrate a commitment to helping Collin County meet our objectives. This RFP provides for a contract(s) commencing on January 1, 2025.

- 5.3. Collin County expects pricing will be same or similar to pricing of comparable entities.
- 5.4. UnitedHealthcare is the current administrator for the medical, dental, vision, COBRA, FSA plans, retiree health insurance, and stop loss coverage for medical and pharmacy. Optum Rx, a partner with UnitedHealthcare, is the current prescription drug provider. The plan year for all of these benefits is January 1st through December 31st.
- 5.5. Active full-time and part-time employees, including some elected officials, of Collin County are eligible to participate in the medical, pharmacy, dental, vision, COBRA, flexible spending, and retiree health insurance. State, temporary, intern, contract employees, and volunteers are not eligible to participate unless required by state or federal legislation. Please see Section 7.0 Plan Design Information for additional information regarding each plan.
- 5.6. The following documents are attached for the Offerors review:

- Exhibit 1 – 2024 Advantage Benefit Summary – Use for SPD
- Exhibit 2 – 2024 Advantage Plus Benefit Summary – Use for SPD
- Exhibit 3 - 2024 Dental Benefit Summary
- Exhibit 4 – 2024 Vision Advantage Benefit Summary
- Exhibit 5 – 2024 Vision Advantage Plus Benefit Summary
- Exhibit 6 – 2024 Pharmacy Plan Summary
- Exhibit 7– 2024 Employee, Retiree, and COBRA Monthly Premium Rates
- Exhibit 8 – 2024 Collin County Administration Fees
- Exhibit 9 – 2024 Prescription Drug List as of 01.01.2024
- Exhibit 10 – Provider Utilization Report for Disruption – Professional Services & Inpatient Outpatient Services
- Exhibit 11 – Provider Utilization Report for Disruption – Vision
- Exhibit 12 – Provider Utilization Report for Disruption – Dental
- Exhibit 13 – Provider Utilization Report for Disruption – Pharmacy
- Exhibit 14 – Collin County 2023 Large Loss Claims with Diagnosis
- Exhibit 15 – Collin County 2022 Large Loss Claims with Diagnosis
- Exhibit 16 – Collin County 2021 Large Loss Claims with Diagnosis
- Exhibit 17 – Collin County 2020 Large Loss Claims with Diagnosis
- Exhibit 18 – Active Employee Medical Census as of 01/01/2024
- Exhibit 19 – Active Employee Dental Census as of 01/01/2024
- Exhibit 20 – COBRA and Retiree Medical Census as of 01/01/2024
- Exhibit 21 – COBRA and Retiree Dental Census as of 01/01/2024
- Exhibit 22 – Medical, Pharmacy, Dental Payment Report (36 months)
- Exhibit 23 – Medical Claim Repricing Report
- Exhibit 24 – Pharmacy Claim Repricing Report
- Exhibit 25 – Claim Lag Study by Month
- Exhibit 26 – Dental Dashboard Data
- Exhibit 27 – Stop Loss Report

- 5.7. Authorization: By order of the Commissioners Court of Collin County, Texas, sealed proposals will be received for RFP No. 2024-263 Group Benefit Insurance, Medical, Pharmacy, Vision, Dental, COBRA,

Flexible Spending Account (FSA), Retiree Health Administration, and Stop Loss Coverage for Medical and Pharmacy Benefits.

5.8. Intent of Request for Proposal: Collin County’s intent of this Request for Proposal (RFP) and resulting contract is to provide Offerors with sufficient information to prepare an RFP response for Group Benefit Insurance, Medical, Pharmacy, Vision, Dental, COBRA, Flexible Spending Account (FSA), and Retiree Health. Collin County reserves the right to award all or a portion of the RFP. No vendor has exclusive rights on this account; competitive proposals will be accepted from all responsible Offerors.

5.9. Schedule of Events:

RFP released:	April 2, 2024
Deadline for submission of questions:	April 25, 2024
Proposals due:	May 30, 2024 at 2:00 p.m.
Vendor(s) selected contract approved:	July 29, 2024 estimated
Effective date of contract:	January 1, 2025

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

5.10. Term: The County wishes to enter into contract(s) for five (5) years with the option of annual renewals for three (3) years. The County requests a minimum rate guarantee for five (5) years. Offerors providing definable minimum limits on future renewals may receive preference. Outline any fee guarantees on Attachment S – Pricing Information.

Clearly indicate the method of calculating any increases 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 120 days before renewal.

As a governmental entity, Collin County adheres to a Request for Proposal (RFP) process and approval of Commissioners Court. Therefore, changes and terminations to contracts require advance notice. If the Offeror does not intend to continue the contract beyond the contract term, the Offeror shall provide at least a 120-day notice of non-renewal.

5.11. 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.

5.12. 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.

5.13. 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. Collin County will consider proposals from all responsible Offerors.

- 5.14. 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.
- 5.15. County Assertion of Estimates: Any information herein is provided as an estimate of volume based on history. This data is provided for the general information of Offerors and is not guaranteed to be relied upon for future volumes.
- 5.16. Samples/Demos: When requested, samples/demos shall be furnished at no expense to Collin County.
- 5.17. Approximate Value: The estimated value of this contract is outlined as followed based on 2024 administration fees. Approximate value does not constitute an order.
- 5.17.1. Medical and Pharmacy – \$654,999
 - 5.17.2. Dental – \$69,916
 - 5.17.3. Vision – \$8,855
 - 5.17.4. Consolidated Omnibus Budget Reconciliation Act (COBRA) – \$9,765
 - 5.17.5. Flexible spending accounts (FSA) – \$8,239
 - 5.17.6. Retiree health benefits – \$0
 - 5.17.7. Stop loss coverage – \$6,080,041
- 5.18. Offeror Communication: Offerors are prohibited from communicating directly with any employee of Collin County, except as described herein. Collin County will not be responsible for verbal information given by any Collin County employee. The issuance of an addendum is the only official method whereby interpretation, clarification or additional information will be communicated and authorized.
- 5.19. Confidentiality: All completed and submitted proposals become the property of Collin County. Collin County may use the proposal for any purpose it deems appropriate. Prior to Collin County approval, the proposal material is considered as “draft” and is not subject to the Texas “Public Information Act”, Texas Government Code Chapter 552. After approval by Collin County, the proposal material becomes part of the contract between the vendor and Collin County. Upon signing of a contract, proposals and contracts are subject to the State of Texas “Public Information Act”. If any information is to be considered proprietary, the Offeror must place it in a separate envelope and mark it “Proprietary Information”. State of Texas Attorney General retains the final authority as to the extent of material that is considered proprietary or confidential.
- 5.20. Binding Effect: This resulting agreement shall be interpreted and enforced under the laws and jurisdiction of the State of Texas. Collin County’s RFP, the Offeror’s proposal in response to the RFP and any additional negotiated conditions reduced to writing will become part of the final contract between the successful Offeror and Collin County. This agreement then constitutes the entire understanding between the parties and is not subject to amendment unless agreed upon in writing by both parties hereto. By mutual agreement, the parties may, from time to time, promulgate scope of service documents to define

the scope of services. Such scope of service documents will be incorporated into the contract agreement. Offeror acknowledges and agrees that it will perform its obligations hereunder in compliance with all applicable state, local or federal law, rules, regulations, and orders.

