

**REQUEST FOR PROPOSAL NOTICE ISSUED:    06-23-2008**

**COUNTY OF JEFFERSON, MISSOURI**

Department of Administration  
729 Maple Street  
PO Box 100  
Hillsboro, MO 63050  
www.jeffcomo.org  
636-797-5382

**SPECIFICATION CONTACT**

**MARK ABEL**

Director of Administration  
636-797-6487

**REQUEST FOR PROPOSAL**

**EMPLOYEE HEALTH INSURANCE**

**PROPOSALS SHALL BE ACCEPTED UNTIL:**

**TUESDAY, JULY 22, 2008, at 2:00 p.m. local time.**

Thereafter, proposals shall be opened in the County Commission Assembly Room.

**THREE (3) COMPLETE COPIES OF SEALED PROPOSALS MUST BE DELIVERED TO:**

**Office of the County Clerk  
Wes Wagner (636) 797-5478  
County of Jefferson, Missouri  
729 Maple Street  
Hillsboro, MO 63050**

**The outside of the envelope must contain the vendor's name, address and the following language:**

**SEALED PROPOSAL FOR:    EMPLOYEE HEALTH INSURANCE**

**SUBMITTED PROPOSALS ARE SUBJECT TO THE TERMS AND CONDITIONS OF THIS PROPOSAL INVITATION AND SPECIFICATIONS.**

**The Agreement/Contract term is from:**

**01-01-2009 through 12-31-2009.**

The undersigned certifies that he/she has the authority to bind this company in an agreement/contract to supply the commodity or service in accordance with all terms, conditions, and pricing specified. Prices are firm during this agreement term, unless agreed upon in writing by the County. The County has the option to renew this agreement at the same terms and conditions as the original agreement for one additional one-year term with the written consent of the successful bidder. Price increases for renewals are not authorized unless approved in writing by the County.

_____	_____
<b>Company Name</b>	<b>Authorized Agent (Print)</b>
_____	_____
<b>Address</b>	<b>Signature</b>
_____	_____
<b>City/State/Zip Code</b>	<b>Title</b>
_____	_____
<b>Telephone #</b>	<b>Date</b> <b>Tax ID #</b>
_____	_____
<b>E-mail</b>	<b>Fax #</b>

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## PROPOSAL REQUIREMENTS

**A. PROPOSAL SUBMISSION:**

Submit PROPOSAL form in triplicate (three copies) with specification pages, if applicable. No facsimile PROPOSALS shall be accepted and shall be rejected.

**B. BASIS OF PROPOSAL AWARD:**

Award may be made on an item-by-item basis to the lowest and best PROPOSALS or award may be made to the lowest and best PROPOSAL total, whichever is in the best interest of the County. County may reject any or all PROPOSALS for any reason and may waive any informality. PROPOSALS submitted from a Missouri State Contract shall include a copy of the State Contract with the PROPOSAL.

It is further agreed that the Contract shall not be valid and binding upon the County until approved by the County Counselor, as to legal form and is subject to the Resolutions and Orders of the County of Jefferson, Missouri, and State and Federal Law. If no Proposal or Proposals have been awarded by the County Commission within thirty (30) days following the opening of the Proposal then all Proposals will be deemed Rejected.

**C. PROPOSAL PREPARATION:**

1. VENDORS are responsible for examination of drawings, specifications, schedules and instructions.
2. Each VENDOR shall furnish the information required by the invitation. The VENDOR shall sign all required documents. All deletions and erasures shall be initialed
3. Alternate PROPOSALS for supplies or services other than specified shall not be considered unless authorized by invitation.
4. VENDOR shall state a definite time for delivery of goods or for performance of services unless otherwise specified in the Request for Proposal.
5. When specified, samples must be timely submitted and at no expense to the County.

**D. MODIFICATION OR WITHDRAWAL OF PROPOSALS:**

PROPOSALS may be modified or withdrawn prior to the exact hour and date specified for receipt of PROPOSALS, provided the modification or withdrawal is in writing and is delivered in the same manner as a PROPOSAL submission.

**E. LATE PROPOSALS:**

It is the responsibility of the vendor to deliver his PROPOSAL or PROPOSAL modification on or before the date and time of the PROPOSAL closing to the Office of the County Clerk. PROPOSALS received late will be rejected and returned unopened to the vendor.

