



**County of Hill
State of Texas**

REQUEST FOR PROPOSALS
to include

Group Medical And Related Insurance Benefits
for period of
October 1, 2024 until September 30, 2025

HILL COUNTY, TEXAS
REQUEST FOR PROPOSALS
GROUP MEDICAL

From:
Hill County Judge's Office
80 N. Waco St.
Hillsboro, TX 76645
Phone: 254-582-4020

SECTION I: Request for Proposal

Proposals are solicited for furnishing Hill County with a Group Medical Insurance \$40 PEPM or 5%. Centro will be quoting all ancillary lines: Dental, Vision, Base Life & AD&D, Voluntary Life & AD&D, Short-Term Disability, Long-Term Disability, Critical Illness, Accident, Cancer, Hospital Indemnity, Emergency Transportation, Whole Life, MERP, Premium Saver, legal & Protections, Tele Med, Cobra Insurance Program Administration for employees and dependents as set forth in this proposal request for a period of October 1, 2024 through September 30, 2025, in accordance with the following conditions. Proposals are also solicited to include a Cobra Administration program. Please bid each coverage separately. You may request additional copies of this packet from the Treasurer's office or make copies for each product for which you are sending a proposal.

Proposals must be submitted to the County Judge's Office, 80 N. Waco St, Hillsboro, TX 76645, no later than 2:00 P.M., Tuesday, June 25, 2024. Proposals must be sealed and clearly marked "Group Medical Insurance Proposal" a total of 6 paper copies is required. Electronic transmission proposals will not be accepted. Proposals will be opened in the County Judges Office on Tuesday, June 25, 2024 at 2:15 P.M. Proposals are scheduled to be awarded no later than July 9, 2024. Anco Insurance Managers LTD will be negotiating the premiums with all bidders. If you have any questions regarding the medical RFP, you may contact Anco Insurance Managers LTD, Life & Health Department, 979-776-2626.

SECTION II: General Information

1. HILL COUNTY RESERVES THE RIGHT TO REFUSE ANY OR ALL PARTS OF ANY OR ALL BIDS/PROPOSALS, TO WAIVE TECHNICALITY AND TO ACCEPT THE BID/PROPOSAL WHICH IN ITS JUDGEMENT IS IN THE BEST INTEREST OF THE COUNTY. FURTHERMORE, HILL COUNTY DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, AGE OR DISABILITY STATUS IN EMPLOYMENT OR PROVISION OF SERVICE.
2. Bids/proposals shall conform to the attached specification. Any deviation may be grounds for rejection of the bid/proposal.
3. Upon acceptance and approval by the Commissioners Court this bid/proposal affects a working contract between Hill County and the Vendor for a period of twelve (12) months. All considered proposals should have a rate guarantee of a minimum 12-month period.
4. Bids/proposals must be received by the County Judge prior to time and date specified. The mere fact that a bid/proposal was dispatched will not be considered. The Vendor must have bids/proposals actually delivered.
5. Bids/proposals may be withdrawn at any time prior to the official opening. Alterations made before opening time must be initialed by bidder guaranteeing authenticity.
6. Either party may cancel this contract at any time for any reason of consistently unsatisfactory service to the other party.
7. The County has reserved the right to appoint Anco Insurance Manager LTD the authority to negotiate with responsible vendors who submit bids/proposals that are determined to be reasonably susceptible of being selected for award.
8. Bid/proposal award shall be based on but not limited to the following factors:
 - a. Premium Cost
 - b. Administrative Fees
 - c. Benefits
 - d. Special needs/requirements of Hill County
 - e. Vendor's past performance record with Hill County
 - f. Hill County's evaluation of vendor's ability
 - g. Finale billed premium including broker commission
9. If the bid/proposal is accepted and approved by Commissioner's Court then this bid/proposal becomes the contract and there are no oral agreements either expressed or implied. No different or additional terms will become part of this contract with the exception of a change order approved by Commissioner's Court.
10. The vendor agrees if this bid/proposal is accepted, to furnish any and all services upon which prices are offered, at the price(s) and upon the terms and condition contained in the specifications.

11. Any interpretations, corrections or changes to this invitation for bid/proposal and specifications will be made by addenda. Sole issuing authority of addenda shall be vested with the Hill County Judge and/or Anco Insurance Managers LTD. Addenda will be faxed and/or mailed to all who are known to have received a copy of this invitation for bid/proposal. Vendors must acknowledge receipt of all addenda.
12. Although cost of product to be provided is an essential part of the bid/proposal, Hill County is not obligated to award a contract on the sole basis of cost. Since there are important considerations involved in selecting an insurance carrier, Hill County will not be required to accept the lowest bid/proposal.
13. Proposals shall be based upon a current employee census, which is located in Section IV.

SECTION III: *Minimum Requirements*

1. Insurance Carriers submitted must have an A.M. Best rating of “A” or better. Non-profit companies filed with the Texas Department of Insurance shall also be considered.
2. The Insurance Carrier must pay claims in Texas for at least 5,000 employee lives.
3. The Insurance Carrier must be able to demonstrate the ability to process 90% of clean claims within 10 working days from date of receipt. Please provide historical data and company standards concerning timeliness and quality measurements of claim processing and billing functions. Provide details concerning customer service hours, procedures and quality measurements.
4. The Insurance Carrier guarantees to provide complete claims information (as considered necessary to prepare proposals) at least 75 days prior to renewal date if the county desires. This information must include, but not be limited to, paid claims on at least quarterly basis, detailed information on all claims over \$10,000 and top twenty providers ranked by dollars received. The Insurance Carrier further agrees to deliver the complete renewal no later than 60 days prior to renewal date.
5. Provide three (3) references available to be contacted.
6. Insurance Carrier must be available to assist with Open Enrollment prior to effective date of October 1, 2024
7. Provide a schedule of benefits for each quoted plan.

SECTION IV: Attachments

- a. Employee/dependent census
- b. Current Schedule of Benefits
- c. Claims Experience (Large claims listing)
- d. Current Plan Rates

SECTION V: Carrier Information

1. Insurance Co. Best's Rating
2. Claims Administration location
3. Number of years paying claims in Texas
4. Number of employee lives you administer claims for
5. How many employees actually pay or review claims in the Carrier
6. Is there an Actively-at-Work Provision
7. Would there be any problems covering retirees? If so, please detail
8. Detail Prescription Drug Plan Including purchase price as related to AWP, dispersing fee, administration fee and drug card sponsor, if any, also include pharmacy provider listing.
9. How is Customer Service provided?
10. Is there a limit on prescriptions? If so, how much?
11. Provide a provider directory of contracted physicians and/or medical practitioners within 80 miles of the physical address listed in Section I. The name, specialty, and location need to be included. Only list the providers within the 80 miles.
12. Provide a hospital and/or urgent care facility directory of contracted facilities within 80 miles of the physical address listed in Section I. The hospital's name, trauma level, hours of operation, and location need to be included. Only list the facilities within the 80 miles.
13. Provide a pharmacy directory of contracted pharmacies within 80 miles of physical address listed in Section I. The pharmacy name, and hours of operation need to be included. Only list the pharmacies within the 80 miles.

SECTION VI: Premium Rates

Please fill out for each quoted medical plan option.

	MEDICAL	
	HMO	PPO
EMPLOYEE	\$ _____	\$ _____
+Dependent-Spouse only	\$ _____	\$ _____
+Dependent-Children only	\$ _____	\$ _____
+Dependent-One child only	\$ _____	\$ _____
+Dependent-Family	\$ _____	\$ _____

Total Medical Plan cost based on Employee Census data: _____ per month