



**REQUEST FOR PROPOSAL (RFP)**  
**LIBERTY COUNTY SCHOOL BOARD**  
**RFP #: 23-001    GROUP INSURANCE**

THE FOLLOWING MUST BE COMPLETED, SIGNED AND RETURNED AS PART OF YOUR PROPOSAL. PROPOSALS WILL NOT BE ACCEPTED WITHOUT THIS FORM, SIGNED BY AN AUTHORIZED AGENT OF THE PROPOSER.

Authorized Representative's Name/Title: \_\_\_\_\_

Authorized Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_

Company's Name \_\_\_\_\_

Telephone Number \_\_\_\_\_ FAX Number \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Area Representative Name: \_\_\_\_\_

Telephone Number \_\_\_\_\_ FAX Number \_\_\_\_\_

Federal Employer's Identification Number (FEIN) \_\_\_\_\_

Email \_\_\_\_\_

Signature of Authorized Officer/Agent: \_\_\_\_\_

Typed or Printed Name \_\_\_\_\_

*(Proposal must be signed by an officer or employee having authority to legally bind the proposer) I certify that I have not divulged, discussed, or compared this proposal with any other Proposers and have not colluded with any other proposer in the preparation of this proposal in order to gain an unfair advantage in the award of this contract. I acknowledge that all information contained herein is part of the public domain as defined in the Public Records Act, Chapter 119, F.S. By signing and submitting this proposal I certify that I am authorized to sign this proposal for this vendor and further certify unconditional acceptance of the contents of this RFP, all Attachments, Worksheets, Appendices, Supplemental Materials, and the contents of any Addendum released hereto.*

## **SECTION I: SCOPE OF WORK**

**INTRODUCTION AND GENERAL INFORMATION:** The Liberty County School Board is soliciting competitive proposals from qualified insurance company(s) to provide fully insured for the following types of group insurance:

- a. Health Insurance
- b. Life Insurance
- c. Dental Insurance
- d. Vision Insurance
- e. Voluntary Life & Voluntary Long Term Disability Insurance

It has been determined that a PPO and an HMO option will only be acceptable. The scope of work as outlined in this RFP establishes the minimum requirements to be provided by the successful proposer(s).

Proposals are being solicited for a group insurance program according to the specifications of our existing plan as outlined below. Proposals from insurance carriers with less than an AM Best Rating of 'A' will not be accepted. Retirees and dependents may maintain coverage by paying the full amount of the premiums. Eligible employees and their dependents may continue their benefits while on an approved leave of absence by paying the full amount of the premiums. Dependent coverage shall include spouse and eligible dependent children. In the past, group insurance has operated under a shared contributor arrangement between the Board and the employee. Currently, the Board contributes a flat rate of \$386.39 for all participants in group insurance.

The District and its governing board were created pursuant to Section 4, Article IX of the Constitution of the State of Florida. The District is an independent taxing and reporting entity managed, controlled, operated, administered, and supervised by District school officials in accordance with relevant provisions of the Florida K-20 Education Code, Chapters 1000 – 1013, Florida Statutes. The School Board consists of five elected officials responsible for the adoption of policies, which govern the operation of District public schools. The Superintendent of Schools is responsible for the administration and management of the schools within the applicable parameters of state laws, State Board of Education Rules and School Board policies.

The Board has a staff of approximately 230 Regular Employees and 50 Retirees, including instructional, instructional support, administrative, support positions, and temporary positions such as substitutes. One bargaining unit represent instructional employees within the Board. Compensation and benefits for union employees are negotiated, subject to ratification by union membership and approval by the Board.

**INSURANCE COMPANY REQUIREMENTS:** Proposers must be licensed to do business in Florida subject to the provisions of the Florida Insurance Department.

**BROKER AGENT OF RECORD:** The District does not utilize a Broker Agent of Record. Therefore, the respondent shall submit a response net of commissions.