**F. PROPOSAL DEPOSITS:**

Proposal Deposits are not required unless specified in the Specifications.

**G. MATERIAL AVAILABILITY:**

VENDORS must accept responsibility for verification of material availability, product schedules and other pertinent data prior to submission of PROPOSAL and delivery time. It is the responsibility of the VENDOR to notify the County immediately if the materials specified are discontinued, replaced, or not available for an extended period of time. All materials ordered by the County, shall be as needed. A sample of materials may be requested.

**H. ALTERNATE PROPOSALS:**

Where required, VENDORS must submit complete specifications on all alternate PROPOSALS with the PROPOSAL form. Alternate PROPOSALS without complete specifications may be rejected. Alternate PROPOSALS and exceptions to PROPOSAL clauses must be clearly noted on the PROPOSAL form. The County may accept or reject alternate PROPOSALS; whatever is most advantageous to the County.

**I. INCORPORATION OF DOCUMENTS:**

The terms of the PROPOSAL Invitation, PROPOSAL Specifications, PROPOSAL Form are incorporated into the contract as if fully setout therein.

**J. ADDENDA:**

Addenda to PROPOSAL specifications are incorporated by reference as if fully setout herein. It is the responsibility of the vendor to insure and verify that they are in receipt of and completed all attached addenda's prior to submission of

PROPOSAL forms. Verification is made by contacting the Office of Contracts, Grants, and Special Projects, or by reviewing the County Web Site. ([www.jeffcomo.org](http://www.jeffcomo.org)).

**K. INSURANCE:**

The Vendor/Contractor shall purchase and maintain in force, with an insurance company licensed to do business in the State of Missouri, at its own expense, such insurance as will protect the Vendor/Contractor from claims which may arise out of or result from the Vendor/Contractor's execution of the work, whether such execution be by himself, his employees, agents, or by anyone for whose acts any of them may be liable. If any such work covered by the Contract is to be performed on County owned or leased premises, the Vendor agrees to carry liability and workman's compensation insurance, satisfactory to the County, and to indemnify the County against all liability, loss, and damage arising out of any injuries to persons and property caused by the Vendor, his sub-contractors, employees or agents. The insurance coverage shall be such as to fully protect the County and the general public from any and all claims for injury and damage resulting by any actions on the part of the Vendor/Contractor or its' forces as enumerated above. All policies must name the County as an additional insured and provide for thirty (30) days written prior to any material changes or cancellation.

THE COUNTY REQUIRES ORIGINAL CERTIFICATES OF INSURANCE BEFORE THE CONTRACT IS AWARDED.

A.      Required      Not Required     **Comprehensive General Liability Insurance**

The Vendor/Contractor shall maintain and keep in force of this Contract such comprehensive general liability insurance as shall protect them from claims which may arise from operations under this Contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 combined single limit for any one occurrence covering both bodily injury and property damage, including accidental death.

B.      Required      Not Required     **Professional Liability Insurance**

The Vendor/Contractor shall provide the County with proof of Professional Liability Insurance, which shall protect the County against any and all claims, which might arise as a result of the operation of the Vendor/Contractor in fulfilling the terms of this Contract during the life of the Contract. The minimum amounts of such insurance will be \$1,000,000.00. Should any work be subcontracted, these limits will also apply.

C.      Required      Not Required     **Worker's Compensation Insurance:**  
per Missouri Revised Statutes Chapter 287

The Vendor/Contractor shall maintain and keep in force of this Contract such worker's compensation insurance limits as required by the statutes of the State of Missouri and Employer's Liability with limits no less than \$500,000.00.

## PROPOSAL FORM AND CONTRACT

### **A. PROPOSAL REPRESENTATIONS:**

The VENDOR, by executing the PROPOSAL form certifies that:

1. The PROPOSAL complies with Request for Proposal, Form and PROPOSAL Specifications.
2. The VENDOR is not debarred or suspended from participation in Federal Assistance programs.

### **B. CERTIFICATION OF INDEPENDENT PRICE DETERMINATION:**

1. The prices in the PROPOSAL shall be independently determined, without consultation, communication, or agreement for the purpose of restricting competition as to any matter relating to price with any Vendor or other person.
2. Unless otherwise required by law, the prices shall not have been knowingly disclosed by the Vendor prior to opening; or
3. No attempt has been made or will be made by the VENDOR to induce any other person or firm to submit or not to submit a PROPOSAL.

