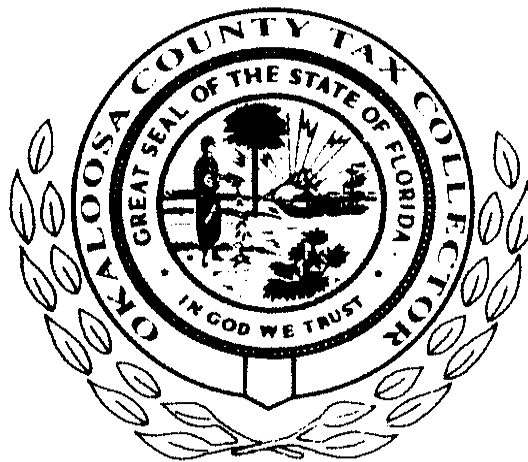


REQUEST FOR PROPOSAL GROUP HEALTH INSURANCE BENEFITS



PROPOSAL # -- OCTC RFP 2009.01

PROPOSALS DUE on Friday, June 12, 2009 at 1:00 P.M.

**THE INTENT OF THIS RFP IS TO ENTER INTO A CONTRACT WITH A FIRM TO PROVIDE
FOR GROUP HEALTH INSURANCE BENEFITS**

REQUEST FOR GROUP HEALTH INSURANCE BENEFITS

The Okaloosa County Tax Collector's Office (OCTC), under the provisions of Chapter 287, Florida Statutes, announces that professional services are required for work related to Group Health Insurance Benefits.

Copies of the RFP may be obtained from the Okaloosa County Tax Collector's Finance Department located at 151-C Eglin Parkway, NE, Fort Walton Beach, Florida 32548, phone (850) 651-7602 or may be downloaded from our website at www.okaloosatax.com (go to the "Current Solicitations" link on the main title page).

Vendors desiring consideration should provide an original and six (6) copies of their proposal that meets all requirements of the RFP.

All responses to the RFP should be delivered to the Okaloosa County Tax Collector's Office at the address listed below and sent to the attention of Deborah Dickerson, Director of Human Resources, no later than 1:00 p.m. (CST), June 12, 2009 in order to be considered.

All responses to the RFP must be in sealed envelopes reflecting on the outside thereof, the vendor's name, address, phone number and "GROUP HEALTH INSURANCE BENEFITS, RFP 2009.01 due on June 12, 2009."

All responses to the RFP should be addressed as follows:

Okaloosa County Tax Collector's Office
ATTN: Deborah Dickerson
Director of Human Resources
151-C Eglin Parkway, NE
Ft. Walton Beach, Florida 32548

Chris Hughes
Okaloosa County Tax Collector

REQUEST FOR PROPOSALS
GROUP HEALTH INSURANCE BENEFITS
PROPOSAL # -- OCTC RFP 2009.01

The purpose of this RFP is to obtain qualifications to enter into a contract to provide for group medical benefits (health, dental, life, LTD) for its employees.

The Okaloosa County Tax Collector's Office (OCTC) provides group medical benefits for its employees, their families, and retirees. The OCTC pays a minimum of 95% of the employee's premium. Dependent premiums are paid by the employee. The OCTC employs approximately 68 full time staff members. All full time staff members are eligible for group benefits upon completion of a 90-day probation period. Approximately 85% of eligible employees opt for the OCTC's group medical plan. Employees who opt off the plan are eligible to enroll in the plan at any time and are automatically enrolled upon termination of prior coverage.

Proposals are expected from financially sound insurers, authorized to do business in Florida. A.M. Best's ratings, where applicable, should be furnished for each insurer being proposed.

A broker/agent will be selected to provide a group medical plan, render customer support, function as a liaison for the OCTC with the plan holder, troubleshoot plan discrepancies, and work closely with the OCTC benefits coordinator to ensure each policy holder is kept abreast of updates/changes to the group plan. The OCTC shall retain the right to select a broker/agent that is responsive to the needs of the OCTC, its employees and their dependents. Medical proposals should be valid from October 1, 2009 effective date and valid for a minimum of one year through October 1, 2010.

The OCTC will provide an employee census containing birthdates, gender, zip codes, and current coverage. This may be requested in writing by qualified vendors intending to submit bids by Emailing: ddickerson@okaloosatax.com .

