

SUBJECT:

RFP# 010-12

ISSUE DATE:

MAY 25, 2011

PRE-PROPOSAL
CONFERENCE:

NONE

MAIL PROPOSALS TO:

CITY CLERK
CITY OF KEY WEST
525 ANGELA STREET
KEY WEST, FL 33040

DELIVER PROPOSALS TO:

SAME AS ABOVE

PROPOSALS MUST BE
RECEIVED:

JUNE 22, 2011

NOT LATER THAN:

3:00 P.M.

SUE SNIDER
PURCHASING AGENT
CITY OF KEY WEST

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Enclosures

REQUEST FOR PROPOSALS
RFP #010-12

Notice is hereby given that the City of Key West will be receiving proposals for:

**FULLY INSURED, SELF FUNDED, OR MINIMUM PREMIUM MEDICAL, DENTAL,
VISION INSURANCE, AND LIFE INSURANCE**

Delivery: Submit one (1) original and six (6) hard copies, and (1) electronic format copy on CD as indicated in prior pages.

The City of Key West (City) is seeking experienced and qualified insurance companies that demonstrate the highest level of ability to provide fully insured or self funded Group Medical, Dental, Vision, and Life Insurance to the employees, retirees and their dependents of the City.

The opening shall be public, on the date and at the time specified in the RFP document. All documents received after that time will remain unopened and become the property of the City. It is the proposer's responsibility to assure their RFP is delivered at the proper time and place of the opening. Offers by facsimile, telegram, or telephone are not acceptable.

The City reserves the right to select a RFP through competitive negotiations. The City reserves the right to select or reject any or all RFP for any reasons with or without counsel, to waive any informality in the proposals received, to waive minor deviations from the specifications, to cancel the RFP at any time and to re-advertise, and to issue and solicit another RFP. Unauthorized conditions, exceptions, limitations, or provisions attached to a proposal may cause its rejection as being non-responsive. The Gehring Group serves as the City's Agent of Record. Bids will only be accepted from authorized carrier(s); licensed to transact insurance services by the State of Florida Department of Financial Services.

The City of Key West reserves the right to reject any and all proposals, in whole or in part, to waive any irregularities or informalities in any bid, and to award to any party considered to be in the best interest of the City.

Proposals received after the specified time and date cannot be considered, will remain unopened, and becomes the property of the City.

SECTION I: OVERVIEW & REQUIREMENTS

PURPOSE:

Intent of RFP – The City of Key West (THE CITY) is soliciting fully insured or self insured group medical, dental and vision insurance coverage for City employees, officials, retirees, and their dependents. Proposers are encouraged to match the current schedule of benefits as closely as possible. Proposers should outline any and all deviations.

CALENDAR:

The intended timeline is:

- RFP Release May 25, 2011
- Deadline for Receipt of Questions June 6, 2011
- RFP Due Date June 22, 2011
- Best and Final Offers Due (if necessary) Late July, 2011
- Commission Approval of Recommendation Early August, 2011
- Open Enrollment Meetings To Be Determined
- Effective Date October 1, 2011

TERMS AND CONDITIONS

ADDITIONS/DELETIONS

THE CITY reserves the right to add or delete any item from this bid or resulting contract when deemed to be in the best interest of THE CITY.

ALTERATIONS IN PROPOSAL

Except as otherwise provided herein, Proposals which are conditional in any way, or which contain erasures or interlineations not authenticated as provided herein, or which contain items not called for, items not in conformity with applicable laws, changes, additions, recapitulations, alternative Proposals, or any other modifications of the Proposal forms which are not specifically called for in the Contract Documents, will be rejected as not responsive unless specifically agreed to in writing by THE CITY. Erasures, interlineations or other corrections shall be authenticated by affixing in the margin immediately opposite the correction, the handwritten initials of each person executing the Proposal.

APPLICABLE LAW

This Contract shall be interpreted in accordance with the law of the State of Florida.

ATTORNEY FEES

The prevailing party in any litigation or mediation relating to the contract shall be entitled to recover its reasonable attorney fees and costs from the other party for all matters, including, but not limited to, appeals.

BASIS OF AWARD

- A. The award will be made by THE CITY on the basis of the Proposal from the most responsive bidder which, in THE CITY'S sole and absolute judgment, will best serve the interest of THE CITY.
- B. THE CITY reserves the right to accept or reject any or all Proposals, and to waive any informalities and irregularities in said Proposal.
- C. Evaluation: The evaluated price shall be determined from an analysis which assesses the overall cost of the proposed program, not limited to but including administrative costs, reinsurance costs, claims costs, or any combination of the aforementioned items.

BID PROPOSAL PRICING

All bid proposals must remain valid until the proposed effective date. THE CITY reserves the right to negotiate with proposers. .