**INSURANCE COMPANY REPRESENTATIVE:** Successful proposers shall appoint, by name, a company representative who shall be responsible for servicing the contract resulting from the award of this RFP. The appointed representative shall be responsible for functions as necessary to ensure that the account will be maintained in a professional manner.

**DISTRICT'S PRESENT COVERAGE/CENSUS DATA:** Present coverage is with The Standard.. Schedules of current and desired benefits are provided as Attachments to this RFP. Current census data is available upon request.

**RATES:** Rates are being requested based on a three-tier structure and a twelve (12) month payment schedule. Rates are to be firm from the effective date of the contract, October 1st to the next anniversary date and no increase in premiums will be made during the interim. Proposer should specify if your rate guarantee is for longer than a twelve (12) month period. Rates may be negotiated between the District and the proposer(s) prior to the initial contract inception. The Board requests that the proposer clearly identify if they are submitting their best and final offer for the initial contract period beginning October 1, 2022. It is understood and agreed that all proposed premium changes will be submitted for approval no later than July 15th of each year.

**TERMINATION OF INSURANCE:** Termination of insurance under the group insurance policy plan shall not prejudice any claim commencing prior to the effective date of termination. Employees will be covered through the paid to date.

**MASTER AGREEMENT:** The insurance carrier will be required to provide a group master agreement to the District.

**EXPLANATORY LITERATURE & WEBSITE:** The insurance company shall provide the following to all covered employees of the Liberty County School District:

- Subscriber identification cards (paper and accessible by website/login)
- Summary Plan Descriptions (Paper and Electronic)
- Enrollment Forms (Paper and Electronic Submission)
- Claim Forms (Paper and Electronic Submission) • Billing Forms (Paper and Electronic Submission)
- Website to obtain information, contacts etc.
- Phone App

**CLAIMS PROCESSING:** Claims will be processed and paid by the insurance company. Insurance company will be required to maintain eligibility for all covered employees and dependents.

**EMPLOYEE CONTRIBUTIONS:** The District will make twelve (12) employee payroll deductions and pay total premiums to the company selected in twelve (12) payments.

**USUAL AND CUSTOMARY CHARGES:** Eligible expenses are all usual and customary charges necessarily incurred for medical services and supplies prescribed and/or rendered by a physician.

**COORDINATION OF BENEFITS:** Coordination of benefits is to be included for all medical care coverages and based upon current NAIC guidelines. When the District coverage is secondary, payment will be the unpaid balance, not exceeding its aggregate coverage or 100% (whichever is greater) of any reasonable and customary expense that is a benefit of the plan.

**COBRA ADMINISTRATION:** Each respondent shall indicate whether COBRA Administration is provided and to provide details on the services, including costs.

**INITIAL ENROLLMENT:** The carrier receiving the award for the type of insurance must accept current enrollment. If the District determines a new enrollment is necessary, the insurance carrier must provide materials electronically and personnel to complete this initial re-enrollment prior to July 1<sup>st</sup>.

**CONTRACT PROVISIONS:** The District reserves the right to incorporate standard contract provisions into any contract negotiated as a result of a proposal submitted in response to this RFP.

