

Town of Trumbull
CONNECTICUT



DEPARTMENT OF FINANCE
OFFICE OF PURCHASING
RFP 6090 - REQUEST FOR PROPOSAL
REQUEST FOR HEALTH BENEFITS CONSULTING SERVICES
DUE: DEC 23, 2014 AT 2:00PM

| REQUEST FOR HEALTH BENEFITS CONSULTING SERVICES | | |
|--|-----------------|-----------------------------------|
| PROJECT NUMBER | Bid 6090 | Document length - pages 23 |
| DUE DATE | 2:00 PM | December 23, 2014 |

Dear Sir/Madam:

The TOWN is soliciting proposals from qualified firms to provide Health Benefits Consulting Services. Consulting services shall include, but not be limited to day-to-day benefit consulting, review and analysis of renewal offers from service providers and/or carriers and other administrative and labor related services. The requirements for this project are discussed in greater detail in Section 1.

RFP Documents are available upon receipt of this invitation on the Town's website at www.trumbull-ct.gov.

If, after review of the bid documents, your firm is interested in performing the services specified, provide the information requested, sign and return the complete document, along with your detailed proposal, to the Town of Trumbull Purchasing Department by the due date.

Sincerely,

Kevin Bova
Purchasing Agent
Phone # (203) 452-5042,
E-Mail – kbova@trumbull-ct.gov

SECTION 1 – PROJECT SPECIFICATIONS

1.0 General Information

The following information should be of assistance in developing a proposal. If you have any questions, please contact Kevin Bova, Purchasing Agent at kbova@trumbull-ct.gov or 203-452-5042.

The Town of Trumbull, Connecticut is soliciting written proposals for health benefits consulting services. The anticipated term of the contract will be for an initial three (3) year term commencing on or about February 1, 2015 through January 31, 2018, subject to satisfactory completion of each year's work, and for two (2) consecutive one (1) year options thereafter subject to satisfactory completion of each year's work (through January 31, 2020).

The Town invites proposals for health benefits consulting services from firms that have had experience in providing these services to municipalities of similar size and scope, and that have the staff capability and expertise to do so for the Town. For a firm to be considered for the engagement, one (1) original plus six (6) copies of its proposal must be submitted to the Town Purchasing Agent at the address below. The deadline for the submission of proposals is **2:00PM, December 23, 2014**.

**Kevin Bova, Purchasing Agent
Town of Trumbull
5866 Main Street
Trumbull, CT 06611**

Any proposal received after the date/time listed above will be returned and will not be considered.

Questions about this RFP may be directed in writing to Kevin Bova, Purchasing Agent via e-mail to kbova@trumbull-ct.gov no later than 2:00PM, December 15, 2014. All information given by the TOWN except by written addenda shall be informal and shall not be binding upon the TOWN nor shall it furnish a basis for legal action by any Proposer or prospective Proposer against the TOWN.

Answers to these questions will be addressed in an addendum which will be issued by the Purchasing Agent for the Town and posted to the Purchasing Department's website, www.trumbull-ct.gov on December 16th. No addendum will be issued less than two (2) calendar days before the scheduled RFP opening unless it is to postpone the RFP.

The scope of the required health benefits consulting services and other terms and conditions of the engagement are described below.

The anticipated selection schedule is as follows:

| | | |
|------------------------|----------|-------------------|
| Advertise RFP | | December 5, 2014 |
| Deadline for questions | One week | December 15, 2014 |
| RFP Responses: | One week | December 23, 2014 |
| RFP Evaluation | One week | January 2, 2015 |
| RFP Interviews: | One Week | January 9, 2015 |
| RFP Decision: | One Week | January 15, 2015 |

The Town reserves the right to reject any and all proposals submitted, to request additional information from all proposers, and to negotiate with one or more of the finalists regarding the terms of the engagement. The

Town intends to select the firm that, in its opinion, best meets the TOWN's needs, not necessarily the firm whose fees are the lowest.

1.1 BACKGROUND

1.1.1 Description of the Town

Trumbull is a community of more than 34,000 citizens that combines small-town New England character and charm with extensive retail, commercial, and light manufacturing activity. The TOWN'S excellent schools, safe environment, conveniences and amenities and vibrant business community are its strengths.

1.1.2 Summary of Services

The TOWN provides a full range of municipal services, including education, police protection, public works, social services, planning and development, and recreational/cultural services. Provided below is a brief description of the TOWN's services.

1.1.3 General Government Service

The General Government group of departments includes the First Selectman's Office, Finance, Town Clerk, Human Resources/Labor Relations, Planning and Zoning, Police and Public Works. This diverse group of departments provides myriad services, ranging from maintaining vital statistics (births, deaths, marriages), conducting elections, maintaining the Towns extensive park and road systems, to economic development, senior services and public protection.

