

REQUEST FOR PROPOSAL
FOR
HOSPITAL PROTECTION
COVERAGES, ACCIDENT INDEMNITY
COVERAGES, CRITICAL/CANCER
CARE COVERAGES
AND
SHORT TERM DISABILITY
COVERAGES

POLICE DIVISION OF THE CITY OF ST.
LOUIS

SEPTEMBER 30, 2015

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1. Introduction, Objectives And Evaluation Criteria

The Police Division of the City of St. Louis (hereinafter "City") is requesting proposals for hospital protection coverage, accident indemnity coverage, critical/cancer care coverage, and short term disability coverage. There are approximately 1,800 active Commissioned and Civilian employees eligible for benefits. These benefits will be available to all employees hired prior to 9/1/13 and all Commissioned employees regardless of their hire date.

Objectives

The Police Division has several objectives in soliciting bids for the aforementioned:

- to offer choices to meet individual needs and preferences
- competitive rates
- long-terms cost guarantees

In this RFP you are being asked to quote, independently, on the following items:

- Hospital Protection Coverage
- Accident Indemnity Coverage
- Critical/Cancer Care Coverage
- Short Term Disability Coverage

Refer to specific product coverage levels requested in Section 3.

Evaluation Criteria

Key bidder selection criteria for the successful vendor include but are not limited to:

Complete responses to all response items and the questionnaire;

Availability of financial and operating resources as required to complete the work;

Ability to meet bidder requirements outlined in this RFP;

Ability of the firm to provide innovative solutions;

Approach to the project and any unusual problems anticipated;

Size and financial stability of the proposing bidder;

Experience in providing these services to other clients of similar size and complexity;

The degree to which the proposal addresses the proposal requirements;

M/WBE and/or DBE participation;

Ability of the bidder to meet statutory or ordinance requirements;

Clear, concise communication capabilities, including material and information to assist members understanding of program benefits;

Specialized experience, qualification and technical competence of the firm, its principals, project manager and key staff;

The capacity, capability and past record and performance of the firm with respect to schedule compliance, cost control, and quality of work;

Premium rates and structure for participants;

Multi-year rate guarantees;

Proximity of the firm to the City;

Other items that arise as the result of the proposal or interview

Key Information

The following should be considered when issuing your response to this RFP:

- Effective Date: The contract is targeted to be effective on January 10, 2016.
- Your proposal should be valid for at least three months following January 10, 2016.
- Bidder is expected to comply with the issues addressed in this RFP.
- Following a review, an officer of bidder must sign the final proposal.
- The Police Division of the City will want to execute a contract with chosen bidder as soon as possible following the selection process.
- Initial enrollment for Police Division of the City of St. Louis will be determined when the contract is awarded.
- The contract agreement or master policy will be issued to City of St. Louis.
- The venue, where the contract agreement or master policy is to be issued, will be in Missouri.

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Timetable, Proposal Process and Requirements

Timetable and Bid Process

Please reference the following timetable for key dates.

Task	Completion Date
Request For Proposal Released	September 30, 2015
Submit Intent To Bid	October 7, 2015
Bidder Questions Due to City	October 13, 2015
Q&A response to Bidders	October 14, 2015
Proposal Due Date	October 21, 2015
Final Bidder Decision	November 9, 2015
Effective Date	January 10, 2016

In order to streamline the RFP process, bidders are to direct all questions regarding data and the RFP as indicated below. All questions must be submitted no later than 12:00 p.m. DST, on October 13, 2015. A list of all entities requesting a copy of this Request for Proposal shall be maintained. All questions and responses to questions received by 12:00 p.m. DST on October 13, 2015 shall be made available to all bidders submitting an affirmative Intent to Bid form.

No other contact with any Committee member, City official, staff, or employee is permitted before completion of the RFP process except by invitation to do so. Unauthorized contact regarding this RFP may result in disqualification or rejection of a proposal. All communications and questions that arise concerning this RFP should be submitted in written form, citing the specific RFP paragraph or issues in question, via e-mail to The City contact below.