COMPLETENESS OF PROPOSAL

- A. Each Bidder shall respond to all items on Proposal Page. When quoting on all items including optional items, bidders shall insert the words "No Bid" in the space provided for any item for which no offer is made. Failure to do so may result in the Proposal being rejected as not responsive.
- B. Each Proposal shall include specific acknowledgment of receipt of all Addenda issued during the bidding period. Failure to do so may result in the Proposal being rejected as not responsive.
- C. Each Bidder shall furnish information relating to its experience, facilities, personnel, material, equipment and business as is required by the Proposal form. Failure to do so may result in the Proposal being rejected as not responsive.
- D. Additional technical data furnished by a Bidder, but not required by the Request for Proposal (RFP), may at THE CITY'S option be considered a part of the Proposal to the extent that it is supplementary to, is consistent with and not contrary to the RFP.

CONTRACT DURATION

The duration of the base contract shall be for one year from the date of execution by THE CITY through September 30, 2012. The extension can be for three (3) additional one (1) year terms. Each extension must be mutually agreed upon and approved by THE CITY. THE CITY reserves the right to cancel this contract without cause with 30 days written notice and with cause within 10 days.

CONTRACT CHANGES

No changes, over the contract period, shall be permitted unless prior written approval is given by the City of Key West, Florida. No Contractor shall assign the contract or any rights or obligations there under without the written consent of THE CITY. In the event of such approved subcontracting, the Contractor agrees to provide THE CITY with written documentation relative to the Subcontractor(s) employed in this contract.

ENTIRE AGREEMENT

The terms, specifications and/or drawings included in a duly executed contract will constitute the entire agreement between the parties. No modification or waiver of terms of this agreement shall be binding, unless in writing, signed by a duly authorized representative of THE CITY.

ERROR IN BID CALCULATION

In the event there is a mathematical error in the bid, THE CITY will recalculate using the line items and correct the total.

EXECUTION OF PROPOSAL

If a Proposal is made by a partnership, it shall contain the name and address of each partner and shall be executed in the partnership name, followed by the handwritten signature of a partner authorized to execute the Proposal for the partnership. If a Proposal is made by a corporation, it shall be executed in the name of the corporation, followed by the handwritten signature of an officer authorized to execute the Proposal for the corporation, and the printed or typewritten designation of the office he holds in corporation. Another partner of the partnership or official of the corporation shall attest to the authority of the person executing the Proposal. THE CITY may require any Bidder to furnish certified copies of extracts of the minutes of meetings of the governing body of the Bidder authorizing execution of the Proposal and Contract Documents.

LITIGATION SEARCH

THE CITY reserves the right to conduct a litigation search on contractor's history of past litigation.

MODIFICATION OF PROPOSAL

A modification of a proposal already received will be considered only if the modification is received prior to the time last announced for opening Proposals. All modifications shall be made in writing, executed and submitted in the same form and manner as the original proposal, fax or E-mail. Phone modifications will not be considered.

REJECTION

The City reserves the right to reject any or all proposals, to waive irregularities and informalities in any or all proposals, and to separately accept or reject any item, items, bid schedule or bid schedules of the proposal which the City deems to be in the best interest of the City.

SEVERABILITY

If any of these General Terms & Conditions is determined to be invalid, illegal or enforceable, the remaining provisions of these General Terms & Conditions remain in full force to the extent permitted by law.

SUBMISSION OF PROPOSAL

It is the sole responsibility of each Bidder to deliver its Proposal to THE CITY at the place designated for receiving Proposals and prior to the time for opening Proposals last announced to Bidders. Any Proposal received after the time last announced for opening Proposals may be retained by THE CITY or returned to the Bidder, but such Proposal shall be rejected as not responsive.

TERMINATION OF CONTRACT

When deemed to be in the best interest of THE CITY, any awards or contracts resulting from this specification may be cancelled by THE CITY by the following means: 1) ten (10)-day written notice with cause; or 2) 30-day written notice without cause.

WITHDRAWAL OF PROPOSAL

Each Proposal shall constitute an offer to THE CITY as outlined therein and shall be irrevocable after the time last announced for opening Proposals. Any Bidder may withdraw its Proposal by giving written notice to THE CITY at the place such Proposals are to be received and at any time prior to the time last announced for opening Proposals. After the time last announced for opening Proposals and until execution of the Contract, no Bidder will be permitted to withdraw its Proposal for a period

exceeding 120 days after the time last announced for opening Proposals.

INSURANCE SECTION

INDEMNITY AND INSURANCE REQUIREMENTS

By the signing of this contract and these indemnity and insurance requirements, the vendor agrees with the provisions shown below.

INDEMNITY

The Contractor shall indemnify, defend and hold harmless THE CITY and their officers, partners, agents, employees and servants from and against any and all claims, judgments, liens, loss, damage, cost, charge or expense, including defense costs, court costs and attorneys' fees, whether direct or indirect, by reason of liability imposed by law or by bodily injuries, including death at any time resulting there from, sustained by any person or persons or on account of damages to property, including loss of use thereof, arising out of or in consequence of the performance of the Contract, whether such injuries to or death of persons or damages to property are due or are claimed to be due to operations, errors, omissions, or negligent acts of THE CITY or any of their officers, partners, agents, employees or servants, excepting only such injuries or damages as shall have been finally determined to have resulted solely from errors, omissions or negligent acts of THE CITY or of their officers, partners, agents, employees or servants or independent contractor directly responsible to THE CITY. For this indemnity, the City of Key West will pay the sum of ten dollars (\$10.00). The bidder shall add this amount (\$10.00) to their base bid proposal, which will be included in payment to firm.