1.1.4 Demographics

The TOWN employs 261 full time employees and approximately 100 part time employees (excluding seasonals). There are six bargaining units covering the following employee groups: Police Union, 75 employees; Mate (clerical), 62 employees; Mathas(Town Supervisors), 19 employees; AFSCME Supervisors DPW, 12 employees; AFSCME Highway and Parks, 51 employees; and the Fire Marshals, 3 employees. Additionally there are 39 nonunion employees encompassing nurses, appointed and elected officials and contract employees.

1.1.5 Current Plans Structures

A copy of a Comp Mix PPO plan design covering most employees is attached (See ATTACHMENT A). There are minor differences among bargaining unit groups covered by this design. The AFSCME Highway & Parks union recently agreed to this plan but the agreement has not yet ratified and that change is effective July 1, 2015. The Fire Marshals and AFSCME Highway & Parks current PPO plan are also attached.

1.2 Scope of Services

The TOWN provides health care for approximately 261 full time employees and their dependents. The TOWN currently self-insures its medical coverage for active employees through an ANTHEM PPO Plan, and self-insures its dental coverage through Guardian Life. The TOWN also provides prescription drug coverage under a separate self-insured arrangement with ESI with pricing through the CT Public Sector Purchasing Coalition. The TOWN'S Human Resource Department is responsible for health benefit administration and labor issues and the Finance Department is responsible for the financial administration of all health benefits including employee payroll contributions.

The TOWN is soliciting proposals from qualified firms to provide Health Benefits Consulting Services. Consulting services shall include, but not be limited to day-to-day benefit consulting, review and analysis

of renewal offers from service providers and/or carriers and other administrative and labor related services.

The successful Respondent will perform the following core services as part of the total health benefits consulting services to the TOWN (these are not necessarily listed in order of importance):

PLEASE NOTE: The Town expects to immediately task the selected vendor with a Group Health Plan Remarketing.

Health Care Consulting and Monitoring – Core Services

- Ensure accurate follow through on all negotiated contractual arrangements made between the TOWN and any administrators or insurance carriers utilized by the TOWN.
- Monitor all vendor contracts to ensure that all negotiated self-funding arrangements and other contractual arrangements with any administrator and/or insurance carriers are strictly adhered to. Monitor claim processing performance, and ensure that all performance standards are met by all providers. Recommend the establishment of additional performance standards as appropriate.
- Monitor self-insurance financial plan and coordinate including claim processing, excess insurance, banking arrangements, booklet, identification cards and administrative/premium payments.
- Provide current information and recommendations relative to plan design to keep the TOWN's benefits design contemporary.
- Provide ongoing analysis of plan designs, cost containment strategies and cost sharing alternatives available to the TOWN while maintaining integrity of union contracts.
- Prepare individualized budget projections for the TOWN's health care (including medical, dental and vision) and life insurance budgets.
- Prepare quarterly reports comparing actual benefit expenses to budget, and provide updated financial projections to fiscal year end.
- Perform stop loss analysis to ensure coverage meets TOWN'S budgetary risk objectives.
- Perform a rate analysis, evaluate and negotiate all renewals for each fiscal year.
- Monitor administrators, actuarial and renewal assumptions under the self-insured program.
- Provide consulting advice for union negotiations before, during and after the negotiations to include the impact of benefit changes and guidance on implementing any plan changes.
- Assist and provide recommendations in order to fulfill compliance requirements of State and Federal regulations, statutes and mandates. (COBRA, HIPAA, etc.)
- Provide routine group health and life insurance benefit consulting advice.
- Provide educational and legal updates to TOWN.
- Assist TOWN with employee health claim issues with vendors.
- Review plan documents from the various vendors.
- Assist in TOWN contracting processes with vendors.

Health Care Consulting and Monitoring – Periodic Services

- Prepare, evaluate, and manage the vendor selection process via a competitive RFP process for the re-marketing of the TOWN's group health provider, dental provider, pharmacy benefits manager, and life insurance provider.
- Provide expert consulting testimony as needed for union arbitration and/or other litigation hearings pertaining to benefit issues. Services to be billed as required on an hourly basis.

The Contractor's staff must be available for consultation with TOWN staff on an as-needed basis between 8:00 a.m. and 5:00 p.m., Monday through Friday.

Period of Engagement

The Town is soliciting proposals for health benefits consulting services as described herein for the fiscal years February 1, 2015 to January 31, 2018 and, subject to satisfactory completion of each year's work, with a minimum of two (2) one (1) year consecutive extensions at the TOWN'S discretion. The annual fee relating to the period of performance under this contract is subject to annual appropriation by the TOWN. If there is no annual appropriation, then the contract will become null and void and of no force and effect. Both the TOWN and the Consultant will have the right, under the terms of the proposed contract, to cancel the contract as of June 30 of any year on notice to the other party at least sixty days prior to that June 30.

TOWN Contact

The contract will be managed for the TOWN by the Director of Labor Relations, H. James Haselkamp, Jr. or his/her duly authorized representative.

1.3 Qualifications

The statement of Qualifications must include a description of organizational and staff experience, and resumes of proposed staff.