**SECTION II: SOLICITATION AND CONTRACT:**

**IMPLEMENTATION SCHEDULE:** The proposed schedule for selecting and awarding the preceding contract is as follows:

EVENT	LOCATION	DATE
Advertising Request for Proposal (RFP)	Website: <a href="http://www.lcsb.org">www.lcsb.org</a>	June 22, 2022
	Newspaper: Liberty Journal Newspaper	June 29, 2022
Questions due in writing to the Finance Office Representative	Liberty County Schools, Finance Department Attn: Melanie King Email: <a href="mailto:melanie.king@lcsb.org">melanie.king@lcsb.org</a> P.O. Box 429 11051 NW SR 20 Bristol, Florida 32321	July 5 <sup>th</sup> @5:00 PM EST
Questions and Answers Posted	Website: <a href="http://www.lcsb.org">www.lcsb.org</a>	July 7, 2022 by 5:00 PM EST
Date of submission by Proposers	Liberty County School District Office – Superintendent’s Office P.O. Box 429 11051 NW SR 20 Bristol, Florida 32321	July 13, 2022 by 12:00 PM EST
Opening of Proposals	Liberty County School District Office – Board Room 11051 NW SR 20 Bristol, FL 32321	July 14 <sup>th</sup> @2:00 P.M. EST
Evaluation Team Meeting	Liberty County School District Office – Board Room 11051 NW SR 20 Bristol, FL 32321	July 21, 2022 @ 1:00 PM EST
Anticipated Vendor Oral Presentations (if necessary)	Liberty County School District Office – Board Room 11051 NW SR 20 Bristol, FL 32321	July 25, 2022 @ 10:00 AM EST
Recommendation of Award to the Liberty County School Board	Liberty County School District Office – Board Room 11051 NW SR 20 Bristol, FL 32321	July 26, 2022 @ 8:00 AM EST
Posting of recommendation for award	Website: <a href="http://www.lcsb.org">www.lcsb.org</a>	July 26, 2022 @ 10:00 AM EST
Contract inception	October 1, 2022	

**QUESTIONS AND ANSWERS:** All questions for additional information regarding this RFP must be directed to the designated person noted on the Schedule of Events. All contact and requests for clarifications should be submitted via e-mail to: melanie.king@lcsb.org no later than July 5, 2022, by 5:00 PM EST. Responses will be distributed no later than July 7, 2022 by 5:00 PM EST. Prospective bidders shall not contact any member of the Liberty County School Board, Superintendent or staff regarding this RFP prior to posting of the final tabulation and award recommendation on the website. Any such contact shall be cause for rejection of your proposal.

**CONTRACT PERIOD:** It is the intent of the Board that the successful carrier will be the provider for a period of two (2) years with an option to renew for three (3) additional one (1) year periods. Policy periods are to commence on October 1st of each plan year.

**RENEWAL:** The proposer and the Board covenant and agree that this proposal or subsequent contract may, with the mutual approval of the awarded contractor and the Board be renewed under the same terms and conditions of this proposal or contract for three (3) additional contract periods of one year each for a total possible contract period not to exceed five (5) years. The District shall notify the proposer of its intent to exercise this option in writing prior to the termination of each contract period. Renewal is pursuant to Board approval.

**ANNUAL RENEWAL RATES:** The Board intends to provide the best affordable insurance coverage to its employees on an updateable basis utilizing cost containment strategies. Therefore, the contract will be reviewed annually, and cost containment strategies will be explored with the awarded contractor. July 15th of each year will be the deadline for negotiating renewal rates. The Board reserves the right to cancel the contract after any annual review and rebid employee group insurance benefits.

**WITHDRAWAL:** Any proposal may be withdrawn until the date and time set for the opening of the RFP. Any proposal not so withdrawn shall constitute an irrevocable offer to provide the School Board the services/products set forth in this RFP. Such offer shall be held open for a period of sixty (60) days from RFP opening date or until one of the proposals has been awarded by the School Board.

**PROPOSAL REQUIREMENTS:** All proposers are required to return the attached proposal sheets along with a benefit summary of the group insurance program(s) you're proposing and corresponding rate quotation (original, (one hard copy and one electronic copy USB) and five (5) copies). All information must be furnished and then proposal must be signed by an authorized representative or officer of the proposing company.

- A. Employee and employer requirements for settlement of claims should be included in your response to this RFP.
- B. A list of three (3) references. All references shall be for work performed over the last year at commercial, multi-residential developments and/or institutional complexes for contracts of comparable size. Newly formed companies, corporations, joint ventures; etc. may use an incorporator as a referenced entity. At least one contract/customer shall have been serviced for a minimum of one year. Failure to provide verifiable references may result in the proposer not being considered for award. Unsatisfactory references may result in the proposer not being considered for award.
  - 1. Client's name
  - 2. Individual contact
  - 3. E-mail address
  - 4. Phone number
- C. Summary statement detailing the primary advantages of your plan and why the Board should choose your plan over all other plans. Be specific.