A. SCOPE OF SERVICES:

The scope of services may include but is not limited to the following:

1. The Contractor will provide insurance coverage for employees, spouses of employees, employees and their children, and family coverage based on employee selection / designation. Coverage will maximize group savings and pass that savings on to the insured. The Contractor providing a limitation on paperwork, maximizing savings to the insured on medical and pharmacy services, and provides for broad provider options will be preferred.
2. The Contractor will provide a breakdown of deductibles per individually insured by calendar year, per family by calendar year, per hospital admission, to include the use of PPO hospitals and non-PPO hospitals,

per emergency room visit, and all other pre-existing condition requirements and costs. The Contractor will provide a clear statement of what procedures will not be covered and what procedures will be covered and their resulting deductibles. Additionally, any other deductibles or special clauses, constraints or requirements will be clearly stated in advance of selection of the Contractor and will remain in effect for a full calendar year upon selection of the Contractor unless changes are required by law.

3. The Contractor will provide responsive customer service in answering questions about coverage, assisting with securing coverage, and completion of paperwork required by the OCTC Human Resource Director and the employees insured and their insured dependents.
4. The Contractor will provide for insurance that establishes a maximum out of pocket cost per calendar year.
5. The Contractor will provide for wellness benefits.
6. The Contractor will provide for lab services.
7. The Contractor will provide a pharmacy prescription program that maximizes the use of discounts for both generic and brand named drugs. In addition to prescription plans that maximize pharmacy options, an option for mail order for convenience and additional savings will receive preference. The Contractor will provide specific and clear instructions on the use of the prescription program in addition to prescriptions and equipment covered and not covered and any resulting deductibles. The pharmacy prescription program shall also include specific coverage from pharmacies outside of the local service area. In no case will a pharmacy prescription program be accepted that fails to have countywide pharmacy coverage.
8. The Contractor will provide for pregnancy coverage.
9. The Contractor will provide specifics on COBRA and will provide a Conversion of Benefits for separating employees provided the conversion does not add to the overall cost of those employees and dependents insured remaining in the program.
10. The Contractor will provide descriptive plan materials with copies of any endorsements and self-select options in an amount to cover every employee in the office plus ten copies for the Human Resource Director.
11. The Contractor will provide insurance that limits the amount of out-of-pocket expenses to the employee and provides a responsive billing or accounting process.

B. INFORMATION:

Questions of a technical nature should be directed to Deborah Dickerson, Director of Human Resources, 850-609-3055. All other questions should be directed to Jim Harkins, Finance Director, 850-651-7602. Any changes to the specifications shall be in writing in the form of an addendum and furnished to all Contractors submitting proposals.

C. PAYMENT:

The Contractor shall be paid upon submission of invoices to the appropriate contract manager as provided by any written contract agreement.

D. ADDITIONAL COST:

All usual and customary costs incurred as a result of providing services mentioned in **A. Scope of Services**, to include providing plan information, assisting employees with insurance questions, any required printing, mailing, date programming or reprogramming, postage and postage changes, and providing all other customer service and information to the OCTC Human Resources Director, will be borne by the Contractor and not subject to reimbursement by the OCTC or the insured and their dependents.

E. TERM:

The contract shall be for a 1-year period renewable annually by agreement of both parties as specified by any written contract agreement.

F. RFP PROPOSAL REQUIREMENTS:

Insurance agents at a minimum should submit the following as a part of their proposal and in the order presented below:

- a. **Letter of Interest** stating the location and headquarters of the insurance agent's office to include a specific statement of the services the insurance company is proposing to provide.
- b. **Business Credentials** that provides a synopsis of the agent company's qualifications including capabilities of the agent; credentials of the insurance company's management team.
- c. **List of Previous or Ongoing Insurance Contracts** that outline experience to perform services for a public sector employer required under the scope of services.
- d. **Specific Accomplishments** that will demonstrate the ability of the insurance company / insurance agent to provide services required under the scope of services.