- a. Organizational and Staff Experience. Offerers must describe their qualifications and experience to perform the work described in this Request for Proposal. Information about experience should include direct experience with the specific subject-matter.
- b. References. Special notation must be made of similar or related programs performed and must include organization names, addresses, names of contact persons, and telephone numbers for such reference.
- c. Personnel. Full-time and part-time staff, proposed Consultants, and subcontractors who will be assigned direct work on this project should be identified. Information is required which will show the composition of the task or work group, its specific qualifications, and recent relevant experience. Special mention shall be made of direct technical supervisors and key technical personnel, and approximate percentage of the total time each will be available for this project. The technical areas, character and extent of participation by any subcontractor or Consultant activity must be indicated and the anticipated sources will be identified.
 - a. Resumes of staff and proposed Consultants are required which will indicate education, background, and recent relevant experience with the subject matter of the project.
 - b. A staffing plan is required which describes the Offeror's proposed staff distribution to accomplish this work. The staffing plan should indicate a chart

that partitions the time commitment of each professional staff member across the proposed tasks and a time line for the project.

It is mandatory that this section identify the key personnel who are to work on the project; their relationship to be contracting organization, and amount of time to be devoted to the project.

1.4 Current Program

Refer to Attachment A for a current schedule of health insurance benefits.

1.5 Organization and Content of Proposal Submission

The Request for Proposal is intended to provide interested Proposers with uniform information concerning the conditions for submitting proposals. The TOWN will not be liable for costs incurred in the preparation of the response to this RFP or in connection with any presentation before a Selection Committee. Proposals submitted must be bound, paginated, indexed and numbered consecutively and the original proposal must be clearly identified as such. To that extent this RFP presents detailed system requirements. Proposers must examine all information and materials contained in this RFP. **Failure to do so will be at the Proposer's risk.** In response to the RFP, Proposers shall adhere to the established format. By doing so, comparable objective data will be provided for the TOWN's review and analysis. The Proposal shall contain the following sections, in order and format described.

1.5.1 Submittal Letter

A letter of transmittal addressed to **Mr. Kevin Bova, Purchasing Agent**, which includes a statement by the Respondent accepting all terms and conditions and requirements contained in the RFP. The letter should also include a brief discussion of the Respondent's background, experience and ability to perform this contract in accordance with the Scope of Services. It must also include information on all sub-consultants proposed for the contract. Also to be included is a listing of municipal or private sector clients for whom recent (3 years or less) health benefits consulting services were performed in the State of Connecticut as well as the nature of the project.

1.5.2 Detailed Proposal Including:

Project Understanding: Provide a written discussion in sufficient detail to demonstrate an understanding of the scope of the project and the services required.

Experience: Provide a detailed written summary of the Respondent's experience, qualifications, financial strength, and capability in providing similar services elsewhere. The Respondent should also include a minimum of three (3) references from similar engagements (preferably Connecticut Municipal clients) along with individual names and telephone numbers.

Staff Plan: Identify all staff that will provide any portion of the services required under the contract. For each identified individual, provide background and experience, and areas and levels of responsibility.

Services Expected of the TOWN: Define the nature and scope of all services expected to be provided by the TOWN.

Administration of Prior Contracts: Have you been involved in any litigation or arbitration in the past five (5) years with any client you were under contract to provide

professional services? If yes, please provide the name of the client, a description of the disagreement and the outcome.

1.5.3 **Exceptions**

Proposers wishing to take any exceptions to any requirement in the RFP shall state and explain such exceptions. The TOWN may accept proposals which take exception to any requirements in this RFP. Any exception must be clearly delineated and cannot materially affect the substance of this Request for Proposal.

1.5.4 **Cost Proposal**

Respondents are required to submit their full service lump sum fee for the Core Services and expected schedule of payment to perform health benefits consulting services as outlined in the Scope of Services for three fiscal years. All costs associated with the performance of these services must be clearly delineated and incorporated in the lump sum fee proposed.

Respondents are also required to submit a separate lump sum price to perform the re-marketing services outlined in the Optional/Periodic Scope of Services, and the hourly rate chargeable for providing expert testimony as required.

Respondents are required to submit their Cost Proposal on the form provided with the RFP listed as Pricing Response Form, section 2.2.

Respondents should also clearly delineate any discount if offered in their fee proposal.

The TOWN reserves the right to negotiate fees and payment schedules with the selected Respondent.

Respondents must disclose all expected and potential payments, commissions or remuneration of any type (direct or indirect) which might be associated with the Respondent receiving this award.

Respondent must also disclose any such payments during the time of the contract to the TOWN and credit such payment towards the fee paid by the TOWN.

1.5.5 **Statement of understanding concerning conditions**

Respondents to this RFP will be expected to adhere to the following conditions and must make a positive statement to that effect in its proposal submitted:

- a Agree that all subcontractors hired by the firm must have prior approval of the TOWN.
- b Have sufficient reserve personnel to assure task continuity and completion of work in a timely manner.
- c Agree that all work produced under this agreement will become property of the TOWN and that the Finance Department shall have the right to use any/or all of the information obtained for use it deems appropriate.
- d The firm will accept and follow direction from the TOWN and specifically, the Finance Director.

