



Suwannee County School District

RFP # 23-208

“Stop Loss Insurance”

Medical and Pharmacy Services

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**SUWANNEE COUNTY SCHOOL DISTRICT
"STOP LOSS INSURANCE"
SELF-FUNDED HEALTH INSURANCE PROGRAM
INVITATION TO BID RFP # 23-208**

The Suwannee County School Board is requesting proposals from qualified proposers to provide Stop Loss Insurance proposals for their Self-Funded Health Insurance Program.

Questions will be due by Thursday, March 9, 2023. Sealed bids will be received at the Suwannee County School District, Office of the Chief Financial Officer, 1740 Ohio Avenue South, Live Oak, Florida 32064 until 2:00 PM, on Friday, March 10, 2023. Sealed bids must contain only the RFP 23-208 listed in this ad and must be clearly marked on all sides of the submission package.

Bid documents for RFP # 23-208 may be obtained from the District Web Site at the following link:

<http://www.suwannee.k12.fl.us/bids/open>

Suwannee County District Schools reserve the right to reject any or all bids, to waive any defects or irregularities in bids and to accept any bid which is deemed most advantageous to the public interest.

Questions should be directed to Marsha Brown, Chief Financial Officer at the contact information below.

Marsha Brown, Chief Financial Officer

marsha.brown@suwannee.k12.fl.us

1740 Ohio Avenue, South

Live Oak, FL 32064

386-647-4651

Background:

The Suwannee County School District's self-insured health plan includes pharmacy benefits with Florida Blue/Prime PBM. SCSD is requesting an RFP for ASO/TPA services for their medical and pharmacy benefits effective 5/1/23. The School District has a strong commitment to health and wellness and continues to adopt plans to encourage healthy behaviors. The School District has an onsite health center (SCSD Wellness Center) for employees, retirees, spouses, and dependents. They also use the health center in partnership with Florida Blue to offer wellness incentives to employees, retirees, and spouses. There are currently 793 active employees, 1 COBRA participant, and 35 retired employees of which 490 are enrolled in SCSD's health insurance. The School District is currently covered by Florida Blue/ISU for their stop-loss reinsurance policy.

Effective Date:

May 1, 2023

RFP Contact

Marsha Brown, Chief Financial Officer

marsha.brown@suwannee.k12.fl.us

1740 Ohio Avenue, South

Live Oak, FL 32064

386-647-4651

RFP Delivery

Sealed bids will be received at the Suwannee County School District, Office of the Chief Financial Officer, 1740 Ohio Avenue South, Live Oak, FL 32064 on Friday, March 10, 2023, at 2:00pm.

Due to the timing of mail service, the School District cautions Respondents to assure actual delivery of proposals to the School District prior to the deadline set for receiving proposals. Proposals received after the established deadline shall not be considered. Proposals received in any form other than that identified herein shall be rejected. All proposals will be opened publicly, and the names of all Respondents shall be read aloud. The School District reserves the right to reject any or all proposals or parts of proposals, if it is in the best interest of the School District.

SUBMISSION REQUIREMENTS:**Notice to Proposers:**

Responses will not be accepted or considered after the specified time and date listed on page 5. Each Response envelope/box shall be sealed and identified as specified below.

PLEASE FILL OUT THE LABEL ON THE NEXT PAGE AND ATTACH IT TO YOUR RFP REPLY PACKAGE(S).

Cut out label and tape to outer sealed envelope(s) or package(s).

DO NOT OPEN - SEALED RESPONSE - DO NOT OPEN	
RFP NO: # 23-208	RFP Title: Stop Loss – Medical and Dental
TO BE OPENED: March 10, 2023 @ 2:00pm	
LATE RESPONSE WILL NOT BE ACCEPTED	
<u>FROM</u> Name of Firm:	
Contact Name:	Email Address:
Telephone No.:	Fax No.:
Deliver To:	Chief Financial Officer Suwannee County School Board 1740 Ohio Avenue South Live Oak, FL 32064

Schedule/Project Timeline

March 1, 2023	RFP # 23-208 Published
March 9, 2023 12:00pm EST	Last Day for Questions
March 10, 2023 2:00pm EST	Response Due by 2:00pm / Bid opening at 2:00pm
March 13, 2023 3:00pm EST	Fringe Benefit Committee meeting to review plan designs and proposals
March 14, 2023	Special Board meeting to follow the Board Workshop to approve plan designs and proposals

