



Region VIII TIPS Employee Benefits Cooperative

**REQUEST FOR PROPOSAL;
PROPOSAL INSTRUCTIONS;
GENERAL CONDITIONS
AND
SPECIFICATIONS/REQUIREMENTS
FOR:**

**FULLY INSURED DENTAL PLANS, CRITICAL ILLNESS PLANS,
PERMANENT LIFE INSURANCE PLANS & IDENTITY THEFT
PROTECTION PLANS**

VOLUNTARY INSURANCE RFP

PROPOSAL DEADLINE:

**MARCH 5, 2010
3:00 PM CST**

NOTICE TO PROPOSERS

Must deliver sealed proposals (addressed to Kim Thompson by ground delivery at 2230 North Edwards in Mt. Pleasant Texas 75455 or by U.S. Mail to P.O. 1894, Mt. Pleasant, Texas 75456). **No FAXES or EMAILS accepted.** ALL SUBMISSIONS MUST BE RECEIVED BY

3:00 P.M., March 5, 2010

NO EXCEPTIONS!

FOR:

FULLY INSURED DENTAL PLANS, CRITICAL ILLNESS PLANS, PERMANENT LIFE INSURANCE PLANS & IDENTITY THEFT PROTECTION PLANS

VOLUNTARY INSURANCE RFP

Proposals will be publicly opened at 2230 North Edwards in Mt. Pleasant Texas 75456.

**PROPOSALS SHALL BE PLAINLY MARKED ON
OUTSIDE OF ENVELOPE AS FOLLOWS:**

VOLUNTARY INSURANCE RFP for:

FULLY INSURED DENTAL PLANS, CRITICAL ILLNESS PLANS, PERMANENT LIFE INSURANCE PLANS & IDENTITY THEFT PROTECTION PLANS

ATTENTION:

DO NOT OPEN UNTIL: 3:00 P.M., March 5, 2010

Any proposal received later than the specified time, whether delivered in person or by mail, shall be disqualified.

Proposals may be submitted on any/or all items unless stated otherwise. The Cooperative reserves the right to reject any/all proposals and to accept any proposal deemed most advantageous to the Region VIII TIPS Employee Benefits Cooperative and to waive any formalities in the proposal process.

Kim Thompson

Director of Purchasing

VOLUNTARY INSURANCE RFP for:

FULLY INSURED DENTAL PLANS, CRITICAL ILLNESS PLANS, PERMANENT LIFE INSURANCE PLANS & IDENTITY THEFT PROTECTION PLANS

Region VIII TIPS Employee Benefits Cooperative

You are hereby invited by the Region VIII TIPS Employee Benefits Cooperative to submit a proposal for Fully Insured Dental plans, Voluntary Critical Illness plans, Permanent Life Insurance plans and Identity Theft Insurance plans.

Proposals will be accepted at ESC Region VIII until 3:00 P.M., March 5, 2010. The enclosed Proposal Response Form must be used to record and submit your Proposal. It and any other requested information shall be submitted within a sealed envelope clearly marked with “**Voluntary Insurance RFP**” Fully Insured Dental plans, Voluntary Critical Illness plans, Permanent Life Insurance plans and Identity Theft Insurance plans.

Standard Terms and Conditions:

1. The invitation to propose terms and conditions, the specifications, the received proposal, and the subsequent Board Approval from the contract and they shall be fully part of the contract, as if thereto attached, or therein repeated. These documents represent the entire agreement between the successful proposer and the cooperative districts and supersede any prior discussions or negotiations, representations or agreements, either written or oral.
2. Proposers are cautioned to read this invitation carefully, to complete all entries, and submit all documents or information requested. Failing to do so may be materially non-responsive and result in non-consideration of the proposal.
3. Prices and/or discounts submitted for this proposal will be held firm for the initial term of the contract. After the initial contract term, the Cooperative reserves the right to extend the contract for two additional one-year periods, upon the agreement of both the successful vendor and the Region VIII TIPS Employee Benefits Cooperative. Renewing the contract would imply doing so under the same terms and conditions. A price and/or discount re-determination may be considered by the Cooperative only at the anniversary date of the contract.
4. Proposal contracts are considered to be in force during the period stipulated by the proposal or until replaced by a subsequent proposal for the same product.