- e Agree to conform to State and Federal Regulation governing Health Benefits Administration.
- f Agree that if the TOWN cannot in good faith negotiate a written contract within a reasonable time with the selected firm, the TOWN may unilaterally cancel its selection of that firm.
- g Agree to conform to all applicable laws and ordinances and statutes of the Federal Government, State of Connecticut and the TOWN.

Other Information

Provide any other information that you believe will assist the Town of Trumbull in making its selection. Such information may be in this last section of your proposal or may be presented in one or more appendices.

1.6 PRIME PROPOSER RESPONSIBILITY

Vendors submitting proposals to this RFP may utilize the services of subcontractors. If subcontractors are planned to be used, this should be clearly explained in the proposal. The prime proposer will be responsible for the entire contract performance whether or not subcontractor is to perform.

All corporate information required in this RFP must be included for each proposed subcontractor. The proposal must also include copies of any agreements to be executed between the prime proposer and any subcontractors in the event of contract award. Under this RFP, the TOWN of Trumbull retains the right to approve all subcontractors.

1.7 KEY PERSONNEL

The personnel and commitments identified on any proposer's proposal will be considered essential to the work to be performed under this RFP. Prior to diverting any of the specified individuals to other programs or changing the level of effort of the specified individuals, the proposer must notify the TOWN of Trumbull Fourteen (14) days in advance and will be required to submit justification, including proposed substitutions, in sufficient detail, to permit evaluation of the impact on the project. The proposer will make no deviation without the prior written consent of the TOWN of Trumbull. Replacement of personnel will be with personnel of equal ability and qualifications.

Any employee of the proposer, who in the sole opinion of the TOWN of Trumbull is unacceptable, shall be removed from the project pursuant to the request of TOWN of Trumbull. The proposer will have Fourteen (14) Days to fill the vacancy with another employee of acceptable technical experience and skills subject to the written approval of the TOWN of Trumbull.

The TOWN shall have the right to reject or terminate any of the staff provided by the proposer with 24-hour notice, and the proposer shall be able to provide immediate, temporary replacement and within 40 days, provide permanent replacement.

1.8 AVAILABILITY OF FUNDS

The contract award under this RFP is contingent upon the availability of funds to the TOWN of Trumbull for this project. In the event that funds are not available, any contract resulting from this RFP will become void and of no force and effect.

1.9 PAYMENT

The proposer will bill the TOWN of Trumbull based on the submission of monthly invoices in a format to be determined by the TOWN.

1.10 TERMINATION FOR DEFAULT OR FOR THE CONVENIENCE OF THE CONTRACTING AGENCY

Performance under this contract resulting from this RFP may be terminated by the TOWN of Trumbull whenever;

The proposer, in the sole opinion of the TOWN, is in default in the performance of the contract and shall fail to correct such default within the period specified by the contracting officer in a notice specifying default; or the contracting officer shall determine that termination is the the best interest of the TOWN of Trumbull.

Termination will be effected by delivery to the proposer of a notice to terminate, stating the date upon which the termination becomes effective. Upon receipt of the notice to terminate, the proposer shall:

- Stop all work
- Assign to the TOWN of Trumbull all rights, title and interest in the work being developed;
- Deliver forthwith to the TOWN of Trumbull all completed work and work in progress;
- Preserve and protect, until delivery to the TOWN, all material plans, and documents related to this contract which, if the contract had been completed, would have been furnished to the TOWN of Trumbull or necessary to the completion of the work.

1.11 NEGOTIATED CHANGES

In the event negotiated changes occur after the awarding of the contract, the same pricing policies called for in the original contract will remain in effect.

1.12 CONTRACT AGREEMENT

The selected proposer will be required to agree to and sign a formal written contract between the TOWN of Trumbull and the proposer, prepared by the Law Department of the TOWN of Trumbull. A sample Independent Contractor for Consulting Services contract form, is provided at the end of this section to illustrate the type of contract the TOWN will use to contract for these consulting services.

1.13 RIGHT OF SET-OFF

The undersigned bidder hereby authorizes the TOWN to set off against monies payable hereunder by the TOWN to the bidder, an amount equal to any unpaid real and personal property taxes and assessments (the collection of which is not barred by the State of Limitations), owing by the bidder to the TOWN, including all interest and lien charges in connection with such paid taxes.

1.14 REQUESTS FOR INFORMATION

Any requests for clarification or additional information regarding the consulting specifications are to be submitted in writing to the Purchasing Department, Trumbull CT 06611, via fax to (203) 452-5083 or via e-mail to Jhaselkamp@trumbull-ct.gov and must be received no later than the time and date noted on the invitation page in order to be considered. If any substantive requests for information are received and responded to by the TOWN of Trumbull, an addendum to this RFP will be issued.

