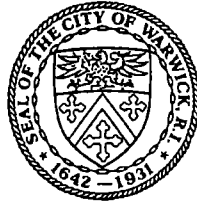


Patricia A. Peshka
Purchasing Agent



Joseph J. Solomon
Mayor

City of Warwick
Purchasing Division
3275 Post Road
Warwick, Rhode Island 02886
Tel (401) 738-2013
Fax (401) 737-2364

The following notice is to appear on the City of Warwick's website Tuesday, February 19, 2019. The website address is <http://www.warwickri.gov/bids>.

**CITY OF WARWICK
PROPOSALS REQUESTED FOR**

RFP2020-008 City of Warwick & Warwick Public Schools Medical, Pharmacy & Dental Insurance Benefits

Specifications are available in the Purchasing Division, Warwick City Hall, Monday through Friday, 8:30 AM until 4:30 PM on or after Tuesday, February 19, 2019.

Sealed proposals will be received by the Purchasing Division, Warwick City Hall, 3275 Post Road, Warwick, Rhode Island 02886 up until 10:00 AM, Wednesday, March 13, 2019. The proposals will be opened publicly commencing at 10:00 AM on the same day in the Lower Level Conference Room, Warwick City Hall.

Awards will be made on the basis of the lowest evaluated or responsive proposal price. Please note that no proposals can be accepted via email or fax.

The City of Warwick, in addition to soliciting bids in response to this RFP, may consult, consider, and make an award for any and all open bid offers for a comparable unit as sought herein at the following websites:


RI State MPA: <http://www.purchasing.ri.gov/MPA/MPASearch.aspx>

NASPO: <https://www.naspo.org/>

NJPA (National Joint Powers Alliance): <https://www.njpacoop.org/cooperative-purchasing>

MHEC (Massachusetts Higher Education Consortium): <https://www.mhec.net/>

Individuals requesting interpreter services for the hearing impaired must notify the Purchasing Division at 401-738-2013 at least 48 hours in advance of the proposal opening date.


Patricia A. Peshka
Purchasing Agent

PLEASE COMPLETE THIS PAGE & SUBMIT WITH YOUR PROPOSAL

Acknowledgement of Addendum (if applicable)

Addendum Number	Signature of Bidder
_____	_____
_____	_____

COMPANY NAME: _____

COMPANY ADDRESS: _____

COMPANY ADDRESS: _____

BIDDER'S SIGNATURE: _____

BIDDER'S NAME (PRINT): _____

TITLE: _____ TEL. NO.: _____

EMAIL ADDRESS: _____*

*Please include your email address. Future proposals will be emailed, unless otherwise noted.

II. AWARD AND CONTRACT:

The CITY OF WARWICK, acting as duly authorized through its Purchasing Agent/Finance Director/Mayor, accepts the above proposal and hereby enters into a contract with the above party to pay the proposal price upon completion of the project or receipt of the goods unless another payment schedule is contained in the specifications. All terms of the specifications, both substantive and procedural, are made terms of this contract.

DATE: _____
RFP2020-008 Purchasing Agent

PLEASE COMPLETE THIS PAGE & SUBMIT WITH YOUR PROPOSAL

CERTIFICATION & WARRANT FORM*

**This form must be completed and submitted with sealed bid.
Failure to do so will result in automatic rejection.**

Any and all bids shall contain a certification and warrant that they comply with all relevant and pertinent statutes, laws, ordinances and regulations, in particular, but not limited to Chapter 16- Conflicts of Interest, of the Code of Ordinances of the City of Warwick. Any proven violation of this warranty and representation by a bidder at the time of the bid or during the course of the contract, included, but not limited to negligent acts, either directly or indirectly through agents and/or sub-contractors, shall render the bidder's contract terminated and the bidder shall be required to reimburse the City for any and all costs incurred by the City, including reasonable attorney fees, to prosecute and/or enforce this provision.

Signature

Date

Company Name

Address

Address

***This form cannot be altered in any way**

**CITY OF WARWICK
NOTICE TO BIDDERS**

**RFP2020-008 City of Warwick & Warwick Public Schools Medical, Pharmacy &
Dental Insurance Benefits**

If you received this document from our homepage or from a source other than the City of Warwick Purchasing Division, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Division cannot be responsible to provide addenda if we do not have you on record as a plan holder.

Proposals received prior to the time of the opening will be securely kept, unopened. No responsibility will be attached to an officer or person for the premature opening of a proposal not properly addressed and identified. No proposals will be accepted via facsimile or email.

The opening of proposals will be in the order established by the posted agenda and the agenda will continue uninterrupted until completion.

Once an item has been reached and any proposals on that item has been opened, no other proposals on that item will be accepted and any such proposal will be deemed late.

The contractor will not discriminate against any employee or applicant for employment because of physical or mental handicap for any position for which the employee or applicant is qualified and that in the event of non-compliance the City may declare the contractor in breach and take any necessary legal recourse including termination or cancellation of the contract.