INSTRUCTIONS TO PROPOSER

1. Upon the issuance of this RFP, all contact with SCSB must be made through the Chief Financial Officer. The Proposer must limit communication with the designated contact to the means specified in this document. Other employees and representatives of SCSB and the participating agencies are instructed not to answer questions regarding the RFP or otherwise discuss the contents of the RFP with the Proposer or its representatives. Any contacts made with other employees and representatives of SCSB will be reported and forwarded to the Chief Financial Officer. Proposer shall not, under the penalty of law, offer any gratuities, favors or anything of monetary value to any officer or employee of SCSB in connection with this competitive procurement.
2. Proposer to this Response or persons acting on their behalf are specifically requested not to contact Board of Trustees, members, staff, Committee Members or our Broker / Consultant during the course of the Response and Selection process. All procedural matters shall be directed to the Chief Financial Officer. Evaluation Committee members or other School employees shall not be contacted or approached by representatives of any potential Proposer to this RFP. Contact or communication initiated by any responding firm may result in rejection of the Response.
3. Upon award recommendation or thirty (30) days after opening, whichever is earlier, any material submitted in response to this RFP will become a public record and shall be subject to public disclosure consistent with Chapter 119, Florida Statutes (Public Records Law). Proposers must claim the applicable exemptions to disclosure provided by law, in their response to the RFP, by identifying materials to be protected and must state the reasons why such exclusion from public disclosure is necessary and legal. SCSB reserves the right to make any final determination of the applicability of the Public Records Law.
4. Posting Of Tabulations/Recommendation. RFP tabulations with recommended awards will be posted for review by interested parties. Visit <http://www.suwannee.k12.fl.us/bids> for bid/response links. Results will remain posted for a period of 72 hours. Failure to file a Notice of Intent to Protest within the time

prescribed in Section 120.57(3) b, Florida Statutes, shall constitute a waiver of proceedings under Chapter 120, Florida Statutes. If the tabulation with the recommendation of award is not posted by said date and time, the Chief Financial Officer will endeavor to post a "Notice of Delay of Posting" to inform all Proposers of the delay and anticipated posting date and time.

5. Bid Protests: Any person who believes they are adversely affected by any specification in this Bid or RFP or any decision or intended decision concerning this Bid or RFP and who wishes to protest such specification, decision, or intended decision shall file a Notice of Intent to Protest in accordance with section 120.57(3), Florida Statutes. A formal written protest must be accompanied by a bond payable to SCSB in an amount equal to one percent (1%) of the total value of the proposed contract. Security shall be in the form of a bond, a cashier's check, or money order. Failure to file a protest within the time prescribed in section 120.57(3), Florida Statutes, or failure to post the bond or other security within the time frame set forth in section 287.042(2)(c), Florida Statutes, shall constitute a waiver of proceedings under Chapter 120, Florida Statutes.
6. Any Proposer in doubt as to the true meaning of any part of this RFP or related documents may submit a written request for clarification to Marsha Brown, CFO at the email address marsha.brown@suwannee.k12.fl.us by 2pm on March 9, 2023. Any interpretation to a Proposer shall be made only by amendment duly issued. All Amendments will be posted and disseminated on the **Suwannee County School Board public website**.
7. Questions must be received before 2:00 PM **Eastern Standard Time** on March 9, 2023. Questions not received by this date and time will not be considered.
- 8.

Evaluation of Responses

Responses shall be reviewed and evaluated by the District's Fringe Benefit's Committee.

The selection process to evaluate the responses under this RFP shall be conducted in accordance with the evaluation procedure as described in this section. The Fringe Benefit Committee shall evaluate accepted responses. The SCSB, in collaboration with the District's Fringe Benefits Committee, shall be the sole judge as to which response is best and, in ascertaining the best response, shall take into consideration the financial resources, reputation, fit of proposed solution, and experience in performing similar work, as generally described below.

