

**Burke
Request for Proposals**

**Health Insurance
Administrative Services Only (ASO) Dental**

Burke is a Community Mental Health and Mental Retardation Center authorized under Chapter 534 of the Texas Health and Safety Code. Burke employs approximately 430 professionals and support personnel, serving citizens in Houston, Trinity, San Jacinto, Polk, Tyler, Jasper, Newton, Angelina, Nacogdoches, San Augustine, Sabine, and Shelby Counties.

Burke is accepting proposals until July 12, 2018 for the following:

- Partially Self-Insured Group Health
- Administrative Services Only (ASO) Dental

Proposals will be evaluated on their completeness, the PPO Discounts, the quality and ratings of the companies underwriting the lines of coverage, and the capability of the administrator in claims payment, record and reputation with both underwriters and client accounts, actuarial and rate setting capacity, brokerage services and rates. Our extensive experience with a partially self-funded program has shown that the primary cost savings are in the area of PPO discounts. Therefore, discount information will be a priority since total price will be a primary factor in awarding the bid.

Contract Term.

Burke anticipates a *two-year contingency contract* for the period ***September 1, 2018 through August 31, 2020*** with an annual renewal option for an additional three (3) years. This is subject to change based upon the information received in the Proposals. The contingency is should the price significantly increase in the second year, the Center reserves the right to re-bid.

Eligible Proposers.

Proposers must be licensed and/or certified to do business in Texas. In the situation where a consortium of providers is applying, the financial agent must be an organization with a demonstrated ability to manage funds.

Instructions for Submission of Proposals

Proposers must follow the attached outline for submissions to facilitate objective review. Proposals must be received no later than 4 p.m., Thursday, July 12, 2018. Proposals received after the due date will not be considered for review and will be returned. Proposals may be sent by regular mail or special carrier, fax or email.

*ATTN: Patricia Jelinek
2001 South Medford Drive
Lufkin, Texas 75901.
Tricia.Jelinek@myburke.org
Fax: 936-639-0905*

Timetable.

<u>Activity</u>	<u>Date/Time</u>	<u>Location</u>
RFP Issuance	June 18, 2018	http://www.myburke.org (click on Bid Opportunities) or 2001 South Medford Drive Lufkin, Texas 75901
Proposals Due	July 12, 2018	2001 South Medford Drive Lufkin, Texas 75901
Selection Period	July 13 - 30, 2018	2001 South Medford Drive Lufkin, Texas 75901
Award Date	July 31, 2018	
Start Date	September 1, 20018	

As stated earlier, questions regarding this proposal should be **mailed or faxed or e-mailed** to Burke, ATTN: Patricia Jelinek, 2001 South Medford Drive, Lufkin, Texas 75901, Fax No. 936/639-0905 or Tricia.Jelinek@myburke.org. No questions via telephone will be accepted. Burke does not guarantee a response to any questions after July 6, 2018. Questions should reference the section number from the RFP. Amendments will be distributed to all proposers.

Following contract award, the contents of all proposals may be made available upon written request. Therefore, **any information contained in your proposal that is deemed to be proprietary in nature must clearly be so designated in your proposal.** Such information may still be subject to disclosure under the Public Information Act depending on opinions from the Attorney General's office.

General Specifications

1. Burke reserves the right to reject any and all proposals in whole or in part and to waive technicalities.
2. Burke reserves the right to hold subsequent face-to-face or telephone interviews for clarification and/or negotiation purposes. Interviews will **not** be solicited for the purpose of completing incomplete proposals.
3. Proposals should confirm to the enclosed specifications. Care should be taken to match the current plan designs as closely as possible. These specifications are not intended to be restrictive, but proposals not in conformance to the specifications will not be considered unless such nonconformance is explained in detail.
4. Due care has been exercised in the preparation of the specifications, and the information is believed to be substantially correct. However, the responsibility for verification of all information presented herein shall rest solely on the offeror. No plea of ignorance by the offeror, or of the conditions that exist, or that may hereafter exist as a result of failure or omission on the part of the offeror to make the necessary examination and investigation, will be accepted as a basis for varying the requirements of Burke or altering the proposal.
5. Proposal constitutes a firm offer and upon acceptance by the Board of Directors becomes a binding contract.
6. All brokerage firms submitting proposal must:
 - a. Be licensed to do business in all states.
 - b. Have the expertise, licenses and resources to provide Employee Benefits, broker/consulting services for Burke's current and future operations.
 - c. Consistently maintain and allocate sufficient staffing resources to provide timely service for Burke's Employee Benefit broker/consulting service needs.
7. Agency History and Experience
 - a. Provide a brief history of your firm including size, volume of business, locations, number of years in business and business philosophy.
 - b. Describe the visibility and influence of your firm in the employee benefits field.
8. Agency Account Team Qualifications
 - a. Provide an overview of the account team that would be assigned to Burke. For each member of the team, provide highlights outlining qualifications and experience. Provide a summary of rules and distribution of responsibilities. Provide the office location for each member of the team.
 - b. Describe your approach to the ongoing training of your staff.

9. Agency Clients
 - a. Describe your internal mechanism for ensuring customer satisfaction with your services.
 - b. Provide contact names and phone numbers of 3 references.