6.0 SUBMISSION REQUIREMENTS

- 6.1. Point of Contact: Information regarding the purchasing process and the contents of this RFP may be obtained from the Collin County Purchasing Department, Attn: Cory Rogers, Senior Buyer.
- 6.2. Proposal Documents: To be considered, proposals must be received by 2:00 pm on the Proposal Due day as outlined in Section 5.9 Schedule of Events. To achieve a uniform review process and to obtain a maximum degree of comparability, at a minimum include a Table of Contents detailing sections and corresponding page numbers. Collin County prefers that proposals be submitted online via <http://collincountytx.ionwave.net>.

Proposals submitted via email, CD-ROM, or Flash Drive will not be accepted.

Collin County strongly encourages a submission on <http://collincountytx.ionwave.net>. Additionally, four (4) paper proposals shall be submitted. These shall include a Table of Contents detailing sections and corresponding page numbers. They shall be printed on letter-size (8-1/2"x 11") paper and assembled in three-ring binders. Responses should have clearly labeled tabs to assist in Collin County's review. The paper proposals shall be submitted in a sealed envelope or box with RFP name, number, and name of company printed on the outside of the envelope or box. Manual submittals shall be sent/delivered to the following address and shall be received prior to the date/time for opening:

Collin County Purchasing Department
Attn: Cory Rogers, Senior Buyer
Collin County Administration Building
2300 Bloomdale, Suite 3160
McKinney, TX 75071

Proposals should not include font smaller than 12 point. This includes any asterisks or notes. If font is smaller than 12 point, it may not be considered as part of the proposal. Only include information in one section. If information is discussed in one section it should not be included in a later portion of the proposal.

It shall be the responsibility of the vendor to insure that their proposal reaches Collin County Purchasing prior to the date/time for the opening no matter which submission method is used.

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

SEALED PROPOSAL
GROUP BENEFIT INSURANCE, MEDICAL, PHARMACY, VISION, DENTAL, COBRA,
FLEXIBLE SPENDING ACCOUNT (FSA), RETIREE HEALTH ADMINISTRATION, AND STOP
LOSS COVERAGE FOR MEDICAL AND PHARMACY BENEFITS
RFP NO. 2024-263

6.2.1. Title Page: Title page shall show the RFP subject; the Offeror's name; the name, address, and telephone number of a contact person; the date of the proposal; and a list of all benefits that your organization is proposing.

6.2.2. Transmittal Letter: Offeror shall include a signed letter briefly addressing:

- the Offeror's understanding of the insurance program being requested,
- the commitment to provide the coverage and services required,
- the length of time the organization has provided the proposed insurance program(s) as well as the number of accounts serviced annually for each services for which you are submitting a proposal. Information should be broken down into the following categories: accounts less than 1,000 lives, 1,000 – 5,000 lives, and more than 5,000 lives, and
- a statement explaining why the Offeror believes itself to be best qualified to provide the coverage and service detailed within this RFP.

6.2.3. Detailed Proposal: The detailed proposal must address the ability to provide services for each requirement as set forth in the RFP. The County is looking for the same coverage as its current plans as outlined in Section 7.0 so the quote provided must be based on the current plan. Answer all questions fully, clearly, and concisely giving complete information. Offeror may not modify the order or language of the question. **You must submit your response in the order that is provided in the RFP. Proposals should not include font smaller than 12 point. This includes any asterisks or notes. If font is smaller than 12 point, it may not be considered as part of the proposal. Only include information in one section. If information is discussed in one section, it should not be included in a later portion of the proposal.**

Service	Required Attachments
Medical (if submitting a proposal on medical, Offeror must also submit a proposal on all services covered under this RFP)	Attachment A – RFP Questionnaire Part 1 Attachment B – RFP Questionnaire Part 2 Attachment C – Medical Questionnaire Part 1 Attachment D – Medical Questionnaire Part 2 Attachment E – Pharmacy Questionnaire Part 1 Attachment F – Pharmacy Questionnaire Part 2 Attachment G – Dental Questionnaire Part 1 Attachment H – Dental Questionnaire Part 2 Attachment I – Vision Questionnaire Part 1 Attachment J – Vision Questionnaire Part 2 Attachment K – COBRA Questionnaire Part 1 Attachment L – COBRA Questionnaire Part 2 Attachment M – FSA Questionnaire Part 1 Attachment N – FSA Questionnaire Part 2 Attachment O – Retiree Medical Questionnaire Part 1 Attachment P – Retiree Medical Questionnaire Part 2 Attachment Q – Stop Loss Questionnaire Part 1 Attachment R – Stop Loss Questionnaire Part 2 Attachment S – Pricing Information
Pharmacy	Attachment A – RFP Questionnaire Part 1 Attachment B – RFP Questionnaire Part 2 Attachment E – Pharmacy Questionnaire Part 1 Attachment F – Pharmacy Questionnaire Part 2

Service	Required Attachments
	Attachment S – Pricing Information
Dental	Attachment A – RFP Questionnaire Part 1 Attachment B – RFP Questionnaire Part 2 Attachment G – Dental Questionnaire Part 1 Attachment H – Dental Questionnaire Part 2 Attachment S – Pricing Information
Vision	Attachment A – RFP Questionnaire Part 1 Attachment B – RFP Questionnaire Part 2 Attachment I – Vision Questionnaire Part 1 Attachment J – Vision Questionnaire Part 2 Attachment S – Pricing Information
COBRA	Attachment A – RFP Questionnaire Part 1 Attachment B – RFP Questionnaire Part 2 Attachment K – COBRA Questionnaire Part 1 Attachment L – COBRA Questionnaire Part 2 Attachment S – Pricing Information
Flexible Spending Accounts	Attachment A – RFP Questionnaire Part 1 Attachment B – RFP Questionnaire Part 2 Attachment M – FSA Questionnaire Part 1 Attachment N – FSA Questionnaire Part 2 Attachment S – Pricing Information
Retiree Medical	Attachment A – RFP Questionnaire Part 1 Attachment B – RFP Questionnaire Part 2 Attachment O – Retiree Medical Questionnaire Part 1 Attachment P – Retiree Medical Questionnaire Part 2 Attachment S – Pricing Information
Stop Loss	Attachment A – RFP Questionnaire Part 1 Attachment B – RFP Questionnaire Part 2 Attachment Q – Stop Loss Questionnaire Part 1 Attachment R – Stop Loss Questionnaire Part 2 Attachment S – Pricing Information