SCSB shall generally follow the above shown process; in doing so, SCSB at its will, reserves, at a minimum, the following rights:

- a. The award shall be made to the Proposer that best meets SCSB needs.
- b. SCSB also reserves the right to waive minor irregularities in responses if that action is in the best interest of SCSB. If the Proposer is awarded the contract, such a waiver shall in no way modify the requirements stated in this RFP or excuse the Proposer from full compliance with the specifications stated in this RFP or resulting contract;

- c. SCSB reserves the right, before awarding the contract, to require Proposer to submit additional evidence
- d. of qualifications or any other information, the District may deem necessary:
 - i. SCSB reserves the right to further negotiate any response, including price, with the highest rated Proposer. If a contract cannot be reached with the highest rated Proposer, the District reserves the right to negotiate and recommend award to the next highest Proposer or subsequent Proposers until a contract is reached;
 - ii. SCSB shall not be under any requirement to complete the evaluation by any specific date and reserves the right to suspend or postpone the evaluation process should the need arise due to budget constraints, time constraints or other factors as directed by SCSB;
 - iii. SCSB, at its sole discretion may waive the requirement to have demonstrations or interviews;
 - iv. SCSB, at its sole judgment, will award or reject any or all responses as is in the best interest of SCSB and the decision shall be final.

Proposal Request:

Stop Loss / Aggregate Coverage. Please provide the following within your proposal:

- Must include pricing for Paid (24/12) contract for specific and aggregate coverage. In addition, alternate contracts or suggestions may be considered.
- Proposal(s) should include both Medical and Rx coverage
- Include/outline any aggregate credits for onsite health care center utilization
- Please provide quotes for \$125,000 ISL, \$150,000 ISL, and \$175,000 ISL options
- Confirm advanced accommodation/funding of stop-loss reimbursements. If your plan doesn't provide advanced funding. Please provide details for reimbursement process including expected timing for payments.
- Aggregate coverage with 125% corridor and alternate 120% corridor
- Match current health/Rx plan(s)
- Provide pricing for alternate plans proposed on the following page
- Includes Retirees pre and post Medicare on the plan
- **Commission:** Please quote net of commission
- The School District is requesting proposals for their ASO Administrator to be effective 5/1/2023.

Evaluation Criteria

Criteria No.	Main Criteria Description	Points
Criteria No. 1	Qualifications, Experience of Team members	25
Criteria No. 2	References	10
Criteria No. 3	Questionnaire	35
Criteria No. 4	Proposed Fee	30

RFP Submission

Response Order: To ensure comparability and consistency in review and evaluation of responses, all responses shall be organized as specified below. Avoid any elaborate promotional materials and provide only information that is required. All supporting materials should clearly reference the portion of the RFP to which they pertain. Please submit **one (1)** unbound original (clearly marked as such) and five (5) exact duplicates for a total of six (6) physical copies. **One electronic copy on USB flash drive is also required** for document management purposes. To create the electronic copy, scan the entire response and save it as one (1) pdf document. Responses not meeting the requirements below may be determined to be non-responsive, non-responsive responses will receive no further consideration

Tab 1 Table of Contents

Tab 2 Cover Letter - Provide a cover letter indicating your company's understanding of the requirements/scope of services of this specific response. The letter must be a brief formal letter from the Proposer that provides information regarding the company's interest in and ability to perform the requirements of this RFP. Clearly demonstrate your familiarity with the RFP. Unless specific exceptions are noted in the response package, all terms and conditions contained in the response are considered to be accepted by the proposer. A person who is authorized to commit the Proposer's organization to perform the services included in the response must sign the letter. Please provide a list of all persons authorized to give presentations. Please provide all names, titles, addresses, telephone numbers (including facsimile numbers), and e-mail addresses. The prospective Proposer hereby certifies, by submission and signature of this letter, represents complete and unconditional acceptance of the requirements, terms and conditions of this solicitation and all appendices and any Addendum released hereto

Tab 3 Qualifications, Experience of Team Members and References:

Summarize the qualifications of the Proposer's project team. Provide a profile of your organization:

- a. Provide a core contact with name, title, email, address, phone, and fax
- b. Where are your corporate offices located?
- c. Please list the number of years your company has been in operation.
- d. Describe your support and quality assurance resources.
- e. Company website

Tab 4 References

Please provide three (3) public entity clients as references, including at least two whose medical coverage is self-funded. Include name of customer, address, contact name, telephone numbers (including facsimile number), and email address. Please include only references within the previous thirty-six (36) months. SCSB and/or the IE will contact these references during the evaluation process. Non-responsive references may reflect negatively on the vendor.

Tab 5 Questionnaire – Please see page 11 and respond to each section and question of the questionnaire and provide your answers in the table that is provided.