1.15 PROPOSAL SUBMISSION DEADLINE

An original and six (6) copies of your proposal in a sealed package clearly marked with RFP Bid No. 6090, Health Benefits Consultant Services, on the outside must be received in the TOWN of Trumbull Purchasing Department, 5866 Main Street, Trumbull, CT 06611 no later than 2:00 p.m. on December 23, 2014. Whether the proposal is delivered by hand or mail or commercial express service, the Respondent shall be responsible for actual delivery of the proposal to the TOWN of Trumbull

Proposals received after the deadline will not be considered. All proposals become the property of the TOWN of Trumbull.

1.13 DURATION OF PROPOSALS

Proposals will remain in effect for a period of ninety (90) days from the deadline for submission of the proposal.

1.14 ACCEPTANCE OF RFP CONTENT

Provisions of this RFP and the contents of the successful response will be used to establish final contractual obligations. The TOWN retains the option of canceling the award if the successful Respondent fails to accept such obligations. The TOWN and the successful Respondent shall enter into a written contract for the work to be performed.

It is understood that this RFP and the Respondent's proposal shall be attached and included by reference in a contract signed by the TOWN and the successful Respondent.

1.15 CRITERIA FOR EVALUATING PROPOSALS

A Selection Criteria

Proposals in response to this RFP shall be reviewed against the criteria listed below. The following criteria will be used, without limitation, in determining the successful Provider:

- 1 The Respondent's technical understanding of the project, its purpose, scope and field evidenced by the quality of the proposal submitted.
- 2 The background experience, and financial strength of the Respondent in providing similar services elsewhere, including the level of experience in working with other municipalities of similar size, and the quality of services performed, either for the TOWN or for other municipalities.
- 3 The specific background, education, qualifications, and relevant experience of the individuals designated to provide services, especially those of the project manager, and documentation of relevant and pertinent training and accreditations of each member of the team.
- 4 Competitiveness of proposed fee, although the TOWN is not bound to select the Respondent who proposes the lowest fees for services. The TOWN reserves the right to negotiate fees with the selected Respondent.
- 5 The Respondent's responsiveness and compliance with the RFP requirements and conditions to provide the services requested.
- 6 A review of references that were provided in the Proposal submitted.

7 Administration of Prior Contracts.

B. Selection Process

- 1 Proposals will be evaluated based upon the criteria and/or factors of evaluation listed in the Request for Proposal.
- 2 The TOWN may elect to have the proposals evaluated by several committees to make a selection. If deemed necessary by the committees, the TOWN reserves the right to short list the proposals received and schedule interviews and oral presentations.
- 3 The TOWN shall select that responsible and responsive Proposer whose proposal is determined by the TOWN to be the best suited, most advantageous, and provides the greatest overall benefit to the TOWN on the basis of the criteria and/or factors of evaluation listed. The TOWN expressly reserves the right to negotiate with the selected Proposer prior to an award of any contract pursuant to this Request for Proposal.
- 4 The TOWN reserves the right to reject any and all proposals and to waive any informalities or technical defects in any proposal. Non-selection of any proposal will mean that another acceptable proposal was deemed to be more advantageous to the TOWN or that no proposal was accepted. Proposers whose proposals are not accepted will be so notified. Notification of non-selected proposals will be devoid of any criticism of the proposal and of any implication that the proposal or proposed equipment was deficient.

1.16 COLLUSION

Any act or acts of misrepresentation or collusion shall be a basis for disqualification of any proposal or proposals submitted by such persons guilty of said misrepresentation or collusion. In the event that the TOWN enters into a contract with any bidder who is guilty of misrepresentation or collusion and such conduct is discovered after the execution of said contract, the TOWN may cancel said contract without incurring liability, penalty or damages.

1.17 INSURANCE COVERAGE REQUIREMENTS

The TOWN is requiring insurance coverage as listed below for this work.

Note: The term "Health Benefits Consultant" shall also include their respective agents, representatives, employees or subcontractors; and the term "TOWN OF TRUMBULL" (hereinafter called the "TOWN") shall include their respective officers, agents, officials, employees, volunteers, boards and commissions. The insurance required shall be written for not less than the scope and limits of insurance specified hereunder, or required by applicable federal, state and/or municipal law, regulation or requirement, whichever coverage requirement is greater. It is agreed and understood that the scope and limits of insurance specified hereunder are minimum requirements and shall in no way limit or exclude the TOWN from additional limits and coverage provided under the Health Benefits Consultant's policies.

Minimum Scope and Limits of Insurance

Worker's Compensation Insurance: With respect to all operations the Health Benefits Consultant performs the Health Benefits Consultant shall carry worker's compensation insurance in accordance with the requirements of the laws of the State of Connecticut. The Health Benefits Consultant shall carry employers liability limits of \$100,000 each accident and \$100,000 each employee by disease and \$500,000 policy limit disease.