### **C. PRICE:**

The price(s) specified in this PROPOSAL shall be firm and not subject to contingency or reservation. The VENDOR represents prices specified in the PROPOSAL do not exceed current selling price for the same or substantially similar good or service, and are the same as or lower than other prices charged to the VENDOR'S most favored customer. In the event the stated prices are determined to be higher than the prices for which Supplier has sold the items, or services, to others, this contract price shall be reduced accordingly. **PROPOSAL prices are ALL INCLUSIVE: (Shipping, Handling, Delivery, and Assembly to locations specified by the County). Prices shall be firm for ALL County departments and locations for term of the agreement.**

### **D. MISSOURI DOMESTIC PRODUCT PROCUREMENT ACT:**

VENDOR represents that the goods provided comply with Sections 34.350 to 34.359, RSMo, known as the Domestic Product Procurement Act. VENDOR shall include proof of compliance with the Act with the PROPOSAL.

### **E. DEFINITIONS:**

1. The term "County" means the County of Jefferson, Missouri and its designated representatives.
2. The term "Supplier" means Vendor, Contractor, and Seller and includes designated representatives.
3. The term "RFP" means Request for Proposal.

### **F. INSPECTION, ACCEPTANCE AND APPROVALS:**

Goods shall at all times and places, including the period of manufacture, are subject to inspection and test by County. County will accept or give notice of rejection of goods delivered within a reasonable time after receipt. Acceptance shall not waive any warranty. All goods supplied are subject to final inspection and acceptance by County notwithstanding payment, prior inspections or approvals. County may require prompt replacement or correction of rejected goods at Supplier's expense, including a reduction in price for rejected goods. Supplier shall not resubmit rejected goods to County without prior written approval and instructions from County. In addition, Supplier shall identify resubmitted goods as previously rejected. Supplier shall provide and maintain a quality assurance and control system acceptable to County.

### **G. WARRANTY:**

Unless otherwise agreed to in writing by the parties, Supplier warrants that items ordered to specifications will conform thereto and to any drawings, samples or other descriptions furnished or adopted by County, or, if not ordered to specifications will be fit and sufficient for the purpose intended, and that all items will be new, merchantable, of good material and workmanship, and free from defect. Such warranties, together with Supplier's service warranties and guarantees, if any, shall survive inspection, test, acceptance of, and payment for the items and shall run to County and its assigns. Except for latent defects, the County shall give notice of any nonconformity to the Supplier within one (1) year after acceptance. County may return for credit or require prompt correction or replacement of the defective or non-conforming goods or have the defective good corrected or replaced at Supplier's expense. Return to Supplier of any defective or non-conforming goods and delivery to County of any corrected or replaced goods shall be at Supplier's expense. Defective or non-conforming items shall not be corrected or replaced without written authorization by County. Goods required to be corrected or replaced shall be subject to the provisions of this clause and the clause hereof entitled "Inspection, Acceptance and Approvals" in the same manner and to the same extent as goods originally delivered under this contract.

### **H. PAYMENT:**

County will pay Supplier for goods upon delivery to, submission of certified invoices and acceptance. Price is tax-exempt.

**I. CHANGE ORDER:**

County may make changes within the general scope of this contract. If any such changes cause an increase or decrease in the cost of or the time required for the performance of any part of the work, whether changed or not changed by any such order, an equitable adjustment shall be made in the price or delivery schedule or both, and any change order shall be in writing. Any claim by a Supplier for adjustment under this clause shall be asserted within fifteen (15) days from the date of receipt of this written order directing the change, provided, however, County, if it decides that the facts justify such action, may receive and act upon such claim asserted at any time prior to final payment.

**J. DELIVERIES:**

Deliveries shall be made in strict accordance with any delivery schedule contained in the PROPOSAL specification or contract and in the exact quantity ordered. Failure to adhere to delivery schedule is reason for termination in accordance with the "termination" clause.

**K. RESPONSIBILITY FOR SUPPLIES:**

Pursuant to Section 290.560 RSMo, Supplier/Contractor shall employ only Missouri laborers and laborers from nonrestrictive states except that other laborers may be used when Missouri laborers or laborers from nonrestrictive states are not available, or are incapable of performing the particular type of work involved, if so certified by the contractor and approved by the County. Except as otherwise provided, Supplier shall be responsible and bear all risks for loss and damage to goods until delivery at County's facilities, regardless of F.O.B. point, point of inspection or acceptance; and if the goods are rejected.