Attention: Karen Toal
E-mail: toalk@stlouis-mo.gov

Proposal Submission Requirements

Each bidder(s) must prepare, seal, and submit one (1) original plus 7 paper copies and an electronic copy (via e-mail) of the required proposal documents by the due date and time in a sealed envelope(s) or mailing container(s) to the contact listed below.

The original and 7 hard copies (total of 8) must be delivered, **no later than 4:00 p.m. DST on October 21, 2015 in order to be considered**, to:

City of St. Louis
Personnel Department
Employee Benefits Section
1114 Market Street, Suite 900
St. Louis, MO 63101

The exterior of the sealed envelope(s) or mailing container must be marked

Police Division, City of St. Louis
Proposal for Voluntary Benefits

An electronic copy of bidder's proposal must be e-mailed to Karen Toal at toalk@stlouis-mo.gov no later than 4:00 p.m. DST on October 21, 2015 in order to be considered.

Proposals will be reviewed by a selection committee. The selection committee is comprised of the Director of Personnel or his/her designee, one member of the staff of the Department of Personnel, one representative appointed by the Mayor, one representative appointed by the Comptroller and one member appointed by the President of the Board of Alderman. A recommendation as to bidder(s) selection will be submitted to the Director of Personnel and a decision reached in November 2015 for an effective date of January 10, 2016.

1. If a party intends to respond to this RFP, the party should submit written notice of such intent, using the provided Intent to Respond Form via FAX or e-mail, Karen Toal. (see Appendix B).
2. The electronic submission of bidder's proposal for the financial response must be completed in Excel in the format as instructed in Appendix A.
3. At the time of contract award, the bidder(s) selected must provide:
 - a) Tax identification number;
 - b) Proof that it is current with respect to all applicable State and City taxes and licenses. City license information can be found on the City's website at <http://stlouis.missouri.org>
4. All documents must clearly indicate the name of the responding bidder, as well as the name, address, and telephone number of the primary contact for the proposal. All rate proposals require the confirming signature of an officer. Please add signature information to Financial Bid form.
5. Responses to this RFP must not be conditional, incomplete, or contain any alterations from the format provided. Please state any assumptions clearly and directly.
6. Submitted proposals must include a cover letter signed by a person authorized to contractually obligate the bidder(s) to the scope, terms, specifications, and pricing contained in the proposal, and must include a signed statement that all proposals,

including price are firm for not less than one hundred and eighty (180) days from the proposal submission date.

7. As part of the proposals, bidders should confirm in writing that the proposal is consistent with the requirements outlined herein and clearly defines any and all programs. Proposals must be presented in the format of the bid forms included in this RFP. All questions must be answered and all instructions must be followed. All proposals must be submitted by the deadline in their entirety.
8. Sealed proposals, as well as the required electronic (via e-mail) copies of the RFP Response Documents and required attachments for providing the services described herein must be received no later than 4:00 PM DST on October 21, 2015 and in accordance with the instructions delineated in this RFP. Proposals received after that date and time will be rejected and bidders notified.
9. The City and/or selection committee reserves the following rights, which may be exercised at City of St. Louis' sole discretion:
 - To supplement, amend, substitute or otherwise modify this RFP at any time;
 - To cancel this RFP with or without substitution of another RFP;
 - To waive any non material defect or irregularity in any proposal received;
 - To accept any and/or all proposals submitted;
 - To reject any and/or all proposals submitted;
 - To disqualify any and/or all firms;
 - To request additional information as deemed necessary;
 - To enter into any agreement(s) deemed by City of St. Louis to be in the best interest of City of St. Louis and its employees with one or more responding bidders.
10. Please be advised that by submitting a proposal, each bidder(s) agrees never to claim or file a cause of action or otherwise assert that The City, Agents of Record, employees, officials, and/or legal representatives are responsible or liable in any manner or under any theory of liability for any risks, costs, or expenses incurred by the bidder(s) in connection with this RFP or any proposal submitted, and that this RFP in no way obligates City of St. Louis to award a contract to any bidder(s). If the RFP includes any estimation of volumes or requirements, The City reserves the right to modify any estimated requirements prior to signing an agreement with the selected bidder(s).
11. No bidder(s) shall have a claim against The City, its Agents of Record, employees, officials, and/or legal representatives in the event that any estimated requirements are modified for whatever reason. All proposals and any other materials submitted in response to this RFP will become the property of The City and be retained by The City.
12. Bidders must submit a complete proposal covering all requirements identified in this RFP package in order to be considered. Proposals submitted must be the original work product of the bidder. Bidder(s) may only submit proposals for services requested in this RFP. Should bidder desire to submit quotes for additional services, these must be separate and not part of the pricing for the requested services; e.g. contingent on required services.