10. Agency Services
 - a. Provide an overview of your account support and administration services, including enrollment coordination and ongoing support for Burke employees.
 - b. Describe your capabilities in ongoing plan performance monitoring, plan performance forecasting, claims experience analysis, benchmarking and reporting.
 - c. Describe your capabilities in employee communication.
 - d. Describe your consulting and educational services in the area of legal compliance.
 - e. Describe your use of technology to support online employee services and education.

11. All insurance companies and agencies submitting proposals must complete all forms and questions. Failure to complete all forms and questions may disqualify this offer. The incumbent insurance agency and insurance companies are exempt from agency and insurance company forms and questions.

Partially Self-Insured Group Health Specifications

1. 09/01/18 effective date. Proposal should be based on Plan of Benefits provided in Exhibit A.

2. Blue Cross Blue Shield of Texas currently administers the partially self-insured plan.

3. Specific and Aggregate reinsurance is provided by Berkshire Hathaway.

4. Stop-loss coverage should be provided for specific and aggregate limits on a 24/12 specific and 24/12 aggregate basis.

5. Current specific deductible is \$95,000.

6. Other specifications
 - a. No run-in limits.
 - b. No laser option at renewal.
 - c. Insurance company must have an “A” rating or better from AM Best.
 - d. Entities submitting proposals must have a contracted PPO network for both providers and facilities.

7. Proposals must be submitted for coverage on all eligible full time employees. Eligible full time employees are those that work 30 hours or more per week. Rates should be submitted on the basis of full time employees paying the following monthly premiums for medical and dental: \$125.00 employee only, \$525.00 employee/ spouse, \$441.00 employee/ children, \$644.00 employee/ family.

ASO Dental Specifications

1. 09/01/18 effective date.
2. Proposal should be based on Plan of Benefits.
3. If employee/dependents participate in the medical plan, they also receive dental.

Please complete and return the Burke Health Insurance RFP Exhibit Request form in order to receive the following Exhibits:

- Exhibit A: Plan of Benefits (Medical and Dental)
- Exhibit B: Employee Census
- Exhibit C: Claims Data
- Exhibit D: Administration and Reinsurance Fees

Assurances Document

Proposer assures the following:

1. The Proposer does not discriminate in its services or employment practices on the basis of race, color, religion, sex, national origin, disability, veteran status or age.
2. All cost and pricing information is reflected in the RFP response documents or attachment.
3. Proposer accepts the terms, conditions, criteria and requirement set forth in the RFP.
4. Proposer accepts Burke's right to cancel the RFP at any time prior to contract award, even without award.
5. Proposer accepts Burke's right to alter the timetables for procurement as set forth in the RFP.
6. Unless otherwise required by law, the information in the proposal submitted by the Proposer has not been knowingly disclosed by the Proposer to any other Proposer prior to the notice of intent to award.
9. Proposer accepts the terms and conditions of the Burke's Standards of Conduct as follows:
 - a. Prohibited Acts of Proposer
 - 1) Proposer and its officers and employees have not attempted to induce any business entity to submit or not to submit a response.
 - 2) Proposer and its officers and employees have arrived at its response independently and without consultation, communication or agreement for the purposes of restricting competition.
 - 3) Proposer and its officers and employees do not have a relationship with any person, at the time of submitting the response or during the contract term that may interfere with fair competition.
 - 4) Proposer and its officers and employees have not participated in the development of specific criteria for award of the contract, nor participated in the selection of the response to be awarded the contract.

- b. Conflict of Interest: Conflicts of Interest are strictly prohibited.
 - 1) A conflict of interest exists when an employee or officer, a partner of the employee or officer, or a person related within the second degree of consanguinity or affinity to the employee or officer, Burke has or intends to have:
 - (a) employment with a Proposer;
 - (b) paid consultation with a Proposer;
 - (c) membership on a Proposer's board of directors;
 - (d) ownership of 10% or more of the voting stock of shares of a Proposer; ownership of 10% or more or \$5,000 or more of the fair market value of a Proposer; or
 - (e) Income from a Proposer in excess of 10% of the employee's, officer's, or related person's gross income for the previous year.
10. No claim will be made for payment to cover costs incurred in the preparation of the submission of the Proposal or any other associated costs.
 11. Burke has the right to complete background checks and verify information.
 12. The individual signing this document and the contract is authorized to legally bind the Proposer.
 13. The Proposer is not currently held in abeyance or barred from the award of a federal or state contract nor is Proposer delinquent in a tax owed to the state of Texas.
 14. The address submitted by the Proposer to be used for all notices sent by the Burke is current and correct.

Signature Authority for the Proposer

Date

Written name of above signature

Title of Organization

Principal offices are located in the city of _____.

NON-COLLUSION STATEMENT

“The undersigned affirms that they are duly authorized to execute this contract, that this company, corporation, firm, partnership or individual has not prepared this proposal in collusion with any other bidder and that the contents of this offer as to prices, terms or conditions of this said contract have not been communicated by the undersigned nor by any employee or agent to any other persons engaged in this type of business prior to the official opening of this proposal.”

Bidder _____

Address _____

Phone _____

Signature of Company Official
Authorizing This Proposal _____

Company Official
Print Name _____

Official
Position _____