6.2.4. Required Documents: The following documentation shall be submitted with the proposal. Please note that this section may not list all of the documentation that is required by the RFP. The Offeror is cautioned to read the entire RFP to determine all requirements. **Font smaller than 12 point may not be considered as part of the proposal. Only include information in one section. If information is discussed in one section, it should not be included in a later portion of the proposal. COLLIN COUNTY RESERVES THE RIGHT TO REJECT A PROPOSAL THAT DOES NOT CONTAIN ALL INFORMATION REQUIRED BY THIS RFP.**

6.2.4.1 To be provided by all respondents:

- a. A sample policy that would be issued to Collin County if their proposal were selected. Please ensure that the provided policy fully describes any and all limitations and exclusions that may result in non-payment of benefits.

- b. Please clearly notate any changes that will need to be made on the sample policy. If there is a discrepancy between the responses on this RFP and the policy, the RFP responses will be the accepted responses and control over any policy language.
- c. Please submit a copy of your administrative services agreement.

6.2.4.2 To be provided by all respondents:

- a. Copies of your last two audited financials including balance sheets and income statements.
- b. Plans for merger/divestiture or a major capital investment or divestment or major claims administration conversion during the next 12 months.
- c. A copy of the Offeror's errors and omissions coverage.
- d. A copy of the Offeror's cyber coverage.

6.2.4.3 To be provided by all respondents:

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 how long the staff member has been employed by the Offeror, 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, how many years of experience they have managing public sector accounts, and the percentage of time that will be allocated to Collin County.

6.2.4.4 To be provided by all respondents:

- a. A copy of your business agreement and any documentation or agreements relating to HIPAA that would pertain to Collin County. A sample of your executive summary report. List the frequency it will be provided (monthly, quarterly).
- b. A list and samples of standardized reports and the frequency that they are distributed.
- c. Information describing in detail qualifications, experience, capabilities, and services that distinguish you from your competitors. 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.

6.2.4.5 To be provided by medical respondents. (Use Exhibit 10 – Provider Utilization Report for Disruption – Professional Services & Inpatient/Outpatient Services for the following items.)

- a. Geo-Access Reports (Please also complete the summary of these reports in the chart in Attachment D – 6.10.)
 - i. Two primary care providers within 10 miles of employees by percent and by number
 - ii. Two specialists within 15 miles of employees by percent and by number
 - iii. One network hospital in 15 miles of employees by percent and by number
 - iv. One acute care hospital within 20 miles of employees by percent and by number
- b. Medical Disruption Reports (Please also complete the summary of these reports in the chart in Attachment D – 6.13.)
 - i. Provider Disruption Report by Spend
 - ii. Provider Disruption Report by Utilization
 - iii. Inpatient Facility Disruption Report by Spend
 - iv. Inpatient Facility Disruption Report by Utilization
 - v. Outpatient Facility Disruption Report by Spend
 - vi. Outpatient Facility Disruption Report by Utilization

- c. Reprocessed Medical Claim Report (Please also complete the summary of these reports in the chart in Attachment D – 6.14.)
 - i. Inpatient Facility
 - ii. Outpatient Facility
 - iii. Medical
- d. An electronic, searchable list of providers by type of practice (primary care, ENT, oncology, etc.)

6.2.4.6 To be provided by pharmacy respondents:

- a. Geo-Access Report (Please also complete the summary of this report in the chart in Attachment F – 1.2 and 1.3 if applicable.)
 - i. Two retail network pharmacies within 10 miles of employees’ zip codes. If a limited network is offered, provide the same information for the limited network.
- b. Pharmacy Disruption Reports (Please also complete the summary of these reports in the chart in Attachment F – 1.4.) Use Exhibit 13 – Provider Utilization Report for Disruption – Pharmacy for the following items.
 - i. Prescription Disruption (claim) Report – Total Prescriptions
 - ii. Prescription Disruption (claim) Report by Spend
 - iii. Pharmacy (store) Disruption Report by Prescription Volume
 - iv. Pharmacy (store) Disruption Report by Spend
- c. Pharmacy Repricing Report (Please also complete the summary of these reports in the chart in Attachment F – 5.10 and 5.11.)
- d. A sample of your prescription mail order forms and prescription cards if applicable.
- e. Copies of your pharmacy credentialing guidelines.
- f. An Excel electronic, searchable copy of your formulary including the tier each drug will be categorized.
- g. A copy of your disaster recovery plans that would be used in the event of a mail order facility closure or shortage.

6.2.4.7 To be provided by dental respondents:

- a. An electronic, searchable list of providers and address/location

6.2.4.8 To be provided by vision respondents:

- a. Geo-Access Report (Please also complete the summary of these reports in the chart in Attachment J – 4.7.) (Use Exhibit 11 – Provider Utilization Report for Disruption – Vision).
- b. An electronic, searchable list of providers and address/location

6.2.4.9 To be provided by all respondents:

- a. Executive Summary: Please include with your proposal a management summary that outlines the competitive advantages of your proposal. Summarize the key points of the proposal for non-technical, executive review. Please detail any differences between Collin County’s current program and the program you offer. If no differences are noted in the executive summary, your program will be deemed consistent with Collin County’s current program.
- b. Offeror References: References in each category should be unique clients. The Offeror shall furnish the following reference information:

- i. The name and address of the organization, as well as the name, position, email, and telephone number of the contact in the referred organization, for the last five clients, with at least 1,000 lives, who have terminated coverage with your organization in the last six months. If there have been less than five terminations in the last six months, please provide information on the last five terminated clients.
- ii. The name and address of the organization, as well as the name, position, email, and telephone number of the contact in the referred organization, for five new clients, with at least 1,000 lives, who have added coverage with your organization between July 2023, and January 2024. If there have been less than five new clients in this period, please provide information on the last five new clients who added coverage.
- iii. The name and address of the organization, as well as the name, position, email, and telephone number of the contact in the referred organization, for the three public sector clients similar to Collin County (using employee size as the primary criteria) who have had coverage for at least one year.

