

**CITY OF RIVIERA BEACH
REQUEST FOR PROPOSALS
(RFP #532-15)**



FULLY INSURED GROUP DENTAL AND GROUP VISION INSURANCE

CITY OF RIVIERA BEACH
600 WEST BLUE HERON BOULEVARD, SUITE 140
RIVIERA BEACH, FL 33404

Glendora Williams, Buyer
(561) 845-4180, Phone
(561) 842-5105, Fax
Gwilliams@rivierabch.com

The City of Riviera Beach, Florida (also referred to as CITY) is now accepting proposals for Group Dental, and Group Vision Insurance for its employees. The effective date of coverage is October 1, 2015. It is the goal of the City to reduce costs. Matching and alternate plan designs are encouraged and requested.

This solicitation provides guidelines for submission and outlines the essential services desired. Submittals will be accepted at the City of Riviera Beach, Office of the City Clerk, 600 West Blue Heron Boulevard, Suite #140, Riviera Beach, FL 33404, until **3:00 pm (EST) Thursday, May 28, 2015.**

Late submittals will not be accepted or considered.

This Public Solicitation document may be obtained by visiting the CITY's web-site at www.rivierabch.com. Additionally, proposals may be obtained at the City of Riviera Beach, Purchasing Department, 2391 Avenue "L", Riviera Beach, FL 33404.

Responses shall be prepared, addressed and submitted in compliance with the instructions set forth in the solicitation documents. The CITY reserves the right to reject any or all proposals and to waive technicalities, if such measures are deemed appropriate and in the best interest of the CITY.

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- Evaluation of Proposals

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**CITY OF RIVIERA BEACH
OFFICE OF CITY CLERK**

**600 WEST BLUE HERON BLVD
SUITE 140
Riviera Beach, Florida 33404
Phone (561) 845-4180**

Plan Holder Information Sheet

**PROSPECTIVE PROPOSER
INFORMATION SHEET
RFP 532-15**

PLEASE COMPLETE AND FAX THIS DOCUMENT TO THE PURCHASING DEPARTMENT. YOUR INFORMATION WILL BE ADDED TO THE CURRENT PLAN HOLDER LIST AND HELP TO INSURE RECEIPT OF CHANGES OR ADDITIONAL INFORMATION.

Contact Person _____

Business Name _____

Business Address _____

Business City, State, Zip _____

Email Address: _____

Business Phone # _____ Business Fax # _____

GENERAL INFORMATION

SECTION 1

1-1 PURPOSE

The City of Riviera Beach is seeking proposals for Fully Insured Group Dental, Group Vision Insurance for its employees and their dependents. Current Dental and Vision plans are through Solstice Benefits through September 30, 2015.

The majority of the City's employees reside in Palm Beach County. COBRA participants are principally located in South Florida. Currently the medical plans for the City of Riviera Beach are offered to approximately 500 employees and retirees.

The City currently contributes 100% of the employee only portion of the DMO Dental.

In 2010, the City implemented Wellness Workshops on a monthly basis for all employees. The Wellness Workshops are very well attended and have covered many subjects including vision with screenings, dental, annual health fair with biometric screenings and diabetes and high blood pressure. The City realizes the importance of wellness education and the impact it has over time regarding employee morale, disease management and awareness and productivity. It is important to the City that these Workshops continue.

1-2 PROPOSAL SUBMISSION AND OPENING

Insurance carriers desiring to submit proposals must submit one (1) original hard copy, one (1) bound copy and six (6) sets on CD of a comprehensive proposal to include the items listed in Section 4-1 of this RFP. All proposals must be received by the City of Riviera Beach no later than **3:00 pm, Thursday, May 28, 2015**, in order to be considered. Proposals must be submitted in sealed packaging with all external packaging clearly identified with the following:

“RFP #532-15 Fully Insured Group Dental, and Group Vision Insurance to be opened Thursday, May 28, 2015 at 3:00 pm”

The response provided for each category should be tabbed separately but numbered sequentially.

Interested parties should send or hand deliver their completed responses to the following address:

**City of Riviera Beach
Office of the City Clerk
600 West Blue Heron Boulevard, Suite 140
Riviera Beach, FL 33404**

The City shall not accept or consider responses submitted via facsimile transmission or email.

Proposals received after this deadline will not be considered. Proposers must return all addenda certification forms, if issued, with their RFP submittal. It is the responsibility of each proposer to inquire about addenda.

Proposers must be a Florida licensed insurance carrier licensed to do business in the State of Florida and all plans offered must be filed and approved by the State of Florida. This proposal summary has been prepared in order to facilitate the City's review of the proposals. It contains a proposal inventory, general information pages (applicable to each type of benefit and each service provider proposed), specific pages for each type of benefit or service requested, a form for references and other required forms.

1-3 INQUIRIES

For additional information, the CITY encourages qualified firms to contact Glendora Williams, Buyer at (561) 845-4180 or via email gvwilliams@rivierabch.com Monday through Friday between 8:00 a.m. to 5:00 p.m.

1-4 RFP SCHEDULE

The City will use the following time lines which will result in the selection of qualified firms. The City reserves the right to change and or delay scheduled dates.

<u>Event</u>	<u>Date</u>
RFP Available	05/03/2015
Last Date to submit Questions (4:00 pm EST)	05/19/2015
Proposals Due (3:00 p.m. EST)	05/28/2015
Recommendations Due to City	06/15/2015
Agenda Item to City Council	07/15/2015
Open Enrollment	08/17/15 – 08/28/15
Plan Effective Date	10/01/2015

1-5 PROPOSAL DISCLOSURE

Upon opening, proposals become “public records” and shall be subject to public disclosure consistent with Chapter 119, Florida Statutes. Firms submitting proposals must invoke in writing the exemptions to disclosure (provided by law) in the response to this Request for Proposals by referencing the specific statutory authority for claimed exemptions, identifying the data or other materials to be protected, and stating the reasons why such exclusion from public disclosure is necessary.

1-6 ACCEPTANCE OR REJECTION OF PROPOSALS

The CITY reserves the right to reject any and all submittals when (1) such rejection is in the best interest of the CITY; or (2) if the submittal contains any irregularities; provided, however, that the CITY reserves the right to waive any minor irregularities and to accept the most responsive and responsible proposal. The CITY reserves the right to cancel this Request for Proposals at any time and/or to solicit and re-advertise for other proposals. The CITY is not obligated to enter a contract on the basis of any proposal submitted in response to this document.

1-7 DISQUALIFICATIONS

The City reserves the right to disqualify responses before or after the submission date, upon evidence of collusion with intent to defraud or other illegal practices on the part of the Proposer. It also reserves the right to waive any immaterial defect or informality in any response; to reject any or all responses in whole or in part, or to reissue a Request for Proposal.

Any responses submitted by a Proposer who is in arrears (money owed) to the City or where the City has an open claim against a Proposer for monies owed the City at the time of Proposal submission, will be rejected as non-responsive and shall not be considered for award.

1-8 PUBLIC ENTITY CRIME

Pursuant to Florida Statutes Section 287.133, as amended: A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Florida Statutes Section 287.017 for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.

1-9 CODE OF ETHICS

If any proposer violates or is a party to a violation of the code of ethics of the State of Florida and/or Palm Beach County with respect to this proposal, such proposer may be disqualified from performing the work or from furnishing the goods or services for which the proposal is submitted and may be further disqualified from bidding on any future proposals for work, goods or services for the City.

