

COLUMBIA COUNTY BOARD OF COUNTY COMMISSIONERS

REQUEST FOR PROPOSAL (RFP) 2008-H

The Board of County Commissioners (BCC), Columbia County, Lake City, Florida, will receive sealed proposals in the County Purchasing Department for:

HEALTH INSURANCE AND EMPLOYEE BENEFITS FOR CCBCC

Specifications may be obtained from Columbia County Purchasing Department, 135 NE Hernando Ave., Room 203 Lake City, FL. 32055, 386-719-2028, Fax: 386-758-2182.

Submit one (1) original and (10) ten copies with your proposal envelope. Proposal envelopes must be sealed and marked with the proposal number and name so as to identify the enclosed proposals. Proposals must be delivered to the Columbia County Purchasing Department, 135 NE Hernando Ave., Room 203 Lake City, FL 32055 no later than 2:00 P.M., Wednesday, June 25, 2008, at which time they will be opened. Proposals received later than the date and time as specified will be rejected. The Board will not be responsible for the late deliveries of proposals that are incorrectly addressed, delivered in person, by mail or any other type of delivery service.

The Columbia County Board of County Commissioners reserves the right to accept or reject any or all proposals or any parts thereof, and the award, if an award is made, will be made to the most responsible proposer whose proposal and qualifications indicate that the award will be in the best interest of Columbia County. The Board reserves the right to waive irregularities in the proposal.

PROPOSAL SPECIFICATIONS

- I. **General Proposal Specifications and Requirements for Health Insurance**
- A. Columbia County is seeking fully insured quotes for the Board and Constitutional Officers' eligible employees.
- B. Coverage shall be effective October 1, 2008 or on a later date requested, in writing, to the proposer by the County. Coverage shall be guaranteed for a minimum of 12 months from the effective date at the same premium rate quoted in the proposal. It is the County's intent to renew the coverage after the initial coverage period by negotiation with the proposer. Such renewal process may be conducted annually. The County must be notified 90 days in advance of the contract anniversary date of any premium increases.
- C. If exceptions from coverage are made, exceptions must be clearly stated on each coverage.
- D. Envelopes containing the proposals shall be sealed and marked "**Sealed Proposals for Group Health Insurance and Employee Benefits.**"
- E. The proposer is required to examine carefully the specifications and risks to be covered. It will be assumed that the proposer has made such investigations and is fully informed as to the extent and character of the hazards and requirements of the specifications. No warranty is made or implied as to information contained in these specifications.
- F. All proposals shall show or conform to the following, in addition to other information required on the proposal form:
 - Name of proposed insurance company;
 - Insurance company rating from A.M. Best's Insurance Guide or appropriate financial documents to assure the proposer is a stable, sound, and responsible company. Only companies rated "A" or better will be considered; and
 - Insurance companies must be authorized to do business in the State of Florida.
- G. All proposals shall have an attachment thereto giving a complete description of services to be supplied as part of the insurance coverage. A brief description of claims or adjustment service shall be included.
- H. Cancellation, termination, or expiration of the policy by the insurer or insured shall require 90 days notice.
- I. All proposers must agree in writing to furnish the County with at least a quarterly report of all incurred claims.
- J. All proposers must agree to furnish an annual statement of loss experience within 15 days

following the anniversary of the policy, including a detailed analysis of pending claims.