A bidder filing a proposal thereby certifies that no officer, agent, or employee of the City has a pecuniary interest in the proposal or has participated in contract negotiations on the part of the City, that the proposal is made in good faith without fraud, collusion, or connection of any kind with any other bidder for the same call for proposals, and that the bidder is competing solely in his own behalf without connection with, or obligation to, any undisclosed person or firm.

All proposals should be submitted with one (1) original, fourteen (14) copies, and six (6) electronic copies in a sealed envelope, which should read: *YOUR COMPANY NAME* plainly marked on the exterior of the envelope as well as "RFP2020-008 City of Warwick & Warwick Public Schools Medical, Pharmacy & Dental Insurance Benefits."

All proposals submitted become the property of the City and the Schools and will not be returned. If the company intends to submit **confidential or proprietary information** as part of the proposal, **any limits on the use or distribution of that material should be clearly delineated in writing. This information should be submitted in a sealed envelope, clearly labeled confidential** and where it should be submitted in the response. Please be advised of the Freedom of Information Act as it may pertain to your submittal.

Should you have any questions regarding this proposal, please contact Robert F. Calise, The Hilb Group of New England, LLC, 931 Jefferson Blvd., Suite 3001, Warwick, RI 02886 at 1-800-678-1700.

All proposals should be written in ink or typed. If there is a correction with whiteout, the bidder must initial the change.

Negligence on the part of the bidder in preparing the proposal confers no rights for the withdrawal of the proposal after it is open.

Any deviation from the specifications must be noted in writing and attached as part of the bid proposal. The bidder must indicate the item or part with the deviation and indicate how the proposal will deviate from specifications.

The IRS Form W-9 available on www.warwickri.gov should be completed and submitted with the proposal if the bidder falls under IRS requirements to file this form.

For a bid to be awarded to a corporation, limited liability company or other legal entity, prior to commencing work under the awarded bid, that corporation, company or legal entity may be required to provide to the Purchasing Agent a **Certificate of Good Standing from The Rhode Island Secretary of State** dated no more than thirty (30) days prior to the date upon which the bid approval was made. **Please note that no other State's Certificate of Good Standing will be accepted.**

If required, the successful bidder will provide said **State of Rhode Island's Certificate of Good Standing** within ten (10) calendar days after notification or the City reserves the right to rescind said award.

All bids and rates must be guaranteed for a minimum of a twelve-month period beginning July 1, 2019 and expiring June 30, 2020. Priority consideration will be given to bids that will guarantee premium rates and/or administration/retention charges for more than one year and which include rate caps. Early termination penalties, if any, should be clearly stated as to the terms and obligations of both parties. Term contracts may be extended for one (1) additional term upon mutual agreement unless otherwise stated.

The contractor must carry sufficient liability insurance and agree to indemnify the city against all claims of any nature, which might arise as a result of his operations or conduct of work.

The City is exempt from the payment of the Rhode Island Sales Tax under the 1956 General Laws of the State of Rhode Island, 44-18-30, Paragraph I, as amended.

On behalf of the City, the Purchasing Agent reserves the right to reject any and all proposals, to waive any minor deviations or informalities in the proposals received, and to accept the proposal deemed most favorable to the interest of the City. The Schools separately reserves the right to reject any and all proposals, to waive any minor deviations or informalities in the proposals received, and to accept the proposal

deemed most favorable to the interest of the Schools.

The successful bidder must comply with all Rhode Island Laws applicable the public works projects, including, but not limited to provisions of Chapter 13 of Title 37 of the Rhode Island General Laws, pertaining to prevailing wage rates, and all other applicable local, state and federal laws.

The City and/or the Schools reserve the right to terminate the contract or any part of the contract in the best interests of the City and/or the Schools, upon 30-day notice to the contractor. The City and/or the Schools will incur no liability for materials or services not yet ordered if it terminates in the best interests of the City and/or Schools. If the City and/or Schools terminate in the interests of the City and/or Schools after an order for materials or services have been placed, the contractor will be entitled to compensation upon submission of invoices and proper proof of claim, in that proportion which its services and products were satisfactorily rendered or provided, as well as expenses necessarily incurred in the performance of work up to time of termination.

No extra charges for delivery, handling or other services will be honored. All claims for damage in transit will be the responsibility of the successful bidder. Deliveries must be made during normal working hours unless otherwise agreed upon.

All costs directly or indirectly related to the preparation of a response to this solicitation, or any presentation or communication to supplement and/or clarify any response to this solicitation which may be required or requested by the City of Warwick will be the sole responsibility of and will be borne by the respondent.

If the respondent is awarded a contract in accordance with this solicitation and if the respondent fails or refuses to satisfy fully all of the respondents obligations thereunder, the City of Warwick will be entitled to recover from the respondent any losses, damages or costs incurred by the City and/or the Schools as a result of such failure or refusal.

The City and the Schools reserve the right to award in part or full and to increase or decrease quantities in the best interest of the City.