13. Proposals should clearly indicate the services that are being proposed and complete the Response Document in compliance with the RFP instructions.
14. Proposals may be withdrawn prior to the proposal submission date in writing by the bidder or its authorized representative, provided its identity is disclosed on the envelope containing the proposal and such person signs a receipt for the proposal.
15. The information presented in the RFP is not to be construed as a commitment of any kind on the part of the City. There is no expressed or implied obligation or responsibility for the City to reimburse any bidder for any expenses incurred in preparing a proposal in response to this RFP.
16. All proposals must be submitted in accordance with this RFP. Proposals submitted not in accordance with the RFP's instructions may be rejected. Failure to comply with the specifications and requirements of this RFP will be cause for rejection of a proposal.
17. All proposals shall be deemed final, conclusive, and irrevocable and no proposal shall be subject to correction or amendment for any error or miscalculation following the scheduled deadline. No proposal shall be withdrawn after the scheduled deadline for submission of proposals.
18. The bidder is responsible for its own verification of all information provided to it. The bidder must satisfy itself, upon examination of this RFP, as to the intent of the specifications.
19. No oral interpretation will be made to any bidder as to the meaning of the RFP. Any oral communication will be considered unofficial and non-binding on the City.
20. The City may accept and award a contract as to one part, aspect or phase, or any combination thereof, of any proposal unless the bidder specifically qualifies its proposal by stating that the proposal must be accepted as a whole, and any contract awarded as to the entire proposal.
21. The City may, at its option, conduct finalist interviews with any bidder(s) after receipt of proposals.
22. The City reserves the right to negotiate final contract terms with any bidder.
23. The bidder shall not, subject to immediate disqualification of the proposal, offer or give any gratuities, favors or anything of monetary value to a member, administrator, officer, employee, representative or agent of the City, member of the selection committee for the purpose of influencing favorable disposition toward a submitted proposal or for any reason while a proposal is pending or during the evaluation process.
24. No bidder shall engage in any activity or practice, by itself or with other companies, the result of which may be to restrict or eliminate competition or otherwise restrain trade. Violation of this instruction will result in immediate rejection of the bidder's proposal.
25. It is the intent of the City that the final agreement shall consist of an agreed upon contract format, this RFP, plus any addenda, and the proposal accepted. In the event of a conflict between the proposal and the RFP, the City shall resolve any inconsistency.

26. In the event the agreement awarded by the City is terminated for any reason within 120 days of the due date for proposals, the City reserves the right to negotiate and accept any other submitted proposal. Any implementation costs are the sole responsibility of the bidder and the City shall be indemnified of these costs should the contract be terminated.
27. Award of Contract will be made by the City, and the agreement will be entered into with the City. The City reserves the right to split a contract award, and to award multiple contracts.
28. The City prohibits discrimination on the basis of race, color, national origin, ancestry, age, disability, religion, sex, sexual orientation, gender identity or expression, marital status or genetic information.
29. Bidder(s) response to RFP documentation and questionnaire will be included as part of any final award of contract. Reliance by the City on information contained in bidder's response to the RFP shall be used to support and/or resolve any disputes in contract interpretation.
30. Bidder(s) shall be required to comply with all ordinances of the City including but not limited to Ordinance No. 65597, the St. Louis Living Wage Ordinance. This Ordinance can be found on the City's website at <http://stlouis.missouri.org>. The Mayor of The City has issued Executive Order #28 regarding Minority and Women Business Enterprises included as Appendix D. Proposals should discuss how bidder will comply with the provisions of said order.
31. The selected bidder shall comply with all laws, ordinances, and regulations applicable to the services contemplated herein. By responding to this RFP, you are stating that you are familiar with all federal, state, and local laws, ordinances, codes, rules and regulations that may in any way affect the services and products to be provided.
32. The bidder agrees to submit a sample contract with the RFP response.
33. The City is not subject to the Employee Retirement Income Security Act of 1974 (ERISA).
34. Bidder must provide quarterly reports to the City of enrollment and claims paid in all services and programs. Said reports must be submitted in the format required by the City.
35. The bidder must be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
36. The bidder must print and distribute Open Enrollment material and provide updated material when necessary at their expense.
37. As a condition for the award of a contract from this RFP, the bidder shall, pursuant to the provisions of Sections 285.525 through 285.555 of the Revised Statutes of Missouri, by sworn affidavit (attached hereto as Appendix C) and provision of documentation, affirm its enrollment and participation in a federal work authorization program with respect to the employees working in connection with this contract. This affidavit also affirms that the bidder does not knowingly employ any person who is an unauthorized alien in connection with the contract pursuant to the above stated statutes.