1-10 EQUAL OPPORTUNITY REQUIREMENTS

It is the policy of the CITY to comply with all Federal, State, County and local laws to provide minorities and women equal opportunity for participating in all aspects of the CITY's contracting and procurement programs. It is further the policy of the CITY to prohibit discrimination against any person or business in pursuit of these opportunities on the basis of race, color, national origin, creed, sex, age, handicap or veteran's status. Each firm should state their commitment to meet these same requirements.

1-11 CONTRACTUAL AGREEMENT

Any and all legal action necessary to enforce the award will have venue in Palm Beach County and the contractual obligations will be interpreted according to the law of the State of Florida. Any contract or agreement required by the vendor must be enclosed at the time of submittal.

1-12 INDEMNIFICATION

The proposer shall indemnify and hold harmless the City of Riviera Beach, its elected and appointed officials and employees from any and all claims, suits, actions, damages, liability and expenses (including attorney's fees). This includes but is not limited to loss of life, bodily or personal injury or property damage and loss of user thereof which are directly or indirectly caused by, resulting from, arising out of, or occurring in connection with the operations of the proposer or his/her subcontractors, agents, officers, employees or independent contractors.

1-13 CONE OF SILENCE

No entity filing a proposal to this RFP shall through their principal, attorneys, or agents, contact the City Council nor City Staff for the purposes of discussing any aspect of this RFP for any possible decision on the RFP; neither shall any such party approach third parties for the purposes of having those third parties have those types of discussions with the City Council or City Staff. **Any action in violation of this provision shall be cause for disqualification of RFP.**

1-14 NON-COLLUSION STATEMENT

By signing this offer, the proposer certifies that this offer is made independently and free from collusion. Proposer shall disclose below, to their best knowledge, any Riviera Beach officer or employee, or any relative of any such officer or employee as defined in Section 112.3135(1)(c), Florida Statutes, who is an officer or director of, or has a material interest in, the vendor's business, who is in a position to influence this procurement. Any Riviera Beach officer or employee who has any input into the writing of specifications or

requirements, solicitation of offers, decision to award, evaluation of offers, or any other activity pertinent to this procurement is presumed, for purposes hereof, to be in a position to influence this procurement. For purposes hereof, a person has a material interest if he/she directly or indirectly owns more than five percent (5%) of the total assets or capital stock of any business entity, or if they otherwise stand to personally gain if the contract is awarded to this proposer.

Failure of a proposer to disclose any relationship described herein shall be reason for debarment in accordance with the provisions of the City Procurement Code.

Proposer, if doing business under an assumed name, i.e., an Individual, Association, Partnership, Corporation, or otherwise, shall be registered with the Florida Department of State, Division of Corporations.

1-15 LOBBYING

Contact with the any CITY employee, appointed official or elected official other than the individual identified above for inquiries regarding this RFP, shall be grounds for elimination from the selection process. This restriction includes lobbying any CITY employee, appointed official or elected official.

Lobbying consists of introduction, communication, discussions related to the selection process, or any other discussions or actions that may be interpreted as attempting to influence the outcome of the selection process for the project. This includes holding meetings thereof, engaging in the aforementioned prohibited lobbying and/or prohibited contact; which actions may immediately disqualify the Respondent from further CITY consideration for this project. Lobbying does not include any oral presentations before evaluation/selection teams, contract negotiations, or public presentations made to the CITY during any duly noticed public meeting.

By submitting a proposal, qualifications or other proposal for this RFP, the firm or individual entity certifies that it or he/she and all of its affiliates and agents have not lobbied or attempted to lobby CITY employees, appointed officials or elected officials as defined herein

1-16 GRATUITY PROHIBITION

Proposers shall not offer any gratuities, favors, or anything of monetary value to any official, employee, or agent of the CITY OF RIVIERA BEACH for the purpose of influencing consideration of this proposal.

1-17 DISCREPANCIES, ERRORS AND OMISSIONS

Any discrepancies, errors or ambiguities in the RFP or addenda (if any) should be reported in writing to the City's Procurement Division (Glendora Williams). Should it be necessary, the City will issue a written addendum to the RFP clarifying such conflicts or ambiguities.

1-18 ADDENDA TO RFP

The CITY reserves the right to amend this RFP prior to the RFP opening date indicated. Only written addenda will be binding. If, upon review, material errors in specifications are found, contact the Purchasing Department (**Glendora Williams**) before or by the final day and time for questions as indicated.

No verbal or written information which is obtained other than through this RFP or its addenda shall be binding on the CITY OF RIVIERA BEACH. No employee of the CITY OF RIVIERA BEACH is authorized to interpret any portion of this RFP or give information as to the requirements of the RFP in addition to that obtained in this written RFP document.

1-19 REQUESTS FOR ADDITIONAL INFORMATION

Prior to the final selection, proposers may be required to submit additional information which the CITY may deem necessary to further evaluate the proposer's qualifications.

1-20 RIGHT OF WITHDRAWAL

A proposal may not be withdrawn before the expiration of ninety (90) days from the proposal due date.

1-21 EXCEPTIONS TO THE RFP

It is anticipated that proposers may find instances where they may take exception with certain requirements or specifications of the RFP. All exceptions shall be clearly identified, and written explanations shall include the scope of the exceptions, the ramifications of the exceptions for the CITY OF RIVIERA BEACH, and a description of the advantage to be gained or disadvantages to be incurred by the CITY as a result of these exceptions.

1-22 DENIAL OF REIMBURSEMENT

Neither the City nor its representatives shall be liable for any expenses incurred in connection with the preparation, submission or presentation of a proposal to this RFP.

The City will not reimburse proposers for any costs associated with the preparation and submittal of any proposal, or for any travel and/or per diem costs that are incurred in connection with the preparation, submission or presentation of a proposal to this RFP.

1-23 TRUTH IN NEGOTIATION CERTIFICATE

For all lump sum or cost-plus-a-fixed-fee professional service contracts over \$50,000 the person/firm receiving the award shall execute a truth-in-negotiation certificates stating wage rates and other factual unit costs supporting the compensation are accurate, complete and current at the time of contracting. A professional service contract under which a certificate is required shall contain a provision that the contract price shall be adjusted to exclude any significant sums where the agency determines the contract price was increased due to inaccurate, incomplete or non-current wage rates and other factual unit costs. Contract adjustments shall be made within one year following the end of contract.

1-24 NON-APPROPRIATION OF FUNDS

In the event that insufficient funds are appropriated and budgeted or funding is otherwise unavailable in any fiscal period for this project, then the City, shall have the unqualified right to terminate the work order(s) or agreement upon written notice to the Contractor, without any penalty or expenses to the City. No guarantee, warranty or representation is made that any particular work or any project(s) will be assigned to any vendor(s).

1-25 SUB-CONTRACTOR(S)

A sub-contractor is an individual or firm contracted by the Proposer(s) to assist in the performance of services required under this RFP. A sub-contractor shall be paid through the Proposer(s) and not paid directly by the City. Proposer(s) shall clearly reflect in its response the major sub-contractor to be utilized in the performance of required services. The City retains the right to accept or reject any sub-contractor proposed prior to agreement execution. Any and all liabilities regarding the use of a sub-contractor shall be borne solely by the successful proposer(s) and insurance for each sub-contractor must be maintained in good standing and approved by the City throughout the duration of the Agreement. Neither the successful proposer(s) nor any of its sub-contractors are considered to be employees or agents of the City.