Commercial General Liability: With respect to all operations the Health Benefits Consultant performs the Health Benefits Consultant shall carry Commercial General Liability insurance providing for a total limit of one million dollars (\$1,000,000) per occurrence for each job site or location for all damages arising out of bodily injury, personal injury, property damage, products/completed operations, and contractual liability coverage for the indemnification provided under this contract. Each annual aggregate limit shall not be less than \$ 2,000,000.

Automobile Liability: With respect to any owned, non-owned, or hired vehicles the Health Benefits Consultant shall carry Automobile Liability insurance providing one million dollars (\$1,000,000) per accident for bodily injury and property damage.

Errors and Omissions/Professional Liability: With respect to any damage caused by an error, omission or any negligent acts of the Health Benefits Consultant performed under this contract the Health Benefits Consultant shall carry one million dollars (\$1,000,000) per claim for any wrongful act. "Tail" Coverage: If any of the required liability insurance is on a "claims made" basis, "tail" coverage will be required at the completion of this contract for a duration of 24 months, or the maximum time period reasonably available in the marketplace. Health Benefits Consultant shall furnish certification of "tail" coverage as described or continuous "claims made" liability coverage for 24 months following Contract completion. Continuous "claims made" coverage will be acceptable in lieu of "tail" coverage, provided its retroactive date is on or before the effective date of this Contract. If continuous "claims made" coverage is used, Health Benefits Consultant shall be required to keep the coverage in effect for a duration of not less than 24 months from the end of the Contract.

Acceptability of Insurers: The Health Benefits Consultant's policies shall be written by insurance companies licensed to do business in the State of Connecticut, with an AM Best rating of A- VII, or otherwise acceptable by the TOWN's Risk Management staff.

Subcontractors: The Health Benefits Consultant shall require subcontractors to provide the same "minimum scope and limits of insurance" as required herein, with the exception of Errors and Omissions/Professional Liability insurance, unless Errors and Omissions/Professional Liability insurance is applicable to the work performed by the subcontractor. All Certificates of Insurance shall be provided to Corporation Counsel's office as required herein.

Aggregate Limits: Any aggregate limits must be declared to and approved by the TOWN. It is agreed that the Contractor shall notify the TOWN when fifty percent (50%) of the aggregate limits are eroded during the contract term. If the aggregate limit is eroded for the full limit, the Health Benefits Consultant agrees to reinstate or purchase additional limits to meet the minimum limit requirements stated herein. The premium shall be paid for by the Health Benefits Consultant.

Deductibles and Self-Insured Retentions: Any deductible or self-insured retentions must be declared to and approved by the TOWN. All deductibles or self-insured retentions are the sole responsibility of the Health Benefits Consultant to pay and/or to indemnify.

Notice of Cancellation or Nonrenewal: Each insurance policy required shall be endorsed to state that coverage shall not be suspended, voided, cancelled, or reduced in coverage or in limits except after 30 days prior written notice by certified mail, return receipt requested, has been given to the TOWN.

Waiver of Governmental Immunity: Unless requested otherwise by the TOWN, the Health Benefits Consultant and his insurer shall waive governmental immunity as defense and shall not use the defense of governmental immunity in the adjustment of claims or in the defense of any suit brought against the TOWN.

Additional Insured: The liability insurance coverage, except Errors and Omissions, Professional Liability,

or Workers Compensation, if included, required for the performance of the Contract shall include the TOWN as Additional Insured but only with respect to the Health Benefits Consultant's activities to be performed under this Contract. Coverage shall be primary and non-contributory with any other insurance and self-insurance.

Certificate of Insurance: As evidence of the insurance coverage required by this Contract, the Health Benefits Consultant shall furnish Certificate(s) of Insurance to Corporation Counsel's Office prior to the award of the Contract if required by the Bid document, but in all events prior to Health Benefits Consultant's commencement of work under this Contract. The Certificate(s) will specify all parties who are endorsed on the policy as Additional Insureds (or Loss Payees). The certificates and endorsements for each insurance policy are to be signed by a person authorized by the insurer to bind coverage on its behalf. Renewals of expiring certificates shall be filed thirty (30) days prior to expiration. The TOWN reserves the right to require complete, certified copies of all required policies at any time. . The TOWN reserves the right to require complete, certified copies of all required policies at any time.

All insurance documents required should be mailed to The Town of Trumbull, Attn: FINANCE DIRECTOR, 5866 Main Street, Trumbull, CT 06611.

Waiver of requirements: The Town Counsel/Director of Finance may vary the requirements at his/her sole discretion; if he/she determines that the TOWN's interests will be adequately protected without meeting all stated requirements.

1.18 HOLD HARMLESS AGREEMENT

The contractor shall indemnify and hold harmless the TOWN and their agents and employees from and against all claims, damages, losses, and expenses, including attorney's fees of counsel selected by the TOWN, arising out of or resulting from the performance of the work, and/or the supplying of materials, provided that any such claim, damage, loss or expense (a) is attributable to bodily injury, sickness, disease or death, or to injury to or destruction of tangible property including the loss of use resulting therefrom and (b) is caused in whole or in part by any negligent act or omission of the Contractor, any Subcontractor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable, regardless of whether or not it is caused in part by a party indemnified hereunder.