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Products Requested

<input type="checkbox"/> Accident		
<input checked="" type="checkbox"/> High Option (\$250/day hospital confinement, \$1,000 admission, \$35 doctor follow up visit) <input checked="" type="checkbox"/> Low Option (\$200/day hospital confinement, \$1,000 admission, \$25 doctor follow up visit) <input checked="" type="checkbox"/> 24-hr coverage <input type="checkbox"/> Off-Job only coverage <input checked="" type="checkbox"/> Emergency room (equal to hospital daily confinement) <input checked="" type="checkbox"/> Intensive Care Daily Confinement (double hospital confinement) <input checked="" type="checkbox"/> Guaranteed Issue with no participation requirement <input checked="" type="checkbox"/> No Waiting Period <input checked="" type="checkbox"/> HSA Compatible <input checked="" type="checkbox"/> Portable (no master policy contingency) <input checked="" type="checkbox"/> Employee Paid Post – Tax Payroll deduction		
<u>Riders</u>	<u>Policy Type</u>	<u>Considered ERISA</u>
<input checked="" type="checkbox"/> Wellness	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Sickness Confinement	(guaranteed renewability)	
<input checked="" type="checkbox"/> AD&D		
<u>Rates</u>		
<input checked="" type="checkbox"/> Include monthly/Bi-Weekly rates		
Additional Questions		
1. Are you able to provide the requested plan design for this product? If not, what deviations did you include in your quote? 2. This plan is to be portable, what is the price point / rate decrease percentage if portability is not required? 3. How does your accident product rank in the industry? 4. Based on you book of business, what is the average hospital stay duration due to an accident? 5. Based on your book of business, what percent of insureds are admitted to the hospital due to an accident? 6. Based on your book of business, what percent of claims are under \$2,000? 7. What percentage of employees port their coverage? 8. If portability is being requested will the ports be rated as part of the active group or separately?		
<input type="checkbox"/> Claims Example		
Please complete the following chart showing the benefits your product would pay on the following claims example. Employee, age 45, falls down the stairs, breaks his lower leg (tibia) (open reduction), and spends 3 days in the hospital.		

Low Option

Service	Cost	Accident Benefit Pays
Ambulance (ground)	\$400	\$
Hospital Admission and 3 days confinement	\$3,500	\$
Fracture (tibia)	\$6,000	\$
ER	\$1,000	\$
X-Rays	\$170	\$
Follow-up visits (2)	\$200	\$
Physical Therapy visits (4)	\$400	\$
MRI/Cat Scan	\$1,500	\$
Appliance (crutches)	\$50	\$
Medical Supplies/Medicine	\$50	\$
TOTAL	\$13,270	\$

High Option

Service	Cost	Accident Benefit Pays
Ambulance (ground)	\$400	\$
Hospital Admission and 3 days confinement	\$3,500	\$
Fracture (tibia)	\$6,000	\$
ER	\$1,000	\$
X-Rays	\$170	\$
Follow-up visits (2)	\$200	\$
Physical Therapy visits (4)	\$400	\$
MRI/Cat Scan	\$1,500	\$
Appliance (crutches)	\$50	\$
Medical Supplies/Medicine	\$50	\$
TOTAL	\$13,270	\$