Proposer(s) shall include in their response the requested sub-contractor information and include all relevant information required of the proposer(s).

1-26 LOCAL VENDOR PREFERENCE

Under the City's Procurement Code, Article 10, Section 10-101, the City has a preference for local businesses. A local business, for the purposes of the application of the local vendor preference, means a proposer which has a permanent, physical place of business within the city limits, and a valid business tax receipt and certificate of occupancy applicable to the required goods, services, or construction items being procured. Post office boxes or locations at a postal service center are not verifiable and shall not be used for the purpose of establishing said physical address. If the business is a joint venture/partnership, it is sufficient for qualification as a local business if at least one party of the joint venture/partnership meets the test set forth in this section. The proposer shall have the burden of demonstrating that it meets this definition. Permanent physical location must be established for a minimum of twelve (12) months prior to the published date of this solicitation.

The application of the local vendor preference shall not change the actual cost proposal. Further, in no event will it cause the city to pay more than \$25,000.00 above the amount proposed by the non-local vendor which would have been recommended for award if the local vendor preference had not been applied.

1-27 BID PROTEST COST AND FILING FEES

Article 8 of the City's Procurement Code addresses the process and procedure for bid protests. Time is of the essence with all bid protests and a protest must be timely submitted to the City or it will be waived. The following amounts must be submitted with the protest:

- A. Written Protest. The written protest submitted to the Purchasing Director must be accompanied by a filing fee in the form of a money order or cashier's check in the amount equal to \$500.00 or 2% of the value of the Proposal, whichever is greater up to a maximum of \$2,500.
- B. Appeal to the City Manager. The written appeal to the City Manager must be accompanied by a filing fee in the form of a money order or cashier's check in the amount equal to \$500.00 or 2%, whichever is greater, up to a maximum of \$2,500.
- C. Appeal to the City Council. The written request for an appeal to the City Council must be accompanied by a filing fee in the form of a money order or cashier's check in the amount equal to \$500.00, or 2%, whichever is greater, up to a maximum of \$2,500.

Refund of Filing Fees. All costs resulting from a protest shall be borne by the Protestor. If a protest is upheld by either the Purchasing Director or City Manager, as applicable, the filing fee shall be refunded to the Protestor less costs incurred by the CITY. If the protest is denied the filing fee shall be forfeited to the CITY in lieu of payment of costs incurred by the CITY.

1-28 RIGHTS TO INVESTIGATE AND AUDIT: OFFICE OF THE INSPECTOR GENERAL

The Inspector General of Palm Beach County has the authority to investigate and audit matters relating to the negotiation and performance of any awarded contract and in furtherance thereof may demand and obtain records and testimony from the contractor and its subcontractors and lower tier subcontractors. The proposer understands and agrees that in addition to all other remedies and consequences provided by law, the failure of the proposer or its subcontractors or lower tier subcontractors to fully cooperate with the Inspector General when requested may be deemed by the municipality to be a material breach of any contract entered into between the parties as justification for termination.

1-29 OTHER ACKNOWLEDGEMENTS

By submitting a proposal each proposer is confirming that the proposer has not been placed on the convicted vendors list as described in section 287.133(2) (a), Florida Statutes.

By submitting a proposal, each proposer acknowledges that it has read the above information and agrees to comply with all the above City requirements.

1-30 CITY OF RIVIERA BEACH CONTRACT

The Proposer(s) selected to provide the service(s) requested herein shall be required to execute a Professional Services Agreement with the City in substantially the same form as the Agreement included as part of this RFP. The term(s) of the Agreement shall be for a period of three (3) years with two (2) one year options to renew, at the sole discretion of the City, unless other terms are in the best interest of the City.

The Contract for Professional Services shall prevail as the basis for contractual obligations between the selected firm and the CITY for any terms and conditions not specifically stated in this Request for Proposal.

Throughout this RFP, the phrases “must” and “shall” will denote mandatory requirements. Any response that does not meet the mandatory requirements is subject to immediate disqualification.

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SCOPE OF SERVICES

2-1 INTRODUCTION

The City of Riviera Beach is seeking fully insured proposals for its group health, group dental, and group vision insurance programs. Benefit plan proposals should duplicate the current benefit levels as closely as possible, bids on the whole as well as parts of the Benefit package will be considered. Alternative benefit plans which offer pricing and cost control options may be considered.

2-2 SCOPE OF SERVICES

Proposals will only be considered from a proposer normally engaged in providing the types of services specified herein. The City reserves the right to inspect the proposer's facilities, equipment, personnel, and organization at any time, or to take any other action necessary to determine proposer's ability to perform. The Purchasing Manager or designee reserves the right to reject proposals where evidence or evaluation is determined to indicate inability to perform.

No proposal will be accepted from, nor will any contract be awarded to any proposer who has an outstanding debt to the City, or who is a defaulter, as surety or otherwise, upon any obligation to the City, or who is deemed irresponsible or unreliable by the City.

- A. Proposer shall have at least five (5) years of municipal experience providing Group Insurance services.
- B. Proposer must have qualified and licensed staff to perform the requested services within the scope of work.
- C. Provide a Cost Proposal Sheet.

2-3 COMPENSATION-SEALED COST PROPOSAL

In a separate sealed envelope, clearly state "**Cost Proposal**". This section of the proposal should clearly state the proposed cost for the required services as a fixed percentage commission fee, as well as the basis for the proposed fee. A firm fixed commission fee contract will be awarded by the CITY. The contract price for the requested services shall include all expenses, including travel, incidentals and "other costs."

Total All-Inclusive Price

The sealed cost proposal should contain all pricing information relative to providing insurance services for the CITY as described in this RFP. The total all-inclusive fixed percentage commission fee should contain all direct and indirect costs including all out-of-pocket expenses.

The CITY will not be responsible for expenses incurred in preparing and submitting the technical proposal or the sealed cost proposal. Such costs should not be included in the proposal.

The sealed cost proposal should include the following information:

- Name of firm
- Total all-inclusive fixed Fee

**QUALIFICATIONS OF PROPOSERS
SECTION 3**

3-1 MINIMUM QUALIFICATIONS OF PROPOSERS

1. The Benefit package is currently available to all full time employees, elected and appointed employees, retirees and their dependents as well as police and fire employees
2. Coverage will be effective October 1, 2015.
3. The successful proposer must offer the availability of monthly claims reporting, preferably via electronic means.
4. All plans must be compliant with current Health Care Reform measures. The successful proposer will also assist the City in remaining compliant, as future regulations become known.
5. The City is interested in establishing a long-term relationship and will show preference to proposers who offer guaranteed, multi-year terms and guaranteed premium rates.
6. The Health quotation should be based on a 3.5% commission all the other benefits offered will be based on a 9% commission which will be paid to Richard Bernstein & Associates.
7. The successful proposer should display a competitive network.
8. Provider listing should be available through an Internet website.
9. All carriers must have a Secure Financial Strength Rating through A.M. Best.
10. The successful proposer should have a minimum of three (3) staff members available for the City's open enrollment periods.
11. The successful proposer must have a designated local representative available to meet periodically with the City and/or Consultant.
12. The successful proposer must have a customer call center staffed with bi-lingual staff, which can assist members with benefit and claim related issues.
13. The successful proposer will be expected to provide/coordinate various health/wellness related activities throughout the year.