5. If for any fiscal year (currently September 1 thru August 31) of this contract, the Board of Trustees for any reason fails to appropriate funds for these goods, the Cooperative will notify the vendor immediately and will no longer be obligated under the contract.
6. The successful vendor(s) may cancel the contract only at the end of the plan year by giving the school district written notice ninety (90) days prior to the end of the plan year.
7. The Cooperative reserves the right to cancel a part or this entire contract at any time during the term with cause. Notification will be submitted in writing no less than sixty (60) days prior to the effective date.
8. Proposals received in the Purchasing Department after the date and time specified will not be considered. The Cooperative is not responsible for lateness or non-delivery of mail carrier, etc., and the date/time stamp in the Purchasing Department shall be the official time of receipt. Proposals may not be submitted or received by facsimile.
9. The Cooperative reserves the right to accept or reject any and all proposals and to waive any formalities or technicalities if deemed in the best interest of the Region VIII TIPS Employee Benefits Cooperative. The Cooperative also reserves the right as sole judge of quality and equality.
10. Proposals meeting the requirements of the "Invitation to Propose" shall be considered. Proposers taking exception to the specifications, or offering substitutions shall state these exceptions plainly on the proposal document.
11. Any interpretations, corrections, additions, or changes to the "Invitation to Propose" and the Specifications will be made by addenda or an amendment to the proposal. The sole issuing authority of addenda or amendment(s) shall be vested in the Cooperative's Purchasing Department. Addenda or amendment(s) will be mailed to all who are known to have received a copy of the Invitation to Propose.
12. No right or interest in this contract shall be assigned or delegation of any obligation made by the vendor to another vendor. Any attempted assignment or delegation by the vendor shall be wholly void and totally ineffective for all purposes.
13. Each Proposer, by making his proposal, represents that he has read and understands the "Invitation to Propose". Failure to respond to this proposal may remove your company from future proposal notifications.
14. The Cooperative is exempt from payment of any Texas Sales Tax or Federal Excise Tax allowed by law.
15. All cooperative district's property and facilities are "drug free zones." No one may use, consume, carry, transport, or exchange tobacco, cigarettes, or illegal drugs while in a school district building or while on school district property. The proposing company and its employees shall adhere to this policy.
16. Each proposer must give notice to the Cooperative if a person, owner, or operator of the business has been convicted of a felony. The Cooperative may terminate a contract with a person or business if the Cooperative determines that the person or business failed to give such notice or misrepresented the conduct resulting in the conviction.

17. If, at any time, the vendor fails to fulfill or abide by the terms, conditions, or specifications of the contract, the Cooperative reserves the right upon written notice to the vendor to the following remedies (though not just limited to these): purchase the products elsewhere, cancel the contract, and/or award to the next qualified proposer.
18. Should the vendor fail to perform by providing the proposal product at the price submitted, and/or if the vendor is unable to provide the proposal product within a specified time frame, the Cooperative will recover by purchasing the product elsewhere. Damages will be assessed against the defaulting vendor for the difference between the price paid for the product on the open market less the original proposal price, assuming the purchase price is higher than the original awarded proposal price. Damages may also be assessed for the cost of procuring the product elsewhere and expenses incurred due to the delay caused by not having the specified goods. If the open market price is less than the proposal price, damages for delay and interim substitutes may be assessed.
19. The Uniform Commercial Code shall govern the agreement between the seller and the Cooperative created by this proposal. Wherever the term "Uniform Commercial Code" is used, it shall be construed as meaning the Uniform Commercial Code as adopted in the State of Texas as effective and in force on the date of this agreement. Proposers are advised that all Cooperative contracts are subject to all legal requirements provided for in the Local, State, and Federal statutes.
20. Proposers shall submit all questions concerning this proposal to Kristin Roberson by facsimile to 469-385-4641 or by email at kristinr@fbsbenefits.com. A reply in the form of written addendum will be sent to all proposers known to have received an "Invitation to Propose" if the answer provides clarification or will have an impact on the proposal responses.
21. VENDORS WHO DO NOT PROPOSE are requested to notify the Region VIII TIPS Employee Benefits Cooperative or Financial Benefit Services in writing if they wish to receive future proposals. Failure to do so may result in their being deleted from our vendor list.
22. EVALUATION OF PROPOSALS takes into account the following considerations: price, quality, and suitability for the intended use, probability of continuous availability, vendor's service and reputation, references and date of proposed delivery and placement. It is not the policy of the Region VIII Employee Benefits Cooperative to purchase on the basis of price alone.
23. By signing this proposal, a proposer affirms that he/she has not given, offered to give, nor intends to give at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor or service to a public servant in connection with the proposal submitted.

24. By signing this proposal, a proposer affirms that, to the best of his/her knowledge, the proposal has been arrived at independently, and is submitted without collusion with anyone to obtain information or gain any favoritism that would in any way limit competition or give them an unfair advantage over other proposers in the award of this proposal.
25. PROPOSER SHALL NOTE any and all relationships that might be a conflict of interest and include such information with the proposal.
26. For an alternate product proposal item to be considered, a brochure or detailed specification must be attached to the specification price sheet explaining how the product deviates from the specifications. Region VIII Employee Benefits Cooperative reserves the right to make final decisions as to comparable items.

Submissions and Evaluation:

1. Your proposal, in order to be considered, must include the properly executed Proposal Response Form, Felony Conviction Notification, References, Acknowledgement Form and those other items and/or attachments as specified in this proposal set. All responses must be legible and signed in order to be considered.
2. In evaluating proposals submitted, the following considerations will be taken into account (but not limited to): price, quality, suitability for intended use, probability of continuous availability, time of service, delivery and vendor reputation. It is not the policy of the Region VIII TIPS Employee Benefits Cooperative to purchase on the basis of price alone. The Cooperative reserves the right to conduct any tests, evaluations or comparisons it deems necessary to complete the evaluation process.
3. Proposers may be required to furnish evidence in writing that they maintain a permanent and adequate place of business and have adequate equipment, finances, and personnel to furnish the products offered satisfactorily and expeditiously and that they are authorized agents and can provide the products they propose to furnish.
4. Vendors taking exception to the terms and conditions or specific actions of this proposal shall state these exceptions plainly on the exception page of this proposal document. If no exceptions are indicated on the submitted form, it will be assumed that your proposal complies with our document.