Tab 6 Pricing

Commission: Please quote net of commission

Tab 7 Required Forms

Appendix A – Vendor’s Statement of Qualification

Appendix B – Statement of Affirmation and Intent

Attachments to the RFP:

- Census – Please request via email to marsha.brown@suwannee.k12.fl.us. Census will be provided in excel format and will be sent via secure email.
- Paid Claims Most Recent 24 months,
- Large Claims Most Recent 24 Months,
- Benefit Summaries

Retiree Coverage

There are retirees on the plan. Section 112.0801, Florida Statutes, provides in part: "Any state agency, county, municipality, special district, community college, or district school board which provides life, health, accident, hospitalization, or annuity insurance, or all of any kinds of such insurance, for its officers and employees and their dependents upon a group insurance plan or self-insurance plan shall allow all former personnel who have retired prior to October 1, 1987, as well as those who retire on or after such date, and their eligible dependents, the option of continuing to participate in such group insurance plan or self-insurance plan. Retirees and their eligible dependents shall be offered the same health and hospitalization insurance coverage as is offered to active employees at a premium cost of no more than the premium cost applicable to active employees. For the retired employees and their eligible dependents, the cost of any such continued participation in any type of plan or any of the cost thereof may be paid by the employer or by the retired employees."

Current Stop Loss Rates:

- Individual Stop Loss: Single \$99.74, Family \$315.23
- Aggregate Excess Loss Coverage: \$1.97

Questionnaire

Stop Loss Proposal

Please confirm the following and if you are not able to comply, please explain

Requirements	Yes/No/ Explain
Match current plan(s)	
Provide pricing for alternate plans proposed on next page	
Must include pricing for Paid (24/12) contract for specific aggregate coverage. In Addition, alternate contracts or suggestions will be considered.	
Include protection for Medical and Rx	
Aggregate premium credit for onsite health care center utilization. Florida Blue claim reports do not included claims for SCSD Wellness Center. This is paid separately by the School District	
Please provide proposal for the following Stop-Loss options: \$125,000 ISL, \$150,000 ISL, and \$175,000 ISL deductible(s)	
Includes Retirees pre and post Medicare on plan	
Confirm advanced accommodation/funding of stop-loss reimbursements. If not, what is the process for reimbursement?	
Aggregate coverage with 125% corridor and alternate 120% corridor	
Commissions: Please quote net of commissions	

Alternate Plan Design in place of current plans

In addition, we are evaluating the following plan design changes to reduce the number of plans being offered from 4 to 3 plans:

 Carrier Plan Name Network Plan Type		Medical - TBD for effective date 5/1/2023 - 4/30/2023		
		Proposed Plans		
		TBD	TBD	TBD
		Base Plan - PPO HDHP	EPO Buy Up 1	PPO Buy Up 2
Suwannee County School District		TBD	TBD	TBD
	Individual Deductible	\$6,000	\$3,000	\$1,000
	Family Deductible	\$12,000	\$9,000	\$3,000
	Coinsurance %	30%	20%	10%
	Individual Out of Pocket Maximum	\$7,000	\$6,000	\$5,500
	Family Out of Pocket Maximum	\$14,000	\$12,000	\$11,000
	Preventive Care	Covered in Full	Covered in Full	Covered in Full
	Primary Care Office Visit	30% after Deductible	\$40	\$25
	Specialist Office Visit	30% after Deductible	\$65	\$50
	Urgent Care	30% after Deductible	\$75	\$60
	Emergency Room	30% after Deductible	20% after Deductible	10% after Deductible
	Diagnostic (X-ray, blood work) Free standing Lab	30% after Deductible	\$65 Copay	Covered in Full
	Major Diagnostic Independent Test Center (MRI, CT, PET)	30% after Deductible	20% after Deductible	\$250
	Outpatient Surgery	30% after Deductible	20% after Deductible	\$200 ASC, 10% after Deductible - Hosp
	Hospitalization	30% after Deductible	20% after Deductible	10% after Deductible
	Prescription Deductible	Combined with Medical	\$300 (Brand Drugs)	No Rx Deductible
	Generic Prescriptions	30% after Deductible	\$10	\$10
	Formulary Brand Name Prescriptions	30% after Deductible	\$50 after Deductible	\$60
	Non Formulary Brand Name Prescriptions	30% after Deductible	\$80 after Deductible	\$80
	Specialty Medications	30% after Deductible	\$150 after Deductible	\$150
Out of Network (OON)				
	OON Deductibles Individual/Family	\$10,000 / \$20,000	N/A	\$4,500 / \$13,500
	OON Coinsurance %	50%	N/A	50%
	OON Out of Pocket Maximums Family/Individual	\$15,000 / \$30,000	N/A	\$11,000 / \$22,000