Any quantity reference in the proposal specifications are estimates only, and do not represent a commitment on the part of the City of Warwick and/or School Department to any level of billing activity. It is understood and agreed that the agreement will cover the actual quantities ordered during the contract period.

The City and Schools reserve the right to rescind award for non-compliance to proposal specifications.

In accordance with the City of Warwick Resolution #R-11-7, this proposal requires that vendors automatically extend the contract for two (2) months after the contract expires at the price contained in the expiring contract.

The successful bidder must adhere to all City, State and Federal Laws, where applicable.

A. OVERVIEW

The City of Warwick (the City) and Warwick Public Schools (the Schools) have decided to pursue a collaborative bid process in the pursuit of the most economical solution for purchasing medical, pharmacy and dental insurance benefits for their combined employee populations. Although the current medical, pharmacy and dental plans are self-insured, Warwick will entertain fully insured bids if they make economic sense. There is particular interest in exploring the potential of carving out pharmacy benefit management services should this unbundled approach prove to be more economical for the City and the Schools.

The City maintains a self-insured arrangement purchased through WB Community Health purchasing collaborative and Blue Cross Blue Shield of RI. Currently, the City offers four plan options, Healthmate Coast-to-Coast, a preferred provider organization, Classic Blue, an indemnity plan, Blue Solutions, a High Deductible Health Plan and Blue Chip, a point of service plan. In addition to these plans, the City also provides Work Related Injury (WRI) benefits and Medicare supplemental coverage. The program is currently offered through the WB Community Health (purchasing collaborative) and Blue Cross Blue Shield of RI.

The City has approximately 1,152 employees currently enrolled in its existing health benefits program.

Warwick Public Schools (the Schools) maintain a self-insured arrangement purchased through WB Community Health (purchasing collaborative) and Blue Cross Blue Shield of RI. Presently the Schools are offering Healthmate Coast to Coast a preferred provider organization and Classic Blue, an indemnity plan. In addition to these plans, the Schools also provide Work Related Injury (WRI) benefits as part of their self-insured arrangement.

The Schools have approximately 1,420 employees enrolled in their existing health benefits program.

The City and the Schools also purchase individual stop-loss insurance from WB Community Health and Blue Cross Blue Shield of RI. The City and Schools retain the first \$200,000 of exposure for each claimant. Currently, the stop-loss insurance is with Blue Cross Blue Shield of RI.

The details of existing coverage, claims and enrollment for the City and the Schools are provided via secure web access at: <https://hilbgroupne.sharefile.com/d-sc38f46394f64bbca>.

The following documents are contained on the secure server.

1. Current benefit plan design specifications
2. Most recent 24 months of medical/pharmacy claims
3. Most recent 24 months of dental claims
4. Medical and Dental Disruption Data
5. Current enrollment and census data file
6. Provider Access Report for disruption analysis
7. Collective Bargaining Agreements
8. Pricing Illustration

B. PURPOSE OF RFP

The City and the Schools are interested in a long-term relationship with a partner that will provide a high-quality product at the lowest pricing possible. As municipal budgets continue to get cut, keeping healthcare and dental costs under control is paramount to the long term fiscal condition of the City and the Schools. The City and the Schools will need pricing for the following services and coverage, you are allowed to provide pricing on any or all of the services identified below:

1. Self-Insured Arrangement (Medical & Pharmacy)
 - a. Administrative Services Only (ASO)
 - i. City and Schools combined
 - ii. City only
 - iii. Schools only
2. Stop Loss Insurance (if available)
 - a. Specific Stop Loss Insurance
 - i. City and Schools combined
 - ii. City only
 - iii. Schools only
 - b. Aggregate Stop Loss Insurance
 - i. City and Schools combined
 - ii. City only
 - iii. Schools only
3. Self-Insured Arrangement (Dental)
 - a. Administrative Services Only (ASO)
 - i. City and Schools combined
 - ii. City only
 - iii. Schools only
4. Fully Insured Arrangement (Medical & Pharmacy)
 - a. City and Schools Combined
 - b. City Only
 - c. Schools Only
5. Fully Insured Dental Plan (Optional)
 - a. City and Schools Combined
 - b. City Only
 - c. Schools Only

For your Medical ASO and/or Fully Insured Option, please include (at a minimum) the following services:

Medical Claims Administration
Pharmacy Claims Administration
Pharmacy Formulary Management
Wellness Program Platform and Management
Work-Related Injury Coverage
HIPAA Administration
Utilization Review
Large Case Management
Disease Management

Coordination and Subrogation of Benefits

C. REQUIREMENTS

In order satisfy the criteria of becoming a qualified bidder, each carrier proposing *must* comply with the following terms:

1. Provide a standard provider disruption report utilizing the Provider Access Report provided, for any bidder responding that utilizes the Blue Cross Blue Shield of RI network, you do not need to provide this report.
2. Provide your medical provider discounts (with guarantees) by setting; hospital, physician, lab, imaging and pharmacy.
3. Please indicate whether you will laser any claimants at inception of the policy and whether your contract allows for lasering at renewal. If you offer contracts with and without lasering, please indicate the price adjustment for both options.
4. Provide a monthly report electronically with all claims paid with provider name, dollar amount charged, dollar amount paid, patient responsibility, diagnosis and de-identified subscriber profile information as prescribed by HIPAA regulations.
5. If you are responding to the Medical ASO portion of this RFP, you must complete Section 7 indicating working rate development details.
6. Offer a multi-year agreement if available. Early termination penalties, if any, should be clearly stated as to the terms and obligations of both parties.
7. Please provide a discussion about wellness program scope, content and cost
8. Provide the minimum wellness support services outlined in Medical ASO Questionnaire-Section 2, G – Wellness.

