



Suwannee County School District

RFP#23-204

“Stop Loss Insurance”

Medical and Pharmacy Services

Table of Contents

Invitation to Bid	3
Background	4
RFP Contact	4
RFP Delivery	4
Schedule/Project Timeline	4
Proposal Request	5
Evaluation Criteria	5
RFP Submission	5
Attachments	6
Retiree Coverage	7
Current Fees	7
Questionnaire	8
Pricing	10

**SUWANNEE COUNTY SCHOOL DISTRICT
“STOP LOSS INSURANCE”
SELF-FUNDED HEALTH INSURANCE PROGRAM
INVITATION TO BID RFP # 23-204**

The Suwannee County School Board is requesting proposals from qualified proposers to provide Stop Loss Insurance proposals for their Self-Funded Health Insurance Program.

Questions will be due by Wednesday, February 1, 2023. Sealed bids will be received at the Suwannee County School District, Office of the Chief Financial Officer, 1740 Ohio Avenue South, Live Oak, Florida 32064 until 2:00 PM, on Tuesday, February 7, 2023.

Bids shall be properly and completely executed on the bid proposal form. Bid documents for RFP # 23-204 may be obtained from the District Web Site at the following link:

<http://www.suwannee.k12.fl.us/bids/open>

Suwannee County District Schools reserve the right to reject any or all bids, to waive any defects or irregularities in bids and to accept any bid which is deemed most advantageous to the public interest.

Questions should be directed to Marsha Brown, Chief Financial Officer at the contact information below.
Marsha Brown, Chief Financial Officer

marsha.brown@suwannee.k12.fl.us

1740 Ohio Avenue, South
Live Oak, FL 32064
386-647-4651

Background:

The Suwannee County School District's self-insured health plan includes pharmacy benefits with Florida Blue/ ISU. SCSD is requesting an RFP for ASO/TPA services for their medical and pharmacy benefits effective 5/1/23. The School District has a strong commitment to health and wellness and continues to adopt plans to encourage healthy behaviors. The School District has an onsite health center (SCSD Wellness Center) for employees, retirees, spouses, and dependents.. They also use the health center in partnership with Florida Blue to offer wellness incentives to employees, retirees, and spouses. There are currently 793 active employees, 1 COBRA participant, and 35 retired employees of which 490 are enrolled in SCSD's health insurance. The School District is currently covered by Florida Blue/ISU for their stop-loss policy.

Effective Date:

May 1, 2023

RFP Contact

Marsha Brown, Chief Financial Officer

marsha.brown@suwannee.k12.fl.us

1740 Ohio Avenue, South

Live Oak, FL 32064

386-647-4651

RFP Delivery

Sealed bids will be received at the Suwannee County School District, Office of the Chief financial Officer, 1740 Ohio Avenue South, Live Oak, FL 32064 on Tuesday, February 7, 2023 at 2:00pm.

Schedule/Project Timeline

January 25, 2023	RFP# 23-205 Published
February 1, 2023 2:00pm EST	Last Day to Request Additional Information or Clarification
February 7, 2023 2:00pm EST	Response Due Date
February 13, 2023 2:30pm EST	Committee meeting to review plan designs and proposals
February 14, 2023 11:00am EST	Board Workshop to review plan designs and proposals
February 28, 2023 6:00pm EST	Board meeting to approve committee's recommendation.

Proposal Request:

Stop Loss / Aggregate Coverage. Please provide the following within your proposal:

- Match current plan(s)
- Provide pricing for alternate plans proposed on next page
- Paid contract basis or recommended alternates
- Include protection for Medical and Rx
- Aggregate discount for onsite health care center utilization
- \$125,000 ISL, \$150,000 ISL, \$175,000 ISL,
- Includes Retirees pre and post Medicare on the plan
- Advanced accommodation/funding of stop loss reimbursements is preferred. Please advise if your contract does not provide advanced funding. What is the turnaround for reimbursement?
- Aggregate coverage with 125% corridor and alternate 120% corridor

Commission: Please quote net of commission

Evaluation Criteria

Criteria No.	Main Criteria Description	Points
Criteria No. 1	Qualifications, Experience of Team members	25
Criteria No. 2	References	10
Criteria No. 3	Questionnaire	35
Criteria No. 4	Proposed Fee	30

RFP Submission

Response Order: In order to maintain comparability and consistency in review and evaluation of responses, all responses shall be organized as specified below. Avoid any elaborate promotional materials and provide only information that is required. All supporting materials should clearly reference the portion of the RFP to which they pertain. Please submit **one (1)** unbound original (clearly marked as such) and five (5) exact duplicates for a total of six (6) physical copies. **One electronic copy on USB flash drive is also required** for document management purposes. To create the electronic copy, scan the entire response and save it as one (1) pdf document. Responses not meeting the requirements below may be determined to be non-responsive, non-responsive responses will receive no further consideration