- e. **Response to the Scope of Services** that demonstrates and outlines how the insurance company / insurance agent would carry out the specific services required under the scope of services to include any enhancements that are not reflected in the scope of services. Services should include but not be limited to:
- (i) Insurer Qualifications
 1. Proposals are expected from financially sound insurers, authorized to do business in Florida. A.M. Best's ratings, where applicable, should be furnished for each insurer being proposed.
 - (ii) Network
 1. Provide descriptive materials of the plan(s) offered, listings of preferred providers (including hospitals, general practitioners and specialists).
 2. State when the last provider directory was published and how often it is revised.
 3. State how many primary care physicians are in the network and the percentage of primary physicians and the percentage of the other physicians who are not accepting new patients.
 4. Indicate what kind of communications are provided by the network to the participating providers and how often they are informed of plan changes.
 5. State to what extent benefits are provided out of the local service area.
 6. State other plans/options network has for consideration.
 - (iii) Cost Containment
 1. Describe the nature and special features of the plan offered.
 2. Indicate how benefits, deductible and co-payments are applied or recommended by the plan and any required or recommended penalties of non-use of preferred providers. Specifically address how lab work will be covered or not covered.
 3. Describe discounts and other pricing arrangements that the plan has negotiated with hospitals and physicians which will provide cost reduction to the Okaloosa County Tax Collector's Office. Although statewide averages are useful, it is preferred that discounts in the Okaloosa County Tax Collector's local area be disclosed.
 - (iv) Stop-Loss/Waiver of Coinsurance
 1. Managed care plans should indicate the maximum total out-of-pocket costs per plan year per person and per family.
 - (v) Pre-Existing Conditions
 1. Provide information on the extent to which pre-existing conditions are covered or not covered by your plan.
 - (vi) COBRA and Conversion Benefits
 1. 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.

2. Retirees shall have an option to remain in the Okaloosa County Tax Collector's regular group program.
 3. Proposers are to state if they will administer COBRA enrollments and assure compliance with COBRA law. State separately the cost, if any, for these services.
 4. Retirees shall have an option to remain in the Okaloosa County Tax Collector's regular group program at their expense. Medicare eligible retired persons 65-69 shall have the option to choose the Okaloosa County Tax Collector's plan or to decline the Okaloosa County Tax Collector's plan in favor of Medicare.
- f. **Reference Listing** of no fewer than four references of past experience that include at a minimum, a contact person, a company name, the services provided to that company and a phone number.
 - g. **Additional Information and Comments** by the insurance agent, at their discretion, that provides additional information deemed relevant to the evaluation of the proposal.
 - h. **Sample Insurance Benefits Booklet and Last Provider Directory** demonstrating the same level of quality and content being proposed for this RFP.
 - i. **Pricing** that includes all pricing for all services unless otherwise stated.
 - j. **Insurance Agent / Company Statement of Confidentiality of Data** that states a commitment to keeping data and employee information confidential and specifically addresses what procedures will be used to ensure that data / information is kept confidential and secure.
 - k. **Expectations of OCTC Resources** necessary to carry out the terms of the vendor's proposal.

G. NON-CONTACT:

No communication seeking to in any way influence the outcome of the proposal evaluation is allowed between submitting vendors and members of the RFP Selection Committee during the evaluation process. Failure to comply with this policy will result in disqualification. All communication regarding the RFP of a non-technical nature shall be directed to Jim Harkins, Finance Director, (850) 651-7602.

H. SUBMISSION OF PROPOSALS:

Interested vendors shall submit an original and six (6) copies of their proposals to:

**Okaloosa County Tax Collector's Office
ATTN: Deborah Dickerson
Director of Human Resources
151-C Eglin Parkway, NE
Ft. Walton Beach, Florida 32548**

Proposals must be delivered no later than 1:00 p.m., CST, Friday, June 12, 2009. Proposals submitted by electronic means or proposals that are received late or misdirected will not be accepted for evaluation. **The OCTC will take no responsibility for mail service delivery failure. Responses received later than 1:00 p.m. (CST) on Friday, June 12, 2009 will be considered ineligible for consideration – no exceptions.**

I. EVALUATION AND SELECTION OF PROPOSALS:

An RFP Selection Committee will evaluate all proposals received and:

- (1) Prepare an alphabetical listing of those vendors determined to be interested and available. Evaluate the proposals meeting minimum submission criteria based on:
 - a. Responsiveness of the proposal in clearly stating an understanding of the work to be performed for the OCTC including demonstrating the requirements of the **A. Scope of Services** and **F. Proposal Requirements**.
 - b. Vendor demonstrated competence, including technical education and training, experience and availability of adequate personnel, equipment and facilities.
 - c. Current workload.
 - d. Vendor financial responsibility.
 - e. Past record of professional accomplishments.
 - f. Ability to design an insurance package to meet or exceed the project requirements.
 - g. Fixed pricing and costs, deductibles, out of pockets, coverage, limitation of coverage, and costs for all parties (insured, dependents and the OCTC.) Although cost will be a major consideration in evaluating proposals, it will not be the only consideration.
 - h. Insurance agent / insurance company demonstrated ability to complete all requirements outlined in **A. Scope of Services** and **F. Proposal Requirements**.