D. EVALUATION CRITERIA

The evaluation of proposals will be based on the following criteria:

Category	Weighting
Overall cost to provide services	50%
Multi-year administrative fee and/or premium guarantees	15%
Network Disruption (including ancillary networks)	15%
Ability to provide comparable coverage	20%

E. SUBMISSION REQUIREMENTS

- Proposals must answer all questions in the same order asked in this RFP. The list should be included in your submittal and clearly identified on separate sheet(s). A response to this proposal that does not respond to all questions in this RFP will be deemed incomplete and may be rejected.
- All questions and requests for clarification concerning this RFP shall be directed to Robert F. Calise, The Hilb Group of New England, at 1-800-678-1700.
- Written questions shall be submitted to Robert Calise, The Hilb Group of New England, 931 Jefferson Blvd., Suite 3001, Warwick, RI 02886
- All proposals should be submitted with one (1) original, fourteen (14) copies and six (6) complete electronic versions, preferably in PDF format, in a sealed envelope, which should read: YOUR COMPANY NAME and plainly marked on the exterior of the envelope “**RFP2020-008 City of Warwick and Warwick Public Schools Medical, Pharmacy and Dental Insurance Benefits**”.
- The proposals will be reviewed by the City’s consultant, The Hilb Group of New England and a recommendation will be made to the City Council and the School Committee.
- All proposals submitted become the property of the City and the Schools and will not be returned. If the company intends to submit **confidential or proprietary information as part of the proposal, any limits on the use or distribution of that material should be clearly delineated in writing**. This information should be submitted in a **sealed envelope, clearly labeled confidential** and where it should be submitted in the response. Please be advised of the Freedom of Information Act as it may pertain to your submittal.
- This RFP may be modified or withdrawn by the City and/or the Schools at any time.
- We ask that each bidder provide proposals as outlined above and that all deviations from the benefit scenarios and plan designs should be noted in the submission.
- All proposals and rates must be guaranteed for a minimum of a twelve-month period beginning July 1, 2019. Priority consideration will be given to proposals that will guarantee premium rates and/or administration/retention charges for more than one year and which include rate caps. Early termination penalties, if any, should be clearly stated as to the terms and obligations of both parties.
- All proposals must conform to Rhode Island laws and mandated benefits/policy provisions.
- **Please note that all Sections pertinent to the programs your organization is bidding on must be completed and submitted with all proposals.**

The City and the Schools realize the development and implementation of these programs will require significant effort in planning and careful execution. For this reason, strict adherence to the following timetable will be followed:

Date	Action
February 19, 2019	RFP Released
March 13, 2019	Bid Responses Due
TBD	Consultant's report to the School Committee with Vendor Award Recommendation
TBD	Consultant's report to City Council with Vendor Award Recommendation
July 1, 2018	Effective Date of Plan

SECTION 1

STOP-LOSS COVERAGE QUOTE SPECIFICATIONS

RFP2020-008 City of Warwick & Warwick Public Schools Medical, Stop Loss and Dental Insurance Benefits

The City and the Schools will be exploring both fully insured and self-funded arrangements for the 2019-20 medical plan year. Below we have provided the stop loss levels and benefits that should be considered in your quoting.

Benefit Accumulation Period:	City: 12/24; Schools: 36/12; Combined 36/12
Benefits Covered:	Medical and Prescription Drugs
Specific Deductible:	City: and Schools: \$200,000, \$225,000, \$250,000 per member
Specific Stop-Loss Maximum:	Unlimited
Specific Stop-Loss Coverage:	100% of losses in excess of the specific deductible will be reimbursed up to the specific maximum
Aggregate Accumulation Period:	City 12/18; 12/24; Schools 36/12
Aggregate Corridor:	125%
Aggregate Benefits Covered:	Medical and Prescription Drugs
Aggregate Maximum Benefit:	\$2,000,000
Monthly Aggregate Accommodation (MAA):	Quote should indicate with and without MAA
Lasering:	Quote should indicate with and without Lasering, please provide pricing for both options if available

SECTION 2

MEDICAL ASO - QUESTIONNAIRE

RFP2020-008 City of Warwick & Warwick Public Schools Medical, Stop Loss and Dental Insurance Benefits

This questionnaire must be completed by all respondents submitting ASO proposals.