D. Provide a complete list in alphabetical order of the network providers (i.e., physicians, hospitals, and pharmacies).

Proposals are to be prepared simply, providing a straightforward, concise description of the insurance company's capabilities to satisfy the requirements of this proposal. Emphasis should be on completeness and clarity of content. Repetition of the terms and conditions of this proposal request, without additional explanation, will not be considered sufficiently responsive. Your proposal document should duplicate the plan benefits as shown in this request and corresponding attachments. Comprehensive documentation and supplemental information should be enclosed as an attachment or exhibit to your proposal. The absence of any of the required supporting information may be cause for declaring your proposal non-responsive. Any additional information the proposer feels will enhance their overall proposal evaluation may be included.

**PROPOSAL REQUIREMENTS:** Proposer must submit one (1) original, one electronic (USB drive) and five (5) copies of their completed proposal. All proposals submitted in response to this RFP shall be signed by the proposer and will become the property of the District. Proposals should be sealed and mailed, or hand delivered to:

Liberty County Schools District Office  
Superintendent's Office  
P.O. Box 429  
11051 NW SR 20  
Bristol, Florida 32321

If any director, officer, employee, agent or other representative of a proposer, including any other parties that may be involved in a joint venture or a consortium with the proposer, makes, from and after the date of issuance of this RFP, any representation or solicitation to any member of the School Board or any official, employee or agent of the District, with the exception of, the person identified above with respect to the proposer's response or any other proposer's response, the District shall be entitled to reject that respondent's proposal. A representation for the purposes of this requirement can be considered to be anything said or written to any school board member, official, employee or agent which provides information advancing the interests of a proposal.

**RESERVATION FOR REJECTION OR AWARD:** The School Board reserves the right to reject any or all proposals, to waive irregularities or technicalities, and to request rebids. The School Board reserves the right to award on an individual item basis, any combination of items, total low proposal or, if an alternate proposal is accepted, on such terms as are specified for the alternate proposal, whichever manner is in the best interest of the School Board

### **SECTION III: EVALUATION**

**EVALUATION CRITERIA:** The District will evaluate proposals and select a carrier based on all the information available. While cost is an important factor, it should be understood the District is not under any obligation to accept the lowest cost proposal. It is our desire that your proposal for plan benefits be based upon exact minimum requirements as described herein. Any deviation should be submitted as an alternate proposal and clearly explained. ALL proposals will be evaluated on the following criteria:

- Responsiveness to Request for Proposal (5%)
- Overall plan (literature, administration requirements of District, enrollment requirements, website etc.). (10%)
- Experience of the firm, insuring company, and agent with similar programs. (10%)

- Provider Network – the number, location and types of providers i.e. hospitals and physicians. Physicians willing to accept new patients and the match-up between the current top providers and network providers proposed. Pharmacies network and mail-order capability. (25%)
- Costs, including but not limited to, rates and premiums, administrative, retention, commissions and liability risks to the District. (50%)

**ORAL PRESENTATIONS:** After the evaluation of proposals is completed, the most responsive proposer(s) may be required to make an oral presentation, if it is determined that it could benefit the District. Oral presentations are for the purpose of explaining or clarifying significant elements of the proposal. Elaborate marketing presentations could confuse the issues at hand and are not desired. Proposers will be asked to address specific questions prepared by the District's Administration. In addition, proposers should be prepared to justify their proposed rates and possibly negotiate adjustments to the rates. The Board will be the sole judge with respect to the evaluation of proposals. The proposals will be evaluated by the Evaluation Committee appointed by the Board.