“NO PROPOSAL” RESPONSE FORM RFP

**FULLY INSURED DENTAL PLANS, PERMANENT LIFE INSURANCE PLANS,
CRITICAL ILLNESS PLANS & IDENTITY THEFT PROTECTION PLANS**

Region VIII TIPS Employee Benefits Cooperative is interested in the reason(s) why you did not respond to our Invitation to Propose. Please fill out the information requested and return this form to the Region VIII TIPS Employee Benefits Cooperative Purchasing Department at the address listed below:

REASON(S) FOR NO RESPONSE

Please mark all those that apply to your circumstances

- Could not meet specification requirements.
- Do not supply this material or service.
- Did not have time to prepare a proposal response.
- Cannot take additional jobs due to present workload.
- Could not be price competitive.
- Could not propose due to illness.
- Could not set price with manufacturer.
- Could not meet insurance requirements.
- Could not meet bonding requirements.
- Job is too large.
- Other – Please explain: _____

Signature

Date

Name of Company

Phone Number

Street/Mailing Address

City/State/Zip

Please complete this form and return to:

Kim Thompson at 866-839-8477

PROPOSAL/OFFER FORM

TO: Region VIII TIPS Employee Benefits Cooperative

I, or we, the duly authorized undersigned, having carefully read the Proposal Requirements and Proposal Forms, do hereby agree to enter into a contract with the Cooperative by tendering this offer to perform the work required and/or provide the product(s) specified in this solicitation. I, or we, will deliver the product(s) per specifications found in this proposal document for the prices indicated.

I, or we, also certify to the accuracy of the certifications required (including, but not limited to, Felony Conviction Notice) which accompany this offer.

The prices in this offer have been determined independently, without consultation, communication, or agreement for the purpose of restricting competition, as to any matter related to such prices, with any other proposer or with any competitor. I, or we, are authorized to submit this offer and have not been a party to any collusion among offer/offers in restraint of freedom of competition by agreement to offer at a fixed price or to refrain from offering; or with any Cooperative employee, Board Member, or consultant as to quantity, quality, or price in the prospective contract, or in any terms of the prospective contract except in any authorized discussion(s) with the Cooperative's Purchasing personnel; or in any discussions or actions between offer/offers and any Cooperative employee, Board Member, or consultant concerning exchange of money or other things of value for special consideration in the award of this contract.

Date: _____

Name of Firm: _____

Signature: _____

Firm's Address: _____

Name/Title: _____

Phone #: _____

Fax #: _____

SS or Fed ID #: _____

AFFIDAVIT

STATE OF _____)

COUNTY OF _____)

_____, of lawful age, being first duly sworn, on oath says, that (s) he is the agent authorized by the proposal to submit the attached proposal. Affiant further states that the proposer has not been a party to any collusion among proposals/proposers in restraint of freedom of competition by agreement to proposal at a fixed price or to refrain from proposing; or with any state official, Cooperative employee, Board Member, or benefit consultant as to quantity, quality, or price in the prospective contract, or any other terms of said prospective contract, or in any discussion or actions between proposals/proposers and any state official, Cooperative employee, Board Member, or benefit consultant concerning exchange of money or other things of value for special consideration in the letting of this contract.

Subscribed and sworn to before me this _____ day of _____, 2010.

Notary Public
State of _____
My Commission Expires: _____

Carrier/Administrator: _____

Vendor: _____

STATEMENT OF COMPLIANCE

Please submit as a part of your proposal the following information:

RE: REGION VIII TIPS EMPLOYEE BENEFITS COOPERATIVE

We hereby acknowledge receipt of Request for Proposal for Fully Insured Dental plans, Voluntary Critical Illness plans, Permanent Life Insurance plans and Identity Theft Insurance plans, and certify that our proposal conforms to the RFP except as detailed below:

Organization

Signature

Date

Title

FELONY CONVICTION NOTICE

Statutory citation covering notification of criminal history of contractor is found in the Texas Education Code Section 44.034. Following is an example of a felony conviction notice:

FELONY CONVICTION NOTICE

State of Texas Legislative Senate Bill No. 1, Section 44.034, Notification of Criminal History, Subsection (a), states “a person or business entity that enters into a contract with a public entity must give advance notice to the public entity if the person or an owner or operator of the business entity has been convicted of a felony. The notice must include a general description of the conduct resulting in the conviction of a felony.”

Subsection (b) states “a public entity may terminate a contract with a person or business entity if the public entity determines that the person or business entity failed to give notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction. The public entity must compensate the person or business entity for services performed before the termination of the contract.”

THIS NOTICE IS NOT REQUIRED OF A PUBLICLY-HELD CORPORATION

I, the undersigned agent for the firm named below, certify that the information concerning notification of felony convictions has been reviewed by me and the following information furnished is true to the best of my knowledge.