A. PIGGY BACK PROVISIONS:

1. Will the City and/or the Schools be given the opportunity to piggy-back onto any other RFP for similar services with other municipalities or other State agencies that you have offered coverage to?
2. If you answered no to question one above, please provide an explanation indicating why the City and/or the Schools would not be able to obtain the same pricing as your lowest priced municipal or State agency account.
3. Is any part of your bid contingent on being awarded any other part of this - RFP (i.e. retiree plan is contingent upon offering of active plan)?

B. PROVIDER NETWORK & ACCESS TO CARE:

1. Please provide a list of the provider contract expiration dates for each Rhode Island based hospital in your network.
2. Please provide a disruption analysis using the providers that were accessed by plan participants in the past 12 months. You will find this listing on the secure server. This requirement is not necessary for the incumbent insurer.

C. BENEFITS & SERVICES:

1. Briefly explain your programs ability to assess health, promote wellness, and prevent disease and the level of involvement of your participating physicians in these programs. Please explain your disease management program in detail and provide ROI metrics for the following conditions:
 - a. Diabetes
 - b. Asthma
 - c. Coronary Artery Disease
 - d. Heart Failure
 - e. COPD
 - f. Hypertension
 - g. Depression/mental health
 - h. Low back pain
 - i. High-risk maternity

2. Please describe your benefits relative to transplants and experimental procedures.

D. CLAIMS ADMINISTRATION:

1. Please provide a general description of your firm's experience in processing claims with particular emphasis on your experience in processing claims for governmental units of similar size to the City and the Schools.

E. PAYMENTS TO PROVIDERS

1. Please describe any unique payment or reimbursement arrangement that you may have amongst your provider panel.
2. Have you developed any Accountable Care Organizations or do you participate with any ACOs?
3. Please indicate your ASO pricing assuming you retain 100% of Rx manufacturer rebates. Please indicate your estimate of the rebates that you will receive through the policy year 7/1/2019-6/30/2020. Please breakdown the rebate estimates by the City's portion and the School's portion.

F. QUALITY:

1. What support do you provide to Patient Centered Medical Homes?
2. Explain/summarize how your participating physicians are involved in efforts to improve clinical quality.
3. Do you have the ability to provide subscribers with quality and efficiency metrics when comparing and selecting providers?
4. Does your plan monitor provider practice patterns? If you do, please explain how and for what procedures, and describe your means of information feedback to providers. Do you have programs to control known high-utilization procedures?
5. Does your plan have the means to monitor health outcomes and/or do you receive such data from any of your participating hospitals?
6. Do you survey plan members to determine areas and levels of satisfaction? How frequently?
7. Please share the results of your latest member satisfaction survey.
8. Please describe your grievance procedure for members.

G. WELLNESS:

1. Please any worksite wellness programs available to the City and School employees?
2. Are biometric screenings available? Please indicate any additional cost.
3. Is a wellness portal available? Please indicate any additional cost.
4. What types of onsite and/or telephonic and/or electronic/digital wellness services are available? Please indicate the cost structure.
5. Please indicate whether you are able to support our current wellness program with the following features: Health Incentive Tracking System
 - Online Personal Health Assessment
 - Paper Personal Health Assessment
 - Promotional support including a custom pamphlet with 450 copies
 - Tracking of Annual Well Visits, Dental exams, and all items determine annual by the Personnel Director and Union for cash incentives
 - Provide reports to City of all incentives earned by employees by March 1st annually for prior calendar year
 - Health Coaching
 - Single Session Seminars (4)
 - Telephonic Wellness Coaching
 - Onsite Lifestyle Management Programming (4 hours)
 - Self-Directed Lifestyle Management Programming
 - Responsible Representative for the oversight of program by provider
 - Custom Incentive Wellness Portal

H. COLLABORATIVE PURCHASING GROUPS:

1. Is the arrangement that you are proposing part of a collaborative purchasing group?
2. If yes, please describe how your program operates.
3. Is any up-front collateral required to be put on deposit with your organization?
4. Are there any exit penalties or costs should the City and/or Schools opt out at any time?
5. If your program is self-insured, are you providing stop-loss insurance?
6. If so, who is the stop-loss insurer?
7. Is the City and/or Schools exposed to any other communities' losses, in other words, is the City and/or Schools pooling/sharing risk with any other community that is part of your program?
8. What other organizations/communities participate in your purchasing group?

9. Please provide 24 months of financial performance of your purchasing group and indicate which communities may have joined or terminated their participating in your purchasing group. All proposals submitted become the property of the City and the Schools and will not be returned. If the company intends to submit **confidential or proprietary information** as part of the proposal, **any limits on the use or distribution of that material should be clearly delineated in writing. This information should be submitted in a sealed envelope, clearly labeled confidential and where it should be submitted in the response.** Please be advised that the Freedom of Information Act as it may pertain to your submittal.

10. Please provide a complete copy of any and all agreements that may be required to be signed by the City and Schools in order to participate in your purchasing group.