Collin County may contact or visit any listed representative to evaluate the services proposed. The County reserves the right to contact references other than those listed, and to consider any information acquired from all references during the evaluation process.

6.2.4.10 Additional Information: 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 the best overall package is for Collin County.

6.3 Proposal Guidelines: Under no circumstances should any employee of Collin County or any public official other than those indicated in this RFP, be contacted regarding the RFP 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.

6.3.1 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 receiving or paying to a third party.

6.3.2 Each Offeror may only submit one proposal. Collin County will not accept multiple proposals from an Offeror (i.e. ABC Company and DEF Company cannot both submit a Blue Cross Blue Shield proposal).

6.3.2.1 A broker or consultant may provide multiple proposals from different insurance companies. However, each insurance company's proposal must be provided in its own paper or digital format separate from any other proposals that the broker or consultant may provide and must include the references and all required data for each insurance company. Each proposal must be fully responsive. If more than one proposal for an administrator/insurance company is received, the proposal submitted directly by the administrator/insurance company shall be given preference. If more than one response is received for the same insurance company from different brokers, the first complete response received that meets responding requirements will be given preference.

6.3.3 The Offeror shall state any and all costs outside of the monthly administration fees such as one-time startup costs in Attachment S – Pricing Information. Services which are add-on and which have an additional fee must be clearly notated in Attachment S – Pricing Information. The County does not want any bundled charges to be listed. The Offeror’s response should break down all charges by line item including commissions or fees. If a discount is being offered for selecting multiple services, it should be listed as a discount on a separate line.

7.0 PLAN DESIGN INFORMATION

7.1. 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. See exhibits for more specific plan information.

- 7.1.1. Collin County desires that the plan, the employees, and covered dependents are not adversely affected by a change in vendors, and that there is no gain or loss in coverage. Therefore, plans must continue to provide coverage to:
- a. employees at work on a full-time basis, either at the employer’s place of business or any other location the employer may require them to work,
 - b. employees in a paid status such as Personal Time Off , Compensatory Time Off , Catastrophic Time Off, jury duty, administrative leave, or compensatory time,
 - c. employed individuals on approved unpaid absences of one year or less,
 - d. law enforcement officials not on active duty but who remained employed as provided under Article 3, Section 52(e) of the Texas Constitution,
 - e. employees who are on Family and Medical Leave,
 - f. employees on military leave,
 - g. an employee who did not continue coverage while on military leave but has since returned to work,
 - h. employees who have exhausted their Family and Medical Leave entitlement but are still receiving compensation from Collin County,
 - i. an employee who is on leave through Workers’ Compensation,
 - j. an employee who is on an approved leave of absence which may be paid or unpaid of six months or less,
 - k. individuals required to be covered under the Consolidated Omnibus Budget Reconciliation Act or other state or federal laws,
 - l. retirees, and

7.1.2. Collin County does not allow a lawful spouse who is also an employee to be covered on another employee’s medical or dental insurance.

7.1.3. Coverage for an eligible dependent child may continue beyond age 26 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.

- 7.1.4. Employees must enroll in the Advantage Plus or Advantage medical plan and/or dental plans in order to enroll their eligible dependents. Covered eligible dependents must be enrolled in the same plan as the employee.
- 7.1.5. Employees may make medical elections independent of dental elections and may change plans, drop, or enroll in coverage every year during open enrollment or if they experience a qualifying life event.
- 7.1.6. 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.
- 7.1.7. Full-time employees contribute to the cost of their medical, dental, and vision coverage. Part-time employees are responsible for the entire cost of their medical, dental, and vision coverage.

7.2. Medical Plan Design Information

7.2.1. There are 1,527 member participants, composed of employees (1,524), retirees (2), and COBRA participants (1) enrolled in the medical insurance as of 01/01/2024. Coverage is broken down into the following categories:

- employee only: active (601), retirees (1), COBRA (1)
- employee and child(ren): active (256), retirees (0), COBRA (0)
- employee and spouse: active (193), retirees (1), COBRA (0)
- employee and family: active (474), retirees (0), COBRA (0)

7.2.2. Collin County currently offers two self-insured medical plans with the following plan features:

1. Both plans currently utilize the UnitedHealthcare Choice Plus Network for hospitals and physicians. Collin County desires to continue to offer active and retired employees a PPO network. (Although, we are willing to consider a fully insured retiree plan.) Of high importance are low contracted rates, extensive provider coverage with full network, and the flexibility to offer a limited network with significant projected savings.
2. Family practitioners, internist, OB/GYNs, and pediatricians are considered primary care physicians.
3. Out-of-network coverage is not provided under either medical plan except in specific circumstances such as for emergency health care, Lasik, outpatient mental health treatment, and vision care under the Advantage Plus plan.
4. Neither plan is grandfathered with regards to Patient Protection and Affordable Care Act (PPACA). Therefore, there are no plan lifetime limits. (There are specific benefit lifetime limits for some benefits such as infertility treatment. Additionally, there are limits for the number of visits for some specific benefits).
5. Preventive services are covered at 100%.
6. The state chosen for essential health benefit purposes is Utah.
7. Participation in clinical trials are covered to the extent required by the law.

8. Co-pays, pharmacy, co-insurance, and deductibles apply to the annual out-of-pocket maximum.
9. The plans do not provide secondary coverage for dependent children and spouses who have primary coverage under another plan.
10. Collin County's current plan includes various cost control methods such as the following:
 - A narrow network for pharmacy,
 - Co-insurance with maximums for pharmacy coverage,
 - Personal Health Support with Disease Management program (as of 06/01/2018), in which a team of a medical director and registered nurses work directly with potential high-risk individuals to proactively assist in navigating treatment options, understanding information provided by their health provider, and closing gaps in care,
 - A Cancer Support Program (as of 01/01/2019) in which registered nurses work directly with insured individuals diagnosed with cancer to proactively assist in navigating treatment options, and helping the person find a network provider from a Center of Excellence,
 - An on-site Health Engagement Nurse who uses confidential medical information/claims data to identify and work with members who have, or will have, large claim costs or diseases that may be prevented or reduced through disease management programs or by improving employee engagement in health and wellness programs. We are willing to review other programs that go outside of a health engagement nurse that may meet our goals of improving employee's health.
 - A Maternity Support Program in which registered nurses work directly with potential high-risk pregnant individuals to proactively assist in navigating treatment options and understanding information provided by their health provider,
 - Centers of Excellence for Cancer and Spine and Joint to provide quality treatment for complex medical conditions, and which may generate cost savings to the plan, and
 - Wellness premium discounts and/or lump sum payments to participants that complete specified wellness requirement.