VENDOR’S NAME: _____

AUTHORIZED COMPANY OFFICIAL’S NAME (PRINTED): _____

- A. My firm is a publicly-held corporation; therefore, this reporting requirement is not applicable.

Signature of Company Official: _____

- B. My firm is not owned nor operated by anyone who has been convicted of a felony:

Signature of Company Official: _____

- C. My firm is owned or operated by the following individual(s) who has/have been convicted of a felony:

Name of Felon(s): _____

Detail of Conviction _____

Signature of Company Official: _____

GENERAL CONDITIONS

Proposers must complete all forms and provide all information asked for under each item. Failure to comply may result in rejection of the proposal at the Cooperative's option.

Proposals deposited with the Cooperative cannot be withdrawn prior to the time set for Proposal Deadline. Request for non-consideration of proposals must be made in writing to the Purchasing Agent and received by the Cooperative prior to the time set for opening proposals. After other proposals are opened, the proposal for which non-consideration is requested may be returned unopened. The proposal may not be withdrawn after the proposals have been opened, and the proposers, in submitting the same, warrants and guarantees that this proposal has been carefully reviewed and checked and that it is in all things true and accurate and free of mistakes and that such proposal will not and cannot be withdrawn because of any mistake or mistaken assumption of fact committed by the proposers.

Proposals will be tabulated for comparison on the basis of the proposal prices and guaranties shown in the proposal. Until final award of the Contract, the Cooperative reserves the right to reject any or all proposals, to waive technicalities, or proceed to do the work otherwise in the best interest of the Cooperative.

Proposals may be considered irregular if they show any omissions, alteration of form, additions, or conditions not called for, unauthorized alternate proposals or irregularities of any kind. However, the Cooperative reserves the right to waive any irregularities and to make the award in the best interests of the Cooperative.

The successful proposer may not assign his rights and duties under the award without the written consent from the Cooperative. Such consent shall not relieve the assignor of liability in event of default by his assignee.

Proposals will be received only at the following address:

**ESC Region VIII
Attn: Kim Thompson
2230 North Edwards
Mt. Pleasant, Texas 75456**

All proposals must be at the above address by March 5, 2010 at 3:00 p.m. CST. An original and one copy must be provided. All proposals received after the prescribed deadline, regardless of the mode of delivery, shall be returned unopened.

Questions regarding the specifications must be faxed or e-mailed to Kristin Roberson at 469-385-4641 or emailed to kristinr@fbsbenefits.com. All questions should be submitted in writing. For an electronic copy of the Census or the zip code report in electronic format please email your request to Kristin Roberson at kristinr@fbsbenefits.com.

The Cooperative reserves the right to reject any or all proposals, in whole or in part, to waive any informality in any proposal, to declare inadequate or inappropriate any proposer failing to meet the specifications, and to accept the proposal which, in its discretion, is in the best interest of Cooperative.

BACKGROUND INFORMATION

The Region VIII TIPS Employee Benefits Cooperative consists of 19 School Districts totaling 3,975 employees in the Mt. Pleasant Texas area. The current dental carrier is Guardian since inception of the Cooperative in 2007. They do not currently offer Critical Illness plans, Permanent Life Insurance plans or Identity Theft Insurance plans.

The Cooperative is soliciting proposals for Fully Insured Dental plans, Voluntary Critical Illness plans, Permanent Life Insurance plans and Identity Theft Insurance plans. Commissions, fees, or other reimbursement arrangements must be disclosed. **Financial Benefit Services will be the named agent for Region VIII TIPS Employee Benefits Cooperative and will receive commissions from the named products.**

The terms and conditions of this RFP will become part of any subsequent contract and in case of conflict; the terms/conditions of the RFP take precedence over the “standard” contract or binder regardless of any language to the contrary in the “standard” contract or binder.

Except as otherwise expressly provided, offeror shall defend, indemnify, and hold the Cooperative harmless from any and all claims, liability, loss and expenses, including reasonable costs, collection expenses, and attorneys’ fees, which arise by reason of the acts or omission of the offeror, its agents or employees in the performance of its obligations under the contract. This clause shall survive the termination of any contract.

Companies must accept self billing and if not must supply a monthly list billing by the 25th of the month. Changes made to the billing, including additions and terminations must be in a timely and prudent manner. Monthly premiums will be issued by the 1st of the month following premium deduction.

The Cooperative shall have the right to terminate for default all of any part of this contract if proposer breaches any of the terms hereof or if the proposer becomes insolvent or files any petition in bankruptcy. Such right of termination is in addition to and not in lieu of any other remedies that the Cooperative may have in law or equity, specifically including, but not limited to the right to collect for damages or demand specific performance.

Questions regarding the specifications must be faxed or e-mailed to Kristin Roberson at 469-385-4641 or emailed to kristinr@fbsbenefits.com. All questions should be submitted in writing. For an electronic copy of the Census or the zip code report in electronic format please email your request to Kristin Roberson at kristinr@fbsbenefits.com.