**L. SUBCONTRACTS:**

Supplier shall not enter into any subcontract(s) in excess of \$25,000 or 20% of this contract price; whichever is less, for any goods without County's prior written approval.

**M. CHOICE OF LAW:**

This PROPOSAL and contract shall be governed and interpreted according to the laws of the State of Missouri. Venue for any court action shall be in Jefferson County, Missouri.

**N. TERMINATION:**

1. General: Performance of work may be terminated by the County in whole, or from time to time in part, whenever County shall determine that such termination is in the best interests of County. Termination shall be affected by delivery to Supplier of a Notice of Termination specifying the extent to which performance of work is terminated and the date upon which such termination becomes effective. If such notice does not state termination is pursuant to subparagraph 2, 3, or 4 of this paragraph, County shall have the right to so indicate within thirty (30) days. If no notice is delivered within the thirty (30) day period, or such longer periods as is mutually agreed to by the parties, the original Notice of Termination shall be deemed to be issued pursuant to subparagraph 1 of this paragraph.

2. Bankruptcy or Insolvency: In the event bankruptcy proceedings are commenced by or against Supplier or under any provisions of the United States Bankruptcy Act or for the appointment of a receiver or trustee or a general assignment for the benefit of creditors of either party, County shall be entitled to terminate without further cost or liability.

3. Default: County may terminate the whole Contract or any part in either of the following circumstances:

a. If supplier fails to deliver the items required by the contract within the time specified; or

b. If supplier fails to perform any of the other provisions of the contract, or so fails to make progress as to endanger performance of the contract in accordance with its terms, and in either of these two circumstances does not cure such failure within a period of ten (10) days after notice from County specifying such failure. In the event of termination under subparagraph 1, County shall have the right to procure, on such terms and in such manner as it may deem appropriate, items similar to those terminated, and to recover from Supplier the excess cost for such similar items provided, however, Supplier shall not be liable for such excess costs where the failure upon which the termination is based has arisen out of causes beyond the control of Supplier and without the fault or negligence of Supplier. Such causes shall be deemed to include fires, floods, earthquakes, strikes, and acts of the public enemy. The rights of County provided in subparagraph 1 shall be in addition to any other rights provided by law or the contract.

c. In the event of the Supplier's non-compliance with the provisions as set forth. This Contract may be cancelled, terminated or suspended in whole or in part and the supplier may be declared ineligible for further County contracts. The rights and remedies of the County provided in this paragraph shall not be exclusive but are in addition to any remedies provided in this Contract or as provided for by law.

**O. NOTICE AND SERVICE THEREOF:**

Any notice from the County shall be in writing and considered delivered and the service thereof completed when said notice is posted, by certified or regular mail, to the Supplier, at the address stated on the PROPOSAL form.

**P. CONTRACT TERM:**

Performance shall be governed solely by the terms and conditions as set forth in the Request for Proposal, Proposal Specifications, Proposal Form and the Contract notwithstanding any language contained on any invoice, shipping order, bill of lading or other document furnished the Seller at any time and the acceptance by the County for any goods furnished.

**Q. COMPLIANCE WITH APPLICABLE LAWS:**

Supplier warrants it has complied with all applicable laws, rules and ordinances of the United States, Missouri or any other Governmental authority or agency in the manufacture or sale of the goods, including but not limited to all provisions of the Fair Labor Standards Act of 1938, as amended.

**R. ACTS OF GOD:**

No party shall be liable for delays, nor defaults due to Acts of God or the public enemy, riots, strikes, fires, explosions, accidents, governmental actions of any kind or any other causes of a similar character beyond its control and without its fault or negligence.

**S. SELLER'S INVOICES:**

Invoices shall contain the following information. Contract number (if any), Purchase Order Number, Item number, contract description of goods or services, sizes, quantities, unit prices and extended totals. Invoices for and inquiries regarding payment should be addressed to the County Accounts Payable Clerk.