INSURANCE REQUIREMENTS

The insurance provided by the Vendor pursuant to this Contract shall apply on a primary basis and any other insurance provided by THE CITY shall be excess of and not contributory to the insurance provided by the Vendor.

During the term of this agreement, except as specifically provided herein, the Contractor shall provide and maintain, at his sole cost and expense, insurance in the following types and amounts to cover all work under this agreement, including that done by sub-contractors.

The Vendor shall not commence any work on the contract until he has provided THE CITY with proof of coverage's required, in the form an original certified Certificate of Insurance properly signed by the authorized agent of the insurance company. The insurance company must be an eligible surplus lines company or a company authorized by the Florida State Department of Insurance to sell the specific insurance required or with respect to Workers' Compensation authorized as a group self-insurer by Florida Statue 440.57. The agent of the insurance company must be licensed to sell the insurance coverage's required under this contract. Without limiting any of the other obligations or liabilities of the Vendor, the following insurance coverage's with indicated limits of liability are mandatory under this contract. Those coverage's with no limits shown are not required.

WORKERS COMPENSATION--EMPLOYER'S LIABILITY INSURANCE

Shall provide benefits consistent that will respond to all benefits as prescribed by Florida Statues. To include employers Liability Insurance shall be provided in accordance with statutes of the Florida Workers Compensation Act, the Federal Longshore and Harbor Workers Act, Maritime including the Jones Act, Federal Employers Liability Act and any other applicable federal or state laws.

Customarily provided under the standard Workers Compensation Policy shall provide the following limits:

- Each Accident \$100,000.00
- Disease-Policy Limit \$100,000.00
- Disease-Each Employee \$100,000.00

COMMERCIAL GENERAL LIABILITY INSURANCE

This insurance shall cover those sources of liability which would be covered by the latest edition of the standard Commercial General Liability Coverage Form as published by the Insurance Services Office (ISO) as filed for use in Florida without the attachment of restrictive endorsements other than the elimination of medical payments and fire damage legal liability.

General Aggregate	\$2,000,000.00
Limit of Insurance per project	
Products/Completed Operation	\$2,000,000.00
(Coverage for 3 yrs. after contract completion)	
Personal & Advertising Injury	\$1,000,000.00
Each Occurrence	\$1,000,000.00
Other coverage required (Remove Policy Exclusions)	

_____ \$ _____
_____ \$ _____
_____ \$ _____

BUSINESS AUTOMOBILE POLICY

This insurance shall cover those sources of liability which would be covered by Part IV of the latest edition of the standard business auto policy form (ISO) as filed for use in Florida without attachments of restrictive endorsements. Coverage's shall include owned, non-owned, and hired autos.

The policy shall be endorsed to include coverage as required by Section 29 and 30 of the Motor Carrier Act of 1980 (MCS 90).

Each Occurrence Bodily Injury and Property Damage Liability Combined: \$1,000,000.

ADDITIONAL NAMED INSURED

The City of Key West shall be included as an additional named insured for Comprehensive General Liability Form (ISO) and Business Automobile coverage's.

WAIVER OF SUBROGATION

The Contractor's Workers Compensation, Commercial General Liability and Business Automobile insurance shall include a Waiver of Transfer of RIGHTS OF Recovery against others to THE CITY (ISO Form). The City of Key West must be named in the schedule for the specific project involved.

ENVIRONMENTAL IMPAIRMENT LIABILITY INSURANCE

Insurance shall cover the Contractor for those sources of liability arising out of the rendering of or failure to render specified service in the performance of this contract including any hold harmless

and/or Pollution Liability Coverage Form (ISO Form) including the Insured Site Definition (Contractors) Form (ISO Form) without restrictive endorsements.

The minimum limit to be maintained by the Contractor (inclusive of any amounts provided by an Umbrella or Excess Policy) shall be:

Site Specific Coverage: \$500,000.00 each loss
(Applicable to disposal \$500,000.00 aggregate
and storage sites)

Off-Site Coverage: \$500,000.00 each loss
(Applicable to disposal \$500,000.00 aggregate
operations at non-owned sites)

If written on a claims made form, such insurance shall be maintained in force so that it will respond to claims arising out of accidents, occurrences, and incidents happening after the commencement of this contract, but before the end of five (5) years after the contract completion date.

SECTION II: BACKGROUND & UNDERWRITING INFORMATION

THE CITY currently provides medical, dental, vision, and life insurance to employees, retirees, and COBRA participants. In 1997, THE CITY entered into a fully insured contract with the Florida Municipal Insurance Trust / Florida League of Cities. The current medical option consists of a single option PPO plan utilizing the First Health medical network and Medco prescription drug network. Dental insurance consists of an indemnity plan utilizing no network and the vision insurance consists of a single option plan utilizing the Humana Specialty Benefits network.