3-2 MBE AND LOCAL PARTICIPATION

The Riviera Beach City Council has established Minority Business Enterprise (MBE) as one of its most important goals for City funded projects. Consistent with this priority, proposers shall submit a narrative addressing their approach to meeting or exceeding the City's 15% MBE goal. The proposers should also include their approach to monitoring and reporting on compliance with the proposed MBE participation.

Additionally, all proposers have an opportunity to increase their chance to be shortlisted for award by maximizing their use of qualified MBEs. In accordance with section 16.5-312 of the City's procurement code, as an incentive for the proposer maximizing the participation of qualified MBEs on the project, additional bonus points shall be added to the proposer's score for the written proposal based upon the distribution of bonus points indicated in the table below:

Total Qualified MBE Participation in Excess of 15%	Bonus Points Awarded as a Percentage of Total Available Points for Written Score
0% -15%	0%
16%-30	4%
31%-40%	6%
41%-50%	8%
51% and above	10%

Proposers shall complete the Tabulation of Subcontractors and Material Suppliers form (see Schedule One and Two attached to this RFP). The total qualified minority business participation shall be the percentage of the total contract/project dollar amount that will be completed by qualified minority businesses (apply to subcontractor only). This amount shall be incorporated into the term of the final contract agreement between the City and the selected proposer.

The total qualified minority business participation percentage shall be completed by qualified minority businesses. The total qualified minority business participation percentage is non-cumulative; however, one or more qualified minority businesses can comprise the total qualified minority business participation percentage. The percentage of total bonus points awarded of maximum allowable points is non-cumulative and is the percentage of points to be awarded to a contractor based on the total qualified minority business participation.

Bonus points shall be calculated based only upon total points available for scoring written proposal (points for oral interviews shall not be used in calculation). Bonus points are not applicable to the prime but rather to subcontractors and material suppliers contracted by the prime. All proposed qualified minority businesses shall provide a letter of participation on its own letterhead and signed by the chief operating office stating the actual dollar amount or percentage of work to be completed by its own forces. This information shall be submitted in the proposal.

A MBE business is an entity that is at least 51% owned, operated, and controlled by a minority person. Minority persons are African-Americans, Native-Americans, Hispanic-Americans, Asian-Americans, and women. Additionally, MBEs must have current certification of its MBE status granted/authorized by a Federal Agency or State of Florida, local, county or agency.

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**PROPOSAL FORMAT
SECTION 4**

4-1 PROPOSAL FORMAT

This document is intended to be used as the instrument to transmit proposals and to define the terms, conditions and specifications desired by the CITY. It is the intent of the CITY to select one or more proposers to supply the services necessary for successful completion of the proposal as defined herein. Nothing in this RFP is intended to restrict the CITY in any way in the selection of the proposal or proposals that best meets the needs of the CITY. **The CITY reserves the right to reject any or all offers and to negotiate changes in proposals or best and final offers. All proposals submitted become the exclusive property of the City of Riviera Beach.**

The firm must demonstrate experience on providing the type of service requested in this Request for Proposals (RFP). Written proposals should be brief, but may be accompanied by preprinted brochures. Proposals shall include at least the following (in this order):

- A. Title page with project name and number; Corporate name of firm or individual submitting the proposal, address, telephone number, e-mail address, contact person.
- B. Table of Contents. The table of contents should outline in sequential order the major areas of the proposal, including enclosures. All pages must be consecutively numbered and correspond to the Table of Contents.
- C. Transmittal letter (on company letterhead). Briefly state your firm understands the work to be done and provide a positive commitment to perform the work. Give the names of the person(s) who will be authorized to make representations for your firm, their titles, addresses and telephone numbers. An official authorized to negotiate for the proposer must sign the Letter of Transmittal. The letter should not exceed two pages in length.
- D. Company Overview/Qualifications of Firm. To include the number of years in business, licenses, equipment, references, whether the proposer is local, regional, or national, and other pertinent information to demonstrate that the proposer has the capacity necessary to perform the work as required. Additionally, specify whether the proposer is a corporation, sole proprietor, or partnership. Document whether or not your company is a Minority Woman owned business. Include M/WBE certification and other certifications and licenses.
- E. Staff Experience. Identify your Project Manager and each individual who will work as part of the engagement. Include resumes for each person to be assigned. Describe the experience in conducting similar projects for the Project Manager(s) or individuals assigned to the engagement. Describe the organization of the proposed project team, detailing the level of involvement, and field of expertise.
- F. Past Performance. Provide a minimum of five (5) clients (three (3) to be municipal) in matrix format of similar engagements satisfactorily performed in the past five (5) years. For each engagement listed, include the name and telephone number of a representative for whom the engagement was undertaken who can verify satisfactory performance.

Name & Address of Company	Contact Person	Phone Number	Dates Services Provided: Start - End	Description of work performed

- G. Project Understanding, Proposed Approach, and Methodology. Describe in detail, your understanding of the Scope of Work and your positive commitment to timely perform the proposed contract work.
- H. Disputes, Litigation and Defaults. State whether you have been involved in any litigation in the last five (5) years or is there any pending litigation arising out of your performance.
- I. Required Forms: Proposal Required Forms with all required information completed and all signatures as specified. Any modifications or alterations to these forms shall not be accepted and proposal will be rejected. The enclosed original forms will be the only acceptable forms.
- J. Addenda.
- K. Proposed Plans and Rates. Completed rate pages and copies of proposed benefit plan design, including any proposed plan alternates.
- L. Exhibits and Attachments. Any additional information including basic report, directory, etc.

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**INSURANCE REQUIREMENTS
SECTION 5**

The successful firm or individual entering a resulting contract with the City shall provide, pay for, and maintain in full force and affect at all times during the services to be performed insurance as set forth below:

<u>Type of Coverage</u>	<u>Amount of Coverage</u>
Professional liability	\$1,000,000 per occurrence
Contractual, insurance broad form property, Independent contractor, personal injury)	\$3,000,000 annual aggregate
Automobile (owned, non-owned, & hired)	\$1,000,000 single limits
Worker's Compensation, as applicable	\$1,000,000 per accident \$1,000,000 disease each employee \$1,000,000 disease policy limit
Including employer's liability insurance	\$1,000,000 per occurrence

The successful firm must maintain in full force and effect, during the life of this engagement, Standard Professional Liability Insurance with limits not less than One Million Dollars (\$1,000,000.00) each occurrence with a maximum deductible of Twenty Thousand Dollars (\$20,000.00). Certificates of liability insurance, satisfactory to the City, shall be furnished to the City immediately upon commencement of any services, with complete copies of policies to be furnished upon the City's request. Such certificates of insurance will provide the City with thirty (30) days prior written notice of any cancellation or non-renewal.

The commercial general liability and excess liability policies will name the City as an additional insured, and proof of such coverage shall be furnished to the City by way of an endorsement to same or a certificate of insurance no later than ten (10) days prior to the provision of services under the awarded contract and upon renewal of each policy each year the awarded contract remains in effect and for a period of one (1) year after the termination of the contract. All such insurance must be with an insurance carrier approved and authorized to do business in the state of Florida, and who must have a rating of no less than "excellent" by A.M. BEST, or as mutually agreed upon by the City and the successful Respondent. All such insurance policies may not be modified or terminated without the express written authorization of the City. The insurance requirements set forth herein may be modified by the City in its sole discretion in competitive negotiations.

