

REQUEST FOR PROPOSAL (RFP)
GROUP HEALTH INSURANCE

ZUMBRO EDUCATION DISTRICT
801 FRONTAGE ROAD NW
BYRON, MN 55920

NOVEMBER 4, 2015

TABLE OF CONTENTS

1.	SUMMARY AND BACKGROUND	2
2.	PROPOSAL GUIDELINES.....	2
3.	RFP PURPOSE AND DESCRIPTION.....	3
4.	COMPLIANCE	4
5.	REQUEST FOR PROPOSAL AND PROJECT TIMELINE.....	5
6.	CONFIDENTIALITY	5
7.	PROPOSAL EVALUATION CRITERIA	5
8.	BROKER FEES	5
9.	ADDITIONAL INFORMATION	6

1. SUMMARY AND BACKGROUND

Through this request for proposals, Zumbro Education District is requesting group health insurance proposals for active employees on a fully-insured basis. Sealed proposals will be accepted until:

5:00 P.M. (CST) on Monday, March 7th, 2016

Eight (8) sealed hard copies of your proposal must be submitted to:

Sue Hiatt
Winona Agency
174 Center St
Winona, MN 55987

A digital copy of your proposal must be sent to Sue Hiatt at SHiatt@WinonaAgency.com.

2. PROPOSAL GUIDELINES

This Request for Proposal represents the requirements for an open and competitive process. Proposals will be accepted until 5pm CST March 7th, 2016. Any proposals received after this date and time will be returned to the sender. All proposals must be signed by an official agent or representative of the company submitting the proposal, and the proposer shall mark the outside of the package with the purpose of the proposal and name of the proposer.

Zumbro Education District has retained the Winona Agency to assist with the RFP process. Each proposer must send electronic copies to Sue Hiatt of the Winona Agency at SHiatt@WinonaAgency.com. All communications shall be made in writing and directed solely to Sue Hiatt at SHiatt@WinonaAgency.com. Respondents are advised that from the date of release of this solicitation until award of the contract, no contact with Zumbro Education District personnel related to this solicitation is permitted, and any violation thereof is grounds for disqualification. All materials sent to the Winona Agency will be kept confidential from all concerned parties until the opening of the sealed proposals.

Zumbro Education District will not accept any financial liability due to the costs of proposals by the proposer, and each RFP along with all related documents shall become Zumbro Education District property upon submission.

3. RFP PURPOSE AND DESCRIPTION

The purpose of this RFP is as follows:

The intention of this proposal is to acquire a fully insured group health insurance plan for all full-time employees of the Zumbro Education District. In accordance with the Health Insurance Transparency Act (HITA), Zumbro Education District will be seeking quotes from at least three entities, one of which will be the Public Employer Insurance Pool (PEIP).

In order to provide an adequate quote comparison, please quote the following plan designs:

Plan 1 - Traditional:

Deductible	\$750/\$5550
Out of Pocket Maximum	\$3,250/\$6,500
Prescription Drug Copay	\$12/\$45/\$90
Specialty Drug Coinsurance	20%
Prescription Drug OOPM	Included in OOPM
Lab Coinsurance	0%
MRI/CT Coinsurance	25%
Prosthetics and DME Coinsurance	25%
Emergency Room Coinsurance	25%
Urgent Care Copay	\$25
Inpatient Hospital Coinsurance	25%
Outpatient Surgery Coinsurance	25%
Office Visit Copay	\$25
Mental/Behavioral Health Office Copay	\$25
Mental Health Inpatient	25%
Substance use disorder outpatient Copay	\$25
Substance use disorder inpatient services Coinsurance	25%
Home Health Care/Rehabilitation Services/Habilitation services copay	\$25
Skilled Nursing Care Coinsurance	25%
Hospice Service	No Charge
Convenience Care Copay	\$10 (no copay for first three visits)

Plan 2 - HSA:

Deductible	\$2,000/\$4,000
Out of Pocket Maximum	\$4,000/\$8,000
Prescription Drugs	25% co-insurance after dedt
Prescription Drug OOPM	Included in Out of Pocket Maximum
Lab Coinsurance	25% co-insurance after dedt
MRI/CT Coinsurance	25% co-insurance after dedt
Prosthetics and DME Coinsurance	25% co-insurance after dedt
Emergency Room	25% co-insurance after dedt
Inpatient Hospital	25% co-insurance after dedt
Outpatient Surgery	25% co-insurance after dedt
Office Visit	25% co-insurance after dedt
Convenience Care	25% co-insurance after dedt

In addition to the above two (2) plan designs, please include the following with your quotes:

- Please quote your Open Access network. Provide comprehensive summary of in-network providers, regions covered by the network and major health clinics in-network.
- Please provide a copy of your most recent pharmacy formulary drug listing.

4. COMPLIANCE

Any parties involved in this RFP and contract must not, in connection with the performance of work under this contract or otherwise, discriminate against any employee or application for employment because of sex, race, religious creed, national origin, age or disability.

No party shall act in collusion with any Zumbro Education District agent, employee or other party. No gifts shall be exchanged or given to Zumbro Education District agents, officers, employees or any other person whom may have substantial or direct interest with this contract.

The contractor must keep fully informed and in compliance with all ordinances and federal and state laws and regulations that may in any way affect the work specified herein. The contractor must indemnify and protect Zumbro Education District, its officers, agent or employees against any claim of liability arising from violation of federal and state laws, regulations and ordinances caused by the negligent actions of the contractor, its agents or employees in the performance of this contract.

5. REQUEST FOR PROPOSAL AND PROJECT TIMELINE

Request for Proposal Timeline:

RFP Distribution Date	December 31
Proposals Due	February 26
Opening of Initial Proposals	March 3
Opening of Final Proposals	March 18
Final Proposals Made Public	April 2
Plan Decision Made	April 2
Effective Date	June 1, 2016

6. CONFIDENTIALITY

In accordance with Zumbro Education District and federal laws and regulations, all information obtained by the contractor relating to any employee, their dependents or students shall be retained in absolute confidence and shall not be used or disclosed in connection to any other matters, persons or organizations.

7. PROPOSAL EVALUATION CRITERIA

Zumbro Education District, with assistance from Winona Agency, will evaluate all proposals based on the following criteria. To ensure consideration for this Request for Proposal, your proposal should be completed with the following criteria in consideration:

- Ability to maintain plan design structure
- Ability to maintain members' existing provider relationships
- Ability to maintain or enhance formulary options
- Performance of claims processing, customer service and billing accuracy
- Financial savings

8. BROKER FEES

Winona Agency offers agent of record services for a standard rate of 3% of the total health insurance premiums for medical policies written through BlueCross BlueShield, Health Partners, Medica, or PreferredOne for districts considered large groups. Winona Agency provides agent of record services for policies written through Public Employee Insurance Program (PEIP) at the cost of \$21 per contract per month. Carriers are to include these fees into the proposal.

9. ADDITIONAL INFORMATION

Requests for additional information must be made to:

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Winona Agency
174 Center St.
Winona, MN 55987
SHiatt@WinonaAgency.com