**Recommended Time Table for
Region VIII TIPS Employee Benefits Cooperative**

PROPOSAL SPECIFICATIONS

Mail Specifications	February 19, 2010
Deadline for Proposals	March 5, 2010 3:00 pm CST
Proposal Analysis	March 2010
Insurance Committee Review	March 2010
Enrollment	April/May 2010
Effective Date	September 1, 2010

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SECTION A

**GENERAL CARRIER/
ADMINISTRATOR REQUIREMENTS**

SECTION A: GENERAL CARRIER REQUIREMENTS

1. Transitional Process

The selected carrier shall be responsible for all claims incurred on/or after September 1, 2010. It is imperative that any exclusion, limitations or any other deviation be clearly outlined and discussed. A proposer is expected to explain, in detail, any limitations.

2. Commission

Commissions must be disclosed and payable to Financial Benefit Services.

3. Compliance with the Request for Proposal

All responses are to be prepared according to the Request for Proposal. Any item(s) your company cannot accommodate are to be disclosed in writing on the **Statement of Compliance Form**. After the Cooperative has made a commitment, the carrier/administrator will be held responsible for **all** items contained in the specifications.

4. Effective Date

The effective date of the new contract(s) will be September 1, 2010.

5. Enrollment

The selected company or companies will responsible for reimbursing Financial Benefit Services for printing cost associated with open enrollment for benefit guides or other associated marketing material.

5. Plan Design

Please provide your proposal based on the current plan design. Alternative options are encouraged.

6. Quoted Rates

A minimum rate guarantee of 12 (twelve) months is required. Please confirm this guarantee in your response to the proposal and denote any additional guarantees your company may wish to extend to the Cooperative. It is the Cooperative's intent to establish a multi-year contract with the new carrier(s) provided renewal rates are acceptable and can be given within your proposal.

7. Renewal Rates

The selected carrier is required to deliver a rate proposal no later than 180 days before the anniversary date each year.

8. Ownership of Records

All records, member files and miscellaneous data necessary to administer the plan shall be the property of the Cooperative. The selected administrator will be asked to transfer records to the Cooperative within 30 days of notice of termination.

9. Master Contract

The master contract and/or summary plan descriptions shall be provided to the Cooperative no later than 30 days before effective date. Please confirm your ability to provide this service and meet the deadline in your proposal response.

10. Plan Changes and Amendments

If changes in the plan of benefits or servicing requirements are needed, such changes will be made in writing and deemed as an amendment to the contract. The Cooperative will review and accept or reject proposed changes.

11. Right to Audit

The Cooperative reserves the right to audit the claim records and other financial records of its insurers/providers, as they pertain to the employee benefit program whenever it is deemed appropriate. Such audits may be performed by the Cooperative's personnel or by outside auditors selected by the Cooperative. Claim data tapes/CDs may be requested for time periods of a year or more to be used in conjunction with an audit. These will be furnished within 10 calendar days of a written request at the Administrator's expense along with an applicable

record file layout and/or any other file specifications deemed necessary to “read” the data on the tape/CD. The requested tape/CD will contain the data specified in the written request.

12. Data Caveat

The data contained in this section has been supplied by the Cooperative and each appropriate in-force carrier. It has been gathered and coordinated by the consultant and reviewed as to accuracy on a "best effort" manner. This request for proposal is qualified to the extent the data provided is accurate.

14. Awards

The award to the successful proposer will be based upon responses to questions outlined in these specifications and an estimate of the quality and effectiveness of each proposer’s services in the following areas:

1. The purchase price;
2. The reputation of the vendor and the vendor’s goods or services;
3. The quality of the vendor’s goods or services;
4. The extent to which the goods or services meet the Cooperative’s needs;
5. The vendor’s past relationship with the Cooperative;
6. The total long-term cost to the Cooperative to acquire the vendor’s goods or services; and
7. Any other relevant factor that a private business entity would consider in selecting a vendor.

15. Graded Evaluation Factor

The following graded evaluation factors will be used to determine how well a proposer(s) meet(s) the desired performance:

<u>Factors</u>	<u>Points</u>
Price	40
Personnel & Management Experience	15
Acceptance of Electronic Enrollment Data	15
Proposal Responsibilities	15
School District/Cooperative Experience	15

SECTION B

**COST PROPOSAL/FEE QUOTATIONS
(Current Products)**

FULLY INSURED DENTAL PPO PLAN
FEE QUOTATIONS

Current Plan Includes a 4-Tier Rate Structure

PPO Rates:

Employee Only	\$ <u>25.27</u>
Employee + Spouse	\$ <u>57.15</u>
Employee + Child(ren)	\$ <u>55.68</u>
Employee + Family	\$ <u>88.50</u>

Additional Notes:

Endo, Perio & Ortho were moved from Basic Services to Major Services on
9/1/2009.