Cancer

- High Option (\$4,000/initial diagnosis; \$200/day hospital 1-30, \$400/day 31+; \$350/wk radiation and \$600 chemotherapy; Stem cell/bone marrow transplant \$7,000 lifetime max)
- Low Option (\$2,000/ initial diagnosis; \$100/day hospital 1-30, \$200/day 31+; \$175/wk radiation; \$300/wk chemotherapy, Stem cell/bone marrow transplant \$3,500 lifetime max)
- Wellness Benefit
- No Waiting Period
- Portable (no master policy contingency)

- Employee Paid Post – Tax Payroll deduction

Riders

- Specified Disease Rider
- Individual
(guaranteed renewability)
- Group

Considered ERISA

- Yes No

Rates

- Include monthly/Bi-Weekly rates

Additional Questions

1. Are you able to provide the requested plan design for this product? If not, what deviations did you include in your quote?
2. This plan is to be portable, what is the price point / rate decrease percentage if portability is not required?
3. How does your cancer product rank in the industry?
4. Based on you book of business, what is the average claim paid per diagnosis?
5. Based on your book of business, what is total number and amount of lump sum paid upon initial diagnosis?
7. What percentage of employees port their coverage?
8. If portability is being requested will the ports be rated as part of the active group or separately?

<input type="checkbox"/> Critical Illness	
<p><u>Benefit Plan Design Requested</u></p> <p>Benefit Amount <input checked="" type="checkbox"/> First Occurrence - \$7,500; Reoccurrence - \$3,500 – no lifetime maximum <input checked="" type="checkbox"/> Hospital Confinement - \$300/day – no lifetime maximum <input checked="" type="checkbox"/> Ambulance - \$250 ground/\$2,000 air – no lifetime maximum</p> <p><input checked="" type="checkbox"/> Additional/Subsequent Diagnosis Benefit <input checked="" type="checkbox"/> Portable (no master policy contingency)</p> <p>Considered ERISA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Riders</u></p> <p><input type="checkbox"/> Building Benefit</p> <p><u>Rates</u></p> <p><input checked="" type="checkbox"/> Include monthly/bi-weekly rates</p> <p><input type="checkbox"/> Uni-smoker <input type="checkbox"/> Smoker/Non-smoker</p> <p><u>Policy Type</u></p> <p><input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group</p>
<input type="checkbox"/> Payroll Deduction	
<input checked="" type="checkbox"/> Employee Paid: Pre – Tax	
<ol style="list-style-type: none"> 1. Please provide tobacco specific rates (smoker/non-smoker) 2. Are you able to provide the requested plan design for this product? If not, what deviations did you include in your quote? 3. Under what circumstances is additional benefit payable? What is your definition of additional benefit? 4. This plan is to include covered condition recurrence benefit, what is the price point / rate percentage decrease if recurrence is not an included benefit? 5. This plan is to be portable, what is the price point / rate decrease percentage if portability is not required? 6. How does your critical illness product rank in the industry? 7. Based on your book of business, what is the average critical illness lump sum dollar buy? 8. What percentage of employees port their coverage? 9. If portability is being requested will the ports be rated as part of the active group or separately? 	

<input type="checkbox"/> Disability
<input type="checkbox"/> STD Option 1 <u>Elimination</u> <u>Elimination</u> <input type="checkbox"/> 0/7 <input type="checkbox"/> 7/7 <input type="checkbox"/> 0/14 <input type="checkbox"/> 14/14 <u>Benefits Duration</u> <input checked="" type="checkbox"/> 6 months <u>Benefit Amount</u> <ul style="list-style-type: none"> • Monthly Benefit: \$500-\$6,000(subject to income requirements) • Benefit based up 63% of Gross Income
Up to a weekly max amount of: OR Income replacement max of: <u>Policy Type</u> <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group <u>Disability</u> <input checked="" type="checkbox"/> Own Occupation <input type="checkbox"/> Any Occupation <u>Rates</u> <input checked="" type="checkbox"/> Include monthly/bi-weekly rates
<input type="checkbox"/> Payroll Deduction
<input checked="" type="checkbox"/> Employee Paid: Post – Tax
<input checked="" type="checkbox"/> Considered ERISA
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
1. Are you able to provide the requested plan design for this product? If not, what deviations did you include in your quote? 2. How does your disability product rank in the industry?