SECTION 3

STOP LOSS QUESTIONNAIRE

RFP2020-008 City of Warwick & Warwick Public Schools Medical, Stop Loss and Dental Insurance Benefits

1. Confirm that all rates quoted are final.
2. Confirm whether or not ongoing large claims will be subject to specific underwriting in the initial year of coverage and in subsequent renewal years, i.e., “lasering”.
3. Provide a specimen contract.
4. Are you fully licensed to provide this coverage in the State of Rhode Island?
5. Under what circumstances do you reserve the right to review the experience and change the rate structure off anniversary? Do changes in plan enrollment during the policy year give you the right to adjust rates off anniversary? If so, please indicate the enrollment change as a percentage of the whole group.
6. We are requesting waiver of any actively at work/dependent non-confinement requirements (no loss/no gain). Describe any actively at work/dependent non-confinement requirements, pre-existing conditions or other limitations applicable under your contract.
7. Describe the administrative and reporting procedures that the City and/or the Schools must adopt if you are selected as the stop-loss underwriter. Include claim documentation requirements.
8. Describe specific stop-loss claim reconciliation in the event that claims exceed the specific level. Are you able to coordinate with our health care administrator to provide for advance funding? Is there a cost?
9. Do you offer terminal liability protection? Is there a cost?
10. Describe any utilization review or case management requirements under your contract. In the event of a large claim, will you perform case management in addition to or concurrent with our health care administrator?
11. Please include a copy of your company’s most recent financial report, as well as ratings from at least three (3) insurance industry financial rating sources. Please indicate the dates associated with your financial ratings. All proposals submitted become the property of the City and the Schools and will not be returned. If the company intends to submit **confidential or proprietary information** as part of the proposal, **any limits on the use or distribution of that material should be clearly delineated in writing. This information should be submitted in a sealed envelope, clearly labeled confidential** and where it should be submitted in the response. Please be advised of the Freedom of Information Act as it may pertain to your submittal.

SECTION 4

QUOTE FORM – MEDICAL/PHARMACY ASO

**RFP2020-008 City of Warwick & Warwick Public Schools Medical, Stop Loss and
Dental Insurance Benefits**

ASO Quote (Monthly Administrative Fee): City Only

Plan Name	All Inclusive Monthly Administrative Rate	Working rate for Employee Only	Working rate for Employee/ Spouse	Working rate for Employee/ Child(ren)	Working rate for Family

ASO Quote (Monthly Administrative Fee): Schools Only

Plan Name	All Inclusive Monthly Administrative Rate	Working rate for Employee Only	Working rate for Employee/ Spouse	Working rate for Employee/ Child(ren)	Working rate for Family

Continued next page

SECTION 4

QUOTE FORM – MEDICAL/PHARMACY ASO (continued)

RFP2020-008 City of Warwick & Warwick Public Schools Medical, Stop Loss and Dental Insurance Benefits

ASO Quote (Monthly Administrative Fee): City and Schools Combined

Plan Name	All Inclusive Monthly Administrative Rate	Working rate for Employee Only	Working rate for Employee/ Spouse	Working rate for Employee/ Child(ren)	Working rate for Family

Fully Insured Quotes (Monthly Premiums): City Only

Plan Name	Employee Only	Employee / Spouse	Employee / Child(ren)	Family

Fully Insured Quotes (Monthly Premiums): Schools Only

Plan Name	Employee Only	Employee / Spouse	Employee / Child(ren)	Family

Continued next page

SECTION 4

QUOTE FORM – MEDICAL/PHARMACY ASO (continued)

**RFP2020-008 City of Warwick & Warwick Public Schools Medical, Stop Loss and
Dental Insurance Benefits**

Fully Insured Quotes (Monthly Premiums): City and Schools Combined

Plan Name	Employee Only	Employee / Spouse	Employee / Child(ren)	Family

SECTION 5

QUOTE FORM – DENTAL

RFP2020-008 City of Warwick & Warwick Public Schools Medical, Stop Loss and Dental Insurance Benefits

ASO Quote (Monthly Administrative Fee): City Only

Plan Name	All Inclusive Monthly Administrative Rate	Working rate for Employee Only	Working rate for Employee/ Spouse	Working rate for Employee/ Child(ren)	Working rate for Family

ASO Quote (Monthly Administrative Fee): Schools Only

Plan Name	All Inclusive Monthly Administrative Rate	Working rate for Employee Only	Working rate for Employee/ Spouse	Working rate for Employee/ Child(ren)	Working rate for Family

Continued next page

SECTION 5

QUOTE FORM – DENTAL (continued)

**RFP2020-008 City of Warwick & Warwick Public Schools Medical, Stop Loss and
Dental Insurance Benefits**

ASO Quote (Monthly Administrative Fee): City and Schools Combined

Plan Name	All Inclusive Monthly Administrative Rate	Working rate for Employee Only	Working rate for Employee/ Spouse	Working rate for Employee/ Child(ren)	Working rate for Family