SECTION C

**FULLY INSURED DENTAL
PPO & DHMO PLAN(S)**

SECTION C: FULLY INSURED DENTAL PPO & DHMO PLAN(S)

A. Vendor Information – Please explain in detail for each proposed plan(s).

1. What are the full names of your Dental PPO & DHMO plan(s) and the name of the person responsible for this proposal?
2. Who would be the Cooperative's contact regarding plan administration and customer service? Billing? Include name, address, email address, telephone number, fax number and experience for each contact.
3. What is the name of the network covering the PPO & DHMO plan(s) offered? Is there information located online? Provide web address.
4. What is the out-of-network percentage(s) of usual and customary charges?
5. Provide the number of providers available within 20 a mile radius of the following zip codes: 75455, 75482, 75460
6. Is the Cooperative or broker notified if a provider has been cancelled from the network? Added to the network? Outline your policy for new provider submission.
7. Provide the top ten in-network ADA codes.
8. Outline your take-over and late entrant provisions.
9. Outline your provisions for new groups joining the Cooperative for each proposed plan(s). Are they allowed full open enrollment without underwriting approval or claims experience?
10. The Cooperative is conducting through an online enrollment system. Will you accept an electronic identification as signature on all forms and will you accept electronic data on an ongoing basis?

11. Who will be the electronic data contact? Include name, address, email address, telephone and fax numbers.

12. What is your A.M. Best Co. rating?

13. Outline core covered services including waiting periods.

14. Outline your coverage for work in progress.

15. Outline how Orthodontia services are paid.

16. Outline covered services for implants including service category.

17. What is the maximum annual benefit? Is a rollover benefit or discount option offered?

18. Outline services covered under each option for each proposed plan(s).

Basic Services: _____

Preventative Services: _____

Major Services: _____

Orthodontia Services: _____

19. Will there be a rate cap for subsequent plan years? Limiting Exclusions? Amendments? Extensions?

20. What is the participation requirement?

B. Administrative Information – Please explain in full detail for each proposed plan(s).

1. Explain the process for supplying employees with I.D. Cards including turn- around time, where they will be sent and a contact phone number for replacement cards.
2. Is there a provider website where I.D Cards can be printed and/or ordered? Provide web address.
3. Do you provide an administrative portal where the administrator of the Cooperative and FBS as the broker can access reports, billing, forms and plan information?
4. Do you offer self-administered billing? Is there a size requirement? The Cooperative requires self-administered billing.

C. Rate Information

Provide a fully insured quote for the Dental PPO/DHMO plan(s) by completing the following section, indicating the rates on a monthly basis for each of the following rate categories:

Please provide quote structure for each proposed plan(s) in 4-Tier format. The Cooperative prefers a quote for low and high PPO options.

	<u>PPO Option 1</u>	<u>PPO Option 2</u>	<u>DHMO Option</u>
Employee Only	\$ _____	\$ _____	\$ _____
Employee + Spouse	\$ _____	\$ _____	\$ _____
Employee + Child(ren)	\$ _____	\$ _____	\$ _____
Employee + Family	\$ _____	\$ _____	\$ _____

PPO Rate Guarantee: _____

DHMO Rate Guarantee: _____

Additional Notes:

D. Additional Information & Cooperative Requirements

1. Region VIII TIPS Cooperative prefers multiple year rate guarantees for all plan options.
2. Annual maximums and deductibles should be based on calendar year not plan year.
3. Annual open enrollment without underwriting is preferred for new groups joining the Cooperative.
4. Adult Fluoride Treatment options for adults and dependents are preferred.
5. 4-Tier rate structure is preferred.
6. The Cooperative will request a 10-Tier rate structure for COBRA participants, if awarded the bid.
7. Effective date of insurance should be first of the month following date of hire; termination date of insurance should be last day of the month following active employment.
8. Employee requirement must be actively at work for 20 or more hours a week.
9. To lower proposal rates we are open to optional plan changes including the following: moving Endodontic, Periodontic and Orthodontics to Major Services and adding waiting period options.
10. The Cooperative does not contribute to the current dental plan it is voluntary.
11. The Cooperative prefers a quote for both high and low PPO options.

SECTION D

VOLUNTARY CRITICAL ILLNESS PLAN(S)

SECTION D CRITICAL ILLNESS INSURANCE PLAN(S)

A. Vendor Information – Please explain in detail for each proposed plan(s).

1. What are the full names of your Critical Illness Insurance plan(s) and the name of the person responsible for this proposal?
2. Who would be the Cooperative's contact regarding plan administration and customer service? Billing? Include name, address, email address, telephone number, fax number and experience for each contact.
3. Is this a group or individual plan(s)? Outline underwriting requirements and Guarantee Issue amounts.
4. Outline your take-over and late entrant provisions.
5. Outline your provisions for new groups joining the Cooperative for each proposed plan(s). Are they allowed full open enrollment without claims experience? Or 1st year basis?
6. The Cooperative is conducting through an online enrollment system. Will you accept electronic identification as signature on all forms and will you accept electronic data on an ongoing basis?
7. Who will be the electronic data contact? Include name, address, email address, telephone and fax numbers.
8. Will there be a rate cap for subsequent plan years? Limiting exclusions? Amendments? Extensions?
9. Outline core covered services for each proposed plan(s). Include base plan and any additional riders.
10. Outline your provisions for Pre-Existing Conditions and any waiting periods for each proposed plan(s). Specify how current employees who may be uninsurable will be handled.

