



**REQUEST FOR PROPOSAL
RFP #1718-28
STOP LOSS**

I. DEFINITIONS

Respondent means the person or entity that submits a Submittal in response to this RFP.

Proposal means the documents required to be submitted under Section II (a).

II. SUBMITTAL

Documents must be submitted as follows:

A. At least one (1) complete original, two (2) complete copies and one (1) complete electronic version of the following documents must be submitted to the City of Longview.

1. Proposal;
2. Vendor Acknowledgement
3. Respondent's Information Form;
4. Conflict of Interest Questionnaire.

B. The Proposal must be completed in ink or be typewritten.

C. The Proposal must be submitted in a sealed envelope or container that is marked on the outside of the envelope or container with the RFP Number and Name, as shown on the first page of this document, the Respondent's name and mailing address, and the date of the proposal deadline.

D. The Proposals may be:

**HAND DELIVERED OR
MAILED VIA FEDEX / UPS IF MAILING VIA USPS:**

<u>Physical Address</u>	<u>Mailing Address</u>
City of Longview Purchasing Manager – Jaye Latch 300 W. Cotton Street Longview, TX 75601 (903) 237-1324	City of Longview Purchasing Manager – Jaye Latch P.O. Box 1952 Longview, TX 75606 (903) 237-1324

FACSIMILE OR EMAILED TRANSMITTALS WILL NOT BE ACCEPTED.

E. Proposals will be received on or before **2:00 p.m. Thursday, August 9, 2018**. Proposals received after the Proposal date and time will not be considered.

III. ADDITIONAL INSTRUCTIONS AND INFORMATION

A. If a Respondent finds a discrepancy in or omission from, or has a question about the meaning of, this RFP or other related document, the Respondent should immediately notify the Office of the city's Consultant: IPS/HUB, Attn: Charlotte Starks at charlotte.starks@hubinternational.com on or before 5:00 p.m. on July 20, 2018.

B. A Respondent may withdraw a Proposal by giving the Purchasing Office and IPS/HUB written notice of the withdrawal before the Proposal deadline. If a Respondent submits written notice of the withdrawal after the Proposal deadline, a Respondent must receive the City's written consent to withdraw a Proposal.

C. Proposals received in response to this RFP will be reviewed and evaluated by City staff and IPS/HUB.

D. Additional documents, amendments, and addendums relating to this RFP are available at the City of Longview's Purchasing Manager Office and on the City's website: <https://LongviewTexas.gov/Bids>.

E. Questions regarding this bid must be received by IPS/HUB, no later than **5:00 P.M., July 26, 2018**. **Questions will not be accepted after this time.**

If you have any questions, please contact:

IPS/HUB
Charlotte Starks
Manager of Public Sector Marketing
Charlotte.starks@hubinternational.com

Vendors shall not contact members of the City staff with respect to this Request for Proposal (RFP) or the selection process. Contact with any personnel of the City, regarding this Request for Proposal may be grounds for elimination from the selection process.

The City does not assume responsibility for not receiving questions from the Respondent or the Respondent's receipt of any answers, addenda, or amendments placed on that website.

IV. GENERAL INSTRUCTIONS

The City of Longview will receive Proposals for: STOP LOSS

IT IS UNDERSTOOD that the City of Longview Health Plan Board of Trustees reserves the right to reject any or all proposals for any or all products and/or services covered in this request for proposal and to waive informalities of defects in such proposals. Proposals must be valid for ninety (90) days after opening. The anticipated award(s) will be made in August for Stop Loss.

TO PROVIDE FOR: A contract commencing on the latest date executed by both parties and continuing for a three-year contract with two one-year renewal options with caps, or a two-year contract with options for three one-year renewals with caps, or a one-year contract with options for four one-year

renewal options with caps will be considered. **If it is the respondent's intent to increase rates at the renewal date, the City must be notified of the maximum increase for each renewal period and the basis for calculating the increase.** The City must be notified of renewal rates at least 120 days prior to the effective date of the rate change.

Proposals must be submitted on the pricing forms included for that purpose in this packet. Each proposal shall be placed in a separate sealed envelope and **manually signed by a person having the authority to bind the Respondent in a contract** and marked clearly on the outside as indicated in this RFP. Respondents should carefully examine all terms, conditions, specifications and related documents. Should a respondent find discrepancies in or omissions from the specifications or related documents, or should there be doubt as to their meaning, IPS/HUB, should be notified by **5:00 p.m. July 26, 2018** for clarification prior to submitting the proposal. In the event of any conflict between the terms and conditions of these requirements and the specifications, the specifications shall govern. In the event of any conflict of interpretation of any part of this overall document, the City of Longview and IPS/HUB interpretation shall govern.

DOCUMENTATION: Respondent shall provide with this response all documentation required by this RFP. Failure to provide this information may result in rejection of proposal.