Hospital Indemnity

<p>Plan Design #1:</p> <ul style="list-style-type: none">• \$1,500 hospital admission• \$100/day daily hospital confinement• \$100 ER room benefit – 2 times per year• Surgical \$50-\$1,000• Invasive Diagnostic Exams \$100-1 exam per covered person per 24 hour period <p><input checked="" type="checkbox"/> Portability <input checked="" type="checkbox"/> Guaranteed Issue <input checked="" type="checkbox"/> No Waiting Period</p>	<p>Outpatient included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>Policy Type</u> <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group</p> <p><u>Rates</u> <input checked="" type="checkbox"/> Include monthly/bi-weekly rates</p> <p>Classification of Employees:</p>
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Payroll Deduction

Employee Paid: Pre – Tax

Considered ERISA

Yes No

Questions

1. Are you able to provide the requested plan design for this product? If not, what deviations did you include in your quote?
2. This plan is to be portable, what is the price point / rate decrease percentage if portability is not required?
3. How does your hospital indemnity product rank in the industry?
4. If a takeover or if there is an existing plan please confirm current insureds will get credit (or prior claim prorated) for time covered for any benefit waiting periods.
5. What percentage of employees port their coverage?
6. If portability is being requested will the ports be rated as part of the active group or separately?

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Checklist of Items Included with Proposal

The following information is requested as part of the proposal process (some of which is referenced in the questionnaire). Please indicate your included attachments by marking the appropriate column (Yes or No) on the following:

Checklist

Yes	No	Description of Item
_____	_____	Completed and signed Financial Response (Appendix A)
_____	_____	Completed and signed confirmations and questionnaires
_____	_____	Sample of required file format and description of flexibility
_____	_____	Samples of all standard and optional reports you are proposing to provide on an account specific basis. (Please indicate frequency).
_____	_____	Proposed support to address on-going new hire enrollment
_____	_____	Proposed support during the open enrollment process.
_____	_____	Complete product proposals including rate exhibits.
_____	_____	Completed product grids and pricing examples in the provided Excel format.
_____	_____	Signed Affidavit related to Sections 285.525 through 285.555 of the Revised Statutes of Missouri (Appendix C)

I understand that we must submit a copy of our proposal by 4:00 DST on October 21, 2015.

Signature of Authorized Officer

Company

Title

Date

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Plan Administration and Questionnaire

Instructions:

Questions outlined in this Section are asked in terms of the proposed services for the Police Division of the City of St. Louis account. In responding to the questions, please indicate whether or not you are currently performing in the manner described, to what extent any development activity is required to meet the requirement, or if you cannot meet the requirement.

If any printed material is enclosed as an exhibit for part of the RFP response, or for response to a question, please ensure:

- All exhibits, attachments, or enclosures are numbered;
- The exhibits show cross-references to the printed material; and
- The exhibits show the page number where the response is shown on the exhibit.

If you are unable to answer a question, please indicate why you cannot provide an answer. If you are unwilling to disclose particular information asked in a question, please indicate why you did not respond.

The questionnaire is comprised of the following sections:

- A. General
- B. Organizational Overview
- C. General Strategic Direction
- D. Account Management
- E. Claims and Member Service