Employer-paid group life and voluntary dependent life is offered through The Hartford. Optional voluntary life insurance is not offered at this time; however, is being requested in this response.

Proposers are encouraged to submit bids on a fully insured, self funded, and/or minimum premium basis. Proposers should clearly outline the networks being utilized and provide copies of provider directories for Monroe and Miami-Dade Counties.

Please review the schedule of benefits in their entirety noting all exclusions and limitations within the plan.

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- **EFFECTIVE DATE AND RATE GUARANTEE:** October 1, 2011. Proposers should provide a rate guarantee of at least 12 months for medical insurance. Rate guarantees for all other lines should be a minimum of 12 months, with 24 months preferred.
 - **RENEWAL NOTIFICATION:** Required from insurance company 120-days prior to the renewal date.
 - **PROPOSAL FORMS:** Illustrations have been provided in Section III detailing how benefits and rates should be presented.

- **COMMISSIONS**: Fully insured: 2% flat for medical and 10% flat for dental, vision, and life insurance. Self insured: \$5 PEPM for ASO and 10% for reinsurance (specific and aggregate).
- **EMPLOYEE WAITING PERIOD**: General and Fire employees: first of the month following sixty days of employment. Certified police officers first of the month following date of hire.
- **EMPLOYEE/EMPLOYER CONTRIBUTION**: The City contributes 100% of single premium for all employees hired prior to October 1, 2010, and certified police officers. General and Fire employees hired on or after October 1, 2010, pay \$25.00 per biweekly payroll period for coverage. Dependents must pay 100% of dependent premiums.

• RATE HISTORY:

	FMIT Silver Plan	FMIT Silver Plan	FMIT Silver Plan
HEALTH INSURANCE	2008-2009	2009-2010	2010-2011
PPO			
Single	\$689.51	\$744.67	\$789.35
EE + Spouse	\$1,298.65	\$1,402.54	\$1,486.69
EE + Child	\$1,141.57	\$1,232.89	\$1,306.86
(ren)			
Family	\$1,750.71	\$1,890.76	\$2,004.22
Medicare Supp	\$309.81	\$347.87	\$367.68
	FMIT	FMIT	FMIT
DENTAL INSURANCE	2008-2009	2009-2010	2010-2011
Single	\$30.96	\$30.96	\$30.34
Family	\$76.49	\$76.49	\$74.96
VISION INSURANCE	2008-2009	2009-2010	2010-2011
Single	\$5.74	\$5.74	\$5.74
Family	\$14.17	\$14.17	\$14.17
LIFE INSURANCE	Hartford	Hartford	Harford
Basic Life	\$0.38/1,000	\$0.38/1,000	\$0.38/1,000
Basic ADD	\$0.03/1,000	\$0.03/1,000	\$0.03/1,000
Dependent	\$1.03/unit	\$1.03/unit	\$1.03/unit

SECTION III: PROPOSAL RESPONSE FORMS

Use the forms in this section to complete your proposal. Follow the format below regarding preparation of your proposal.

Section A: MEDICAL INSURANCE / DENTAL INSURANCE

Complete the forms in this section to propose plan options.

Response Form A-1: Proposed PPO Schedule of Benefits (Plan Match)

Response Form A-2: Rate Page (Fully Insured)

Response Form A-3: Rate Page (Self Funded)

Response Form A-4: Dental Insurance

Response Form A-5: Vision Insurance

Response Form A-6: Life Insurance

Proposers are encouraged to be as creative as possible. All proposals should include a full benefit summary for proposed plans. Proposers may additionally include other plan designs they see fit for the City.

Section B: Questionnaire

Respond to each of the listed questions in your proposal. First re-state the question and include your response beneath. Your ability to provide the following services is not a requirement, but will enhance your competitive posture. If your answer is "No" to any of the requests, it is imperative that you provide an explanation as to why the service(s) will not be provided or propose an alternative to the requested service. Also, if you feel any of the questions require further details; please feel free to include your explanation.

Response Form B-1: Questionnaire

A-1 – PROPOSED PPO SCHEDULE OF BENEFITS (PLAN MATCH)

	CURRENT BENEFITS		Proposed Benefits	
	FL League - Silver Plan			
	<i>In-network</i>	<i>Out of Network</i>	<i>In-network</i>	<i>Out of Network</i>
Lifetime Maximum	Unlimited	Unlimited		
Deductible				
Single	None	\$500		
Family	None	\$1,500		
Out-of-Pocket Maximum				
Single	\$1,500	\$2,500		
Family	\$3,000	\$5,000		
Physician Services				
Primary Care Office Visits	\$25	CYD + 60%		
Specialist Office Visits	\$25	CYD + 60%		
In-Office Surgery	80%	CYD + 60%		
Pre-natal Visits	\$25 (1st visit only)	CYD + 60%		
Physical Exam Benefit	\$0	Not Covered		
Hospital Services				
Inpatient Per Admission Copay	\$250 PAD + 80%	\$500 + CYD + 60%		
Outpatient	\$100 + 80%	\$100 + CYD + 60%		
Emergency Room Visit	\$100	\$100		
Chiropractic Benefit	\$25 then 80% (24 Visits CYM)	CYD + 60% (max of \$40/visit)		
Prescription Drug Card				
Generic	\$15	Wholesale, less 13%, less In- Network copay		
Brand Name	\$30			
Non-Preferred Drugs	\$45			
Mail Order Drugs	2 x retail copay	Not Covered		
Mental & Substance Abuse				
Inpatient	\$250 PAD + 80%	\$500 + CYD + 60%		
Outpatient	\$25	CYD + 60% (max of \$50/visit)		