Fully Insured Quotes (Monthly Premiums): City Only

Plan Name	Employee Only	Employee / Spouse	Employee / Child(ren)	Family

Fully Insured Quotes (Monthly Premiums): Schools Only

Plan Name	Employee Only	Employee / Spouse	Employee / Child(ren)	Family

Continued next page

SECTION 5

QUOTE FORM – DENTAL (continued)

**RFP2020-008 City of Warwick & Warwick Public Schools Medical, Stop Loss and
Dental Insurance Benefits**

Fully Insured Quotes (Monthly Premiums): City and Schools Combined

Plan Name	Employee Only	Employee / Spouse	Employee / Child(ren)	Family

SECTION 6

QUOTE FORM - MEDICAL STOP LOSS INSURANCE

RFP2020-008 City of Warwick & Warwick Public Schools Medical, Stop Loss and Dental Insurance Benefits

CITY QUOTE SPECIFICATIONS

Assumptions

Specific Stop Loss Level:
Specific Stop Loss Maximum:

Benefit Accumulation Period

Coverage:

Incurred:

Paid:

Aggregate Corridor:

Aggregate Maximum:

Minimum Aggregate Deductible:

Monthly Aggregate

Accommodation:

Specific Stop Loss

Monthly Per Subscriber Rates:

Aggregate Stop Loss

Monthly Per Subscriber Rates:

Monthly Attachment Factor:

	Option 1			Option 2		
	Quote 1	Quote 2	Quote 3	Quote 1	Quote 2	Quote 3
	City Only			Schools Only		
Specific Stop Loss Level:	\$200,000	\$225,000	\$250,000	\$200,000	\$225,000	\$250,000
Specific Stop Loss Maximum:	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Coverage:	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx
Incurred:	12 Months	12 Months	12 Months	36 Months	36 Months	36 Months
Paid:	24 Months	24 Months	24 Months	12 Months	12 Months	12 Months
Aggregate Corridor:	125%	125%	125%	125%	125%	125%
Aggregate Maximum:	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000
Minimum Aggregate Deductible:	95%	95%	95%	95%	95%	95%
Monthly Aggregate Accommodation:	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

Notes:

Each vendor is required to quote on at least one option above. You need not provide quotations for both options however, you may do so. Please quote net of all broker/agent Commissions. Please indicate your pricing for No Lasers and separate pricing for coverage that would allow Lasers if available.

SECTION 6

QUOTE FORM - MEDICAL STOP LOSS INSURANCE (continued)

RFP2020-008 City of Warwick & Warwick Public Schools Medical, Stop Loss and Dental Insurance Benefits

SCHOOLS QUOTE SPECIFICATIONS

Assumptions

Specific Stop Loss Level:
Specific Stop Loss Maximum:

Benefit Accumulation Period

Coverage:

Incurred:

Paid:

Aggregate Corridor:

Aggregate Maximum:

Minimum Aggregate Deductible:

Monthly Aggregate

Accommodation:

Specific Stop Loss

Monthly Per Subscriber Rates:

Aggregate Stop Loss

Monthly Per Subscriber Rates:

Monthly Attachment Factor:

Option 3					
Quote 1	Quote 2	Quote 3			
City & Schools					
\$200,000	\$225,000	\$250,000			
Unlimited	Unlimited	Unlimited			
Medical & Rx	Medical & Rx	Medical & Rx			
36	36	36			
Months	Months	Months			
12	12	12			
Months	Months	Months			
125%	125%	125%			
2,000,000	2,000,000	2,000,000			
95%	95%	95%			
Yes/No	Yes/No	Yes/No			

Notes:

Each vendor is required to quote on at least one option above. You need not provide quotations for both options however, you may do so. Please quote net of all broker/agent Commissions. Please indicate your pricing for No Lasers and separate pricing for coverage that would allow Lasers if available.

SECTION 7

WORKING RATE DEVELOPMENT DETAIL

CONFIDENTIAL

(Please provide in a separate envelope clearly marked "CONFIDENTIAL")

Working Rate Development Worksheet

Rate Year July 1, 2019-June 30, 2020

Item	Description	Rate/Value	Unit	Notes
A	Total Estimated Claims			(Identify Experience Period Used for Incurred and Paid Claims)
B	Experience Period Employee Months			
C=A/B	Experience PEPM		PEPM	
D	Estimated Claims Removed from Experience		PEPM	(Please footnote adjustments made to Trended Claims Payments)
E	Incurred But Not Reported		PEPM	
F	Fully Incurred Experience Liability		PEPM	
G	Trended Claims Payments		PEPM	
H	Adjusted Trended Claims Payments		PEPM	
I	Pooling/Stop-Loss Charges		PEPM	
J=H+I	Total Adjusted Trended Claims Payments		PEPM	
K	Reserve Contribution (if any)		PEPM	
L	Credibility Factor		Percent	
M=J+K*L	Claims Payments and Reserve Contribution with Credibility Adjustment		PEPM	
N	Non-Experience Rated Coverage (If any)		PEPM	
O=M+N	Total Projected Claims Payments Liability		PEPM	
P	Administrative Fees		PEPM	
Q	Taxes		PEPM	
R=O+P+Q	Total Projected Claims, Administrative Fees and Taxes		PEPM	
S	Present Working Rate Revenue		PEPM	
T=R/S-1	Rate Adjustment to Working Rate		Percent	