1.19 TAXES

All deliveries of commodities or services hereunder shall comply in every respect with all applicable laws of the Federal Government and/or the State of Connecticut. Purchases made by the TOWN are exempt from payment of Federal Excise Taxes and the Connecticut Sales Tax and such taxes must not be included in bid prices. Federal Excise Tax exemption certificates, if requested, will be furnished.

SECTION 2 - RESPONSE FORMS

SPECIAL NOTES ON RESPONDING

ADDENDA information is available via the Town's website. We strongly suggest that you check for any addenda a minimum of forty eight hours in advance of the bid deadline

AWARD NOTIFICATION Awards will be indicated on the bid summary document which can be accessed as indicated above. Regret letters will not be mailed out.

2.1 PRICING RESPONSE FORM

| | | |
|----------------------|--------------|----------------|
| Vendor Name - | | |
| Address - | | |
| Phone - | Fax - | Email - |
| Manager - | | Fed ID# |

The undersigned hereby declares that he has or they have carefully examined the plans, specifications and project site and has satisfied himself as to all the quantities and conditions, and understands that in signing this proposal he waives all right to plead any misunderstanding regarding the same.

The undersigned further understands and agrees that he will furnish and provide all the necessary material, machinery, implements, tools, labor, services, and other items of whatever nature, and to do and perform all the work necessary under the aforesaid conditions, to carry out the contract and to accept in full compensation therefore the amount of the contract as agreed to by the Contractor and the TOWN.

| Proposed Fees [Lump Sum] | Year 1 | Year 2 | Year 3 | Option Yr. 1 | Option Yr. 2 |
|---|--------|--------|--------|--------------|--------------|
| A. Core Services | \$ | \$ | \$ | \$ | \$ |
| B. Remarketing Services (at TOWN's option) | | | | | |
| 1. Group Health Plan Remarketing | \$ | \$ | \$ | \$ | \$ |
| 2. Pharmacy Benefit Manager | \$ | \$ | \$ | \$ | \$ |
| 3. Dental Plan Remarketing | \$ | \$ | \$ | \$ | \$ |
| 4. Vision Plan Remarketing | \$ | \$ | \$ | \$ | \$ |
| 5. Life Insurance Remarketing | \$ | \$ | \$ | \$ | \$ |
| C. Hourly Rate for Expert Testimony in Arbitration, And/Or Special Projects | \$ | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ | \$ |

Note: This sheet, signed & dated must be included with your proposal submission. If however, you require additional space to outline your proposed fee structure you may submit these supplementary rates on a separate sheet.

| | |
|---|-------------|
| Submitted by - | . |
| Authorized Agent of Company (name and title) | Date |

The above signatory acknowledges receipt of the following addenda issued during the bidding period and understands that they are a part of the bidding documents (if applicable):

| | | | | | | | |
|-------------|--|-------|--|-------------|--|-------|--|
| Addendum #1 | | Dated | | Addendum #2 | | Dated | |
| Addendum #3 | | Dated | | Addendum #4 | | Dated | |

1.2 STATEMENT OF QUALIFICATIONS

Please answer the following questions regarding your company's past performance. Attach a financial statement or other supportive documentation. Failure to reply to this instruction may be regarded as justification for rejecting a bid.

1. Number of years in business -

2. Number of personnel employed Pt.time - _____, Full - _____,

3. List six contracts of this type/size your firm has completed within the last three years:

| Project | Date | Contact Person | Phone No. |
|---------|------|----------------|-----------|
| . | . | . | . |
| . | . | . | . |
| . | . | . | . |
| . | . | . | . |
| . | . | . | . |
| . | . | . | . |

| | | |
|--|--------------------------|---|
| 4. ORGANIZATIONAL STRUCTURE OF BIDDER (check which applies) | <input type="checkbox"/> | general partnership |
| | <input type="checkbox"/> | limited partnership |
| | <input type="checkbox"/> | limited liability corporation |
| | <input type="checkbox"/> | limited liability partnership, |
| | <input type="checkbox"/> | corporation doing business under a trade name |
| | <input type="checkbox"/> | individual doing business under a trade name |
| | <input type="checkbox"/> | other (specify) |

| | | | |
|---|---|-----|----|
| 5. STATUS OF THE BUSINESS AND ITS CURRENT STANDING WITH THE SECRETARY OF STATE'S OFFICE; e.g., are all required filings current and in good standing or has the entity been withdrawn or canceled | <u>Connecticut corporations</u> - Will the Secretary of State be able to issue a Certificate of Good Standing within 30 days of the bid opening? | Yes | No |
| | | . | . |
| | <u>Out-of -State corporation's</u> - Do you have a valid license to do business in the State of Connecticut? (Evidence in the form of a Certificate of Authority from the Connecticut Secretary of State will be required within 30 days of the bid opening.) | Yes | No |
| | | . | . |

6. Is your local organization an affiliate of a parent company? If so, Indicate the principal place of business of your company and the name of the agent for service if different from what has been indicated on the response form:

| | | | | | |
|---------------|--|-------|--|-----|--|
| Business Name | | | | | |
| Address | | | | | |
| TOWN | | State | | Zip | |
| Name of Agent | | | | | |

NOTE: In the case of a Limited Liability Corporation or a Limited Liability Partnership a certified copy of the Articles of Organization certified as valid and in effect as of the date of the bid opening will be required within 30 days of the bid opening.