7.3. Vision Plan Design Information

- 7.3.1. Currently, the medical insurance carrier provides vision benefits. They are being offered separately in this Request for Proposal, but proposals for medical must include vision.
- 7.3.2. Under the current plan, the Advantage Plus plan contains a vision care rider that is not limited to a specific network of providers and is a reimbursement process. The Advantage plan utilizes the UnitedHealthcare vision plan administered by Spectera.
- 7.3.3. There are currently 601 participants (601 active, 0 retiree, 0 COBRA) who have Advantage plan coverage and 926 participants (923 active, 2 retirees, 1 COBRA) who participate in the Advantage Plus plan reimbursement program.
- 7.3.4. Collin County desires that the vision plan provide at least one option to utilize a provider of their choice.

7.3.5. The County requires the insured to be covered by the medical plan in order to be covered by the vision plan. Each medical plan is tied to a certain vision plan.

7.4. Pharmacy Plan Design Information

7.4.1. A cost effective, quality network of pharmacies in Collin County and the surrounding areas as well as the administration and coordination of the medical, pharmacy, and stop loss plan is of prime concern. Currently, Collin County uses a limited network and a specified specialty pharmacy, Optum RX. With pharmacy costs rising, Collin County seeks transparency and to control escalating costs and high utilization of non-economical pharmacy options.

7.4.2. Listed below is information on the County's current plan design. Proposals must show a comparison to the current plan; however, new plan designs will be considered an option. Please specifically show any pharmacy design changes and cost effectiveness separately from the current design comparison.

7.4.3. Collin County currently offers one prescription drug plan that is built into the medical plan. This plan is used for both Advantage Plus and Advantage medical plans. Employees, retirees, and COBRA participants utilize the prescription drug plan. Out-of-network providers are not covered under the current pharmacy plan.

7.5. Dental Plan Design Information

7.5.1. Collin County currently offers one self-insured dental indemnity plan. There are 1,533 full-time and three part-time employees, 88 retirees, and one COBRA participant enrolled in the dental insurance as of 01/01/2024. Coverage is inclusive of employees, retirees, and COBRA participants and is broken down into the following categories:

- member only: active (610), retirees (71), COBRA (1)
- member and eligible dependents: (926), retirees (17), COBRA (0)

7.5.2. The County does not require that the insured be covered by medical coverage in order to elect dental coverage. The dental election is separate from the medical election.

7.5.3. The employee must elect dental coverage for dependents to be covered under the dental plan.

7.5.4. Collin County desires that the plan provide employees the option of selecting their dentist.

7.5.5. Crown replacement is only covered every five years with no clause for breakage.

7.5.6. There is no required waiting period after enrollment before the insured may receive major dental work.

7.5.7. Reasonable and customary pricing is not used in the coverage of basic yearly cleanings and x-rays.

7.6. COBRA Information

- 7.6.1. There are currently (2) members who have elected COBRA medical coverage of which (1) elected to cover a dependent(s), as well as (1) member enrolled in COBRA dental of which (0) elected to cover a dependent(s).
- 7.6.2. The Offeror must assume administrative responsibilities for current COBRA participants.
- 7.6.3. Collin County will provide the Offeror with an initial list of employees and their dependents as well as employee enrollment and termination information on a minimum of a monthly basis via an electronic file.

7.7. Flexible Spending Account Information

- 7.7.1. Collin County offers employees the opportunity to take advantage of health and dependent care flexible spending accounts (FSA).
- 7.7.2. There are 374 employees enrolled in the health flexible spending account and 19 employees enrolled in the dependent care account.
- 7.7.3. Participation in the flexible spending plans begins the first day of the month following thirty 30 days of eligible service.
- 7.7.4. Collin County allows employees to incur eligible costs through March 15th of the following year for health and dependent care FSAs.
- 7.7.5. Employees are permitted a 90-day extended filing period allowing claims incurred through March 15th of the following year to be submitted through close of business on March 31st of the following year.
- 7.7.6. Collin County sends bi-weekly contribution files to the administrator.
- 7.7.7. Employees do not have to be enrolled in medical or dental to enroll in a flexible spending account.
- 7.7.8. Currently, flexible spending account reimbursements are made by check or an employee may make an electronic election for funds to be direct deposited to the employee's chosen bank account.
- 7.7.9. We do offer flexible spending cards to employees that they may elect to use or not.

7.8. Retiree Health Information

- 7.8.1. Collin County retirees participate in the same plans available to employees.
- 7.8.2. For retirees over the age of 65, the plans are secondary to Medicare. Premiums are not reduced when the retiree becomes Medicare-eligible.
- 7.8.3. Retirees are only eligible to enroll, themselves and covered dependents, upon their retirement from the County and only if they are enrolled in the medical and/or dental plan the day prior to their retirement.

7.8.4. If retirees do not elect retiree coverage when they first become eligible, they do not have the option of enrolling later.

7.8.5. Retirees are not allowed to add dependents to the plan subsequently.

7.8.6. Once a retiree drops coverage for themselves or a dependent, they may not add it again later.

7.8.7. There are two retiree premium groups.

- Premium rates for group 1 (retired on or before May 2010) are determined by the County budgeted rates.
- Premium rates for group 2 (retired on or after June 2010) are the actuarial determined rates for the retiree group.

1. The number of retirees is:

- Medicare Eligible: 1
- Not Medicare Eligible: 1
- Of the two members who have elected retiree insurance, one covers a spouse. The member and spouse are in the retiree on or before May 2010 plan while the other is on the plan retired after June 2010.

7.8.8. Collin County will entertain proposals for self- or fully-insured retiree health insurance plans for pre- and post-Medicare eligible retirees. Proposals need not offer the same benefits available to employees but must be a viable cost effective option to Collin County's retiree population.

7.9. Stop Loss Information

7.9.1. Our current stop loss coverage is a \$100,000 paid in 12 with terminal liability coverage beginning January 1st and ending December 31st. There is no aggregate coverage and no lasering.

