

PUBLIC NOTICE

Request for Proposal for Group Health Insurance

The Lafayette County Board of County Commissioners is requesting proposals for a group health insurance program. The program is employer paid – major medical (Health Insurance Only). It is the intent of the Board to provide optimum benefits to meet the specific needs of its employee group by the most economical means possible. The group contains approximately 75 active employees and retirees.

All proposals must be in writing and delivered by hand or US Mail to the Lafayette County Board of County Commissioners c/o Lafayette County Clerk of Court, 120 W. Main St/ P.O. Box 88, Mayo, FL 32066. All proposals must be submitted by **Friday, May 24, 2019 at 3:00 pm EST**. Proposals shall be in a sealed envelope, clearly marked "*Proposal for Group Insurance*" with contact information on the outside. Proposals shall be a firm offer through December 31, 2019. Oral presentations will be made on the submitted proposal on Tuesday, May 28, 2019. Any proposal specifications may be obtained at the Clerk of Court's Office in Mayo, Florida, or printed off of our website at www.lafayetteclerk.com. Any questions may be directed to the Clerk's Office at (386) 294-1600.

By Order Of:

A handwritten signature in black ink, appearing to read 'Anthony Adams', written over a horizontal line.

Anthony Adams, Chairman
Lafayette County Commissioners

MAYO FREE PRESS

Please Run 5/2/19 and 5/9/19.

REQUEST FOR PROPOSAL FOR GROUP HEALTH INSURANCE

LAFAYETTE County requests proposals for the provision of group health insurance program, which includes:

A. Employer Paid, Major Medical (Health Insurance Only). The employer shall contribute 100% of single coverage per employee in twelve monthly installments toward the cost of this program.

It is the intent of the Board to provide optimum benefits to meet the specific needs of its employee group by the most economical means possible. The employer group consists of approximately 75 active employees and retirees.

VENDOR PRESENTATION. All responding vendors will be required to present their proposal to the Lafayette County Board of County Commissioners. Vendors will be notified by the Board of County Commissioners as to the date and time of their presentation.

A. GENERAL INFORMATION

1. Telephoned, telegraphed or faxed proposals will not be accepted.
2. **SEALED PROPOSALS.** All proposals must be in writing and delivered by hand or US Mail to the Lafayette County Board of County Commissioners, 120 W. Main St/P.O. Box 88 Mayo FL 32066 and must be received by Friday, May 24, 2019 at 3:00 pm EST. Proposals received after specified date and time will not be considered. Proposals shall be in a sealed envelope, clearly marked "Proposal for Group Health Insurance" with appropriate contact information on the outside of the envelope. Proposals shall be a firm offer through December 31, 2019. All applicants will be expected to make an oral presentation on May 28, 2019. Applicants will be contacted after the proposals are submitted for a specific time for the presentation.
3. **NUMBER OF PROPOSALS.** Each vendor must provide eight (8) complete copies of their proposal. One proposal should be labeled original with an original signature of an officer of the company authorized to bind this proposal.
4. **MODIFICATIONS/ADDENDUMS TO REQUEST FOR PROPOSAL.** Lafayette County reserves the right to revise or amend the Request for Proposal prior to the proposal due date, and such revisions and amendments will be provided by written addendum to all potential proposers.

If it is in Lafayette County's judgment that an extension of the proposal due date is necessary, the due date may be postponed by as many days as in the opinion of the Risk Manager are

necessary to enable proposers to revise their proposals. Addendum's will state the new proposal due date.

5. WAIVER/REJECTION OF PROPOSALS. All proposals will be considered. However, Lafayette County reserves the right to waive formalities, to reject any or all proposals deemed to be in the Lafayette County best interest, or to negotiate or not to negotiate with individual proposers, and the decision of the Board will be final. Failure to adequately complete the Proposal Summary Forms will be grounds for Lafayette County to consider a proposal non-responsive.

6. ACCOMMODATION TO LAFAYETTE COUNTY GUIDELINES. Lafayette County prefers that proposals respond to the guidelines stated herein, with no major variation. Where alternatives are proposed, proposers are expected to be specific about how the alternatives deviate from what was requested, with special emphasis on cost, coverage and service differentials. Proposals should clearly identify deviations from the current plan.

7. CONTRACT EFFECTIVE DATE/TERM. Coverage/contracts shall be proposed for a term beginning October 1st, 2019 and ending September 30, 2020. Upon mutual agreement of the Board and Service Provider(s), coverage/contracts may be extended for additional one-year periods.