DESCRIPTIONS: Specifications may reference any catalog, brand name or manufacturers' model numbers. It is the intent of the City of Longview to be **DESCRIPTIVE - NOT RESTRICTIVE** and to establish a desired quality level of service or products or to meet a pre-established standard of quality. Respondents may offer items of equal quality and the burden of proof of such quality rests with them. The City of Longview shall act as sole judge in determining quality and acceptability of products offered.

TAX EXEMPTION: The City is not liable to Respondent for any federal, state, or local taxes for which the City is not liable by law, including state and local sales and use taxes (Section 151.309 and Title 3, Texas Tax Code) and federal excise tax (Subtitle D of the Internal Revenue Code). Accordingly, those taxes may not be added to any item. The city's Tax Exemption Certificate will be furnished by the city on request of the Respondent.

EVALUATION FACTORS: Evaluation factors outlined in the RFP shall be applied to all eligible, responsive Respondents in comparing proposals. Award of a contract may be made without discussion to one of the Respondents submitting a proposal after responses are received. Proposals should, therefore, be submitted on the most favorable terms.

EVALUATION COMMITTEE: Proposals received in response to this RFP will be reviewed and evaluated by City staff and IPS/HUB.

DISCUSSIONS: Formal or informal communication involving an oral or written exchange of information for the primary purpose of obtaining information essential for determining the acceptability of a proposal.

BEST AND FINAL OFFER (BAFO): In a competitive negotiation, the final proposal submitted after negotiations or discussions are completed that contains the proposer's most favorable terms for price, services and products to be delivered. Sometimes referred to as BAFO and utilized during the Request for Proposal method of procurement.

EVALUATION PROCESS: After receipt of the proposals, City of Longview and IPS/HUB will evaluate the proposals based upon the evaluation criteria set forth in the Request for Proposal. The City

has at its sole discretion, the ability to negotiate with the respondent determined to be the highest ranked after completion of the evaluations.

The City may elect to conduct discussions with the respondents deemed to be in the competitive range for award. If discussions are held, respondents identified in the competitive range will be given equal opportunity to discuss and submit revisions to their proposals. Revisions of proposals are accomplished by formally requesting Best and Final Offers (BAFOs) at the conclusion of discussions with a deadline set for receipt of BAFOs and including instructions as to exactly what should be submitted in response to the BAFO. After consideration of all BAFO responses, The City will select the top ranked respondent, and will enter into contract negotiations.

COSTS TO SUBMIT: The City of Longview will not be liable for any costs incurred by any respondent in preparation of a submittal in response to this request, in conduct of a presentation, or any other activities related to response to this RFP.

ADDENDA: Any interpretations, corrections or changes to this Request for Proposal and Specifications will be made by addenda. Sole issuing authority of addenda shall be vested in the City of Longview Purchasing Office and IPS/HUB, . Addenda will be available to all who are known to have received a copy of this RFP. Addenda can be found on the City of Longview Website: <https://LongviewTexas.gov/Bids>. It is the responsibility of the proposer to obtain a copy off all addenda pertaining to this RFP. Addenda may also be obtained by calling the City of Longview purchasing office at 903-237-1324. Respondents shall acknowledge receipt of all addenda on the Certification/Addenda Acknowledgement form found in this document.

LATE PROPOSALS: Proposals received in the City after the submission deadline will be considered void and unacceptable. City of Longview is not responsible for lateness or non-delivery of mail, carrier, etc. The date/time stamp in the Purchasing Manager's office shall be the official time of receipt.

ALTERING PROPOSALS: Proposals cannot be altered or amended after submission deadline. Any alterations or erasures made before opening time must be initialed by the signer of the proposal, guaranteeing authenticity.

REJECTION OF PROPOSALS: The Health Plan Board of Trustees may choose to reject all proposals and not award any contract.

AWARD: The City has the right to award a contract upon the conditions, terms and specifications contained in a proposal submitted to the City for a period of up to one hundred fifty (150) days following the date specified for the opening of proposals. The anticipated award(s) will be made around August for Stop Loss.

MANDATORY TERMS AND CONDITIONS

Because the City is a governmental entity that must follow State and Federal laws and has an obligation to protect its taxpayers, the City requires that certain terms be included in the contract that results from this solicitation. Your response to this solicitation is an offer to contract with the city based on the terms, conditions, and specifications contained in this solicitation. If any of the mandatory contract terms are unacceptable to you, please do not respond to this solicitation.

CONFLICTING PROVISIONS: The contract consists only of the city-prepared contract and any additional city or Respondent contract documents incorporated by reference as a part of the contract. If a conflict or inconsistency exists between the city-prepared contract and a document incorporated by reference, the city-prepared contract controls. If a conflict or inconsistency exists between an additional contract document incorporated by reference, the city's additional contract document takes precedence over the respondent's additional contract document.