- K. Policies to cover any new employees shall be in accordance with HIPAA.
- L. No oral interpretation will be made to any proposer as to the meaning of the proposal specifications or any part thereof. Every request for interpretation shall be made in writing to the County Purchasing Director. Any inquiry received seven or more days prior to the date fixed for opening of proposals will be given consideration. Every interpretation made to a proposer will be in the form of an addendum to the proposal specifications and, when issued, will be on file in the County Purchasing Office at least three days before proposals are opened. In addition, all addenda will be mailed to each person holding proposal specifications, but it shall be the proposer's responsibility to make inquiry as to the addenda issued. All such addenda shall become part of the proposal specifications, and all proposers shall be bound by such addenda, whether or not received by the proposers. Proposers must acknowledge in writing receipt of addenda and include this acknowledgment with their proposals.
- M. Proposals will be received by the County Purchasing Director until 2:00 pm, June 25, 2008, and opened publicly by the Purchasing Director or other official designated by the Columbia County Board of County Commissioners. Proposals received after the above stated time, postmarks notwithstanding, shall be rejected.
- N. No proposal shall be withdrawn for a period of 90 days subsequent to the opening of the proposals, without consent of the County.
- O. Successful proposer shall be required to provide on-site training and a question-and-answer session for all County employees and conduct on-site annual enrollment. Also, the successful proposer shall be required to provide a toll-free customer service line between 8 a.m. and 5 pm each work day for County employee access to the insurance provider. User-friendly claim forms shall be furnished to the County with detailed instructions that can be provided to employees.
- P. The County reserves the right to: Reject any or all proposals tendered, Negotiate exclusively with one or more vendors of choice, Terminate or modify the process at any time.
- Q. The County will make the award as soon as practicable to the best (lowest responsible) proposer, price and other factors considered and/or negotiated. The County reserves the right to reject and/or accept any and/or all proposals received.
- R. For additional information, contact Ben Scott Purchasing Director, at 386-719-2028.
- S. The insurance to be provided will include coverage as shown in Plan Benefits.

II. Proposal Scope. Columbia County requests you respond with your proposal on how you would structure and provide group health, life, AD&D, dental benefits, a Cafeteria Plan, for its _____+ employees, and dependents. It is desired that the benefits program proposed maximize participant opportunity to take full advantage of the pre-tax payment of these benefits, in accordance with law, and to limit employer costs to the greatest extent possible while still providing a quality offering of benefits.

III. General Information

A. The group is comprised of the employees, and dependents of the Columbia County Board of County Commissioners, Supervisor of Elections, Clerk of the Courts, Property Appraiser, Sheriff, and Tax Collector, retirees.

B. Columbia County is located in North Florida. The County Seat is in Lake City.

C. There are approximately 490 employees in the present group working for the Constitutional Offices of County government.

- Board of County Commissioners - 225
- Clerk of the Courts - 46
- Sheriff Office and Jail - 177
- Supervisor of Elections – 5
- Tax Collector - 20
- Property Appraiser - 17

D. Approximately 365 employees are under individual coverage
Approximately 125 employees are under family coverage.

E. A copy of our latest census data is attached.

F. Columbia County is currently in a fully-insured health plan with BlueCross BlueShield of Florida through 2008. The County dental is with Ameritas Group. Life Insurance and AD&D are contracted through Florida Combined Life. Supplemental Products are offered through AFLAC. The Section 125 Cafeteria Plan (Flex Plan - for, Premium and supplemental products) is currently administered by The Parks Johnson Agency of Lake City, FL.

IV. Proposed Plan Specifications

A. All proposers shall use the enclosed proposal form.

- B. All proposals must provide the following:
1. Deductible and waiting period credit;
 2. No lost benefits due to transfer of coverage;

3. Immediate maternity benefits for insured; and
4. Immediate coverage of transferred COBRA participants.

C. Group Health Insurance.

1. The proposer shall provide at least a two-tier program of coverage. The basic coverage will include major medical benefits subject to high deductibles and out-of-pocket limits. The “buy up” broad plan will include major medical benefits with modest deductibles and out-of-pocket limits.
2. The proposer shall provide coverage for the following:
 - a. Full-time employees working not less than 32 hours per week;
 - b. Dependents of covered employees, which include:
 - (1) Legally married spouse;
 - (2) Unmarried natural or adopted children up to 25 years of age, if enrolled in a state-approved educational or technical institution;
 - (3) Stepchildren;
 - (4) Children, if employee is legal guardian;
 - (5) Handicapped Children.
 - c. Medicare. Benefit coordination as per federal law or regulations.
 - d. The successful proposer will comply with all COBRA and HIPAA requirements.