Questionnaire

General

Requirement	Confirmed		Explanation
	Yes	No	
1. The effective date of the contract will be January 10, 2016. The first contract year will run from January 10, 2016 through January 7, 2017..	<input type="checkbox"/>	<input type="checkbox"/>	
2. The vendor agrees to an annual renewable contract with guaranteed rates for a minimum of three years.	<input type="checkbox"/>	<input type="checkbox"/>	
3. The original proposal that is submitted to the City by your organization as well as any follow-up information or correspondence (oral or written) transmitted to City of St. Louis during the proposal process will be binding. All material submitted during the proposal process becomes the property of City of St. Louis for their use.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Future rate adjustments, following the completion of any rate guarantee period, will be communicated in writing at least 120 days in advance of the effective date and will include a complete description of the methodology used	<input type="checkbox"/>	<input type="checkbox"/>	
5. The selected vendor shall be required to indemnify and hold the City harmless from all claims liability, losses, and causes of action, which may arise out of the vendor's performance, or non-performance of its obligations under the contract. Further, the vendor selected shall pay all claims and losses of any nature whatsoever in connection therewith, and shall defend all suits in the name of the City when applicable, and shall pay all costs and judgments which may issue therefore except those caused by sole negligence of City of St. Louis officers or employees or agents. The selected vendor agrees to accept claim fiduciary responsibilities including final appeal decisions.	<input type="checkbox"/>	<input type="checkbox"/>	
6. Provide quarterly experience reports within 30 days of the close of the reporting period.	<input type="checkbox"/>	<input type="checkbox"/>	

Requirement	Confirmed		Explanation
	Yes	No	
7. The selected vendor shall comply with all laws, ordinances, and regulations applicable to the services contemplated herein. By responding to this RFP, you are stating that you are familiar with all federal, state, and local laws, ordinances, code rules, and regulations that may in any way affect the services and products to be provided.	<input type="checkbox"/>	<input type="checkbox"/>	
8. The City has the right to terminate the agreement in the event of a change of ownership of the vendor.	<input type="checkbox"/>	<input type="checkbox"/>	
9. Vendor will be available to attend meetings or teleconferences to discuss the business relationship, upon the client's request.	<input type="checkbox"/>	<input type="checkbox"/>	
10. The vendor's designated intake team will be fully trained in both customer service skills and the nuances of the City plans, policies, and programs. Training may be conducted with the City personnel oversight.	<input type="checkbox"/>	<input type="checkbox"/>	
11. The vendor will provide sample contract/policy for all requested services.	<input type="checkbox"/>	<input type="checkbox"/>	
12. Disability cases will be handled by a unit of qualified disability claims analysts, nurse reviewers and consulting physicians.	<input type="checkbox"/>	<input type="checkbox"/>	
13. The vendor must be able to perform on-site enrollment meetings. If there is any additional cost, please specify.	<input type="checkbox"/>	<input type="checkbox"/>	
14. The vendor must accept the City's current self-billing procedures. The City provides a Bi-Weekly report with deduction amounts listed.	<input type="checkbox"/>	<input type="checkbox"/>	
15. The vendor must accept payment from the City under the current arrangement.	<input type="checkbox"/>	<input type="checkbox"/>	
16. The vendor agrees that coverage for new hires will be effective at the beginning of the pay period following receipt and approval of enrollment information in the Department of Personnel.	<input type="checkbox"/>	<input type="checkbox"/>	

Organizational Overview

Please complete the following:

Organization Name:		
Primary Contact/Representative:		
Secondary Contact/Representative:		
Title:		
Address:		
Office Telephone: ()	Mobile: ()	
E-Mail Address:		

In a short summary, provide an overview of your organization. Key elements to include:

When and Where Organization was formed
Key Milestones
Total Annual Revenue
Number of Employees
Primary Lines of Business and Revenue
Headquarters and Key Locations
Executive Management

Provide your most recent financial ratings from the following rating agencies, as well as the date of the rating:

Rating	Date of Rating
Standard and Poor's:	
Moody's:	
A.M. Best:	
Fitch:	

Indicate how long your organization has been operational for the services that you are proposing to City of St. Louis.

Response:

Which services do you subcontract? Provide brief details of how and by whom these services are provided and your role in managing their delivery.

Response:

Define the nature of any existing contractual relationships you currently have with City of St. Louis, or City of St. Louis subsidiaries. Give a brief description of these contracts and financial value in terms of premium, where possible.

Response:

If your organization has been involved in a merger or acquisition within the past three years, specify when the merger took effect, and how you have or will assimilate(ed) operations, account management and claims and clinical systems into your organization.