The Lafayette County renewal for subsequent annual contract will, in part, be dependent upon acceptability of cost, coverage, service, and provider stability.

8. INFORMATION PROVIDED/ADDITIONAL INFORMATION.

This information is provided to facilitate proposals. Much effort has been made to provide necessary and accurate information when this request was prepared, but Lafayette County is not to be penalized for any lack of completeness. Accuracy of this data is not guaranteed. It is the sole responsibility of proposers to assure that they have all information necessary for submission of their proposals.

If additional information is required or if you have questions, submit your request or question in writing to Steve Land, Clerk of Circuit Court. Agent requests or questions may be submitted by facsimile at 386-294-4231, or by e-mail to sland@lafayetteclerk.com. A copy of the census is provided and will also be available in excel format upon request.

9. TERMINATION/RENEWAL/INCREASE NOTICES. Lafayette County will require at least 120 days of notice of non-renewal of contracts and at least 120 days of notice of any increase in rates/premiums.

If Lafayette County shall be required to provide advance notice to the proposer of cancellation or non-renewal, the required notice should not exceed 60 days.

Changes in cost shall occur no more frequently than on an annual basis, unless directly related to changes in benefits requested by Lafayette County.

10. REQUIRED TIMELINE. Dates for open enrollment, issuance of I.D. cards, etc., will be as determined by Lafayette County Board of County Commissioners.

11. INSURER QUALIFICATIONS. Proposals will only be accepted from financially sound insurers, authorized to do business in Florida. An A.M. Best rating of "A" or better is required for each insurer being proposed. Please, provide a copy of your most recent A.M. Best's rating. Insurers should explain the full range of their services available to Lafayette County and should state their experience, expertise and data processing capability. Background information should be furnished on personnel that will service the group. Please, provide a list of other political subdivisions, i.e., county, city, or school boards to which you are currently providing benefits. Include the contact person and phone number for these accounts.

12. HMO/PPO QUALIFICATIONS. Proposals are expected from pure HMO's and PPO's authorized to do business in Florida and with acceptable financial strength. Area provider lists must accompany your HMO, and PPO proposal. All HMO and PPO networks must be organized and in place.

HMO's and PPO's should explain the full range of their services available.

Background information should be furnished on HMO, and PPO personnel that will service the group. All HMO's must be accredited by the N.C.Q.A.

13. SUBCONTRACTING. Where proposers do not have "in-house" capability to perform work desired in the Request for Proposal, subcontracting will be permitted only with prior knowledge and approval of Lafayette County. Lafayette County must be assured and agree that any proposed subcontractor(s) can perform the work to the desired quality and in a timely manner. Therefore, the name of any intended subcontractor(s) should be identified in the proposal.

14. INSURER/PPO/HMO AGENT REFERENCES. The Lafayette County Board of County Commissioners reserves the right to name an agent of record at the time of bid.

15. SUCCESSFUL PROPOSER HOLD HARMLESS/PAY ON BEHALF. The successful bidder will maintain all claims fiduciary with the plan.

Successful proposers will be expected to provide evidence of their general, professional and Directors and Officers (D&O) liability insurance. Preferred limits of liability are \$1,000,000 per occurrence and a \$3,000,000 annual aggregate.

16. AUTHORIZED OFFER. The person submitting the proposal should indicate the extent of authorization by the insurer, PPO or HMO to make a valid offer in the proposal summary that may be accepted by Lafayette County to form a valid and binding contract.

If the person submitting the proposal is not authorized to submit a proposal that can be bound by Lafayette County's acceptance, such person should also obtain the signature of an authorized representative of the insurer that may result in a binding contract upon Lafayette County's acceptance.

Proposals should be typed or written in ink, signatures should be manually signed in, and any corrections should be typed or in ink and initialed.

17. PUBLIC ENTITY CRIMES. All proposals shall be accompanied by a signed and notarized copy of the Florida Public Entity Crimes Statement form. Failure to submit the completed form with the proposal may be cause for proposal disqualification as non-responsive.

18. CONFLICT OF INTEREST. The award of contract is subject to the provisions of Chapter 112, Florida Statutes. All proposers must disclose with their proposal the name of any officer, director, or agent who is also an employee or trustee of Lafayette County. Further, all proposers must disclose the name of any employee or trustee of Lafayette County who owns, directly, or indirectly, an interest of five percent or more in the proposer's firm or any of its branches.