- i. Ability to meet an October 1, 2009 effective date, good for a minimum of one year.
- j. Coverage: the amount and breadth of coverage and the extent of benefits, such as living death benefits, waiver of premium, deductibles, co-payments, co-insurance, restrictions, or exclusions.
- k. Services: the capabilities and experience of proposers, the hospitals and the number of physicians under contract and the number that will accept new patients, and the proposer's claims processing standards.
- l. Stability: financial stability of the insurer, self-insurance fund, or other provider coverage.
- m. References in county areas: Okaloosa, Walton, Escambia and Santa Rosa.

(2) Review of all proposals timely received will proceed as follows:

- a. The RFP Selection Committee will review all written documentation timely submitted and shall develop and recommend a vendor rank order to the Okaloosa County Tax Collector for approval.
- b. The RFP Selection Committee may request oral presentations or demonstrations from the vendors when establishing the recommended vendor rank order.

(3) Negotiations between the selection committee and the first vendor (the vendor ranked highest on the OCTC approved vendor rank order list) will proceed as follows:

- a. Negotiations will be held with the first vendor on the vendor rank order list.
- b. If no tentative agreement can be reached with the first vendor, then negotiations will commence with the second vendor on the vendor rank order list.
- c. If no tentative agreement can be reached with the second vendor, then negotiations will commence with the third vendor on the vendor rank order list.
- d. If no tentative agreement is reached with the third vendor on the vendor rank order list, then the RFP Selection Committee shall return to the Okaloosa County Tax Collector to report such and recommend that a new vendor rank order list be established from among any other proposals submitted. If for any reason said

procedure is not feasible, the committee shall seek direction from the Okaloosa County Tax Collector as to how to proceed.

- (4) Once a tentative agreement is reached with a vendor, the RFP Selection Committee shall present the tentative agreement to the Okaloosa County Tax Collector for approval. An executive summary shall be written to inform the Okaloosa County Tax Collector of the terms, conditions, and costs associated with the proposed contract.
- (5) Upon approval by the Okaloosa County Tax Collector of the components of the contract, execution shall be made of a formal written contract prior to commencement of any work.

J. CONFIDENTIALITY, WARRANTY, AND INDEMNIFICATION:

- a. The **CONTRACTOR** agrees to exercise caution and discretion in safeguarding customer information and data which is confidential in nature. The **CONTRACTOR** will be liable for any willful and material disclosure of such information or data in addition to being subject to criminal prosecution for violation of any applicable state or federal laws.
- b. The **CONTRACTOR** will provide a statement of warranty that specifies the warranty of services to be provided and any limitations therein.
- c. To the fullest extent permitted by law, the **CONTRACTOR** shall indemnify and hold harmless **the Okaloosa County Tax Collector and the Okaloosa County Tax Collector's Office**, its officers and employees from liabilities, damages, losses, and costs including but not limited to reasonable attorney fees, to the extent caused by the negligence, recklessness, or intentional wrongful conduct of the **CONTRACTOR** and other persons employed or utilized by the **CONTRACTOR** in the performance of this agreement.

K. CONFLICT OF INTEREST:

The award hereunder is subject to the provisions of Chapter 112, Florida Statutes. All respondents must disclose with their proposal the name of any officer, director, or agent who is also a public officer or an employee of the OCTC.

Furthermore, all respondents must disclose the name of any OCTC employee who owns, directly or indirectly, an interest of five percent (5%) or more in the firm or any of its branches.

Furthermore, the official, prior to or at the time of submission of the proposal, must file a statement with the Okaloosa County Tax Collector if he/she is an employee of the OCTC, disclosing his/her or spouse's or child's interest and the nature of the intended business.

NOTE: For vendor's convenience, this certification form is enclosed and is made a part of the proposal package.

L. IDENTICAL TIE PROPOSALS:

Preference shall be given to businesses with drug-free workplace programs. Whenever two or more proposals that are equal with respect to price, quality and service are received by the OCTC for the procurement of commodities or contractual services, a proposal received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process (see attached certification form).

NOTE: For vendor's convenience, this certification form is enclosed and is made a part of the proposal package.

M. PUBLIC ENTITY CRIME INFORMATION:

A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, for **CATEGORY TWO** for a period of 36 months from the date of being placed on the convicted vendor list.