A-2 – MEDICAL INSURANCE RATE SHEET

PPO PLAN – Fully Insured or Minimum Premium (Plan Match – Response Form A-1)

PLAN NAME:	
Employee Only	
Employee + Spouse	
Employee + Child(ren)	
Employee + Family	

How long are proposed rates guaranteed: _____

***Include a detailed summary of all minimum premium factors, including administration, claims liability, terminal liability, stop loss, and network access fees, and suggested rates. Provide a sample agreement with contract terms.**

****Outline any additional rate reductions available by purchasing multiple lines of coverage.**

A-3 – SELF FUNDED MEDICAL INSURANCE RATE SHEET

	OPTION 1 (\$100,000 Specific Deductible)	OPTION 2 (\$125,000 Specific Deductible)
<u>TPA Administration Cost Proposal</u>		
Name of Network(s) Utilized	<input type="text"/>	<input type="text"/>
Outline All Applicable Fees Below:		
Administration Fee (PEPM)	<input type="text"/>	<input type="text"/>
Utilization Review (PEPM)	<input type="text"/>	<input type="text"/>
Network Access Fee (PEPM)	<input type="text"/>	<input type="text"/>
Disease Management (PEPM)	<input type="text"/>	<input type="text"/>
Pharmacy Management Fee (PEPM)	<input type="text"/>	<input type="text"/>
COBRA Administration (PEPM)	<input type="text"/>	<input type="text"/>
Other Fees (PEPM)	<input type="text"/>	<input type="text"/>
Termination Fees (PEPM)	<input type="text"/>	<input type="text"/>
Number of years fees are guaranteed for	<input type="text"/>	<input type="text"/>

**High level summary. Include all fees associated with plan administration in your proposal response as a separate attachment. *Provide additional sheets as necessary*

Reinsurance Premium Cost Proposal

Aggregate Loss Corridor	125%	125%
Type of Contract	12/15	12/15
Coverage's Included	Medical & Prescription Drugs	Medical & Prescription Drugs
Lifetime Maximum	Unlimited	Unlimited
Specific Deductible	\$100,000	\$125,000
Specific Premium PEPM	<input type="text"/>	<input type="text"/>
Aggregate Premium PEPM	<input type="text"/>	<input type="text"/>
Aggregate Attachment Factors PEPM	<input type="text"/>	<input type="text"/>
Rate Guarantee	<input type="text"/>	<input type="text"/>

Please provide a copy of the attached rate sheet for the current plan match and for proposed alternate plan.

A-4 - DENTAL PROPOSAL FORM

	FMIT Indemnity	<i>Proposed Plan Indemnity or PPO</i>
Deductible		
Individual	\$50	
Family	\$100	
Annual Maximum Benefit	\$1,000	
Preventive Services	100%	
<i>Does the deductible apply to Preventive Services?</i>	No	
Basic Services	80% after ded.	
Major Services	50% after ded.	
Waiting Period for Major Svs.	None	
ORTHODONTIA (to age 19 only)		
Deductible	50% after ded.	
Lifetime Maximum per person	\$1,000	

PROPOSED DENTAL RATES

	Rate
Single	
Family	
Rate Guarantee (# of Months)	

A-5 – VISION PROPOSAL FORM

TO BE UPDATED

**Section B: Questionnaire
RESPONSE FORM B-1**

	SAMPLE PLAN DESIGN	PROPOSED
Schedule of Benefits	Examination - \$10 Copayment Lenses and/or Frames - \$25 Copayment	
Frequency (Exam/Lenses/Frames)	Comprehensive Examination - 12 months Lenses - 12 months Frames - 24 months	
Eye Examinations	<i>Copayment Applies</i>	
Ophthalmologist	Paid in Full	Reimbursed up to \$45
Optometrist	Paid in Full	Reimbursed up to \$45
Lenses (per pair)	<i>Copayment Applies</i>	
Single	Paid in Full	Reimbursed up to \$47
Bifocal	Paid in Full	Reimbursed up to \$66
Trifocal	Paid in Full	Reimbursed up to \$85
Lenticular	Paid in Full	Reimbursed up to \$125
Contact Lenses*		
Elective (Exam + Lenses)**	Up to \$105	Reimbursed up to \$105
Medically Necessary	Paid in Full	Reimbursed up to \$210
Frames	Up to \$135	Up to \$160
Lasik Discount		