Tab 1 Table of Contents

Tab 2 Cover Letter - Provide a cover letter indicating your company's understanding of the requirements/scope of services of this specific response. The letter must be a brief formal letter from the Proposer that provides information regarding the company's interest in and ability to perform the requirements of this RFP. Clearly demonstrate your familiarity with the RFP. are considered to be accepted

by the proposer. A person who is authorized to commit the Proposer's organization to perform the services included in the response must sign the letter. Please provide a list of all persons authorized to give presentations. Please provide all names, titles, addresses, telephone numbers (including facsimile numbers), and e-mail addresses. The prospective Proposer hereby certifies, by submission and signature of this letter, represents complete and unconditional acceptance of the requirements, terms and conditions of this solicitation and all appendices and any Addendum released hereto

Tab 3 Qualifications, Experience of Team Members and References:

Summarize the qualifications of the Proposer's project team. Provide a profile of your organization:

- a. Provide a core contact with name, title, email, address, phone, and fax
- b. Where are your corporate offices located?
- c. Please list the number of years your company has been in operation.
- d. Describe your support and quality assurance resources.
- e. Company website

Tab 4 References

Please provide three (3) public entity clients as references, including at least two whose medical coverage is self-funded. Include name of customer, address, contact name, telephone numbers (including facsimile number), and email address. Please include only references within the previous thirty-six (36) months. SCSB and/or the IE will contact these references during the evaluation process. Non-responsive references may reflect negatively on the vendor.

Tab 5 Questionnaire – Please see page 9 and respond to each section and question of the questionnaire and provide your answers in the table that is provided.

Tab 6 Pricing

Commission: Please quote net of commission

Attachments:

- Census – Please request via email to marsha.brown@suwannee.k12.fl.us. Census will be provided in excel format and will be sent via secure email.
- Paid Claims Most Recent 24 months,
- Large Claims Most Recent 24 Months,
- Benefit Summaries,

Retiree Coverage

There are retirees on the plan. Section 112.0801, Florida Statutes, provides in part: "Any state agency, county, municipality, special district, community college, or district school board which provides life, health, accident, hospitalization, or annuity insurance, or all of any kinds of such insurance, for its officers and employees and their dependents upon a group insurance plan or self-insurance plan shall allow all former personnel who have retired prior to October 1, 1987, as well as those who retire on or after such date, and their eligible dependents, the option of continuing to participate in such group insurance plan or self-insurance plan. Retirees and their eligible dependents shall be offered the same health and hospitalization insurance coverage as is offered to active employees at a premium cost of no more than the premium cost applicable to active employees. For the retired employees and their eligible dependents, the cost of any such continued participation in any type of plan or any of the cost thereof may be paid by the employer or by the retired employees."

Current Stop Loss Rates:

- Individual Stop Loss: Single \$99.74, Family \$315.23
- Aggregate Excess Loss Coverage: \$1.97

Questionnaire

Stop Loss Proposal

Please confirm the following and if you are not able to comply, please explain

Requirements	Yes/No/ Explain
Match current plan(s)	
Provide pricing for alternate plans proposed on next page	
Paid contract basis or recommended alternates	
Include protection for Medical and Rx	
Aggregate discount for onsite health care center utilization. Florida Blue claim reports do not included claims for SCSD Wellness Center. This is paid separately by the School District	
Please provide proposal for the following Stop Loss options: \$125,000 ISL, \$150,000 ISL, \$175,000 ISL,	
Includes Retirees pre and post Medicare on the plan	
Advanced accommodation/funding of stop loss reimbursements is preferred. Please advise if your contract does not provide advanced funding. What is the turnaround for reimbursement?	
Aggregate coverage with 125% corridor and alternate 120% corridor	

Alternate Plan Design in place of current plans

In addition, we are evaluating the following plan design changes to reduce the number of plans being offered from 4 to 3 plans:

Traditional PPO Plan (Takes the place of Blue Options 05781)

	In-Network	Out of Network
• Deductible	\$1,500/\$3,000	\$4,500/\$13,500
• Maximum Out of Pocket	\$5,500/\$14,000	\$11,000/\$22,000
• Coinsurance	20%	50% after deductible
• Copays	\$30 PCP, \$55 Specialist	50% after deductible
• Pharmacy	\$300 deductible \$10/\$50/\$80/\$125	50% after deductible

Traditional EPO Plan (Takes the place of BlueCare Plan 54)

• Deductible	\$3,500/\$7,000	Not Covered
• Maximum Out of Pocket	\$6,500/\$13,000	Not Covered
• Coinsurance	20%	Not Covered
• Copays	\$30 PCP, \$55 Specialist	Not Covered
• Pharmacy	\$300 deductible \$10/\$50/\$80/\$125	Not Covered

HDHP with HAS (Takes the place of blue Options 05192/05193)

• Deductible	\$3,000/\$6,500	\$5,000/\$10,000
• Maximum Out of Pocket	\$6,500/\$13,000	\$11,600/\$24,200
• Coinsurance	20%	50% after deductible
• Copays	20%	50% after deductible
• Pharmacy	\$10/\$50/\$80/\$125	50% after deductible

Renewal Rates:

Renewal rates are not available. This is a closed bid. Please present your best and final rates.

Agency: Acentria Public Risk

Broker: Mike Carraway
Acentria Public Risk

Commission: Please quote net of commission

Pricing:

- Quote current plans and stoploss of \$125,000
- Quote alternate plans and current stoploss of \$125,000
- Provide proposal with alternate specific deductibles of \$150,00 and \$175,000