**T. APPROVAL:**

It is agreed the acceptance of a PROPOSAL shall not be valid and binding upon the County until approved by the County Commission, County Counselor, as to legal form and the County Auditor provides certification of an unencumbered balance sufficient to pay the PROPOSAL/Contract price.

**U. INDIVIDUAL, PARTNERSHIPS, CORPORATIONS:**

Indicate: [ ] Individual: [ ] Partnership: [ ] Corporation.

Incorporated in the State of \_\_\_\_\_.

**V. PROPOSAL TABULATIONS:** Are not available for 5 to 7 working days following the PROPOSAL Opening. PROPOSAL submissions are open for public review at the time of the PROPOSAL Opening. PROPOSAL tabulations are posted on the County's web-site address, [www.jeffcomo.org](http://www.jeffcomo.org). **NO COPIES** of PROPOSAL tabulations are sent to vendors.

**JEFFERSON COUNTY, POSTS ALL "INVITATION FOR BIDS" AND "REQUEST FOR PROPOSALS" ON THE COUNTY WEB SITE.**

**Go To [www.jeffcomo.org](http://www.jeffcomo.org).**

**"IFB's" and "RFP's" CAN BE DOWNLOADED BY CLICKING ON "INVITATION FOR BIDS".**

**SPECIFICATION**  
**CONTACT PERSON**

**MARK ABEL**  
**DIRECTOR OF ADMINISTRATION**  
**(636) 797-6487**

**JACKIE WAGGONER**  
**BENEFITS ADMINISTRATOR**  
**(636) 797-5479**

## **SECTION 1: NOTICE TO BIDDERS**

**Jefferson County currently offers Health Insurance to its employees. The county plan is a fully insured plan and is contracted on a direct basis with our carrier. Proposal pricing will be on a net commission basis.**

The County of Jefferson, Missouri is soliciting sealed proposals for the following Employee Insurance Coverage: Partial Funded Health Insurance Plan

The County's insurance proposal distribution procedure will prevail. The County will solicit sealed proposals from those Benefit Providers on the vendor list by sending them a copy of the Notice to Bidders. Bid notices will be published in the Countian and available on the county website; [www.jeffcomo.org](http://www.jeffcomo.org).

The County of Jefferson reserves the right to reject any or all proposals or any part of the proposals submitted and to waive informalities and to accept the proposal that in its judgment will be in the best interest of the County of Jefferson, Missouri.

## **SECTION 2: GENERAL SPECIFICATIONS**

- A. Jefferson County invites proposals providing and administering a partially funded Health Insurance plan for our employees.
- B. Bidders will submit proposals for all costs associated with establishing and administering a partial funded health insurance plan. All proposals must comply with applicable Federal and State Laws, the requirements of Section 125 of the Internal Revenue Code and other relevant regulations.

All proposals must be clear, precise and written in terms that a layman can easily understand. Failure of the bidder to abide by these terms will constitute non-compliance and may be cause for rejection of the proposal.

- C. Additional information related to the present plans and other supplemental information can be obtained and/or reviewed in the Department of Administration, Division of Human Resources Office located at 729 Maple Street, Hillsboro, Missouri, 63050, (636) 797-5479. The Division of Human Resources office is located on the ground level of the County Administration Center in the Department of Administration. Information is also available on the county website: [www.jeffcomo.org](http://www.jeffcomo.org)

- D. This request for proposal consists of the following:

- Section 1: Notice to Bidders
- 2: General Specification
- 3: Information Questionnaire
- 4: Instructions to Bidders
- 5: Bidder Identification and Proposal Form

The following forms must be submitted by the bidder for the proposal to be deemed valid:

- 1. Response to the Information Questionnaire



2. Bidder Identification Form
  3. Partial Funded Health Insurance Plan
- E. All information provided, including supplementary information available for review in the County's Human Resources Office is believed to be accurate.
- F. All proposals submitted will be through a Missouri licensed insurance company, Benefit Administrative Company, or Third Party Administrator operating in and paying taxes to the State of Missouri and having an acceptable financial rating.
- G. All proposals will be for at least twelve months from January 1, 2009 through December 31, 2009. Thereafter, the County must receive notice of cancellation or any fee change by the bidder one hundred twenty days (120) prior to the anniversary date of the contract renewal. After the initial term of twelve months (12), the County may award renewals for terms of one year upon the negotiation of each charge or fee. No plan or charges or fees may be cancelled or rates changed on any other date other than the anniversary date, except in the event of breach of contract. Subsequent renewals must also conform to the above terms.