## **PROPOSAL CHECKLIST**

**RFP #: 23-001**

Check to acknowledge all required submittals are included:

- \_\_\_ One original hard copy and five (5) copies plus one (1) electronic copy (USB drive)
- \_\_\_ Employee and employer requirements for settlement of claims should be included in your response.
- \_\_\_ Summary statement detailing the primary advantages of your plan and why the Board should choose your plan over all other plans.
- \_\_\_ Summary of benefits and cost proposal.
- \_\_\_ A list of three (3) references
- \_\_\_ A complete list in alphabetical order of the network providers.
- \_\_\_ Proposal Questionnaire (Exhibit A)
- \_\_\_ Vendor Questionnaire (Exhibit B)
- \_\_\_ Certification (Exhibit C)

**EXHIBIT A**  
**PROPOSAL QUESTIONNAIRE**  
**RFP #: 23-001**

1. Do you provide fully insured group coverage including PPO and HMO? (Circle One) Yes No
2. Do you provide a network of providers for each plan? (Circle One) Yes No
3. Does your proposal provide coverages that are as good as or better than current plans? (Circle One) Yes No
4. Does your proposal include any incentives such as wellness dollars or multi-lines of coverages offer discounts? (Circle One) Yes No Please explain.
5. Proposer acknowledges that a standard commission to the broker of record HUB/RGVI is included in their proposal. (Circle One) Yes No
6. Do you accept 834 compliant EDI file feed to the carrier? (Circle One) Yes No
7. Do you accept self-billing by the Board with monthly variance report between enrolled and what is paid to the carrier? (Circle One) Yes No
8. Proposer acknowledges that the rates proposed will be made in ten (10) deductions. (Circle One) Yes No
9. Does your proposal provide retiree benefits same as active employees? (Circle One) Yes No
10. The Boards open enrollment date is mid-July through mid-August of each year. Do you agree to provide final annual renewal rates by July 15th of each year? (Circle One) Yes No
11. Does your company provide an online enrollment system? (Circle One) Yes No
12. Is your company prepared to pay a claim that may have occurred on the job, but is denied by Worker's Compensation, or the individual is not covered by Worker's Compensation? (Circle one) Yes No
13. Describe your procedure for claim denials or appeals.
14. Are the network providers required to accept your network fees as payment in full? (Circle one) Yes No
15. Are the network providers allowed to balance bill the employee? (Circle one) Yes No
16. How are allowable fees calculated for out-of-network providers? Are they paid at the in-network rate or is it based upon a percentage of reasonable and customary? If reasonable and customary, what percentage is used?
17. Do you require precertification on all in-patient hospitalizations? (Circle one) Yes No If not, what admissions would require precertification?
18. Do you require the use of a specific transplant network? (Circle one) Yes No If yes, please provide a list of the closest transplant facilities.
19. What method does your company use to determine UCR (Percentage of HIAA, MMA, Prevailing Fee, etc.)? A. How often do you review the UCR system?  
B. When did you last update/revise the UCR schedule?