	PROPOSED RATES
Employee	
Employee + Family	
Rate Guarantee	

A-6 – BASIC LIFE AND AD&D PROPOSAL FORM

Class Description	Life Benefit	AD&D Benefit	Coverage Type
Class 1: Active Employees	\$15,000	\$15,000	Noncontributory
Class 2: All retirees age 70 and under	\$10,000	Not Offered	Noncontributory
Class 3: All retirees over 70 years of age (71+)	\$5,000	Not Offered	Noncontributory
Dependent Life	Spouse: \$5,000 Child(ren) 6 months plus: \$2,000 Child(ren) 15 days but less than 6 months: \$500	Not Offered	Contributory

	Current Benefits	Proposed Benefits
Age Reductions (Class 1)	50% at Age 70	
Waiver of Premium (Class 1)	Included	
Conversion (Class 1, 2, and 3)	Included	
Accelerated Death Benefit (Class 1)	80% to Benefit Amount	
Life Rate / \$1,000	\$0.38	
AD&D Rate / \$1,000	\$0.03	
Dependent Rate / Unit	\$1.03	
Estimated Volume		
Estimated Monthly Premium		
Rate Guarantee		

A-6 – CONTINUED...VOLUNTARY LIFE PROPOSAL FORM

	PROPOSED	
All Active Employees	Option 1: \$10,000 Option 2: \$25,000 Option 3: \$50,000 Option 4: \$75,000 Option 5: \$100,000 Option 6: \$150,000	
Guarantee Issue		
Age Reduction		
Portability		
Conversion		
Waiver		
	<i>Age Bracket</i>	<i>Rate/\$1,000</i>
	<30	
	30-34	
	35-39	
	40-44	
	45-49	
	50-54	
	55-59	
	60-64	
	65-69	
	70-74	
	75-79	

Questionnaire

Restate and respond to each of the following questions in your proposal. Your ability to provide the following services is not a requirement, but will enhance your competitive posture. **If your answer is "No" to any of the requests, it is imperative that you provide an explanation as to why the service(s) will not be provided or propose an alternative to the requested service. Also, if you feel any of the questions require further details; please feel free to include your explanation.**

1. List a minimum of three (3) references of similar entities (minimum 250 employees) for which the proposer provides the applicable lines of coverage being proposed.
2. What is the name, title and office address of the individual who would have direct daily account responsibility for the program?

Name: _____

Title: _____

Address _____

Tel: _____ Fax: _____

Email: _____

3. Confirm that proposer agrees to provide monthly paid claims experience, inclusive of enrollment by tier.

Yes _____

No _____

4. Confirm that proposer agrees to waive the "actively at work" for all members currently enrolled in THE CITY' plans.

Yes _____

No _____

5. Confirm that proposer will provide renewal notification at least 120 days prior to the renewal date.

Yes _____

No _____

6. Confirm the proposer has included Geographical Access reports using the criteria of 2 providers within 10 miles for physicians.

Yes _____

No _____

7. Has your firm or any employee or associate been subject to any pending litigation,

judgments, or settlements of court cases?

Yes _____ No _____

8. Does your firm contemplate any agreements that affect ownership, corporate structure, or management during the next year?

Yes _____ No _____

9. What is your firm's financial rating? (Include a copy of your firm's most recent annual report)

10. Provide performance guarantees your firm would be willing to offer with regard to this engagement. Proposers are encouraged to provide performance guarantees around service metrics and claims discounting.

11. Briefly describe what differentiates your company from other carriers/administrators offering the same services.

12. Is the production of HIPAA certificates included in your proposal?

Yes _____ No _____

13. Is there an additional cost for ID cards?

Yes _____ No _____

14. Is COBRA administration included in your proposal?

Yes _____ No _____

15. Can proposer forward all ID cards, Certificates of Coverage and all other related material directly to the employees' home address via first class mail?

Yes _____ No _____

16. Indicate whether the same ID card will be used for medical, dental, and/or pharmacy coverage, or if a separate ID card will be issued for either.

Yes _____ No _____

17. Indicate which of the following standard communication materials and services are included in the cost of your proposal:

Pre-enrollment Package: Yes _____ No _____

Welcome Kit Package: Yes _____ No _____

Additional Cost Associated: \$ _____

18. Describe how proposer would bill The CITY for premium and/or claims distributed. (e.g zero balanced account, wire transfer, etc...) Include proposer's standard turnaround timeframes in your description.

19. Proposers are to provide a network discount analysis for Physicians and Hospitals in Monroe and Dade Counties with their proposed networks. Confirm inclusion in RFP response.

Yes _____ No _____

20. Complete disruption analysis for providers and claims dollars based on the attached top utilized providers file in MS Excel.

21. Complete the following chart illustrating the number of participating Internal Medicine, General Practice, Family Practice, OB/GYN, Pediatricians, Specialists, Hospitals and Pharmacies in Monroe and Miami-Dade Counties, indicating the number of physicians accepting and not accepting new patients.

	Monroe		Miami-Dade	
	Open Panel	Closed Panel	Open Panel	Closed Panel
Internal Medicine, General Practice, Family Practice				
OB/GYN				
Pediatricians				
Specialists				
Hospitals				
Pharmacies				

22. Provide a disruption analysis (providers and claims) using the provided utilization report in the attached Excel document.