Misrepresentation of any material fact, whether intentional or not, regarding the Respondent's insurance coverage, policies or capabilities may be grounds for rejection of the proposal and rescission of any resulting. **Evidence of ability to obtain appropriate insurance coverage shall be provided in each proposal.**

All policies shall be endorsed to provide sixty (60) days prior written notice of cancellation, non-renewal or reduction in coverage or limits to:

**City of Riviera Beach
Attn: Marie Sullin, Risk Manager
2051 MLK Blvd.
Riviera Beach, FL 33404
Email: msullin@rivierabch.com**

EVALUATION OF QUALIFICATIONS

SECTION 6

6-1 **GENERAL OVERVIEW**

Each proposal will be reviewed to determine if the proposal is responsive to the submission requirements outlined in this RFP. A responsive proposal is one which follows the requirements of the RFP, includes all documentation, is submitted in the format outlined in the RFP, is a timely submission, and has the appropriate signatures as required on each document. Failure to comply with these requirements may result in a proposal being deemed non-responsive.

The City's Agent of Record, Richard Bernstein and Associates will evaluate all responsive proposals based upon the information and references contained in the proposals as submitted.

As part of the proposal evaluation process, the City may conduct a background investigation of individuals working for the proposer including a record check by the Riviera Beach Police Department. Proposer's submission of a proposal constitutes acknowledgment of the process and consent to such investigation. The City shall be the sole judge in determining proposal qualifications. The evaluation of proposals shall be to establish the ranking order of the Proposers. The Evaluation Committee shall evaluate all responsive proposals to establish the final ranking order.

The selection of Proposers shall be based on the three (3) highest scores for written proposals unless the Agent of Record decides that oral interviews are required. Oral interviews shall be optional, however, if in the City's sole discretion, oral interviews are required, then selection shall be based upon the three (3) highest combined scores for both the written proposal and oral interview. The City reserves the right to reject any or all offers or to accept any offers which is in its best interest. The City also reserves the right to waive any informalities, irregularities and technicalities in procedure.

The City reserves the right, before qualifying any Proposer, to require the Proposer to submit such evidence of qualifications and any current or updated information that was requested in the RFP as it may deem necessary, and may consider any information available to it of the financial, technical, and other qualifications and abilities of a Proposer, including past performance with other governmental agencies. Proposers are advised that requests for additional information or site visitation are not to be construed as an indication that a Proposer will receive or is in the best position to receive a contract award.

The Purchasing Department will prepare and submit a recommendation to the user department which will then submit a recommendation to the City Manager.

The City Manager will submit a recommendation for approval to the City Council of the City of Riviera Beach.

The City Council may award a contract or reject any or all proposal(s). The City Council may, in its discretion, interview proposers and/or evaluate based upon the criteria set forth herein. The City Council can award a contract based upon its independent review or may rely upon any portion of the Agent of Record analysis in rendering a decision.

The City reserves the right to cancel this RFP, or portions thereof, without penalty at any time.

6-2 EVALUATION CRITERIA

A maximum total number of points are set out in the table following this discussion. Each category of evaluation criteria will be broken down further with points assigned to each. When appropriate, points will be awarded based upon a quantitative review of the proposals.

The following qualitative guidelines will be used for assigning a multiplier value:

Outstanding Proposal: Highly comprehensive, excellent reply that meets all of the requirements of the areas within that category. In addition, the proposal covers areas not originally addressed within the RFP category and includes additional information and recommendations that would prove both valuable and beneficial to the agency. This proposal is considered to be an excellent standard, demonstrating the Proposer's authoritative knowledge and understanding of the project.

Excellent Proposal: Provides useful information, while showing experience and knowledge within the category. The proposal is well thought out and addresses all requirements set forth in the RFP. The Proposer provides insight into its experience, knowledge and understanding of the subject matter.

Good Proposal: Meets all the requirements within the category and has demonstrated in a clear and concise manner a thorough knowledge and understanding of the subject matter. This proposal demonstrates an above average performance with no apparent deficiencies noted.

Fair Proposal: Meets the requirements in the category in an adequate manner. This proposal demonstrates an ability to comply with guidelines, parameters, and requirements with no additional information put forth by the Proposer.

Inadequate Proposal: Minimally meets the requirements in the category.

Failed Proposal/ No Proposal (no points awarded): Does not meet the requirements for the category

Proposals will be evaluated on a "best value" basis using the stated evaluation criteria listed below.

Criteria	Points
Firms Qualifications	25
Experience of Staff	25
Past Projects	20
Project Understanding	20
Disputes, Litigation and Defaults	10
Local Vendor	15
W/MBE Participation	15
Fee Proposal	20
Total Available Points for Written Submittal	150
Possible Bonus Points	16
TOTAL POINTS: WRITTEN AND BONUS	166

EVALUATION CRITERIA

The Evaluation Committee shall rank all proposers received, which meet the submittal requirements. The evaluation committee will consider the following factors when ranking the proposals received:

EVALUATION CATEGORIES	POINTS POSSIBLE
<p>COMPANY/FIRM QUALIFICATIONS AND CAPABILITES- (25 points)</p> <p>Included the number of years in business, licenses, equipment, references, whether the proposer is local, regional, national, corporation, sole proprietor, or partnership and other pertinent information to demonstrate that the proposer has the capacity necessary to perform the work as required.</p>	25
<p>EXPERIENCE OF STAFF (25 Points)</p> <p>Describe the experience in conducting similar projects for the Project Manager(s) or individuals assigned to the engagement. Describe the organization of the proposed project team, detailing the level of involvement, and field of expertise.</p>	25
<p>PAST PROJECTS- (20 points)</p> <p>Provided a minimum of five (5) clients (three (3) to be municipal) in matrix format of similar engagements satisfactorily performed in the past five (5) years.</p> <p>Five (5) projects= 20 points</p>	20
<p>PROJECT UNDERSTANDING (20 points)</p> <p>Describe in detail understanding of the Scope of Work and positive commitment to timely perform the proposed contract work.</p>	20
<p>Principal Office Location and Local Participation (15 points)</p> <p>Location Within: Riviera Beach 15 Palm Beach County 10 Florida 05 Outside Florida 02</p>	
<p>SBE OR M/WBE OWNED (15 points)</p> <p>Meet or Exceeds 15% participation 10 < 15% participation 5</p>	
<p>FEE PROPOSAL (30 points)</p> <p>Lowest Collection Fee Quoted 30 Collection Fee Quoted up to 120% of low amount 25 Collection Fee Quoted between 121% and 135% of low amount 20 Collection Fee Quoted between 136% and 150% of low amount 15 Collection Fee Quoted between 151% and 200% of low amount 10 Collection Fee Quoted greater than 200% of low amount 5</p>	
<p>TOTAL WRITTEN POSSIBLE POINTS</p>	150

EVALUATION CATEGORIES SECTION 5	
POSSIBLE BONUS POINTS: Total qualified business participation as outlined in Ordinance No. 4010, Section 10-302 (PLEASE REFER TO APPENDIX)	16
ORAL INTERVIEW POSSIBLE POINTS	60
OVERALL TOTAL POINT	226

PROPOSER'S CHECKLIST

Please provide the following required information:

Completed forms

- Proposer's Checklist
- Proposal Summary Form
- Proposer's Certification
- Drug Free Workplace Statement
- References (Current and Terminated) for each product (Dental and Vision) you are proposing.