### **SECTION 3: INFORMATION QUESTIONNAIRE**

#### General Questions

1. Please provide a brief history of your organization. Date of incorporation and length of time the program you are proposing has been in full operation. Number of employees? Privately or publicly held?
2. Please provide a copy of your standard administrative services agreement.
3. For network access, are there any benefit plan design or other requirements? ( be specific)
4. What is your website address?
5. Who will be the assigned group service representative and what is the location of the representative's office?
6. Which company office will be responsible for claims administration and paying claims?
7. Describe the role and duties that Jefferson County will be responsible for.

#### Network Management

1. Describe your network; criteria for network hospitals, physicians, and other ancillary and health care facilities and professional services. Include comments on: Minimum requirements for malpractice and liability insurance and criteria for leased networks, if applicable. Who is the prescription benefit manager that you utilize?
2. Will you commit to recruiting network providers in key areas where member access is not adequate?
3. If a non-network physician admits to a network hospital, will the admission receive the network discount? Yes or No?

4. What is the process for providing notification to Jefferson County and its employees regarding all additions, terminations , and any other situations that are important. How will we be notified?
5. How frequently are provider directories updated? Are they in book form and via website?
6. Describe the ways physicians are reimbursed for services; salary? Fee for service w/bonus? percentage discount? Other?
7. Describe how inpatient hospitals are reimbursed. Discount of charges? Per diem? Other? Describe ancillary and other reimbursement.
8. How are non network providers handled in network facilities; ex. Emergency Room contracted providers, anesthesiologists, etc.
9. What percentage of your providers has left the plan in the past year? How many new providers have been added to the plan in the last year? How many providers currently accept your plan in the counties of Jefferson? St. Louis? St. Louis City?

#### Plan Administration

1. Describe how eligible employees may be added and terminated, changes made. If electronically describe the security details.
2. Describe how the funds are requested and how fund transfers are processed in order to pay claims.
3. How are all administrative fees and all charges paid. Monthly? How billed?
4. Do you negotiate discounts for out-of-area claims? How are out of area claims paid?
5. Describe the process regarding plan design. What is the length of time required to design, implement, and begin enrollment for coverage. Are there limits to the number of plans that may be offered to our employees? Ex. Jefferson County employees currently may choose from three (3) plans. Who is involved in the plan design? Describe the experience level of all persons that will be involved in the plan design.
6. Where will your customer service center be located?
7. Do you have a call tracking system in place? If so, does the system continually identify open issues until resolved?
8. Are member service calls recorded?
9. What are your average wait times for customer service (Call to first contact? First contact to actual CSR? Call to resolution of inquiry?), Call abandonment rate, average call length (in minutes) and Calls/CSR/day?
10. Please provide the name of the organization that will provide Medical Management services to the Client. What are the hours of operation and the location of the Medical management center? How are after hours calls handled?

11. Are the plan's utilization review (UR) programs accredited by URAC?
12. Briefly describe the process used for: Hospital pre-certification, concurrent review, discharge planning, Outpatient Surgical Review, and case management.
13. How are denials communicated to the patient, physician, and hospital? What percent of denials are communicated with 24 hours of initial notification?
14. Describe your appeal process. How do you ensure that appeals are handled in a timely manner? What is your average turnaround time in handling appeals?
15. Describe or attach a summary of the Quality Assurance Program.

#### **SECTION 4; INSTRUCTIONS TO BIDDERS**

Jefferson County is requesting proposals for the following program and/or plan:

##### Partial Self-Funded health Insurance Plan

1. All administrative, stop loss premiums, claims administration, any and all costs associated with designing, implementing, and administering this program will be clearly noted and explained. Quotation sheets are provided. Any additional charges or information may be attached to the quotation section.
2. Any contract must remain in effect for twelve months. Thereafter, notice of cancellation or rate change must be given to the county one hundred twenty days (120) prior to the contract anniversary date.
3. Effective date will be January 1, 2009.
4. A Summary Plan Description booklet, of distinctive design, describing the plan/program will be provided to the employee.
5. The company will provide identification cards for the plan/ program to the employee and their covered dependents.
6. Enrollment packages will be provided to the employee for coverage certifications to service providers