19. EVALUATION OF PROPOSALS. In Lafayette County's evaluation of proposals, several items shall be considered in determining proposer responsiveness, including but not limited to:

Stability: Financial stability of the insurer and network.

Service: The capabilities and experience of proposers. In regards to PPO's and HMO's, the available hospitals and the depth of physicians under contract and the number of contracted physicians who will accept new patients.

Coverage: The amounts and breadth of coverage and extent of deductibles, co-pays, co-insurance, restrictions and exclusions.

Cost: Although cost will be a major consideration in evaluating proposals, it will not be the only consideration.

The order in which these items have been listed does not necessarily reflect their order of importance. It is possible that Lafayette County in its judgment may consider a proposal non-responsive solely because one of these key items is unsatisfactory. For example, a proposal may be considered non-responsive solely on the basis of unsatisfactory cost, or non-responsive solely on the basis of unsatisfactory coverage or non-responsive solely on the basis of unsatisfactory provider access, etc.

20. COMPLIANCE WITH FEDERAL LAW/FLORIDA STATUTES. Proposers are expected to assure that proposed programs will meet Lafayette County's obligations set forth by any Federal or State Legislation in effect at or subsequent to, contract inception. Proposers shall comply with all applicable Florida Statutes.

B. PLAN ADMINISTRATION

1. BENEFITS ADMINISTRATION. This portion of the Request for Proposal is to describe the health insurance services desired. For purposes of the Request for Proposal, the term "fully insured and self-funded health benefits" will include medical benefits.

2. GENERAL ADMINISTRATION OF SERVICES. The insurer will be responsible for any filings and approvals of documentation or audits of the insurance plan, which may be legally required. Proposers will describe in detail, claims handling, statistical reporting services and other services normally provided, set forth the administrative services proposed, and provide a proposed administrative contract.

3. PROGRAM IMPLEMENTATION. The successful proposer will be expected to provide at no additional cost a plan document, certificates or booklets, and any other appropriate literature available (especially for orientation meetings) to describe the benefits to employees. Literature distributed to employees would be in layman's terms. Indicate the procedure and assistance to be provided for enrollment of employees who become eligible after plan inception. (Sample copy should be included in proposal).

4. CLAIMS SERVICE. Proposers are expected to provide prompt and efficient claims service for benefits, which require submission of claims. Please, identify your standard claims turnaround time.

The preferred definition should be from the date a claim is received by the claims administrator until payment is received by the participants or medical service providers.

Each proposer should state the location and staffing of the claims office, which will serve Lafayette County.

The proposer will be required to verify eligibility and to verify benefits for the employees and dependents.

5. PREMIUM/CLAIMS EXPERIENCE RECORDS. Lafayette County is desirous of receiving timely reports which provide details on its experience and which may be used to detect trends in benefit utilization, which can be controlled to reduce ultimate group benefits program costs. Reports shall include, but not be limited to, the information detailed below.

Each quarter proposers are to provide summaries of enrollment, paid claims (separately for employees, retirees, COBRA, and their dependents and separately for medical) for the month just completed and a recap of policy year experience to date. Claims reports are to be provided additionally for 12 months after plan termination plus any extension of benefit periods. Each report should be identified by employee group established by Lafayette County.

Proposers should submit a listing of the variety of claims reports and other management reporting systems available to Lafayette County, and sample copies of each format that may be requested by Lafayette County.

State if you cannot comply with reporting as outlined and subsequently, what you can provide.

6. COBRA AND CONVERSION BENEFITS. In addition to providing mandated COBRA benefits, proposers shall make conversion benefits available to participants entitled to continue similar coverage, without evidence of insurability, as prescribed by Florida Law. Please, indicate to what extent your proposal extends to the legal liability of Lafayette County or is extended by your COBRA vendor. Lafayette County currently utilizes a COBRA vendor who performs this service. Lafayette County is desirous that this service be included in the proposal.

Retirees shall have an option to remain in Lafayette County's regular group program at their expense.

7. FUNDING AND DELIVERY SYSTEMS. Lafayette County requests all proposals on the following basis:

Funding Options: Fully insured and self-funded programs shall be considered. For fully insured programs, a sixty (60) day premium delay is required.

8. PROVISION OF LEGAL DEFENSE. Please indicate the extent to which the proposers will provide a legal defense and/or pay claims in the event of suit by plan participants and if the expense of legal defense will be paid for by the proposer.