PAYMENT PROVISIONS: The City's payments under the Contract, including the time of payment and the payment of interest on overdue amounts, are subject to Chapter 2251, Texas Government Code.

MULTIYEAR CONTRACTS: If City Council does not appropriate funds to make any payment for a fiscal year after the City's fiscal year in which the contract becomes effective and there are no proceeds available for payment from the sale of bonds or other debt instruments, then the Contract automatically terminates at the beginning of the first day of the successive fiscal year. (Section 5, Article XI, Texas Constitution)

LIABILITY AND INDEMNITY: Any provision of the Contract is void and unenforceable if it: (1) limits or releases either party from liability that would exist by law in the absence of the provision; (2) creates liability for either party that would not exist by law in the absence of the provision; or (3) waives or limits either party's rights, defenses, remedies, or immunities that would exist by law in the absence of the provision. (Section 5, Article XI, Texas Constitution)

CONFIDENTIALITY: Any provision in the Contract that attempts to prevent the City's disclosure of information subject to public disclosure under federal or Texas law or regulation, or court or administrative decision or ruling, is invalid. (Chapter 552, Texas Government Code)

TAX EXEMPTION: The City is not liable to Respondent for any federal, state, or local taxes for which the City is not liable by law, including state and local sales and use taxes (Section 151.309 and Title 3, Texas Tax Code) and federal excise tax (Subtitle D of the Internal Revenue Code). Accordingly, those taxes may not be added to any item. The city's Tax Exemption Certificate will be furnished by the city on request of the Respondent.

CONTRACTUAL LIMITATIONS PERIOD: Any provision of the Contract that establishes a limitations period that does not run against the City by law or that is shorter than two years is void. (Sections 16.061 and 16.070, Texas Civil Practice and Remedies Code)

GOVERNING LAW AND VENUE: Texas law governs this Contract and any lawsuit on this Contract must be filed in a court that has jurisdiction in Gregg County, Texas.

V. OTHER TERMS AND CONDITIONS

CONFLICT OF INTEREST: No public official shall have interest in this contract accept in accordance with Vernon's Texas Codes Annotated, Local Government Code Title 5, Subtitle C, Chapter 171.

ETHICS: The Respondent shall not offer or accept gifts or anything of value or enter into any business arrangement with any employee, official or agent of City of Longview. More than one proposal on any one contract from a Respondent or individual under different names shall be grounds for rejection of all proposals in which the Respondent or individual has an interest. One or all proposals will be rejected if there is any reason to believe that collusion exists between Respondents.

Respondents must make every effort to comply Chapter 176 of the Texas Local Government Code. Chapter 176 mandates the public disclosure of certain information concerning persons doing business or seeking to do business with the City of Longview, including affiliations and business and financial relationships such persons may have with City of Longview officers.

By doing business or seeking to do business with the City of Longview, including submitting a response to this Request for Proposals, you acknowledge that you have been notified of the requirements of Chapter 176 of the Texas Local Government Code and you are representing that you are in compliance with them.

Conflict of Interest questionnaire found on the last page of this document must be filled out and turned in with each proposal.

DISCLOSURE OF INTERESTED PERSONS FOR COUNCIL – APPROVED CONTRACTS: Under Section 2252.908 of the Tex Gov't Code - The Commission has approved a Certificate of Interested Persons form, which must be filled out, signed, notarized and submitted to the City at the time of execution of the Contract/Agreement, along with the certification of filing generated from the Commission's website. The Certificate of Interested Persons form is available on the Commission's website at <https://www.ethics.state.tx.us/tec/1295-Info.htm> and the successful Bidder/Proposer must follow the Commission's filing process adopted pursuant to the statute. The successful contractor's notarized Certificate of Interested Persons and certification of filing will be attached to the Contract/Agreement.

PROHIBITION ON CONTRACTS WITH COMPANIES BOYCOTTING ISRAEL - Chapter 2270 of the Texas Government Code prohibits the City from entering into a contract with a company unless the contract contains a written verification from the company that it: (1) does not boycott Israel; and (2) will not boycott Israel during the term of the contract. The term "boycott Israel" has the meaning assigned by Section 808.001 of the Texas Government Code. The required verification is included with and made a part of this ITB, and the same or substantially similar language must be made a part of the final contractual agreement between the City and the successful bidder.

DELIVERY: Any delivery and freight charges (FOB City of Longview designated location) are to be included in the proposal price.

PACKING SLIPS: or other suitable shipping documents shall accompany each shipment and shall

show:

1. Respondent company name and address;
2. Name and address of the City of Longview department the shipment is being made to;
3. Descriptive information as to the items delivered, including quantity and part numbers.

INVOICES: submitted for payment shall be addressed to:

City of Longview
P.O. Box 1952
Longview, Texas 75606

Periodic payments will be made within 30 days of invoice date or satisfactory delivery of the product or service, whichever is later, provided that all other requirements as detailed in the contract have been fulfilled.