8.0 EXCEPTIONS

8.1. Instructions for completing section:

The offer shall complete the exception table for any exception from requirements identified in this RFP. Please complete the following worksheet listing any and all exceptions from the information requested in the Request for Proposal. Attach additional pages as needed. If the offer does not list any exceptions in Section 8.0, it is understood that the Offeror has agreed to all RFP requirements. The response will be considered as confirmed even if it is listed elsewhere as an exception.

All responses should be in at least 12-point font. This includes in asterisks or notes. If you include font smaller than 12 point, that portion of your response may not be considered as part of your proposal.

8.1.1. Attachment A – RFP Questionnaire Part 1 (All Respondents)

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

8.1.2. Attachment B – RFP Questionnaire Part 2 (All Respondents)

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

8.1.3. Attachment C – Medical Questionnaire Part 1

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

8.1.4. Attachment D – Medical Questionnaire Part 2

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

8.1.5. Attachment E – Pharmacy Questionnaire Part 1

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

8.1.6. Attachment F – Pharmacy Questionnaire Part 2

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

8.1.7. Attachment G – Dental Questionnaire Part 1

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

8.1.8. Attachment H – Dental Questionnaire Part 2

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

8.1.9. Attachment I – Vision Questionnaire Part 1

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

8.1.10. Attachment J – Vision Questionnaire Part 2

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

8.1.11. Attachment K – COBRA Questionnaire Part 1

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

8.1.12. Attachment L – COBRA Questionnaire Part 2

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

8.1.13. Attachment M – FSA Questionnaire Part 1

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

8.1.14. Attachment N – FSA Questionnaire Part 2

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

8.1.15. Attachment O – Retiree Health Questionnaire Part 1

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

8.1.16. Attachment P – Retiree Health Questionnaire Part 2

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

8.1.17. Attachment Q – Stop Loss Questionnaire Part 1

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

8.1.18. Attachment R – Stop Loss Questionnaire Part 2

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

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

AS NOTED PREVIOUSLY, ANY INFORMATION STATED IN UNDER 12 POINT FONT MAY NOT BE INCLUDED AS PART OF AN OFFEROR’S SUBMISSION.



Collin County Purchasing

2024-263 Addendum 1

Group Benefit/Insurance for Medical, Pharmacy, Dental, Vision, COBRA, FSA, Retiree, and Stop Loss

Issue Date: 4/2/2024

Questions Deadline: 4/25/2024 12:00 AM (CT)

Response Deadline: 5/30/2024 02:00 PM (CT)

Collin County Purchasing

Contact Information

Contact: Cory Rogers Senior Buyer

Address: Purchasing

Admin. Building

Ste. 3160

2300 Bloomdale Rd.

Ste. 3160

McKinney, TX 75071

Phone: (972) 548-4113

Fax: (972) 548-4694

Email: curogers@co.collin.tx.us

Event Information

Number: 2024-263 Addendum 1
Title: Group Benefit/Insurance for Medical, Pharmacy, Dental, Vision, COBRA, FSA, Retiree, and Stop Loss
Type: Request for Proposal - HT/INS
Issue Date: 4/2/2024
Question Deadline: 4/25/2024 12:00 AM (CT)
Response Deadline: 5/30/2024 02:00 PM (CT)

Ship To Information

Address: Human Resources
Admin. Building
Ste. 4117
2300 Bloomdale Rd.
Ste. 4117
McKinney, TX 75071

Billing Information

Address: Auditor
Admin. Building
Ste. 3100
2300 Bloomdale Rd.
Ste. 3100
McKinney, TX 75071

Bid Attachments

LEGAL NOTICE.pdf

LEGAL NOTICE

[Download](#)

General_Instructions_Proposals_07.18.2022.docx

1.0 General Instructions RFP

[View Online](#)

Terms_of_Contract_Proposals_-_2.10.21.docx

2.0 Terms of Contract - Proposals

[View Online](#)

Insurance_updated-3-13-24.doc

3.0 Insurance

[View Online](#)

Addendum_1_-2024-263 (002).pdf

Addendum_1

[View Online](#)

4.0_-6.0_Specifications_and_Conditions ADDENDUM 1 (002).pdf

4.0_-6.0_Specifications_and_Conditions ADDENDUM 1

[View Online](#)

Attachment A_RFP Questionnaire Part 1.xlsx

Attachment A_RFP Questionnaire Part 1

[View Online](#)

Attachment B_RFP Questionnaire Part 2.docx

Attachment B_RFP Questionnaire Part 2

[View Online](#)

Attachment C_Medical Questionnaire Part 1.xlsx

Attachment C_Medical Questionnaire Part 1

[View Online](#)

Attachment D_Medical Questionnaire Part 2 .docx

Attachment D_Medical Questionnaire Part 2

[View Online](#)

Attachment E_Pharmacy Questionnaire Part 1.xlsx

Attachment E_Pharmacy Questionnaire Part 1

[View Online](#)

Attachment F_Pharmacy Questionnaire Part 2.docx	View Online
Attachment F_Pharmacy Questionnaire Part 2	
Attachment G_ Dental Questionnaire Part 1.xlsx	View Online
Attachment G_ Dental Questionnaire Part 1	
Attachment H_ Dental Questionnaire Part 2.docx	View Online
Attachment H_ Dental Questionnaire Part 2	
Attachment I_Vision Questionnaire Part 1.xlsx	View Online
Attachment I_Vision Questionnaire Part 1	
Attachment J_Vision Questionnaire Part 2.docx	View Online
Attachment J_Vision Questionnaire Part 2	
Attachment K_ COBRA Questionnaire Part 1.xlsx	View Online
Attachment K_ COBRA Questionnaire Part 1	
Attachment L_ COBRA Questionnaire Part 2.docx	View Online
Attachment L_ COBRA Questionnaire Part 2	
Attachment M_FSA Questionnaire Part 1.xlsx	View Online
Attachment M_FSA Questionnaire Part 1	
Attachment N_FSA Questionnaire Part 2.docx	View Online
Attachment N_FSA Questionnaire Part 2	
Attachment O_Retiree Medical Questionnaire Part 1.xlsx	View Online
Attachment O_Retiree Medical Questionnaire Part 1	
Attachment P_Retiree Medical Questionnaire Part 2.docx	View Online
Attachment P_Retiree Medical Questionnaire Part 2	
Attachment Q_ Stop Loss Questionnaire Part 1.xlsx	View Online
Attachment Q_ Stop Loss Questionnaire Part 1	
Attachment R_ Stop Loss Questionnaire Part 2.docx	View Online
Attachment R_ Stop Loss Questionnaire Part 2	
Attachment S_Pricing Informationv2.docx	View Online
Attachment S_Pricing Information	
Exhibit 1 - 2024 Advantage Benefit Summary.pdf	View Online
Exhibit 1 - 2024 Advantage Benefit Summary	
Exhibit 2 - 2024 Advantage Plus Benefit Summary.pdf	View Online
Exhibit 2 - 2024 Advantage Plus Benefit Summary	
Exhibit 3 - 2024 Dental Benefit Summary.pdf	View Online
Exhibit 3 - 2024 Dental Benefit Summary	
Exhibit 4 - 2024 Advantage Vision Benefit Summary.pdf	View Online
Exhibit 4 - 2024 Vision Advantage Benefit Summary	
Exhibit 5 - 2024 Advantage Plus Vision Plan Summary.pdf	View Online
Exhibit 5 - 2024 Vision Advantage Plus Benefit Summary	
Exhibit 6- 2024 Pharmacy Plan Summary.pdf	View Online
Exhibit 6- 2024 Pharmacy Plan Summary	
Exhibit 7- 2024 Employee, Retiree, and COBRA Monthly Premium Rates.pdf	View Online
Exhibit 7- 2024 Employee, Retiree, and COBRA Monthly Premium Rates	