23. Provide average discounts for Monroe and Miami-Dade Counties for broken out by location of service, including, but not limited to office visit charges, facility charges, and pharmacy.

Name of Representative

Company

Authorized Signature

Date

Section C: Additional Information

Average Discounts – On the following page please provide average discount data by CPT codes for MONROE COUNTY. Create a duplicate copy and include average discounts by CPT codes MIAMI-DADE COUNTY.

CPT4 Code	Description	Average Negotiated Allowable Fee			R&C
		HMO	POS	PPO	
Global Fees					
11100	Biopsy of Skin Lesion	\$ -	\$ -	\$ -	\$ -
17000	Destruction of Skin Lesion	-	-	-	-
19120	Excision of Cyst	-	-	-	-
20550	Injection/tendon, ligament or cyst	-	-	-	-
27447	Total Knee Replacement	-	-	-	-
29881	Knee Arthroscopy/Meniscus	-	-	-	-
30520	Repair Nasal Septum	-	-	-	-
31575	Laryngoscopy	-	-	-	-
33208	Insertion of Pacemaker	-	-	-	-
33512	Coronary Bypass X 3	-	-	-	-
33533	Coronary Artery Bypass	-	-	-	-
35301	Thromboendartectomy	-	-	-	-
36489	Placement of Percutaneous Catheter	-	-	-	-
36620	Arterial Catherization	-	-	-	-
43239	Upper GI Endoscopy, Biopsy	-	-	-	-
45330	Flexible Sigmoidoscopy	-	-	-	-
45378	Diagnostic Colonoscopy	-	-	-	-
50590	Lithotripsy	-	-	-	-
52000	Cystourethroscopy	-	-	-	-
55250	Vasectomy	-	-	-	-
56300	Diagnostic Laparoscopy	-	-	-	-
56340	Laparoscopic Cholecystectomy	-	-	-	-
57454	Vaginal Endoscopy w/ Biopsy	-	-	-	-
58100	Uterine Biopsy	-	-	-	-
58150	Total Hysterectomy	-	-	-	-
59400	Routine Vaginal Delivery	-	-	-	-
59510	Cesarean Section	-	-	-	-
62289	Epidural Injection	-	-	-	-
63030	Laminotomy	-	-	-	-
64721	Neuroplasty for Carpal Tunnel	-	-	-	-
66821	Laser Surgery	-	-	-	-
66984	Remover Cataract, Insert Lens	-	-	-	-
69210	Remove Foreign Body From Ear	-	-	-	-
69436	Tympanostomy	-	-	-	-
70553	MRI - Brain	-	-	-	-
71020	Chest X-ray, 2 Views	-	-	-	-
76091	Bilateral Mammogram	-	-	-	-
78465	Myocardial Perfusion Imaging	-	-	-	-
80050	General Health Panel	-	-	-	-
81000	Urinalysis	-	-	-	-

84153	PSA, Total	-	-	-
85025	Hemogram and Platelet Count	-	-	-
88305	Surgical Pathology - Level IV	-	-	-
90707	MMR Vaccine	-	-	-
90712	Poliovirus Vaccine	-	-	-
90782	Therapeutic or Diagnostic Injection	-	-	-
90806	Individual Psychotherapy	-	-	-
90862	Pharmacologic Management	-	-	-
92982	Coronary Balloon Angioplasty	-	-	-
93000	Routine ECG	-	-	-
93015	Stress Test	-	-	-
93307	Echocardiography	-	-	-
93510	Left Heart Catheterization	-	-	-
95004	Allergy Tests - Scratch	-	-	-
95117	Allergy Injections - 2 or More	-	-	-
97110	Physical Therapy - 15 minutes	-	-	-
99204	Office Visit - New	-	-	-
99213	Office Visit - Established	-	-	-
99214	Office Visit - Established	-	-	-
99231	Subsequent Hospital Care	-	-	-
99232	Subsequent Hospital Care	-	-	-
99244	Office Consultation	-	-	-
99254	Inpatient Consultation	-	-	-
99283	Emergency Department Visit	-	-	-

99291	Critical Care Visit	-	-	-
99385	Preventive Visit, 18-39, New	-	-	-
99391	Preventive Visit < 1 Yr, Established	-	-	-
99395	Preventive Visit < 18-39, Established	-	-	-

Professional Component Only (Modifier 26)

70553	MRI - Brain	-	-	-
71020	Chest X-ray, 2 Views	-	-	-
76091	Bilateral Mammogram	-	-	-
78465	Myocardial Perfusion Imaging	-	-	-
88305	Surgical Pathology - Level IV	-	-	-

ATTACHMENTS

ATTACHMENT 1 PPO MEDICAL PLAN SCHEDULE OF BENEFITS

ATTACHMENT 2 DENTAL PLAN SCHEDULE OF BENEFITS

ATTACHMENT 3 VISION PLAN SCHEDULE OF BENEFITS

ATTACHMENT 4 CLAIMS EXPERIENCE

ATTACHMENT 5 LIFE INSURANCE CERTIFICATE OF COVERAGE

ATTACHMENT 6 AGENT OF RECORD LETTER

ATTACHMENT 7 EMPLOYEE CENSUS (EXCEL FORMAT)

ANTI-KICKBACK AFFIDAVIT

STATE OF FLORIDA

SS

COUNTY OF MONROE

I, the undersigned, hereby duly sworn, depose and say that no portion of the sum herein bid will be paid to any employee of the City of Key West as a commission, kickback, reward or gift, directly or indirectly by me or any member of my firm or by an officer of the corporation.