Financial

- Financial Rating (most recent)
- Copy of your most recent Financial Report and/or Annual Report
- Proposed Premium for each product (dental, vision, life, supplemental life, long term disability, flexible spending account and voluntary benefits) you are proposing.

A sample copy for each product (dental and vision) you are proposing:

- Plan Summaries
- Sample Contract
- Sample Reports
- Sample Claim Forms, EOBs
- Provider Directory
- Communication materials
- Description of Website services

Signature

Date

Printed Name of Signatory

Title

Insurer

Telephone

PROPOSAL SUMMARY FORM

Sealed proposals (one (1) original, one (1) bound copy and six (6) electronic copies will be received until Thursday, May 28, 2015 at 3:00 P.M. and should be mailed or delivered to City of Riviera Beach, Office of the City Clerk, 600 W. Blue Heron Blvd, Suite #140, Riviera Beach, FL 33404. Each proposal received will be officially recorded. It is required that proposals be delivered in sealed packaging clearly marked "RFP #532-15 Fully Insured Group Health, Group Dental, and Group Vision; Opening Date: Thursday, May 28, 2015 Opening Time: 3:00 P.M.". **It is also required that the Proposal Summary Form be completed for each type of benefit plan offered i.e.: Dental and Vision.**

1. Insurer _____ Rating _____
Contact _____ Title _____
Toll Free Phone () _____ Telephone () _____
Facsimile () _____ Email _____
Street Address _____
City/State/Zip _____

2. a. Are proposals submitted with one (1) original, one (1) bound copy, and six (6) electronic copies?
___Yes ___No
b. Are proposals valid until award is made? ___Yes ___No

3. Will you agree to negotiate changes in proposed benefits and/or premiums, administration and other costs if the City should desire to do so? ___Yes ___No

4. Are overall rates/costs guaranteed for at least twelve (12) months? ___Yes ___No

5. What rate/cost guarantees will you provide beyond the first twelve (12) months? Provide details: _____

6. Can your contract be cancelled, by either the insurer or the insured, mid-year for any reason other than non-payment? ___Yes ___No

If yes, provide details: _____

a) How much notice is required for cancellation, by the insurer or the insured, mid-year, without penalty? _____

b) Is a 30-day notice of termination by the City acceptable? ___Yes ___No

7. If the rate/cost increase is unacceptable, will a month-to-month increase compromise be available until competitive proposals are obtained? ___Yes ___No

8. Do you agree that receipt of a future request for proposals from the City does not automatically mean that the City wishes to terminate the benefits? ___Yes ___No

9. Will you accept employee enrollment data now on file at the City without re-enrollment?
___Yes ___No

10. Have you stated whether or not there are any minimum enrollment requirements for each option offered? ___Yes ___No

11. If the number of enrollees is less than the plan members in the census data but the age and gender mix are not materially different, will you honor your proposals as submitted? Yes No
12. Do you agree to cover all presently insured employees, retirees and dependents whether at work, disabled, or otherwise on approved absence on the effective date of coverage? Yes No
13. What is your most realistic estimate of the least number of calendar days required to enroll the City's group? _____
14. Will you conduct employee orientation meeting including presentation of cost containment explanations and instructions? Yes No
15. Will you prepare literature describing the new plan in understandable terms? Yes No
16. Will you make such literature available for employee meetings? Yes No
17. Are there any intended subcontractors? Yes No
If yes, provide name(s). _____
18. Do you agree that any subcontracted services are subject to the City's approval and that the City must be assured and subsequently agree that any proposed subcontractor can perform the work to the desired quality and in a timely manner. Yes No
19. If you are a successful proposer of coverage and/or services for employee benefits, will you agree to hold harmless and pay on behalf of the City for any liability and or legal costs arising out of any claims and litigation related to the benefits, coverage and services provided including any actions that may arise from allegations regarding determination of appropriate or inappropriate dental care or of any acts, errors or omissions related to the coverage or service provided? Yes No
20. List here the name(s) of any officer(s), director(s) or agent(s) who are also employed by the City (if none, state "None"): _____
21. Do you agree to deliver insurance policies, forms and endorsements and other related documents of coverage and services as proposed and as accepted by the City? Yes No
22. Is online enrollment and billing available to the City? Yes No

If yes, please provide a detailed description.

23. Are you willing to help with monthly employee wellness program Yes No
24. Please describe the criteria used to select physicians?
25. What malpractice liability limits must be maintained by providers?

Where spaced does not permit complete answers in these Proposal Summary Forms, please provide responses on separate sheets and clearly note on which page and to which question your response applies.

Additional Comments: _____

"I have read and understand the City of Riviera Beach's Request for Proposal. I realize that the Proposal Summary Forms section applies to each plan of benefit proposed and I am either complying with or indicating with which specific item(s) I cannot comply. In cases of noncompliance, I have/have not attempted to offer an alternative solution."

"The Request for Proposal by the City is understood to be a solicitation of offers from insurers which may be accepted by the City for formation of a valid and binding contract. I represent that I am authorized to make such an offer on behalf of the insurer(s)." This page must be signed, dated and submitted with proposal.

Signature

Date

Printed Name of Signatory

Title

Insurer

Telephone

PROPOSER'S CERTIFICATION

I have carefully examined the Request for Proposal, General Information, Specifications, proposed agreement and any other documents accompanying or made a part of this Request for Proposal.

I hereby propose to furnish the goods or services specified in the Request for Proposal. I agree that my proposal will remain firm for a period of up to 90 days in order to allow the City of Riviera Beach adequate time to evaluate the proposals.

I certify that all information contained in this proposal is truthful to the best of my knowledge and belief. I further certify that I am duly authorized to submit this proposal on behalf of the firm as its act and deed and that the firm is ready, willing and able to perform if awarded the contract.

I further certify, under oath, that this proposal is made without prior understanding, agreement, connection, discussion, or collusion with any other person, firm or corporation submitting a proposal for the same product or service; no officer, employee or agent of the City of Riviera Beach or any other proposer is interested in said proposal; and that the undersigned executed this Proposer's Certification with full knowledge and understanding of the matters therein contained and was duly authorized to do so.

A person or affiliate who has been placed on the convicted vendor list following a conviction for public entity crimes may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to public entity, may not be awarded or perform work as a contractor, supplier, sub-contractor or consultant under a contract with a public entity, and may not transact business with any public entity in excess of the threshold amount provided in Florida Statutes Sec. 278.017, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.

Name of Business

BY:

Signature

Name & Title, Typed or Printed

Mailing Address

City, State, Zip Code

(____) _____
Telephone Number Email Address

Sworn to and subscribed before me
This _____ day of
_____, 2015

Notary Public

State of _____

(____) _____
Facsimile Number

DRUG FREE WORKPLACE STATEMENT

Preferences shall be given to responders with drug free workplace programs. Whenever two or more proposals which are equal with respect to price, quality, and service are received by the City for the procurement of commodities or contractual services, a proposal received from a responder certifying that it has implemented a drug free workplace program shall be given preference in the award process. Established procedures for processing tied proposals will be followed if none of the tied proposers have a drug free workplace program. To comply with the drug free workplace requirement, a responder shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying actions that will be taken against employees for violations of such prohibition;
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations;
3. Give each employee engaged in providing the commodities or contractual services that are under a proposal a copy of the statement specified in Item 1 above;
4. In the statement specified in Item 1 above, notify the employees that, as a condition of working on the commodities or contractual services that are under proposal, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to any violation of Chapter 893 or of any controlled substance law of the United State or any state, for a violation occurring in the workplace no later than five (5) days after such conviction;
5. Impose a sanction on or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted; and
6. Make a good faith effort to continue to maintain a drug free workplace through implementation of this section.