20. Did you include the cost of administering Consolidated Omnibus Budget Reconciliation Act (COBRA) in your premium rates? (Circle one) Yes No If No, what would be the additional charge?
21. Are additional costs assessed for required reports? (Circle one) Yes No Are additional costs assessed for other requested reports? Specify.
22. What is your claim turnaround period? How is this verified? What is your ability to provide an efficient claim turnaround guarantee? Describe.
23. Are your rates guaranteed for 12 months? (Circle one) Yes No
- Can additional expenses be charged to the policyholder in excess of these premiums?
24. How soon after enrollment may the District expect delivery of: A. Master Contract?
- B. Employee Certificates?
- C. Initial Premium Billing?
- D. Identification Cards?
- E. Website Implementation
25. When may the District expect to review a draft of the Summary Plan Description?
26. What is your charge for providing sign-up forms, contract updates, and discrimination testing for the current Section 125 Plan?
27. We currently have a prescription card and mail order prescription program. Do your premiums include the cost of continuing this program? (Circle one) Yes No
28. Confirm your company's agreement to cover intentionally self-inflicted injury, and injuries caused by a person being intoxicated or under the influence of any narcotic. (Circle one) Yes No
- Is there any maximum?
29. Confirm your company's agreement to cover at least a minimum of 60 days of cardiac rehabilitation therapy. (Circle one) Yes No
30. Confirm your company's agreement to include coverage for major human organ transplants. Is there any maximum? (Circle one) Yes No
31. Does your company provide HIPAA Administration including Certificates of Creditable Coverage? (Circle one) Yes No
- Is there an additional charge for this service? (Circle one) Yes No If yes, specify cost.
32. What kind of support will your company provide to the District to comply with The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA)? Is there an additional charge for this service? (Circle one) Yes No If yes, specify cost.
33. Do you have a disease management program? (Circle one) Yes No
- If yes, is it included in your rates? (Circle one) Yes No If no, specify cost to do so? Please provide statistics on how this program will save claims dollars.

## **EXHIBIT B**

### **VENDOR QUESTIONNAIRE**

Please provide written responses to the following questions. If the answer to any of the questions is `Yes`, Vendor shall describe fully the circumstances, reasons therefore, the current status, and ultimate disposition of each matter that is the subject of this inquiry.

1. Has Vendor been declared in default of any contract? ≤ Yes ≤ No
  
2. Has Vendor forfeited any payment of performance bond issued by a surety company on any contract? ≤ Yes ≤ No
  
3. Has an uncompleted contract been assigned by Vendor's surety company on any payment of performance bond issued to Vendor arising from its failure to fully discharge all contractual obligations there under? ≤ Yes ≤ No
  
4. Within the past three years, has Vendor filed for reorganization, protection from creditors, or dissolution under the bankruptcy statutes? ≤ Yes ≤ No
  
5. Is Vendor now the subject of any litigation in which an adverse decision might result in a material change in the firm's financial position or future viability? ≤ Yes ≤ No
  
6. Is Vendor currently involved in any state of a fact-finding, negotiations, or resistance to a merger, friendly acquisition, or hostile take-over, either as a target or as a pursuer? ≤ Yes ≤ No
  
7. Within the next year, does Vendor plan any personnel reductions? If so, explain by attachment. ≤ Yes ≤ No
  
8. Within the next year, does Vendor plan any divestments? If so, explain by attachment. ≤ Yes ≤ No

## **EXHIBIT C**

### **CERTIFICATION**

The undersigned agrees to furnish an EMPLOYEE BENEFITS PROGRAM to the Board in compliance with this Request for Proposal, Special Provisions, and Requirements.

By submission of this proposal, the proposer certifies:

- A. Prices in this RFP have been arrived at independently, without consultation, communication, or agreement for the purpose of restricting competition.
- B. Prices in this RFP have not knowingly been disclosed by the proposer and will not be prior to award to any other proposer.
- C. No attempt has been made nor will be by the proposer to induce any other person or firm to submit a proposal for the purpose of restricting competition.
- D. The individual signing this proposal certifies that he/she is authorized to represent the company offering and is legally responsible for the decision as to the prices and supporting documentation provided.
- E. Proposal submitted by: Company/Home Office with authority for rates, determination of dividends, renewal actions, etc.

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

(Include City/State/Zip) Phone No. (\_\_\_\_\_) \_\_\_\_\_ Fax No. \_\_\_\_\_

Website: \_\_\_\_\_

Claims office and representative responsible for payments for this account.

Name \_\_\_\_\_

Address \_\_\_\_\_ (include City, State, Zip)

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ E-Mail: \_\_\_\_\_

Taxpayer identification. State of Incorporation \_\_\_\_\_ Taxpayer

identification number \_\_\_\_\_

What are your current ratings with the various rating companies?

\_\_\_\_\_  
\_\_\_\_\_