BY: _____

sworn and prescribed before me this _____ day of _____, 2011

NOTARY PUBLIC, State of Florida

My commission expires: _____

**LOCAL VENDOR CERTIFICATION PURSUANT TO CKW ORDINANCE 09-22
SECTION 2-798**

The undersigned, as a duly authorized representative of the vendor listed herein, certifies to the best of his/her knowledge and belief, that the vendor meets the definition of a "Local Business."

For purposes of this section, "local business" shall mean a business which:

- a. Principle address as registered with the FL Department of State located within 30 miles of the boundaries of the city, listed with the chief licensing official as having a business tax receipt with its principle address within 30 miles of the boundaries of the city for at least one year immediately prior to the issuance of the solicitation.
 - b. Maintains a workforce of at least 50 percent of its employees from the city or within 30 miles of its boundaries.
 - c. Having paid all current license taxes and any other fees due the city at least 24 hours prior to the publication of the call for bids or request for proposals.
- o Not a local vendor pursuant to Ordinance 09-22 Section 2-798
 - o Qualifies as a local vendor pursuant to Ordinance 09-22 Section 2-798

If you qualify, please complete the following in support of the self certification & submit copies of your County and City business licenses. Failure to provide the information requested will result in denial of certification as a local business.

Business Name

Phone:

Current Local Address:

Fax:

(P.O Box numbers may not be used to establish status)

Length of time at this address

Signature of Authorized Representative

Date

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20__.

By _____, of _____
(Name of officer or agent, title of officer or agent) Name of corporation
acknowledging)
or has produced _____ as identification
(type of identification)

Signature of Notary

Print, Type or Stamp Name of Notary

Return Completed form with
Supporting documents to:
City of Key West Purchasing

Title or Rank

SWORN STATEMENT PURSUANT TO SECTION 287.133(3)(A)
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY
PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS,

1. This sworn statement is submitted to _____
by _____
(Print individual's name and title)
for _____
(print name of entity submitting sworn statement)

whose business address is _____
and (if applicable) its Federal Employer Identification Number (FEIN) is _____
(If the entity has no FEIN, include the Social security Number of the individual signing
this sworn statement: _____)

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "conviction" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment of information after July 01, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
1. A predecessor or successor of a person convicted of a public entity crime;
- or

2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity

crime. the term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment of income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement (indicate which statement applies).

Neither the entity submitting this sworn statement, or any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 01, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 01, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (attach a copy of the final order).

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING

OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH ONE (1) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES, FOR THE CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

(SIGNATURE)

(DATE)

STATE OF _____

COUNTY OF _____

PERSONALLY APPEARED BEFORE ME, the undersigned authority _____ who, after first being sworn by me, (name of individual) affixed his/her signature in the space provided above of this _____ day of _____, 2011

NOTARY PUBLIC

My commission expires: _____

CALL FOR PROPOSALS

NOTICE is hereby given to prospective Proposers that sealed proposals will be received by the CITY OF KEY WEST by the office of the City Clerk, 525 Angela Street, Key West, Florida 33040, until 3:00 P.M., June 22, 2011, for RFP# 010 – 12.

Proposals will be opened in the office of the City Clerk then and there. Late Proposals will not be considered. SPECIFICATIONS AND DOCUMENTS may be obtained from DemandStar by Onvia <http://www.demandstar.com/supplier> - or by calling 1.800.711.1712. One (1) original and six (6)

copies of the proposal are to be enclosed in two (2) sealed envelopes, one within the other, each clearly marked on the outside: RFP # 010-12 addressed and delivered to:

CITY CLERK
CITY OF KEY WEST FLORIDA
CITY HALL, 525 ANGELA STREET
KEY WEST, FLORIDA 33040

At the time of the award, the successful Proposer must show satisfactory documentation of such State, County and City licenses as would be required. Any permit and/or license requirement and subsequent costs are located within the documents. The successful Proposer must also be able to satisfy the City Attorney as to such insurance coverage, and legal requirements as may be demanded by the proposal in question. The City may reject bids: (1) for budgetary reasons, (2) if the Proposer misstates or conceals a material fact in its proposal, (3) if the Proposer does not strictly conform to the law or is non-responsive to proposal requirements, (4) if the Proposal is conditional, or (5) if a change of circumstances occurs making the purpose of the Proposal unnecessary or (6) if such rejection is in the best interest of the City. The City may also waive any minor informalities or irregularities in any bid.

SUE SNIDER, PURCHASING AGENT

Published _____