As the person authorized to sign this statement, I certify that this firm does or does not (check mark only one) fully comply with the above requirements.

THIS CERTIFICATION is submitted by _____

the _____ of _____
(TITLE/POSITION WITH COMPANY/VENDOR) (NAME OF COMPANY/VENDOR) .

who does not hereby certify that said Company/Vendor has implemented a drug free workplace program which meets the requirements of Section 287.087, Florida Statutes, which are identified in numbers (1) through (6) above.

Authorized Signature

Date

STATEMENT OF NO RESPONSE

We choose not to bid on the City of Riviera Beach's RFP No. 532-15 for Fully Insured Group Dental and Group Vision Insurance.

<input checked="" type="checkbox"/>	We are not responding to this RFP invitation for the following reason(s):
	Services requested are not available from our company.
	Our services do not meet specifications.
	Insufficient time to respond to the RFP.
	Other

Please sign, date and return this page by Thursday, May 28, 2015 at 3:00 P.M.; ONLY if you choose not to bid on any portion of this RFP. Please specify, under separate cover, which portion you are providing a NO RESPONSE for and reasons for the decision.

Company name

Signature

Date

Printed Name of Signatory

Title

EVALUATION OF PROPOSALS

The proposal process is accomplished through the Agent of Record, Richard S. Bernstein & Associates, Inc. for the City of Riviera Beach. The City directs agent, Richard S. Bernstein & Associates, Inc. to evaluate the results and make recommendations to City staff and City Commission for the best benefit plans at affordable rates.

Prior to conclusion of the evaluation process, Richard S. Bernstein & Associates, Inc. reserves the right to interview proposer(s) who respond to this RFP. Richard S. Bernstein & Associates, Inc. will also negotiate with the carrier all terms and conditions including price with the selected proposer.

Richard S. Bernstein & Associates recommendation will be based on the following criteria:

Cost – Price including rates, rate guarantees, premium and other costs of the proposed coverage and/or other services;

Benefits Provided – Plans offered: design, employee flexibility, out-of-pocket costs.

Qualifications – Competency of firm including experience with clients of similar size and type, availability of qualified personnel, references, financial responsibility;

Technical – Responsiveness to RFP requirements, completion of RFP Proposal Forms and inclusion of any appropriate supplemental data.

Client References – Responses by references provided will be considered in the evaluation of each proposal.

Group Benefits Questionnaire

Dental Coverage

Administration

- 1) Please confirm that all employees and dependents that are currently covered will enter the plan without having to satisfy pre-existing conditions limitations or extended waiting periods.
- 2) Please confirm that your proposal will remain valid until October 1, 2015 and that your proposed rates are guaranteed for a minimum of 12 months.
- 3) The City is looking for a multi-year rate guarantee for their dental program. How many years in the future are these rates guaranteed for?
- 4) Does your program give credit for deductibles previously satisfied? How far back do you look (i.e. January 1, 90 days, etc?)
- 5) How often do you negotiate provider contracts for your DHMO/DPPO networks?
- 6) Please identify the requirements placed on the City to terminate a contract with your organization.
- 7) Please provide a timetable that will outline the necessary requirements to implement your program for an October 1, 2015 effective date.

Billing

- 1) How are enrollments handled? Can the City of Riviera Beach perform additions and terminations online in real time? If not, how long does it take for these changes to appear on your system?
- 2) Does the City of Riviera Beach take credit immediately for any differences in the billing, or do they need to pay as billed and receive credit in the future?
- 3) Can the City be administered on a self-billing basis?
- 4) Can monthly invoices be sent electronically?
- 5) Can employees be retroactively cancelled? If so, how far back?
- 6) Are COBRA continues included on the billing? If so how is this handled?
- 7) Can your bill break out employees by department? location? retirees?

Claims Administration

- 1) Where would the City's dental claims be processed? How many dental clients does this location service? How many members does this location service?
- 2) Would a Customer Service staff member be dedicated to the City?
- 3) Is there a Customer Service toll free number?
- 4) What are its days and hours of operation?
- 5) Will your claims processors undergo a major change in office location or claim payment system in the next 18 months?
- 6) Can employees sign up for an account on your website to track the claims process for themselves and their dependents?

Management Reporting

- 1) Please attach samples of all standard management reports. (A standard report is one provided at no charge to the City.) Please indicate on each report any options available (i.e., sorted by branch, age, etc.) and how often they are available.
- 2) Are management/claim reports available on your website?
- 3) Can you provide annual claims report to provide premium/claims experience information desired by the City?

Provider Network

- 1) Are members required to select a General Dentist?
Yes _____ No _____
If so, can each family member have their own dentist?
- 2) How frequently may they change their General Dentist? Can the member change dentists via your Internet website? When are requested changes effective?
- 3) Please describe your referral process from General Dentist to Specialist. Is it paper/electronic-driven, or must a General Dentist notify you for an authorization? Are certain specialists precluded from the referral process?
- 4) Is the insured required to be seen by a General Dentist prior to visiting a Specialist? If yes, please describe the process.
- 5) What happens if a network provider refers a member (without member's knowledge) to a nonparticipating provider? Who is at risk?
- 6) How are emergency services provided for members who may be out of area at time of service?
- 7) Is there an additional waiting period before an insured can utilize major dental services?
- 8) What benefits, if any, are available for TMJ? Is there a preauthorization process required for this procedure?
- 9) Does your program include benefits for implants?
- 10) Does your program include benefits for orthodontia? If so, is there an age and/or coverage amount restriction?
- 11) Is your plan licensed by the State of Florida? Yes_____ No_____
- 12) If no, when did you apply and what is its status?

13) Please fill in the following table showing the number of network providers in the specific counties who are under contract and accepting patients:

	<u>DHMO</u>	<u>DPPO</u>
Palm Beach		
General Dentists	_____	_____
Pediatric Dentists	_____	_____
Oral Surgeons	_____	_____
Endodontists	_____	_____
Periodontists	_____	_____
Orthodontists	_____	_____
 Martin		
General Dentists	_____	_____
Pediatric Dentists	_____	_____
Oral Surgeons	_____	_____
Endodontists	_____	_____
Periodontists	_____	_____
Orthodontists	_____	_____

14) Please provide sample benefit booklets, communication materials, and specimen contracts. Also please confirm that these materials are included as part of your proposal submission. The City will require bi-lingual staff and materials.

General

- 1) Assuming an October 1 effective date, when can the City of Riviera Beach expect to receive I.D. cards, booklets, plan documents, etc.
- 2) Please confirm that your organization has sufficient enrollment staff to enroll City employees promptly.
- 3) Please identify the Account Representative that will be assigned to the City of Riviera Beach. Attach a brief resume for this individual.
- 4) Please identify all other key personnel that will be assigned to the City of Riviera Beach.
- 5) Are there any services unique to your company that you feel should be highlighted to the City of Riviera Beach?
- 6) Are there promotional materials available prior to enrollment to make employees more aware of the plan, benefit, and carrier changes? Are there materials or web-based initiatives available throughout the year to encourage better use of the program? Are there additional costs associated with these materials?
- 7) Does your company have representatives that employees may call for benefit related questions?
- 8) Please provide your latest A.M. Best Rating.
- 9) Please provide three (3) municipal references that you are currently providing coverage for. Name of contact, phone number, email address and how long you have been on the account.