V. Summary of Current Benefits. Each proposer may proposal on all or part of the package of benefits being addressed. Proposer will identify the provider network by name, address, and telephone number. Proposer will specify whether proposal is for HMO, POS, PPO or conventional health insurance plan. A summary of the current benefits provided by the employer is provided as follows:

**Columbia County Board of County Commissioners
Plan A
\$1000 Deductible Plan - BlueChoice Plan 324 (Custom)**

Benefit Description	Employee Responsibility
Lifetime Maximum Benefit	\$5,000,000
Calendar Year Deductible	\$1,000 Individual / \$2,000 Family
Coinsurance	20% In-Network / 40% Out-of-Network
Out of Pocket Maximum (Coinsurance Maximum)	\$2,000 Individual / \$6,000 Family
Physician Office Visits PPO Family Physician All Other Physicians	\$20 Co-pay CYD + Coinsurance
Hospital Per Admission Deductible I PPO Hospitals Hospitals Not Participating in PPO	\$150 \$300
**Accidents are not subject to deductible, but are subject to coinsurance	
Emergency Room Deductible Per Visit; Waived If Admitted	\$50
Adult Well Care	Waive deductible, pay applicable coinsurance or co-payment. BCBSF will cover up to \$150.
Independent Clinical Laboratory In-Network Out-of-Network	Coinsurance CYD + Coinsurance
Ambulatory Surgical Center Facility	CYD + Coinsurance
Independent Diagnostic Testing Facility	CYD + Coinsurance
Mammograms	All mammograms at 100% of allowance; No Deductible; ALL PROVIDERS
Prescription Drugs 90 Day supply (Mail Order Only) Generic/Brand	Subject to Deductible, then covered at 60% \$20/ \$50
Blue Cross Blue Shield Maximums	
Home Health Care	\$2,500 per CY
Mental Health	Outpatient -20 visits per CY Inpatient -30 days per CY
Outpatient Therapy	\$2,500 per CY
Skilled Nursing Facility	60 days per CY
Hospice	\$7,500 Lifetime Max
Substance Dependency	\$2,500 Lifetime Max

Columbia County Board of County Commissioners

Plan B

Hospital Indemnity Plan

Hospital indemnity insurance is designed to pay an employee a daily benefit while confined to a hospital as an inpatient due to sickness or injury. Hospital indemnity benefits are not available on a stand-alone basis. Hospital indemnity benefits must be purchased in conjunction with basic group term life coverage.

Florida Combined Life will pay the applicable daily hospital proceeds after proof of the insured's hospital confinement has been received, if the confinement is not excluded. Benefits begin on the first full day of hospital confinement.

No claims will be denied because a licensed hospital, which is accredited in the governing jurisdiction, lacks major surgical facilities and/or is primarily of a rehabilitative nature, if that rehabilitation is specifically for treatment of physical disability.

Discontinuance of the policy during a disability will have no effect on benefits payable for that disability.

Exclusions

Florida Combined Life will not pay the proceeds for hospital confinement resulting from:

- Intentional self-inflicted injury, suicide, or suicide attempt -or any attempt to injure oneself while sane or insane; or
- Travel, flight in, or descent from any kind of aircraft -unless solely as a fare-paying passenger of a commercial airline and without any duties with the airline; or
- Taking part in a riot; or
- Any war or act of war -declared or undeclared; or
- Military service; or
- The committing of, or attempt to commit, an assault or felony; or
-
- Voluntary:
 - Use of any controlled substance, unless the controlled substance is prescribed for the insured by a physician; or
 - Use of poison; or
 - Use of intoxicant, unless taken on the advice of a physician; or
 - Inhalation of gas; or
 - Sky diving; hang gliding; or flight in ultra-light aircraft.

Also, FCL will not pay the proceeds for a rest cure or a physical checkup.

Benefit Payable

Your Hospital Indemnity Plan includes a payment of \$100 per day during hospitalization up to 365 days and \$15,000 life insurance.