Appendix A

VENDOR'S STATEMENT OF QUALIFICATION

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

- 1. Has Vendor been declared in default of any contract? ☐ Yes ☐ No
- 2. Has Vendor forfeited any payment of performance bond issued by a surety company on any contract?
 ☐ Yes
 ☐ No
- 3. Has an uncompleted contract been assigned by Vendor's surety company on any payment of performance bond issued to Vendor arising from its failure to fully discharge all contractual obligations thereunder?
 ☐ Yes
 ☐ No
- 4. Within the past three (3) years, has Vendor filed for reorganization, protection from creditors, or dissolution under the bankruptcy statutes? ☐ Yes ☐ No
- 5. Is Vendor now the subject of any litigation in which an adverse decision might result in a material change in the firm's financial position or future viability? ☐ Yes ☐ No
- 6. Is Vendor currently involved in any state of a fact-finding, negotiations, or resistance to a merger, friendly acquisition, or hostile take-over, either as a target or as a pursuer? ☐ Yes ☐ No
- 7. License Sanctions: List any regulatory or license agency sanctions. The Board may perform a background check on Proposer with all state and regulatory agencies

Authorized Representative's Signature

Company Name

State Of: _____ County Of: _____

Appendix B

STATEMENT OF AFFIRMATION AND INTENT

TO: SUWANNEE COUNTY SCHOOL BOARD, PROCUREMENT DIVISION

PROJECT: _____

DATE: _____

The undersigned, hereinafter called the Proposer, declares that the only persons, or parties interested in their Response are those named herein, that this Response is, in all respects, fair and without fraud that it is made without collusion with any other vendor or official of Suwannee County School Board. Neither the Affiant nor the above-named entity has directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive pricing in connection with the entity's submittal for the above project. This statement restricts the discussion of pricing data until the completion of negotiations and execution of the Agreement for this project.

The Proposer certifies that no Board Member, Director, or any Suwannee County School Board Employee directly or indirectly owns assets or capital stock of the bidding entity, nor will directly or indirectly benefit by the profits or emoluments of this Response. (For purposes of this paragraph, indirect ownership or benefit does not include ownership or benefit by a spouse or minor child.)

The Proposer certifies that no member of the entity's ownership or management is presently applying for an employee position or actively seeking an elected position with the School. In the event that a conflict of interest is identified in the provision of services, the Proposer agrees to immediately notify SCSB in writing.

The Proposer further declares that he/she has carefully examined the scope of services, instructions, terms and conditions of this Request for Qualifications and that Proposer's Response is made according to the provisions of the RFQ and that he/she will meet or exceed the scope of services, requirements, and standards contained in the Request for Qualifications.

The Proposer agrees to abide by all conditions of the negotiation process. In conducting negotiations with SCSB, Proposer offers and agrees that if this negotiation is accepted, the Proposer will convey, sell, assign, or transfer to SCSB all rights, title, and interest in and to all causes of action it may now or hereafter acquire under the Anti-trust laws of the United States and the State of Florida for price fixing relating to the particular commodities or services purchased or acquired by SCSB. At the School's discretion, such assignment shall be made and become effective at the time the School tenders final payment to the Proposer. The Response constitutes a firm and binding offer by the Proposer to perform the services as stated.

Proposer acknowledges that all information contained herein is part of the public domain as defined in the Public Records Act, Chapter 119, F.S.

The signer of this Response guarantees, as evidence of the sworn affidavit required herein, the truth and accuracy of all statements and information hereinafter provided. The undersigned hereby authorizes any public official, surety company, bank depository, material, or equipment manufacturer or distributor or any person or firm or corporation to furnish any pertinent information requested by Suwannee County School Board or their representative, deemed necessary to verify the information provided and statements made regarding the standing and general reputation of the applicant.

Signature of Authorized Firm

Date

Name and Title of Authorized Firm Representative (Typed)

E-mail Address

Name of Firm (Typed)

Address, City, Zip

Telephone Number

Fax Number

Sworn to and subscribed before me this _____ day _____ of 2023.

Notary

Public

Commission Expiration Date