Response:

General Strategic Direction

How do you differentiate your capabilities from your competitors?

Response:

Account Management

Provide references for three clients (one of which has recently terminated) for which your organization provides services similar to those requested by City of St. Louis. The references should be of similar size as City of Louis. For each reference, provide:

	Client #1	Client #2	Terminated Client
Client Name			
Client Address			
Primary Contact			
Title			
Telephone Number			
E-mail Address			
Number of Employees & Retirees			
Scope of Services			

Please provide the following information for the individuals from your organization who would be primarily responsible for providing account management, ongoing services and network issues, including the dedicated client services representatives, for City of St. Louis:

Name

Name		
Role(s)		
Location (address)		
Number of Current Accounts		
Current Account Membership		
Biography		
References	Client #1	Client #2
Client Name		
Primary Contact		
Telephone Number		
E-mail Address		
Number of Employees & Retirees		
Scope of Services		

Implementation

For the implementation manager who would be primarily responsible for The City implementation, please provide the following details:

Name		
Years/experience as an implementation manager		
Location		
References/Recent Implementations	Client #1	Client #2
Client Name		
Primary Contact		
Title		
Telephone		
E-mail Address		
Number of Employees & Retirees		
Scope of Services		

Provide an implementation plan including key dates for the effective date indicated in Section 2 of the RFP. Include your standard transition of care procedures.

Response:

Claims and Member Service

For Member Services, please provide:

Member Services
Proposed Location(s)
Proposed Member Service Hours
Team Structure: Designated or Dedicated? Special Consumerism Team? Other (please explain)
Number of Team Members
Number of Accounts/Clients Serviced and Total Members
Average and Median Tenure of Team
Member Service Lead: Name Number of Accounts/Clients Serviced and Total Members Years/Experience
Will the member service location(s) handle all proposed coverages (i.e., hospital indemnity, cancer/critical care, etc.)?
Will the member service team be co-located with any other team members (i.e., claims, clinical, etc.)?
How many member service representatives work from home?
How many member service representatives are located off-shore?

1

Appendix:

- A. Financial Response (Excel format)
- B. Intent to Bid Form
- C. Affidavit (Unauthorized Alien Employees)
- D. MBE/WBE Information
- E. Census

APPENDIX A

Financial Response

A rate response table is included separately with RFP documents.

The electronic submission of your proposal for the financial response must be completed in Excel format and submitted along with your proposal response

APPENDIX B

Intent to Bid

Please print and complete this form and return it to Karen Toal by October 7, 2015.

We have received the invitation to respond to the City's Request for Proposal and have the following intentions:

- We decline to bid at this time.
- We intend to submit a proposal by October 21, 2015.

Authorization:

_____	_____
Name and Title	Date

Company	

**Return completed form via fax or e-mail to:
Karen Toal
City of St. Louis
E-mail: toalk@stlouis-mo.gov
Fax: 314-436-7405**

APPENDIX C

Affidavit For Unauthorized Illegal Aliens

EXHIBIT _____

STATE OF _____)

)SS.

COUNTY OF _____)

AFFIDAVIT

Before me, the undersigned Notary Public, personally appeared _____ (**Name**) who, by me being duly sworn, deposed as follows:

My name is _____ (**Name**), I am of sound mind, capable of making this Affidavit, and personally acquainted with the facts herein stated:

I am the _____ (**Position/Title**) of _____. (**Bidder**)

I have the legal authority to make the following assertions:

1. _____ (**Bidder**) is currently enrolled in and actively participates in a federal work authorization program with respect to the employees working in connection with this Agreement, as required pursuant to Sections 285.525 through 285.555 of the Revised Statutes of Missouri 2000, as .
2. Pursuant to Sections 285.525 through 285.555 of the Revised Statutes of Missouri 2000, as , _____ (**Bidder**) does not knowingly employ any person who is an unauthorized alien in connection with this Agreement.

Affiant

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal this ____ day of _____, 20__.

_____ Notary Public

My Commission Expires: _____

APPENDIX D

MBE/WBE Information

A copy of Executive Order #28 is included separately with the RFP documents.

APPENDIX E

Census

A census is included separately with RFP documents.