11. What is the due date for applications after the effective date before they are stale-dated?
12. What is your A.M. Best Co. rating?
13. Outline your Portability and Conversion options including rate tables.
14. Outline your coverage for work in progress.
15. Outline your retirement rules and age restrictions for each proposed plan(s) including maximum age for disabled child(ren).
16. What is the participation requirement for each proposed plan(s)?

B. Administration Information – Please explain in detail for each proposed plan(s).

1. Explain the process of supplying policy booklets to the Cooperative and/or employees including turn-around time.
2. Is there a provider website where policy booklets can be printed and/or ordered? If so, provide web address.
3. Do you provide an administration portal where the administrator of the Cooperative and FBS as the broker can access for reports, billing, forms, and plan information?
4. Do you offer electronic application submission? If so, is it a link that can be accessed on our online enrollment system or would it be an external link? If not, is it in the business plan for the future?
5. Outline your process of notifying the Cooperative members and FBS as the broker for any approvals, declinations, pending requests and general status updates? Include turn-around time.

6. Do you offer self-administered billing? Is there a size requirement? The Cooperative requires self-administered billing.

C. Rate Information

Provide a quote for the Critical Illness Insurance plan(s) by completing the following section, indicating rates on a monthly basis for each of the following categories:

Please provide 4-Tier composite rates.

Rates:

Employee Only \$ _____

Employee + Spouse \$ _____

Employee + Child(ren) \$ _____

Employee + Family \$ _____

Rates:

Employee Only \$ _____

Employee + Spouse \$ _____

Employee + Child(ren) \$ _____

Employee + Family \$ _____

Rate Guarantee: _____

Additional Notes:

D. Additional Information & Cooperative Requirements

1. Region VIII TIPS Employee Benefits Cooperative prefers a multiple year rate guarantee.
2. Annual open enrollment without underwriting or census information is preferred for new groups joining the Cooperative.
3. Annual benefits should be based on calendar year not plan year.
4. Composite rates are preferred.
5. Age-Banded rate changes must be effective with the plan year.
6. The current policy has waiver of premium.
7. The Cooperative requires Portability options with each proposed plan.
8. The Cooperative prefers electronic application submission with access to view as the administrator along with a representative from FBS as the broker.
9. Effective date of insurance should be first of the month following date of hire; termination date should be last day of the month following active employment.
10. Employee requirement must be actively at work for 20 or more hours a week.
11. To lower proposal rates we are open to optional plan changes.
12. The Cooperative does not contribute to the Critical Illness plan it is voluntary.

SECTION E

PERMANENT LIFE INSURANCE PLAN(S)

SECTION E: PERMANENT LIFE INSURANCE PLAN(S)

A. Vendor Information – Please explain in detail for each proposed plan(s).

1. What is the full name of your Permanent Life Insurance Plan and the name of the person responsible for this proposal?
2. Who would be the Cooperative's contact for plan administration and customer service? Include name, address, email address, telephone number, fax number and experience for each contact.
3. Outline your take-over, late-entrant and actively at work provisions.
4. Outline your provisions for new groups joining the Cooperative for each proposed plan(s). Are they allowed full open enrollment without claims experience?
5. The Cooperative is conducting through an online enrollment system. Will you accept an electronic identification as a signature on all forms and will you accept electronic data on an ongoing basis?
6. Who will be the electronic data contact? Include name, address, email address, telephone and fax numbers.
7. Will there be a rate cap for subsequent plan years? Limiting exclusions? Amendments? Extensions?
8. Outline your provisions for waiver of premium and pending claims.
9. Outline rounding rules and age requirements including maximum age for disabled child(ren)
10. What is the due date for applications after the effective date before they are stale-dated?
11. Outline your coverage for work in progress.

12. What is your A.M. Best Co. Rating?
13. State clearly if you will give the Cooperative a no-loss/no-gain letter for all existing covered persons?
14. Outline your retirement rules.
15. Outline Guarantee Issue amounts.
16. What is the participation requirement?

B. Administration Information – Please explain in detail for each proposed plan(s).

1. Explain the process of supplying policy booklets to the Cooperative employees including turn-around time.
2. Is there a provider website where policy booklets can be printed and/or ordered? If so, provide web address.
3. Do you provide an administration portal where the administrator of the Cooperative and FBS as the broker can access reports, billing, forms, and plan information?
4. Do you offer electronic application submission? If so, is it a link that can be accessed on our online enrollment system or would it be an external web address? If not, is it in the business plan for the future?
5. Outline your process of notifying the Cooperative members and FBS as the broker of any approvals, declinations, pending requests and general status updates. Include turn-around time.
6. Do you offer self-administered billing? Is there a size requirement? The Cooperative requires self-administered billing.

C. Rate Information

Provide a quote for the Permanent Life Insurance plan by attaching your rate sheet and plan summary.

Additional Notes:

D. Additional Information & Cooperative Requirements

1. Region VIII TIPS Employee Benefits Cooperative prefers multiple year rate guarantees for all plan options.
2. Annual open enrollment without census information is preferred for new groups joining the Cooperative.
3. Age-banded rate changes must be effective with the plan year.
4. The current policy has waiver of premium.
5. The Cooperative requires portability options with each proposed plan.
6. The Cooperative prefers electronic application submission with access to view as the administrator along with a representative from FBS as the broker.