**Columbia County Board of County Commissioners
Plan C
\$500 Deductible Plan –BlueOptions Plan 1154**

Benefit Description	Employee Responsibility
Lifetime Maximum Benefit	\$5,000,000
Calendar Year Deductible	\$500 Individual / \$1,500 Family
Coinsurance	20% In-Network / 40% Out-of-Network
Out of Pocket Maximum (Includes CYD, Co-pays, and Coinsurance. Excludes Prescriptions.)	\$2,500 / \$5,000 In-Network \$5,000 / \$10,000 Out-of-Network
Physician Services at ALL Locations (Includes Office Visits)	CYD + Coinsurance
Hospital In-patient Per Admission Facility Co-Pay: Option 1 / Option 2 Out-of-Network	\$600 / \$900 CYD + Coinsurance
Hospital Out-patient Per Visit Facility Co-Pay: Option 1 / Option 2 Out-of-Network	\$150/\$250 CYD + Coinsurance
Emergency Room Facility Co-pay: (per visit; Waived if admitted) In-Network Out-of-Network	\$100 Co-payment \$200 Co-payment
Adult Well Care	Waive deductible, pay applicable coinsurance. BCBSF will cover up to \$250.
Independent Clinical Laboratory In-Network (Quest) Out-of-Network	\$0 CYD + Coinsurance
Ambulatory Surgical Center Facility In-Network Out-of-Network	\$100 Co-payment CYD + Coinsurance
Independent Diagnostic Testing Facility In-Network Out-of-Network	\$100 Co-payment CYD + Coinsurance
Mammograms	All mammograms at 100% of allowance; No Deductible; ALL PROVIDERS
Prescription Drugs 90 Day supply (Mail Order Only) Generic/Brand/Non-preferred	\$100 Prescription Deductible, then 20% Generic, 30% Brand, and 40% Non-Preferred Brand \$20/\$50/\$80
	Blue Cross Blue Shield Maximums
Home Health Care	\$2,500 per CY
Mental Health	Outpatient -20 visits per CY Inpatient -30 days per CY
Outpatient Therapy	\$2,500 per CY
Skilled Nursing Facility	60 days per CY
Hospice	\$7,500 Lifetime Max
Substance Dependency	\$2,500 Lifetime Max

CURRENT DENTAL PLAN FEATURES

Dental Plan Summary

Coinsurance	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1 \$150/family
Maximum (per person) Allowance	\$1100 per calendar year 90 th U&C
Waiting Period	None
Lasik Advantage	None

Orthodontia Summary

Allowance	U&C
Coinsurance	50%
Lifetime Maximum	\$850
Waiting Period	None

Sample Procedure Listing

Type 1	Type 2	Type 3
Routine oral exams.	Sealants (age 16 and under)	Inlays
Bitewing x-ray series (2 per benefit period).	Restorative Amalgams	Onlays
Full mouth X-rays/Panoramic X-rays (1 in 3 years)	Restorative Composites	Crowns (1 in 5 years)
Periapical X-rays	Endodontics (surgical)	Crown Repair
Cleaning (2 per benefit period)	Endodontics (nonsurgical)	Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)
Fluoride treatment Children under 18 (1 per benefit period)	Periodontics (surgical)	
	Periodontics (nonsurgical)	
	Denture Repair	
	Simple Extractions	
	Complex Extractions	
	Anesthesia	

**GROUP LIFE AND ACCIDENTAL DEATH
OR DISMEMBERMENT INSURANCE**

	CURRENT PLAN
Active Employees	LIFE \$15,000 AD&D \$15,000
Retired Employees	Retiree amount of Life and AD&D Insurance reduces to 65% at age 65 and to 50% at age 70 and to 25% at age 75. Life and AD&D cancels at retirement (unless retiree elects Retiree Life Insurance).

SECTION 125 CAFETERIA PLAN

	CURRENT PLAN
Active Employees	Premium Deductions Supplemental Products
Retired Employees	Not covered

County of Columbia Group Health Insurance Proposal Form

Date Proposal Submitted: _____ Firm Submitting Proposal: _____

Coverage	Premium Monthly
I. Health Insurance (Conventional)	
Employee	_____
Employee Full Family	_____
Retiree	_____
Retiree Full Family	_____
II. Dental	
Employee (Basic Only)	_____ (Employer pays zero)
Employee (Full)	_____ (Employer pays zero)
Employee Full Family (Full)	_____ (Employer pays zero)
Retiree (Full)	_____ (Employer pays zero)
Retiree Full Family (Full)	_____ (Employer pays zero)
III. Group Term Life Insurance	_____ per employee per month per \$1,000 limit
IV. Accidental Death & Dismemberment	_____ per employee per month per \$1,000 limit
V. Cafeteria Flex Plan – Fee of _____ per participating employee _____ per month.	
VI. Are there any exceptions from coverage in accordance with the proposal specifications? _____	
	YES NO

IF YES, exceptions must be stated clearly below for each coverage. Attach additional sheets if necessary.

**County of Columbia
Group Health Insurance
Proposal Form**

(continued)

This proposal is submitted in accordance with the specifications and conditions contained in the proposal document.

Company

BY:

Authorized Representative

Address

City State Zip Code

Telephone FAX

Email Address

Date