Exhibit 8 - 2024 Collin County Administration Fees.pdf	View Online
Exhibit 8 - 2024 Collin County Administration Fees	
Exhibit 9 - 2024 Prescription Drug List as of 01.01.2024.pdf	View Online
Exhibit 9 - 2024 Prescription Drug List as of 01.01.2024	
Exhibit 10 - Provider Util Rpt- Disruption Prof Services & In- Outpatient Serv.xlsx	View Online
Exhibit 10 - Provider Utilization Report for Disruption-Professional Services & Inpatient Outpatient Services	
Exhibit 11 - Provider Utilization Report for Disruption Vision.xlsx	View Online
Exhibit 11 - Provider Utilization Report for Disruption Vision	
Exhibit 12 - Provider Utilization Report for Disruption Dental.xlsx	View Online
Exhibit 12 - Provider Utilization Report for Disruption Dental	
Exhibit 13 - Provider Utilization Report for disruption Pharmacy.xlsx	View Online
Exhibit 13 - Provider Utilization Report for disruption Pharmacy	
Exhibit 14 - Collin County 2023 Large Loss Claims with Diagnosis.xlsx	View Online
Exhibit 14 - Collin County 2023 Large Loss Claims with Diagnosis	
Exhibit 15 - Collin County 2022 Large Loss Claims with Diagnosis3-22-24.xlsx	View Online
Exhibit 15 - Collin County 2022 Large Loss Claims with Diagnosis	
Exhibit 16 - Collin County 2021 Large Loss Claims with Diagnosis.xlsx	View Online
Exhibit 16 - Collin County 2021 Large Loss Claims with Diagnosis	
Exhibit 17 - Collin County 2020 Large Loss Claims with Diagnosis.xlsx	View Online
Exhibit 17 - Collin County 2020 Large Loss Claims with Diagnosis	
Exhibit 18 - Active Employee Medical Census as of 01.01.2024.xlsx	View Online
Exhibit 18 - Active Employee Medical Census as of 01.01.2024	
Exhibit 19 - Active Employee Dental Census as of 01.01.2024.xlsx	View Online
Exhibit 19 - Active Employee Dental Census as of 01.01.2024	
Exhibit 20 - COBRA and Retiree Medical Census as of 1.1.2024.xlsx	View Online
Exhibit 20 - COBRA and Retiree Medical Census as of 1.1.2024	
Exhibit 21 - COBRA and Retiree Dental Census as of 1.1.2024.xlsx	View Online
Exhibit 21 - COBRA and Retiree Dental Census as of 1.1.2024	
Exhibit 22 - Medical, Pharmacy, Dental Payment Report (36 months).xlsx	View Online
Exhibit 22 - Medical, Pharmacy, Dental Payment Report (36 months)	
Exhibit 23 - Medical Claim Repricing Report.xlsx	View Online
Exhibit 23 - Medical Claim Repricing Report	
Exhibit 24 - Pharmacy Claim Repricing Report.xlsx	View Online
Exhibit 24 - Pharmacy Claim Repricing Report	
Exhibit 25 - Claim Lag Study by Month.xlsx	View Online
Exhibit 25 - Claim Lag Study by Month	
Exhibit 26 - Dental Dashboard Data.xlsx	View Online
Exhibit 26 - Dental Dashboard Data	
Exhibit 27 - Stop Loss Report.xlsx	View Online
Exhibit 27 - Stop Loss Report	
Information Regarding CIQ.pdf	View Online
Information Regarding CIQ	

Bid Attributes

1 eBid Notice

Collin County exclusively uses IonWave Technologies, Inc. (Collin County eBid) for the notification and dissemination of all solicitations. The receipt of solicitations through any other means may result in your receipt of incomplete specifications and/or addendums which could ultimately render your bid/proposal non-compliant. Collin County accepts no responsibility for the receipt and/or notification of solicitations through any other means. Please initial.

(Required: Maximum 1000 characters allowed)

2 Contact Information

List the contact name, email address and phone number of the main person(s) Collin County should contact in reference to this solicitation. Contact(s) shall be duly authorized by the company, corporation, firm, partnership or individual to respond to any questions, clarification, and or offers in response to this solicitation.

(Required: Maximum 4000 characters allowed)

3 Exceptions (for RFP/RFQ)

Do you take exception to the specifications? If so, by separate attachment, please state your exceptions.

Yes No

(Required: Check only one)

4 Insurance Acknowledgement

I understand that the insurance requirements of this solicitation are required and are included in the submitted pricing. A certificate of insurance shall be submitted to the Purchasing department if I am awarded all or a portion of the resulting contract. Please initial.

(Required: Maximum 1000 characters allowed)

5 Reference No. 1

List a company or governmental agency, other than Collin County, where these same/like products/services, as stated herein, have been provided. Texas references are preferred. Include the following: Company/Entity, Contact, Address, City/State/Zip, Phone, and E-Mail. It is the responsibility of the Bidder/Proposer to ensure submitted references will be responsive to the County's requests. The County reserves the right to contact references other than those listed, and to consider any information acquired from all references during the evaluation process.