C. PPO/HMO

This section of the Request for Proposal applies to the PPO/HMO element in proposals.

1. COMPLIANCE WITH FLORIDA STATUTES. Proposers shall comply with all applicable Florida Statutes.

2. NATURE OF PPO/HMO. Indicate if the sponsor of the PPO/HMO is an insurer, a hospital, or a physician's group. Please, indicate if the network is owned or rented and where the network management is to be provided from.

3. NETWORK. Provide descriptive materials of the plan offered, listings of preferred providers (including hospitals, general practitioners, specialists, and pharmacies), locations and office hours of providers and arrangements for after hours or emergency services. State when the last previous provider directory was published and how often it is revised.

Indicate what kind of communications is provided by the PPO/HMO to participating preferred providers and how often they are informed of plan changes.

State to what extent benefits are provided out of the local service area, i.e. if a participant or a dependent student needs medical care elsewhere in the U.S, or abroad or uses a medical doctor from the South Georgia area. Identify the company providing the network for PPO's and HMO's. Also, include any other in-state provider directory for network providers.

4. COST CONTAINMENT. Describe the nature and special features of the PPO/HMO plan offered. Indicate how benefits, deductibles and co-payments are applied or recommended by the PPO/HMO and any required or recommended penalties for non-use of preferred providers.

Describe discounts and other pricing arrangements that the PPO/HMO has negotiated with hospitals and physicians who will provide cost reductions to Lafayette County. Although statewide averages are useful, it is preferred that discounts in the Lafayette County area be disclosed.

Indicate to what extent pre-admission review, concurrent review, psychiatric review, second surgical opinions and catastrophic case management are employed to control utilization.

Proposers must provide specifics about any requirements of the network providers so Lafayette County and its plan participants can make use of the plan.

5. PROVISION OF LEGAL DEFENSE. Please indicate the extent to which the PPO/HMO will provide a legal defense and/or pay claims in the event of suit by plan participants.

6. HMO/PPO. Provide ten (10) copies of your network provider listing and booklets for benefits.

7. CONTINUUM OF TREATMENT. It is the desire of the Board that the currently enrolled employees experience no loss in existing coverage or treatment plans. Continuity of existing

providers in treatment plans is of the utmost importance. Specifically related to providers, state how, when and who will work with our large claimants to assure the quality of care of employees and dependents is not compromised. Please, state whether current approved ongoing procedures will need to be recertified by your organization or will they continue their current treatment plan with no interruption of service or provider.

8. Please describe your grievance procedures.

Effective Date: 4/30/2019

HOME ZIP CODE* (5-Digits)	SEX*	DOB* (MM/DD/YYYY)	EMPLOYMENT STATUS* (Active / Cobra / Retiree)	DATE OF HIRE* (MM/DD/YYYY)
32008	M	1/21/1963	Active	11/18/2014
32066	M	8/26/1953	Active	11/17/1992
32066	M	10/5/1977	Active	12/2/2008
32066	M	11/7/1946	Active	11/21/2006
32066	F	10/24/1959	Active	11/22/2016
32066	F	10/21/1969	Active	12/15/2006
32066	M	9/17/1966	Active	10/30/2006
32066	F	6/6/1980	Active	5/10/2013
32066	M	9/21/1979	Active	11/1/2016
32348	F	8/1/1981	Active	6/24/2015
32066	M	11/15/1989	Active	2/22/2011
32619	M	4/22/1957	Active	8/22/2005
32725	M	12/10/1969	Active	11/4/2018
32066	F	10/11/1980	Active	3/1/2018
32340	M	11/4/1953	Active	8/27/1999
32347	F	7/2/1984	Active	9/29/2010
32347	M	3/3/1960	Active	12/1/2014
32066	M	1/24/1963	Active	5/18/2007
32066	M	7/4/1958	Active	3/21/2005
32066	M	1/8/1963	Active	10/17/2000
32066	F	2/7/1961	Active	11/11/1983
32066	F	1/6/1980	Active	5/12/2014
32066	M	8/19/1958	Active	7/11/1990
32066	M	10/15/1960	Retiree	5/25/2010
32008	M	11/22/1974	Active	11/16/1998
32066	M	12/27/1969	Active	6/1/2010
32066	M	12/8/1984	Active	11/2/2015
32008	M	1/27/1965	Active	5/10/2007
32066	M	6/6/1965	Active	5/23/2011
32066	M	3/12/1975	Active	12/7/1998
32066	M	10/16/1979	Active	3/6/2008
32066	M	7/21/1964	Active	1/3/2006
32066	M	3/17/1972	Active	4/4/2011
32008	M	10/8/1967	Active	11/2/2015