N. EXEMPTION:

The engagement of certain services, including those required by this Request for Proposals, is exempt from the provisions of the Administrative Procedure Act, Chapter 120, Florida Statutes, as amended, and therefore are not to be subject to the appeal process therein described at any time during the solicitation of selection period.

O. RIGHT TO WAIVE AND REJECT:

1. The OCTC, in its absolute discretion, may reject any proposal of a vendor that has failed, in the opinion of the OCTC, to complete or perform an Okaloosa County contracted project in a timely fashion or has failed in any other way, in the opinion of the OCTC, to perform a prior contract in a

satisfactory manner, and has directed the OCTC Finance Director to emphasize this condition to potential vendors.

2. There is no obligation on the part of the OCTC to award the proposal to the lowest vendor, and the OCTC reserves the right to award the proposal to the vendor submitting a responsive proposal with a resulting negotiated agreement which is most advantageous and in the best interest of the OCTC, and ***to reject any and all proposals***, or to waive any irregularity or technicality in proposals received. The OCTC shall be the sole judge of the proposal and the resulting negotiated agreement that is in its best interest and its decision shall be final.
3. ***The OCTC reserves the right to waive any informalities or reject any and all proposals, in whole or part, to utilize any applicable state contracts in lieu of or in addition to this proposal and to accept the proposal that in its judgment will best serve the interest of the OCTC.***
4. The OCTC specifically reserves the right to reject any conditional proposal and will normally reject those that made it impossible to determine the true amount of the proposal. Each item must be proposed separately and no attempt is to be made to tie any item or items to any other item or items.

P. DISQUALIFICATION OF VENDORS:

Any of the following reasons may be considered as sufficient for the disqualification of a vendor and the rejection of his/her proposal or proposals:

1. More than one proposal for the same work from an individual, firm or corporation under the same or different name.
2. Evidence that the vendor has a financial interest in the firm of another vendor for the same work.
3. Evidence of collusion among vendors. Participants in such collusion will receive no recognition as vendors for any future work of the OCTC until such participant shall have been reinstated as a qualified vendor.
4. Uncompleted work that in the judgment of the OCTC might hinder or prevent the prompt completion of additional work if awarded.
5. Failure to pay or satisfactorily settle all bills due for labor and material on former contracts in force at the time of advertisement of proposals.
6. Default under previous contract.

CONFLICT OF INTEREST DISCLOSURE FORM

For purposes of determining any possible conflict of interest, all bidders/vendors, must disclose if the Okaloosa County Tax Collector, or his employee(s), are owners, corporate officers, employees, etc., of their business.

Indicate either "yes" (if an OCTC employee is also associated with your business), or "no". If yes, give person(s) name(s) and position(s) with your business.

YES _____ NO _____

NAME(S)

POSITION(S)

FIRM NAME: _____

BY (PRINTED): _____

BY (SIGNATURE): _____

TITLE: _____

ADDRESS: _____

PHONE NO. _____

DRUG-FREE WORKPLACE CERTIFICATION

THE BELOW SIGNED BIDDER CERTIFIES that it has implemented a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

- 1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.**
- 2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.**
- 3. Give each employee engaged in providing the commodities or contractual services that are under quote a copy of the statement specified in subsection 1.**
- 4. In the statement specified in subsection 1, notify the employees that, as a condition of working on the commodities or contractual services that are under quote, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.**
- 5. Impose a sanction on, or require the satisfactory participation in, drug abuse assistance or rehabilitation program if such is available in employee's community, by any employee who is convicted.**
- 6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.**

As the person authorized to sign this statement, I certify that this firm complies fully with the above requirements.

SIGNATURE: _____ **DATE:** _____

COMPANY: _____ **NAME:** _____
(Typed or Printed)

ADDRESS: _____

PHONE NO.: _____

INDEMNIFICATION AND HOLD HARMLESS

To the fullest extent permitted by law, the CONTRACTOR shall indemnify and hold harmless the Okaloosa County Tax Collector and the Okaloosa County Tax Collector's Office, its officers and employees from liabilities, damages, losses, and costs including but not limited to reasonable attorney fees, to the extent caused by the negligence, recklessness, or intentional wrongful conduct of the CONTRACTOR and other persons employed or utilized by the CONTRACTOR in the performance of this Agreement.

Bidder's Company Name

Authorized Signature – Actual

Physical Address

Authorized Signature – Typed

Mailing Address

Title

Phone Number

FAX Number

Cellular Number

After-Hours Number(s)

DATE