7. Benefits should be payable at death from any cause while insured.
8. An Incontestability Clause and Accelerated Death Benefit are preferred.
9. Monthly premiums will be paid in arrears.
10. Effective date of insurance should be first of the month following date of hire; termination date of insurance should be last day of the month following active employment.
11. Employee requirement must be actively at work for 20 or more hours a week.
12. To lower proposal rates we are open to optional plan changes.
13. The Cooperative does not contribute to the Permanent Life Insurance plans they are voluntary.

SECTION F

IDENTITY THEFT PROTECTION PLAN(S)

SECTION F INDENTITY THEFT INSURANCE PLAN(S)

A. Vendor Information – Please explain in detail for each proposed plan(s).

1. What are the full names of your Identity Theft Insurance plan(s) and the name of the person responsible for this proposal?
2. Who would be the Cooperative's contact regarding plan administration and customer service? Billing? Include name, address, email address, telephone number, fax number and experience for each contact.
3. How long has your company provided Identity Theft Insurance? Outline your company history and ownership structure.
4. Outline your provisions for new groups joining the Cooperative for each proposed plan(s). Are they allowed full open enrollment without claims experience? Or 1st year basis?
5. The Cooperative is conducting through an online enrollment system. Will you accept electronic identification as signature on all forms and will you accept electronic data on an ongoing basis?
6. Who will be the electronic data contact? Include name, address, email address, telephone and fax numbers.
7. Will there be a rate cap for subsequent plan years? Limiting exclusions? Amendments? Extensions?
8. Outline core covered services for each proposed plan(s). Include base plan and any additional riders.
9. What differentiates you against competitors?
10. Do you provide safeguards from an employee's identity from being compromised or do you provide recovery only?

11. Outline your process to protect employee's identity.

12. Outline your process if an employee's identity is compromised including recovery guarantee, dollar limit and assistance that would be offered.

13. Outline the process an employee goes through when they open a new credit account for verification purposes to verify it is the employee.

14. Are employees provided a website portal to view credit accounts and transactions?
Provide web address.

15. Will your company provide assist in the reduction of credit card solicitations?
Outline your process.

Please answer the following monitoring processes.

<u>Do you monitor?</u>	Yes	No
Credit Records	<input type="checkbox"/>	<input type="checkbox"/>
Public Records	<input type="checkbox"/>	<input type="checkbox"/>
Checking Accounts	<input type="checkbox"/>	<input type="checkbox"/>
DMV Records	<input type="checkbox"/>	<input type="checkbox"/>
Medical Records	<input type="checkbox"/>	<input type="checkbox"/>
Social Security Records	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Records	<input type="checkbox"/>	<input type="checkbox"/>
Court Records	<input type="checkbox"/>	<input type="checkbox"/>
Real Estate Records	<input type="checkbox"/>	<input type="checkbox"/>
Telephone Companies	<input type="checkbox"/>	<input type="checkbox"/>
Utility Companies	<input type="checkbox"/>	<input type="checkbox"/>
Insurance Companies	<input type="checkbox"/>	<input type="checkbox"/>
Government Databases	<input type="checkbox"/>	<input type="checkbox"/>

<u>Identity Theft Recovery:</u>	Yes	No
Provide Assistance Only	<input type="checkbox"/>	<input type="checkbox"/>
Full Resolution Service	<input type="checkbox"/>	<input type="checkbox"/>

B. Administration Information – Please explain in detail for each proposed plan(s).

1. Do you provide an administration portal where the administrator of the Cooperative and FBS as the broker can access reports, billing, forms, and plan information?
2. Do you offer electronic application submission? If so, is it a link that can be accessed on our online enrollment system or would it be an external link? If not, is it in the business plan for the future.
3. Outline your process of notifying the Cooperative members and FBS as the broker for any approvals, declinations, pending requests and general status updates? Include turn-around time.
4. Do you offer self-administered billing? Is there a size requirement? The Cooperative requires self-administered billing.

C. Rate Information

Provide a quote for the Identity Theft Insurance plan(s) by completing the following section, indicating rates on a monthly basis for each one of the following categories:

Please provide 4-Tier composite rates.

Monthly Rates:

Employee Only \$ _____

Employee + Spouse \$ _____

Employee + Child(ren) \$ _____

Employee + Family \$ _____

Rate Guarantee: _____

Additional Notes:

D. Additional Information & Cooperative Requirements

1. Region VIII TIPS Employee Benefits Cooperative prefers a multiple year rate guarantees.
2. Annual open enrollment without underwriting or census information is preferred for new groups joining the Cooperative.
3. The Cooperative prefers electronic application submission with access to view as the administrator along with a representative from FBS as the broker.
4. Effective date of insurance should be first of the month following date of hire; termination date should be last day of the month following active employment.
5. Employee requirement must be actively at work for 20 or more hours a week.
6. To lower proposal rates we are open to optional plan changes.
7. The Cooperative does not contribute to the Identity Theft Insurance plan it is voluntary.

SECTION G
CURRENT PLAN DESIGNS

SECTION H
CLAIMS REPORT