WARRANTY: Successful Respondent shall warrant that all items or services shall conform to the proposed specifications and all warranties as stated in the Uniform Commercial Code and be free from all defects in material, workmanship and title.

PATENTS/COPYRIGHTS: The successful Respondent agrees to protect City of Longview from claims involving infringements of patents and/or copyrights.

TERMINATION OF CONTRACT: The City of Longview reserves the right to terminate the contract immediately in the event the successful Respondent:

1. Fails to meet delivery schedules;
2. Defaults in the payment of any fees;
3. Otherwise fails to perform in accordance with this contract;
4. Becomes insolvent and/or files for protection under bankruptcy laws.

Such termination is in addition to and not in lieu of any other remedies that City of Longview may have in law or equity. Respondent, in submitting this proposal, agrees that City of Longview shall not be liable to prosecution for damages in the event that the City declares the Respondent in default.

TERMINATION FOR CONVENIENCE: The contract may be terminated, without penalty, by either party by providing 30 days' written notice to the other party.

NOTICE: Any notice provided by this RFP or required by law to be given to the successful Respondent by City of Longview shall be deemed to have been given and received on the next business day after such written notice has been deposited in the U. S. mail in Longview, Texas, by Registered or Certified Mail with sufficient postage affixed thereto, addressed to the successful Respondent at the address so provided; provided this shall not prevent the giving of actual notice in any other manner.

ASSIGNMENT: The successful Respondent shall not sell, assign, transfer or convey this contract, in whole or in part, without the prior written consent of City of Longview.

OVERVIEW

Client: City of Longview
Industry: Municipality
Group to be Covered: All Eligible Employees working 30 hours per week
Pre-65

Size: 792 Active Employees
159 Pre-65 Retirees
4 COBRA

Location: 140 E. Tyler, Suite 400
Longview, TX 75601

Coverages to Bid: Medical/Rx Stop Loss

Commission: ***NET OF COMMISSIONS***

Timetable:	Release of Request For Proposal	7/19/2018
	Deadline for Questions	7/26/2018 5:00 PM
	Final Addenda	7/30/2018
	Proposal Deadline	8/9/2018 2:00 PM
	New Coverage Effective	10/1/2018

Direct All Questions To: **IPS/HUB**
Charlotte Starks
Manager of Public Sector Marketing
Charlotte.starks@hubinternational.com

Comments: The City of Longview is requesting competitive Stop Loss bids for the 10/1/2018 effective date. The current administrator is UMR and the current Network will remain

Choice Plus. The City maintains an Organ Transplant policy with Tokio Marine(AIG).

ASSUMPTIONS AND EXPECTATIONS

Assumptions are as follows:

1. The proposal is to be based on the proposed plan of benefits.
2. The quote is to be based upon the census provided in the RFP.
3. All participants enrolled in the Employee Benefits Plan as of September 30, 2018 are to receive immediate coverage under the new plan. All health services incurred on or after October 1, 2018, for currently enrolled participants are to be eligible expenses. The City's enrollment records are to be the basis for "take-over."
4. Credit is to be given for accumulated deductible and coinsurance.
5. All Respondent proposal offerings will comply with the Patient Protection and Affordability Care Act.
6. Coverage for employees (full time) becomes effective the 61st of employment. Medical terminates at the end of the month in which the employees separates from employment. Retirees are eligible for continued coverage up to Medicare eligibility, provided they were enrolled in benefits the day preceding the date of retirement.
7. This RFP is for a three-year contract. A two-year contract with a one-year renewal with caps or a one-year contract with options for two one-year renewals with caps will be considered. **If it is the respondent's intent to increase rates at the renewal date, the City must be notified of the maximum increase for each renewal period and the basis for calculating the increase.** The City must be notified of renewal rates at least 120 days prior to the effective date of the rate change.

COVERAGE / FUNDING MATRIX

COVERAGE	Current or requested	Current Carrier	Contributory	Non-Contributory	Funding	Retiree Coverage
Medical Stop Loss	Current	Westport	N/A	Yes	Partial Self-Funded	Pre-65/Unblended

VENDOR SELECTION CRITERIA OVERVIEW

- Selection Criteria:** In addition to cost, the City of Longview is looking for carriers or vendors who can provide a high level of service and whose products hold with long-term cost containment goals.
- Length:** 3 Years
- Option I:** 3 - Year rate guarantee
- Option II:** 2 - Year rate guarantee with a rate increase cap for the 2020-2021 plan year
- Option III:** 1 - Year rate guarantee with rate increase caps for the 2019-2020 and 2020-2021 plan years

VENDOR SELECTION CRITERIA

(Stop Loss)

The objective of the evaluation for proposals will be to select the provider whose proposal is most responsive to the City's relating importance, price, and other factors considered:

1. Cost (50%)

- a) Fixed Costs: includes insurance costs and administrative costs
- b) Variable Costs: costs stated as a percentage of paid claims, cost management (i.e., shifting of more/less workload to City staff)
- c) Ability to reduce claims expense
- d) Cost of Stop Loss integration with current third party administrator

2. Financial Stability (30%)

- a) Financial Stability (AM Best or Equivalent Agency Rating)

3. Claims Processing (10%)

- a) Turnaround time excluding medical review of claims
- b) Pended claims procedures
- c) Statistical accuracy
- d) General service procedures
- e) Dedicated service team
- f) Willingness to contractually establish performance criteria

4. Past Performance (10%)

- a) Active and terminated reference
- b) Past relationship with client
- c) Recognitions / reputation of proposer

CITY OF LONGVIEW
CURRENT BENEFITS

CITY OF LONGVIEW
MEDICAL PLAN OF BENEFITS

BENEFITS - UMR		Current Plan
Deductible (Embedded)	Network	\$1,300 Individual / \$3,900 Family
	Non-Network	\$2,600 Individual / \$7,800 Family
Out-of-Pocket Maximum		Includes Deductible, Coinsurance, RX Copays
	Network	\$4,500 Individual / \$13,500 Family
	Non-Network	\$9,000 Individual / \$27,000 Family
Co-insurance	Network	80%
	Non-Network	50%
Lifetime Maximum		Unlimited
		You Pay
Office/Specialist Visit	Network	Deductible/20%
	Non-Network	Deductible/50%
Wellness Visit	Network	100% Covered
	Non-Network	Deductible/50%
In-Patient & Out-Patient Hospital	Network	Deductible/20%
	Non-Network	Deductible/50%
Urgent Care	Network	Deductible/20%
	Non-Network	Deductible/50%
Emergency Room	Network	True Emergency - \$100 Copay, Deductible / 20% Copay waived if admitted within 24 hours
	Non-Network	Not Covered (as of 6/1/2018)
Prescriptions Generic / Brand / Non-Formulary/Specialty		\$6.50/\$25/\$75/ 10% of negotiated charge, not to exceed \$185
	Mail Order (90 Days)	\$13/\$50/Not Covered

CITY OF LONGVIEW
RATE HISTORY

CITY OF LONGVIEW
RATE HISTORY

STOP LOSS RATES:

STOP LOSS	Swiss Re 10/1/2017- 9/30/2018	Swiss Re 10/1/2016- 9/30/2017	IHC 10/1/2015- 9/30/2016
Specific Deductible	\$125,000	\$125,000	\$125,000
Specific Contract Type	24/12	24/12	24/12
Specific Maximum	Unlimited	Unlimited	Unlimited
Specific Coverage	Med/Rx	Med/Rx	Med/Rx
*Specific Rates:	\$45.02 EE \$89.68 EE/SP \$79.37 EE/CH \$134.70 EE/FAM	\$48.60 EE \$94.53 EE/SP \$83.93 EE/CH \$140.83 EE/FAM	\$52.14 EE \$101.56 EE/SP \$90.16 EE/CH \$151.40 EE/FAM
Aggregate Corridor	125%	125%	125%
Aggregate Contract	24/12	24/12	24/12
Aggregate Coverages	Med/Rx	Med/Rx	Med/Rx
Aggregate Maximum	\$1,000,000	\$1,000,000	\$1,000,000
Agg Accommodation	Not Covered	Not Covered	Not Covered
Aggregate Premium	\$1.50	\$1.62	\$1.88
Aggregate Factors:	\$471.77 EE \$939.76 EE/SP \$831.73 EE/CH \$1,411.53 FAM	\$532.19 EE \$1,060.12 EE/SP \$938.25 EE/CH \$1,592.30 FAM	\$477.90 EE \$951.98EE/SP \$842.54 EE/CH \$1,429.88 FAM
Terminal Liability	Not Covered	Not Covered	Not Covered

2017 - 2018 EMPLOYEE CONTRIBUTIONS

MEDICAL CONTRIBUTIONS (ACTIVES)

Actives	Unit Medical Rate	Employer Contribution (\$)	Employee Contribution (\$)
Employee Only	\$570.28	\$560.28	\$10.00
+ Spouse	\$544.01	\$238.96	\$305.05
+ Child(ren)	\$423.27	\$178.24	\$245.03
+ Family	\$1,071.85	\$679.39	\$392.46
Premium Contributions	\$9,065,744	\$7,492,822	\$1,572,922

MEDICAL CONTRIBUTIONS (RETIREEES)