(Required: Maximum 4000 characters allowed)

6 Reference No. 2

List a company or governmental agency, other than Collin County, where these same/like products/services, as stated herein, have been provided. Texas references are preferred. Include the following: Company/Entity, Contact, Address, City/State/Zip, Phone, and E-Mail. It is the responsibility of the Bidder/Proposer to ensure submitted references will be responsive to the County's requests. The County reserves the right to contact references other than those listed, and to consider any information acquired from all references during the evaluation process.

(Required: Maximum 4000 characters allowed)

7 Reference No. 3

List a company or governmental agency, other than Collin County, where these same/like products/services, as stated herein, have been provided. Texas references are preferred. Include the following: Company/Entity, Contact, Address, City/State/Zip, Phone, and E-Mail. It is the responsibility of the Bidder/Proposer to ensure submitted references will be responsive to the County's requests. The County reserves the right to contact references other than those listed, and to consider any information acquired from all references during the evaluation process.

(Required: Maximum 4000 characters allowed)

8 Cooperative Contracts

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 inter-local 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?

Yes No

(Required: Check only one)

9 Debarment Certification

I certify that neither my company nor an owner or principal of my company has been debarred, suspended or otherwise made ineligible for participation in Federal Assistance programs under Executive Order 12549, "Debarment and Suspension," as described in the Federal Register and Rules and Regulations. Please initial.

(Required: Maximum 1000 characters allowed)

10 Immigration and Reform Act

I 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 by Collin County. Please initial.

(Required: Maximum 1000 characters allowed)

11 Disclosure of Certain Relationships

Chapter 176 of the Texas Local Government Code requires that any vendor considering doing business with a local government entity disclose the vendor's affiliation or business relationship that might cause a conflict of interest with a local government entity. Subchapter 6 of the code requires a vendor to file a conflict of interest questionnaire (CIQ) if a conflict exists. By law this questionnaire must be filed with the records administrator of Collin County no later than the 7th business day after the date the vendor becomes aware of an event that requires the statement to be filed. A vendor commits an offense if the vendor knowingly violates the code. An offense under this section is a misdemeanor. By submitting a response to this request, the vendor represents that it is in compliance with the requirements of Chapter 176 of the Texas Local Government Code. Please send completed forms to the Collin County County Clerk's Office located at 2300 Bloomdale Rd., Suite 2104, McKinney, TX 75071. Please initial.

(Required: Maximum 1000 characters allowed)

1
2 **Anti-Collusion Statement**

Bidder certifies that its Bid/Proposal is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a Bid/Proposal for the same materials, services, supplies, or equipment and is in all respects fair and without collusion or fraud. No premiums, rebates or gratuities permitted; either with, prior to, or after any delivery of material or provision of services. Any such violation may result in Agreement cancellation, return of materials or discontinuation of services and the possible removal from bidders list. Please initial.

(Required: Maximum 1000 characters allowed)

1
3 **Disclosure of Interested Parties**

Section 2252.908 of the Texas Government Code requires a business entity entering into certain contracts with a governmental entity to file with the governmental entity a disclosure of interested parties at the time the business entity submits the signed contract to the governmental entity. Section 2252.908 requires the disclosure form (Form 1295) to be signed by the authorized agent of the contracting business entity, acknowledging that the disclosure is made under oath and under penalty of perjury. Section 2252.908 applies only to a contract that requires an action or vote by the governing body of the governmental entity before the contract may be signed or has a value of at least \$1 million. Section 2252.908 provides definitions of certain terms occurring in the section. Section 2252.908 applies only to a contract entered into on or after January 1, 2016. Please initial.

(Required: Maximum 1000 characters allowed)

1
4 **Notification Survey**

In order to better serve our offerors, the Collin County Purchasing Department is conducting the following survey. We appreciate your time and effort expended to submit your bid. Should you have any questions or require more information please call (972) 548-4165. How did you receive notice of this request?

- Plano Star Courier Plan Room Collin County eBid Notification Collin County Website
 Other

(Required: Check only one)

1
5 **Proposer Acknowledgement**

Proposer acknowledges, understands the specifications, any and all addenda, and agrees to the proposal terms and conditions and can provide the minimum requirements stated herein. 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 Proposal submittal resulting from Proposer's failure to do so. Proposer acknowledges the prices submitted in this Proposal have been carefully reviewed and are submitted as correct and final. If 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 Request for Proposal. Please initial.

(Required: Maximum 1000 characters allowed)

16 Critical Infrastructure Affirmation
Pursuant to section 2274.0102 of the Texas Government Code, Respondent certifies that neither it nor its parent company, nor any affiliate of Respondent or its parent company, is: (1) majority owned or controlled by citizens or governmental entities of China, Iran, North Korea, Russia, or any other country designated by the Governor under Government Code Section 2274.0103, or (2) headquartered in any of those countries. Please initial.

(Required: Maximum 1000 characters allowed)

17 Energy Company Boycotts
Pursuant to Section 2274.002 of the Texas Government Code, should the contract have a value of \$100,000 or more and the company employs 10 or more full-time employees, Respondent represents and warrants that: (1) it does not, and will not for the duration of the contract, boycott energy companies, and (2) will not boycott energy companies during the term of the contract. If circumstances relevant to this provision change during the course of the contract, Respondent shall promptly notify Agency. Please initial.

(Required: Maximum 1000 characters allowed)

18 Firearm Entities and Trade Associations Discrimination
Pursuant to section 2274.002 of the Texas Government Code, should the contract have a value of \$100,000 or more and the company employs 10 or more full-time employees, Respondent verifies that: (1) it does not have a practice, policy, guidance, or directive that discriminates against a firearm entity or firearm trade association and (2) will not discriminate during the term of the contract against a firearm entity or firearm trade association. If circumstances relevant to this provision change during the course of the contract, Respondent shall promptly notify Agency. Please initial.

(Required: Maximum 1000 characters allowed)

19 Addendum No. 1
Please initial to verify your receipt of the addendum.

(Required: Maximum 1000 characters allowed)

Bid Lines

1 Submit your pricing on Attachment S-Pricing Information.
(Line excluded from response total)

Supplier Notes: _____

Additional notes
(Attach separate sheet)

Supplier Information

Company Name: _____

Contact Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Supplier Notes

The undersigned hereby certifies the foregoing proposal submitted by the company listed below hereinafter called "offeror" is the duly authorized agent of said company and the person signing said proposal has been duly authorized to execute same. Offeror affirms that they are duly authorized to execute this contract; this company; corporation, firm, partnership or individual has not prepared this proposal in collusion with any other offeror or other person or persons engaged in the same line of business; and that the contents of this proposal as to prices, terms and conditions of said 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 proposal.

Print Name

Signature