Benefit Format Worksheet

(Please illustrate your company's proposed benefits.)

DHMO

Carrier:

Plan Name: _____

Please provide the copays associated with each of the following coverage areas:

Diagnostic:

- Periodic Oral Exam (0120)
- Office Visit – per visit (9430)

X-Rays:

- Intraoral – complete Series (0210)
- Bitewing (0270)

Preventive Care:

- Prophylaxis (1 per 6 mths) (1110)
- Sealants – per tooth (1351)
- Space Maintainer (1520)

Restorative:

- Amalgam – one surface (2140)
- Amalgam – three surface (2160)
- Resin – one surface (2330)
- Resin – three surface (2332)

Crown & Bridge:

- Crown – porcelain or ceramic (2740)
- Crown – predominantly base metal (2791)
- Recement inlay (2910)
- Recement crown (2920)
- Bridge pontic (6210)

Endodontics:

- Anterior root canal (3310)
- Molar Root Canal (3330)
- Apicoectomy (3410)

Prosthetics:

- Complete Upper or Lower Denture (5110)
- Adjustments (5410)

Periodontics

Gingivectomy (4210) Osseous surgery (4260)

Oral Surgery:

Extraction single tooth (7140)

Surgical extraction of erupted tooth (7210)

Orthodontics: _____

Interceptive Orthodontic treatment of the primary dentition (8070)

Miscellaneous:

Broken Appointment (9999)

Office Visit – after regular hours (9440)

DPPO Carrier:

Plan Name:

Please provide the benefits associated with each of the following coverage areas:

Participating Non-Participating

Maximum Benefit (calendar year)

Deductible

Per Person (calendar year)

Per Family (calendar year)

Preventive Care

Basic Care

Major Care

Orthodontia Services

Max. Benefit

Age Limitation

DENTAL REFERENCES (REQUIRED INFORMATION TO BE PROVIDED)

Insurers are requested to provide five (5) current references. All references should be organizations of similar size to the City, for similar programs and preferably in the City's general area. Municipal references are highly recommended.

Organization:
Contact Person/Title:
Street Address:
City/State/Zip:
Telephone Number(s):
Group Size/Product(s) Offered:

Organization:
Contact Person/Title:
Street Address:
City/State/Zip:
Telephone Number(s):
Group Size/Product(s) Offered:

Organization:
Contact Person/Title:
Street Address:
City/State/Zip:
Telephone Number(s):
Group Size/Product(s) Offered:

Organization:
Contact Person/Title:
Street Address:
City/State/Zip:
Telephone Number(s):
Group Size/Product(s) Offered:

Organization:
Contact Person/Title:
Street Address:
City/State/Zip:
Telephone Number(s):

VISION

The City currently offers a reimbursement vision plan included in the Medical plan. Vision is an optional benefit that may or may not be offered and will be paid 100% by the employee.

VISION QUESTIONNAIRE (REQUIRED INFORMATION TO BE PROVIDED)

Attach necessary explanations and/or deviations. Applicable to all vision benefit coverages:

1. What is your procedure and assistance for enrollment of employees who become eligible after inception of the plan? _____
2. Will you provide an insurance policy and plan document, and certificates or booklets, and any other appropriate literature to describe the benefits to employees? ___Yes ___No
2. Have you provided sample claim forms with your proposal? ___Yes ___No
3. Can you provide annual claims report to provide premium/claims experience information desired by the City? ___Yes ___No
4. Are plan participants allowed to utilize ophthalmologists and or optometrists for eye exams? ___Yes ___No
5. Does your proposed program comply with all applicable Florida and Federal Statutes? ___Yes ___No
6. State and define your claim turn-around time.
7. What kind of grievance procedure is there for person who experience problems with services provided?
8. Are your participating providers subject to quality assurance and utilization review? ___Yes ___No
9. How are benefits handled when a participant receives services out of the service area?
10. How are benefits handled when a participant receives services outside the network?
11. Does your pricing include a single annual health fair at a centralized location? If not, state the cost here.
12. Be specific about your financial support and/or staffing at the event. What and how much annual health fair cost you are willing to bear, and what and how much will have to be borne by the City?
13. To what extent can/will you take responsibility for arranging, conducting, supporting and staffing an annual health fair? State to what extent you can coordinate support by the City's vision services providers (e.g. doctors, hospitals, labs, etc.) and other parties who can contribute to supporting and/or staffing the event.
14. What commitments (other than financial, such as staffing, time-off for participants, providing incentives) will have to be made by the City?
15. To what extent will you provide assistance to the City in ongoing prevention/health screenings activities beyond the health fair? Explain, and indicate the extra cost (if any) for these items.

PROPOSED VISION PLAN SCHEDULE OF BENEFITS (REQUIRED INFORMATION TO BE PROVIDED)

Please provide detailed benefit summaries for the plans being offered.

PROPOSED VISION COST INFORMATION (REQUIRED INFORMATION TO BE PROVIDED)

Indicate below the monthly rate for providing the coverage/services included in your proposal. Please provide tier structures for 2, 3 and 4 tier plans.

Employee Paid (Voluntary)

Employee _____

Employee + Child _____

Employee + Spouse _____

Employee + Family _____

Identify below any additional information about your proposal that the City should consider. *Do not refer to printed materials in lieu of completion.*

Print Name

Title

Authorized Signature

Date

VISION REFERENCES (REQUIRED INFORMATION TO BE PROVIDED)

Insurers are requested to provide five (5) current references. All references should be organizations of similar size to the City, for similar programs and preferably in the City's general area. Municipal references are highly recommended.

Organization:
Contact Person/Title:
Street Address:
City/State/Zip:
Telephone Number(s):
Group Size/Product(s) Offered:

Organization:
Contact Person/Title:
Street Address:
City/State/Zip:
Telephone Number(s):
Group Size/Product(s) Offered:

Organization:
Contact Person/Title:
Street Address:
City/State/Zip:
Telephone Number(s):
Group Size/Product(s) Offered:

Organization:
Contact Person/Title:
Street Address:
City/State/Zip:
Telephone Number(s):
Group Size/Product(s) Offered:

Organization:
Contact Person/Title:
Street Address:
City/State/Zip:
Telephone Number(s):
Group Size/Product(s) Offered:

VISION REFERENCES (Termed Clients)(REQUIRED INFORMATION TO BE PROVIDED)

Insurers are requested to provide three (3) terminated client references within the past five years. All references should be organizations of similar size to the City, for similar programs and preferably in the City's general area:

Organization:
Contact Person/Title:
Street Address:
City/State/Zip:
Telephone Number(s):
Group Size/Product(s) Offered:
Reason for termination:

Organization:
Contact Person/Title:
Street Address:
City/State/Zip:
Telephone Number(s):
Group Size/Product(s) Offered:
Reason for termination:

Organization:
Contact Person/Title:
Street Address:
City/State/Zip:
Telephone Number(s):
Group Size/Product(s) Offered:
Reason for termination:

SUPPLEMENTAL INFORMATION

1. City of Riviera Beach Current Plan Benefit Summaries
2. Dental & Vision Claims Data
3. Current Vision Rates