100% Retiree Rates - Plan Year 10.1.17-9.30.18 (per month)			
If a full-time employee began working at the city prior to August 31, 1991 and retires with at least 20 years of service, the City will cover the retiree's insurance at 100% until the retiree turns 65			
Coverage	Medical	Dental	Total
Employee Only	\$0	\$29.27	\$29.27
Employee & Spouse	\$429.83	\$55.68	\$485.51
Employee & Children	\$342.28	\$78.71	\$420.99
Employee & Family	\$556.98	\$99.65	\$656.63
50% Retiree Rates - Plan Year 10.1.17-9.30.18 (per month)			
If a full-time employee began working at the city between September 1, 1991 and August 31, 1996 and retires with at least 20 years of service, the City will cover the retiree's insurance at 50% until the retiree turns 65.			
Coverage	Medical	Dental	Total
Employee Only	\$427.71	\$29.27	\$456.98
Employee & Spouse	\$1228.88	\$55.68	\$1284.56
Employee & Children	\$1047.62	\$78.71	\$1126.33
Employee & Family	\$2020.49	\$99.65	\$2120.14

2017 - 2018 EMPLOYEE CONTRIBUTIONS (CONT'D)

25% Retiree Rates - Plan Year 10.1.17-9.30.18 (per month)			
If a full-time employee began working at the city between September 1, 1996 and August 31, 2001 and retires with at least 20 years of service, the City will cover the retiree's insurance at 25% until the retiree turns 65.			
Coverage	Medical	Dental	Total
Employee Only	\$641.57	\$29.27	\$670.84
Employee & Spouse	\$1442.73	\$55.68	\$1498.41
Employee & Children	\$1261.47	\$78.71	\$1340.18
Employee & Family	\$2234.35	\$99.65	\$2334.00

The City will not subsidize coverage in the health plan if a full-time employee began working at the city after September 1, 2001. The City only does this for the retiree.

SUBMISSION FORMS

IMPORTANT: PLEASE READ

***IT IS REQUESTED TO PROVIDE A QUOTE FOR THE CURRENT
SINGLE PLAN
AND PROVIDE A QUOTE FOR THE PROPOSED 10/1/2018 DUAL
OPTION PLANS INCLUDED IN THIS RFP***

**PLEASE COMPLETE SUBMISSION FORMS IN FULL
AND PROVIDE A COPY OF THE QUOTE**

SUBMISSION FORM
STOP LOSS

	CARRIER	CARRIER	CARRIER
Specific Deductible	\$125,00	\$150,000	\$175,000
Specific Contract Type	24/12	24/12	24/12
Specific Coverages	Medical / Rx	Medical / Rx	Medical / Rx
Plan Lifetime Max			
Specific Lifetime Max Reimbursement			
Specific Annual Max Reimbursement			
Specific Rates: Employee Employee + Family	\$	\$	\$
Aggregate Corridor	125%	125%	125%
Aggregate Contract	24/12	24/12	24/12
Aggregate Coverages	Medical / Rx	Medical / Rx	Medical / Rx
Aggregate Maximum			
Aggregate Accommodation	\$	\$	\$
Aggregate Premium	\$	\$	\$
Aggregate Factors: Employee Employee + Family	\$ \$	\$ \$	\$ \$
Minimum Attachment Point	\$	\$	\$
Terminal Liability	\$	\$	\$
Pre-65 Retiree Coverage			
AM Best Rating			

The costs above are based upon the Current plan of benefits outlined in the RFP.

Signature

SUBMISSION FORM
PROPOSED PLANS 10/1/2018

BENEFITS - UMR		Standard Plan – Option	HSA Plan– Option
Deductible (Embedded)	Network	\$1,500 Individual / \$4,500 Family	\$2,700 Individual / \$5,400 Family
	Non-Network	n/a	n/a
Out-of-Pocket Maximum		Includes Deductible, Coinsurance, RX Copays	Includes Deductible, Coinsurance, RX Copays
	Network	\$4,700 Individual / \$14,100 Family	\$6,650 Individual / \$13,300 Family
	Non-Network	n/a	n/a
Co-insurance	Network	80%	80%
	Non-Network	n/a	n/a
Lifetime Maximum		Unlimited	Unlimited
		You Pay	You Pay
Office/Specialist Visit	Network	Deductible/20%	Deductible/20%
	Non-Network	n/a	n/a
Wellness Visit	Network	100% Covered	100% Covered
	Non-Network	n/a	n/a
In-Patient & Out-Patient Hospital	Network	Deductible/20%	Deductible/20%
	Non-Network	n/a	n/a
Urgent Care	Network	Deductible/20%	Deductible/20%
	Non-Network	n/a	n/a
Emergency Room	Network	True Emergency - \$200 Copay, Deductible / 20% Copay waived if admitted within 24 hours	True Emergency Deductible / 20%
	Non-Network	Same as In Network	Same as In Network
Prescriptions Generic / Brand / Non-Formulary / Specialty		\$6.50/\$25/\$75/ 10% of negotiated charge, not to exceed \$185	Except for Preventive List at 0%, Deductible, then \$6.50/\$25/\$75/ 10% of negotiated charge, not to exceed \$185
	Mail Order (90 Days)	Mandatory Mail or Retail 90 \$16.25/\$62.50/\$187.50/Not Covered	Mandatory Mail or Retail 90 Except for Preventive List at 0%, Deductible, then \$13/\$50/\$150 /Not Covered