**PROPOSAL FORM**

**INSURANCE BIDDER IDENTIFICATION FORM**

**PARTIAL FUNDED HEALTH INSURANCE**

1. Name of Firm or Provider submitting proposal:\_\_\_\_\_

2. Address:\_\_\_\_\_

\_\_\_\_\_ Phone# \_\_\_\_\_

3. Name, Address and Phone # for individual to contact should there be any questions:

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

4. Bidders may submit additional information below and on attached pages if they wish.

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

## PROPOSAL FORM

**Bidder's Name** \_\_\_\_\_

### PARTIAL SELF FUNDED HEALTH PLAN

Agreement Term: January 1,2009-December 31,2009

Jefferson County currently offers three plan options to its employees. These plans along with census information, claims experience and large claims report are attached to this proposal on our website: [www.jeffcomo.org](http://www.jeffcomo.org).

If you feel that the following format is not complete or you want to price this proposal in a different manner you may attach it to this section or refer to the proper section in your proposal. Any and all fees, costs, and any charges are to appear together and complete in this section. Any fees that Jefferson County may incur but were not specifically asked for must be included in your proposal. Pricing for the aggregate stop loss insurance will be based on expected claims plus twenty-five percent (25).

Option 1

<u>Stop Loss</u>	<u>Administrative Costs</u>
Specific Deductible Contract Coverages	100,000 12/12 Medical
Aggregate Contract Coverages	12/12 Med,Rx
Stop Loss Premium	Total Annual Admin
Specific (month) Employee	Aggregate Claim Liability
Employee/Spouse	Employee (month)
Employee/ Child	Employee/Family
Employee/Family	Maximum Claim Liability
Annual Specific Premium	Expected Claim Liability
Aggregate (month)	Maximum Plan cost
Total Annual Premium	Expected Plan Cost

**Option 2**

<u>Stop Loss</u>		<u>Administrative Costs</u>	
Specific Deductible	100,000	Claims Fee (month)	_____
Contract	12/15		
Coverages	Medical	HIPPA/Cobra	_____
		Network PPO/UR	_____
Aggregate		Annual Administration	_____
Contract	12/15		
Coverages	Med,Rx	Total Annual Admin	_____
Stop Loss Premium		Aggregate Claim Liability	
Specific (month) Employee	_____	Employee (month)	_____
Employee/Spouse	_____	Employee/Family	_____
Employee/ Child	_____	Maximum Claim Liability	_____
Employee/Family	_____	Expected Claim Liability	_____
Annual Specific Premium	_____	Maximum Plan cost	_____
Aggregate (month)	_____	Expected Plan Cost	_____
Total Annual Premium	_____		

**Option 3**

<u>Stop Loss</u>		<u>Administrative Costs</u>	
Specific Deductible	150,000	Claims Fee (month)	_____
Contract	12/12		
Coverages	Medical	HIPPA/Cobra	_____
		Network PPO/UR	_____
Aggregate		Annual Administration	_____
Contract	12/12		
Coverages	Med,Rx	Total Annual Admin	_____
Stop Loss Premium		Aggregate Claim Liability	
Specific (month) Employee	_____	Employee (month)	_____
Employee/Spouse	_____	Employee/Family	_____
Employee/ Child	_____	Maximum Claim Liability	_____
Employee/Family	_____	Expected Claim Liability	_____
Annual Specific Premium	_____	Maximum Plan cost	_____
Aggregate (month)	_____	Expected Plan Cost	_____
Total Annual Premium	_____		

**Option 4**

<u>Stop Loss</u>		<u>Administrative Costs</u>	
Specific Deductible	150,000	Claims Fee (month)	_____
Contract	12/15		
Coverages	Medical	HIPPA/Cobra	_____
		Network PPO/UR	_____
Aggregate		Annual Administration	_____
Contract	12/15		
Coverages	Med,Rx	Total Annual Admin	_____
Stop Loss Premium		Aggregate Claim Liability	
Specific (month) Employee	_____	Employee (month)	_____
Employee/Spouse	_____	Employee/Family	_____
Employee/ Child	_____	Maximum Claim Liability	_____
Employee/Family	_____	Expected Claim Liability	_____
Annual Specific Premium	_____	Maximum Plan cost	_____
Aggregate (month)	_____	Expected Plan Cost	_____
Total Annual Premium	_____		