LARGE LOSS WITH DIAGNOSIS REPORT

Customer Name: BENECON- FLGHIC- LAFAYETTE COUNTY BOCC
Policy Number: 905993
Service Dates: 10/01/2015 - 03/31/2019
Paid Dates: 10/01/2018 - 03/31/2019
Coverage Types: Medical, Mental Health, Substance Abuse, and Managed Pharmacy
Threshold: \$25,000

Policy Number	Claimant	Member System ID	Active or Termed Status	Calculated Open/Closed Status	Primary Diagnosis	Primary Diagnosis Description	Total
000905993	Claimant 1	303956813	ACTIVE	OPEN	M96.1	POSTLAMINECTOMY SYNDROME NEC	\$ 60,646.25
000905993	Claimant 2	303956837	ACTIVE	OPEN	G35	MULTIPLE SCLEROSIS	\$ 41,268.19
000905993	Claimant 3	303956833	ACTIVE	OPEN	N88.8	OTH SPEC NONINFLAMM D/O CERV UTE	\$ 33,659.74

**Please note that the content of this report may not balance to financial reporting found in Employer eServices (eCR). For more information see the Data Dictionary.

UnitedHealthcare's ARRA Statement:

Information included in this document is considered to be UnitedHealthcare's confidential and/or proprietary business information. Consequently, this information may be used only by the person or entity to which it is addressed by UnitedHealthcare. Such recipient shall be liable for using and protecting UnitedHealthcare's proprietary business information from further disclosure or misuse, consistent with recipient's contractual obligations under any applicable administrative services agreement, group policy contract, non-disclosure agreement or other applicable contract or law, including but not limited to, Exemption 4 of the U.S. Freedom of Information Act and state freedom of information law exemptions for "trade secrets". This report you have received may contain protected health information (PHI) and must be handled according to applicable state and federal law, including, but not limited to HIPAA. Individuals who misuse information may be subject to damages including civil and criminal penalties.

ASO Benecon Payments By Month

Report Filter:

{{Benefit Type Category} = Dental Benefit, FSA Benefit, Managed Pharmacy Benefit, Medical Benefit, Vision Benefit, HRA Benefit - Medical, HRA Benefit -

Suffix	Benefit Payment Book Year/Mo	Medical Payments	Managed Pharmacy Payments	Total Payments
A	2018-10	\$37,376	\$5,778	\$43,154
	2018-11	\$14,986	\$13,154	\$28,140
	2018-12	\$11,563	\$12,884	\$24,447
	2019-01	\$5,456	\$15,763	\$21,219
	2019-02	\$15,312	\$13,258	\$28,570
	2019-03	\$75,775	\$13,502	\$89,277
	Total	\$160,468	\$74,338	\$234,805

This document contains UnitedHealthcare's confidential and/or proprietary business information (PBI). PBI may only be used by the recipient person/entity to which it is addressed. Recipient is liable for using and protecting UnitedHealthcare's PBI from further disclosure or misuse, consistent with recipient's contractual obligations under any applicable administrative services agreement, group policy contract, non-disclosure agreement or other

ASO Membership By Month

Report Filter:

{{Type of Coverage}} = Medical) And {{Policy Number}} = 000905993) And {{Funding Arrangement Category}} = Administrative Services Only) And {{Membership Year

Suffix	Membership Year/Month	Single Subscribers	Subscribers plus Spouse	Subscribers plus Child/Children	Subscribers plus Family	Total Subscribers	Positively Enrolled Dependents	Positively Enrolled Dependents	Total Members
A	2018-10	72	0	1	0	73	0	5	78
	2018-11	74	0	1	0	75	0	5	80
	2018-12	72	0	1	0	73	0	5	78
	2019-01	73	0	1	0	74	0	5	79
	2019-02	73	0	1	0	74	0	5	79
	2019-03	72	0	2	0	74	0	6	80
	Total		436	0	7	0	443	0	31

This document contains UnitedHealthcare's confidential and/or proprietary business information (PBI). PBI may only be used by the recipient person/entity to which it is addressed. Recipient is liable for using and protecting UnitedHealthcare's PBI from further disclosure or misuse, consistent with recipient's contractual obligations under any applicable administrative services agreement, group policy contract, non-disclosure agreement or other applicable contract or law, including but