SUBMISSION FORM
STOP LOSS
PROPOSED 10/1/2018 PLANS

	CARRIER	CARRIER	CARRIER
Specific Deductible	\$125,00	\$150,000	\$175,000
Specific Contract Type	24/12	24/12	24/12
Specific Coverages	Medical / Rx	Medical / Rx	Medical / Rx
Plan Lifetime Max			
Specific Lifetime Max Reimbursement			
Specific Annual Max Reimbursement			
Specific Rates: Employee Employee + Family	\$	\$	\$
Aggregate Corridor	125%	125%	125%
Aggregate Contract	24/12	24/12	24/12
Aggregate Coverages	Medical / Rx	Medical / Rx	Medical / Rx
Aggregate Maximum			
Aggregate Accommodation	\$	\$	\$
Aggregate Premium	\$	\$	\$
Aggregate Factors: Employee + Family	\$	\$	\$
Minimum Attachment Point	\$	\$	\$
Terminal Liability	\$	\$	\$
Pre-65 Retiree Coverage			
AM Best Rating			

The costs above are based upon the Proposed plan of benefits outlined in the RFP.

Signature

DEVIATIONS FROM SPECIFICATIONS

1. Describe, in detail, any deviations from the specifications.

- Does your organization agree to the Specifications for Proposers as outlined in the RFP?

Yes_____ No _____

- Would you be willing to agree to a performance-based contract using these criteria? If so, please outline your proposed performance guarantees.

Yes_____ No _____

- Will your organization administer and/or underwrite the benefits as outlined in the "Proposed Benefit Plans" section?

Yes_____ No _____

Signature of Officer

REQUIRED FORMS

The following forms must be filled out and turned in with bid in order for submitting vendor to be considered responsive. Failure to include the following forms, signed and dated, may result the bid being rejected.

1. Proposal Response
2. Bidder Certification and Addenda Acknowledgment
3. Bidder Information
4. Certification Regarding Debarment
5. Conflict of Interest Questionnaire (CIQ Form)

SCHEDULE of KEY EVENTS		
NO.	ACTIVITY	DATE – TIME
1	RFP Advertised in local paper	July 19, 2018 & July 26, 2018
2	RFP Released to Market	July 19, 2018
3	RFP Posted to https://LongviewTexas.gov/Bids	July 19, 2018
4	Questions Deadline	July 26, 2018 5:00 pm
5	Questions Answered and Addendum posted	July 30, 2018 @ 5:00 p.m.
6	Proposals Due	August 9, 2018 @ 2:00 p.m.

RFP CHECKLIST

CHECK OFF EACH OF THE FOLLOWING AS THE NECESSARY ACTION IS COMPLETED:

- 1. THE PROPOSAL HAS BEEN SIGNED AND DATED.
- 2. ANY PRICE EXTENSIONS AND TOTALS HAVE BEEN CHECKED.
- 3. ADDENDUM (IF ANY) HAS BEEN ACKNOWLEDGED AND INCLUDED.
- 4. CIQ FORM AND CERTIFICATION REGARDING DEBARMENT COMPLETED
- 5. THE CORRECT NUMBER OF PROPOSAL COPIES ENCLOSED

CITY OF LONGVIEW

ONE (1) COMPLETE ORIGINAL

2 (2) COMPLETE COPIES

ONE (1) COMPLETE ELECTRONIC COPY WITH SUBMISSION

- 6. COPY OF MOST RECENT ANNUAL REPORT/COMPANY FINANCIALS
- 7. THE MAILING ENVELOPE HAS BEEN ADDRESSED TO:
- 8. THE MAILING ENVELOPE HAS BEEN SEALED AND MARKED WITH THE:
RESPONDENT’S NAME, ADDRESS, RFP NUMBER, TITLE, AND DUE DATE

**HAND DELIVERED OR
MAILED VIA FEDEX / UPS**

City of Longview
 Jaye Latch – Purchasing Manager
 300 W. Cotton Street
 Longview, TX 75601
 (903) 237-1324

IF MAILING VIA USPS:

City of Longview
 Jaye Latch – Purchasing Manager
 P.O. Box 1952
 Longview, TX 75606
 (903) 237 - 1324

BIDDER CERTIFICATION AND ADDENDA ACKNOWLEDGEMENT

By signature affixed, the bidder certifies that neither the bidder nor the firm, corporation, partnership, or institution represented by the bidder, or anyone acting for such firm, corporation, or institution has violated the anti-trust laws of this State, codified in Section 15.01, et seq., Texas Business and Commerce Code, or the Federal antitrust laws, nor communicated directly or indirectly the bid made to any competitor or any other person engaged in such fine of business.

