



**GULF COUNTY BOARD OF COUNTY
COMMISSIONERS**

REQUEST FOR PROPOSALS: *Group Dental*
RFP 1415-20

Release Date: May 18, 2015
Return Date: June 11, 2015

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Information & Requirements

➤ **RFP General Information**

The anniversary date for the program is set for October 1, 2015.

Copies of the RFP package are available at 1000 Cecil G. Costin, Sr. Blvd. Room 149, Port St. Joe, FL 32456 on Monday, May 18, 2015. The RFP package will be available electronically on the same date.

All proposals, **with original signature and three (3) additional copies**, must be received at the Office of the Clerk by **Thursday, June 11, 2015 at 4:00 p.m. EDT**. Proposals received after the closing time will be returned unopened. Please send the consultant an electronic copy of the response on Friday, June 12, 2015.

Gulf County will advertise publicly and send the RFP requests directly to potential insurance companies. Please direct all questions and requests to Gulf County's Agent-of-Record and Consultant, Todd Torgersen, Combined Insurance Services, Inc. (850-433-9996/todd@ciscompanies.com).

Proposals must be received by the indicated date and time in county offices. Proposal packages must clearly state that it is a proposal for Group Dental Benefits. Proposals must be valid through the effective date of the contract.

Proposals will be opened on Monday, June 15, 2015 at 10:00 a.m. EDT at the Office of the Clerk, 1000 Cecil G. Costin Sr. Blvd., Room 149, Port St. Joe, FL 32456.

Gulf County may reject any or all proposals. The county also may enter into negotiations with carriers as allowed by Florida law.

Each proposing company's benefit program must comply with all applicable Florida and U.S. laws pertaining to mandated benefits.

Although every effort was made to ensure such, Gulf County does not vouch for the accuracy of the information provided by existing insurance companies.

Additional information may be provided during the RFP process. It is the responsibility of all bidders to confirm whether additional information was released.

In order to be considered, bidding companies must use the response forms provided.

Contract awards will be based on price, service reputation, financial stability and ability to handle the specific needs of Gulf County employees.

➤ **Contract Duration**

The contract duration for all programs will be for a period of 3 years beginning October 1, 2015. The minimum duration for rate guarantee is 2 years, with additional consideration provided to those with longer commitments.

➤ **Notice**

Gulf County may cancel these contracts off-cycle with a 30 day written notice.

Contracted companies will agree to provide Gulf County with at least 120 days notice for intent to cancel or modify the program. If the intention is to modify the program, the company must agree to provide details of the modification.

Contracted companies will agree to provide Gulf County with at least a 120 day notice of any rate increase by providing the actual proposed rates.

All proposals must clearly indicate underwriting assumptions, enrollment requirements and any terms and conditions associated with their prospective contract.

➤ **Eligibility**

Employees are eligible for benefit programs on the 1st of the month following the 30th day of employment. This includes all full-time employees working at least 30 hours per week. Retirees may participate in the program up to the extent identified in the benefit summary.

➤ **Materials & Implementation**

Companies awarded the business are expected to build in costs for implementation and on-going materials. This is to include, but is not limited to, benefit summaries; certificates; enrollment forms; claim forms and billing. Each company should provide examples of these materials.

➤ **Billing**

Gulf County would prefer the option for on-line monthly billing capabilities, along with the ability to make real-time changes. Please indicate the processes included in the proposal document.

➤ **Actively at Work Waiver**

All active employees (as deemed by Gulf County) will be eligible for insurance regardless if they are actively at work. As such, the successful company will waive any actively at work requirements regardless of the reason for the absence.

➤ **References**

Each company should provide at least three references for each line of business proposed if chosen as a finalist. Preferred references include those clients of similar sized governmental entities, but it is not a requirement.

Narrative: Dental Insurance

Gulf County provides each eligible employee with single dental coverage at no cost. Employees may purchase dental coverage for spouses and eligible dependents through payroll deductions.

Current rates, benefits and payroll deductions are included in the package, along with a copy of the plan certificate. A census and claims experience exhibit is also included. AOR commission load to the county consultant is 5% of premium, or a graded scale that produces a near equivalent.

Benefit Request:

Companies are asked to replicate the in-force plans as closely as possible and indicate any variances. In addition, the county would like to consider options to raise the annual benefit maximum to the following levels:

- Alternate 1: Current plan design except: Annual benefit maximum of \$1,500
- Alternate 2: Current plan design except: Annual benefit maximum of \$2,000;

Dental Insurance Questionnaire

- 1) Please describe your claims turn-around goals versus actual performance over the most recent 12-month period.
- 2) Please describe your anticipated service strategy for both employer and employees.
- 3) What is the location of your nearest corporate service office?
- 4) What is the location of your home office and the operations center accountable for this group?
- 5) Do you have toll-free numbers available for administrative contacts and for employee customer service?
- 6) Is on-line billing and/or enrollment an option?
- 7) Please provide your current rating from the following services:
 - a) AM Best
 - b) Standard & Poors
 - c) Moodys
- 8) Do you agree to the notice requirements indicated in the specifications?
- 9) Do you agree with the eligibility requirements as set forth in the specifications?
- 10) Do you agree to provide the materials and assistance required for implementation and ongoing service as indicated in the specifications?
- 11) Please clearly indicate any variances in coverage levels as compared to the in-force plan on the attached form.

Gulf County Board of County Commissioners

Dental Insurance RFP Rate Response Form

Expressed in Monthly Premium Per Unit

Current Plan Design: Single: _____
 EE/Spouse: _____
 EE/Child(ren): _____
 EE/Family: _____
 Rate Guarantee: _____ Years

Alternate 1 Plan Design: Single: _____
 EE/Spouse: _____
 EE/Child(ren): _____
 EE/Family: _____
 Rate Guarantee: _____ Years

Alternate 2 Plan Design: Single: _____
 EE/Spouse: _____
 EE/Child(ren): _____
 EE/Family: _____
 Rate Guarantee: _____ Years

Insurance Company: _____

Name of Representative: _____

Signature: _____ Date: _____