CITY OF WARWICK

PROPOSAL AND CONTRACT FORM

TITLE OF SPECIFICATION: RFP 2020-008 City of Warwick and Warwick Public Schools
Medical, Pharmacy and Dental Insurance Benefits

I. PROPOSAL:

WHEREAS, the CITY OF WARWICK and WARWICK PUBLIC SCHOOLS has duly asked for proposals for performance of services and/or supply of goods in accordance with the above-indicated specifications.

The person or entity below does irrevocably offer to perform the services and/or furnish the goods in accordance with the specifications, which are hereby incorporated by reference in exchange for the proposal price below;

This offer shall remain open and irrevocable until the CITY OF WARWICK and/or the WARWICK PUBLIC SCHOOLS has accepted this proposal or another proposal on the specifications or abandoned the project.

The bidder agrees that acceptance below by the CITY OF WARWICK and/or the WARWICK PUBLIC SCHOOLS shall transform the proposal into a contract.

Pricing as Submitted

Continued next page

PLEASE COMPLETE THIS PAGE & SUBMIT WITH YOUR PROPOSAL

RFP2020-008 City of Warwick & Warwick Public Schools Medical, Pharmacy & Dental Insurance Benefits

FULLY INSURED MONTHLY RATES – MEDICAL PLANS

City Only

Plan Name	Individual	Employee / Spouse	Employee / Child(ren)	Family

Schools Only

Plan Name	Individual	Employee / Spouse	Employee / Child(ren)	Family

City and Schools Combined

Plan Name	Individual	Employee / Spouse	Employee / Child(ren)	Family

PLEASE COMPLETE THIS PAGE & SUBMIT WITH YOUR PROPOSAL

RFP2020-008 City of Warwick & Warwick Public Schools Medical, Pharmacy & Dental Insurance Benefits

FULLY INSURED MONTHLY RATES – DENTAL PLANS

City Only

Plan Name	Individual	Employee / Spouse	Employee / Child(ren)	Family

Schools Only

Plan Name	Individual	Employee / Spouse	Employee / Child(ren)	Family

City and Schools Combined

Plan Name	Individual	Employee / Spouse	Employee / Child(ren)	Family

PLEASE COMPLETE THIS PAGE & SUBMIT WITH YOUR PROPOSAL

RFP2020-008 City of Warwick & Warwick Public Schools Medical, Pharmacy & Dental Insurance Benefits

MEDICAL STOP LOSS PRICING

CITY SPECS
Specific Stop Loss

Monthly Per Subscriber Rates

Aggregate Stop Loss

Monthly Per Subscriber Rates

City Only			City and Schools Combined		
Quote 1	Quote 2	Quote 3	Quote 1	Quote 2	Quote 3
12/24	12/24	12/24	36/12	36/12	36/12

SCHOOL SPECS
Specific Stop Loss

Monthly Per Subscriber Rates

Aggregate Stop Loss

Monthly Per Subscriber Rates

Schools Only		
Quote 1	Quote 2	Quote 3
36/12	36/12	36/12

Prices Guaranteed _____ Months

CITY OF WARWICK
BIDDING PROCEDURES

QUESTIONNAIRE

TITLE OF SPECIFICATION: RFP2020-008 City of Warwick and Warwick Public Schools
Medical, Stop Loss and Dental Insurance Benefits

Kindly acknowledge receipt of proposal specifications by completing this form and returning it to the Warwick Purchasing Division, 3275 Post Rd., Warwick, RI 02886.

1. Did the specifications appear to be:
Too restrictive? Yes ___ No ___
Too loosely structured? Yes ___ No ___
Explain: _____

2. Was sufficient time allowed to respond to these specifications? Yes ___ No ___

3. Did any of the following prevent you from bidding?
Bid surety? Yes ___ No ___
Performance and Payment Bond? Yes ___ No ___
Department of Labor Requirements? (such as prevailing wages & benefits) Yes ___ No ___
Insurance requirements? Yes ___ No ___

4. Was your preference not to bid because of the payment schedule of the City of Warwick? Yes ___ No ___

5. Did your work schedule prevent you from bidding? Yes ___ No ___

6. *Do you wish to remain on a bidder's list?* Yes ___ No ___

COMMENTS OR ADDITIONAL EXPLANATIONS TO THE ABOVE QUESTIONS:

Your response to this survey will allow the Warwick Purchasing Division to evaluate bidding procedures and make necessary revisions to assist the majority of bidders.

Thank you for your participation.

COMPANY NAME: _____ BIDDER'S NAME: _____

ADDRESS: _____

ADDRESS: _____

EMAIL ADDRESS: _____

TELE. #: _____ DATE: _____