Bidder has examined the specifications and has fully informed themselves as to all terms and conditions. Any discrepancies or omissions from the specifications or other documents have been clarified with City representatives and noted on the bid submitted.

Bidder guarantees product offered will meet or exceed specifications identified in this RFP.

Bidder must initial next to each addendum (if more than 1 is required) received in order to verify receipt:

Addendum #1 _____ Addendum #2 _____ Addendum #3 _____

Bidder Must Fill in and Sign:

NAME OF FIRM/COMPANY: _____

AGENTS NAME: _____

AGENTS TITLE: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE & FAX NUMBERS: _____

E-MAIL ADDRESS: _____

AUTHORIZED SIGNATURE: _____

DATE: _____

RESPONDENT'S INFORMATION FORM

FULL LEGAL RESPONDENT/COMPANY NAME: _____

BUSINESS STREET ADDRESS: _____

BUSINESS MAILING ADDRESS: _____

BUSINESS TELEPHONE NUMBER: _____

BUSINESS FAX NUMBER: _____

COUNTY: _____ MINORITY OWNED: _____ #OF EMPLOYEES: _____

CORPORATION: _____ PARTNERSHIP: _____ PROPRIETORSHIP: _____ L.L.C.: _____ L.L.P.: _____

YEAR EST: _____ NO. OF YEARS IN BUSINESS: _____ FEDERAL ID NO.: _____

NATURE OF BUSINESS: _____

PRINCIPALS:

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

BANK REFERENCE: _____

NAME OF BANK OFFICER: _____

ADDRESS / CITY / STATE / ZIP: _____

PHONE NO.: _____

VENDOR REFERENCES

Please list three (3) current and three former references, **other than the City of Longview**, who can verify the quality of service your company provides. The City prefers references from customers/governmental entities of a similar size and with a scope of work consistent with this RFP.

CURRENT - REFERENCE ONE

GOVERNMENT/COMPANY NAME: _____

LOCATION: _____

CONTACT PERSON AND TITLE: _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

SCOPE OF WORK: _____

CONTRACT PERIOD: _____

CURRENT - REFERENCE TWO

GOVERNMENT/COMPANY NAME: _____

LOCATION: _____

CONTACT PERSON AND TITLE: _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

SCOPE OF WORK: _____

CONTRACT PERIOD: _____

CURRENT - REFERENCE THREE

GOVERNMENT/COMPANY NAME: _____

LOCATION: _____

CONTACT PERSON AND TITLE: _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

SCOPE OF WORK: _____

CONTRACT PERIOD: _____

CONTRACTOR INFORMATION

Name: _____

Address: _____

Principal Contact: _____

Tax ID Number: _____

Project Number: _____

Project Name: _____

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion

Indicate in the appropriate box which statement applies to the covered potential contractor:

- The potential contractor certifies, by submission of this certification, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract by any federal department or agency or by the State of Texas.
- The potential contractor is unable to certify to one or more of the terms in this certification. In this instance, the potential contractor must attach an explanation for each of the above terms to which he is unable to make certification. Attach the explanation(s) to this certification

The undersigned certifies that the potential contractor will not knowingly enter into any subcontract with a person who is excluded, debarred, suspended, declared ineligible or voluntarily excluded from participation in this covered transaction, unless authorized by the city of Longview, Texas. The undersigned further certifies that the potential contractor will include this section regarding exclusion, debarment, suspension, ineligibility and voluntary exclusion without modification in any subcontracts or solicitations for subcontracts.

The undersigned swears that he/she is authorized to legally bind the prospective contractor to the above-described certification and is fully aware that this certification is made under penalty of perjury under the laws of the State of Texas.

Signature/Authorized Certifying Official

Typed Name and Title

Prospective Contractor/Organization

Date Signed

State Contractor License No. (if any)

CONFLICT OF INTEREST QUESTIONNAIRE For vendor doing business with local governmental entity		FORM CIQ
<p>This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.</p> <p>This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).</p> <p>By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.</p> <p>A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.</p>	OFFICE USE ONLY	
<p>1 Name of vendor who has a business relationship with local governmental entity.</p>	Date Received	
<p>2 <input type="checkbox"/> Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)</p>		
<p>3 Name of local government officer about whom the information is being disclosed.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Name of Officer</p>		
<p>4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.</p> <p style="margin-left: 40px;">A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?</p> <p style="margin-left: 80px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p style="margin-left: 40px;">B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?</p> <p style="margin-left: 80px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>		
<p>5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.</p>		
<p>6 <input type="checkbox"/> Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).</p>		
<p>7</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature of vendor doing business with the governmental entity</p>	<p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>	