A listing of the corporate officers, in the case of a corporation; the general or managing partners, in the case of a partnership; or the managers and members in the case of either a limited liability partnership or company will be required within 30 days of the bid opening.

7. Your company may be asked to submit the following information relative to your company's financial statements prior to receiving an award. This information will not be part of the public bidding record and will remain confidential.

- All information should be supported with appropriate audited financials.
- a. Book Value (Total Assets (-) Total Liabilities)
 - b. Working Capital (Current Assets (-) Current Liabilities)
 - c. Current Ratio (Current Assets/Current Liabilities)
 - d. Debt to Equity Ratio (Long Term Debt/Shareholder's Equity)
 - e. Return on Assets (Net Income/Total Assets)
 - f. Return on Equity (Net Income/Shareholder's Equity)
 - g. Return on Invested Capital (Net Income/Long Term Debt = Shareholders' Equity)

8. SUBCONTRACTORS: If subcontractors are to be used, please list firm name, address, name of principal, and phone number below or on a separate sheet. Also indicate portion or section of work subcontractor will be performing.

| COMPANY NAME | ADDRESS | PRINCIPAL | PHONE |
|--------------|---------|-----------|-------|
| | | | |
| | | | |
| | | | |

All responses to this questionnaire are understood to be proprietary to the vendor, and will be considered confidential. Additional information may be requested subsequent to your responding to this bid request.

 (Official Name of Firm)
 SEAL - If Bidder is a
 Corporation

 (Signature)

 (Print Name)

 (Title)

 (Complete Business Address)

 (Email Address)

 (Federal Taxpayer ID Number)

END OF SECTION

ATTACHMENT A
Health Benefit Sample Summary

Anthem Comp Mix PPO

**CENTURY PREFERRED \$20 COPAYMENT, \$500 IN-NETWORK / \$1,000 OUT-OF-NETWORK POLICY YEAR
DEDUCTIBLE / 80-60% COINSURANCE- TOWN OF TRUMBULL**

Century Preferred is a preferred provider organization (PPO) plan.

| COST SHARE PROVISIONS | In-Network Member pays: | Out-of-Network Member pays: |
|---|------------------------------------|--|
| Annual Deductible (<i>individual/ family</i>) | \$500 / \$1,000 | \$1,000 / \$2,000 |
| Coinsurance | 20% after deductible up to | 40% after deductible up to |
| Coinsurance Maximum (<i>individual/ family</i>) | \$1,000 / \$2,000 | \$2,000 / \$4,000 |
| Cost Share Maximum (<i>individual/ family</i>) | \$1,500 / \$3,000 | \$3,000 / \$6,000 |
| Lifetime Maximum | Unlimited | Unlimited |

| PREVENTIVE CARE | In-Network After Annual Deductible Member pays: | Out-of-Network After Annual Deductible Member pays: |
|---------------------------------------|--|--|
| Well child care | \$0 Copayment, Deductible waived | 40% |
| Periodic, routine health examinations | \$0 Copayment, Deductible waived | 40% |
| Routine eye exams | \$0 Copayment, Deductible waived | 40% |
| Routine OB/GYN visits | \$0 Copayment, Deductible waived | 40% |
| Mammography | Covered | 40% |
| Hearing screening | \$0 Copayment, Deductible waived | 40% |

MEDICAL CARE

| | | |
|--|--|-----|
| Office visits | \$20 Copayment, Deductible waived | 40% |
| Outpatient mental health & substance abuse | \$0 Copayment, Deductible waived | 40% |
| OB/GYN care | \$20 Copayment, Deductible waived | 40% |
| Maternity care | \$20 Copayment, Deductible waived | 40% |
| Diagnostic lab and x-ray | \$20 Copayment Deductible waived | 40% |
| High-cost outpatient diagnostic – <i>prior authorization required</i> <i>The following are subject to copay: MRI, MRA, CAT, CTA, PET, SPECT scans</i> Note: \$375.00 Copayment maximum per Member per Calendar Year | \$75 Copayment, Deductible waived (see note) | 40% |
| Allergy services <i>Office visits/testing</i> <i>Injections—80 visits in 3 years</i> | \$20 Copayment, Deductible waived 20% | 40% |

HOSPITAL CARE – Prior authorization required

| | | |
|---|--------------------------------------|-----|
| Semi-private room (<i>General/Medical/Surgical/Maternity</i>) | 20% | 40% |
| Inpatient mental health & substance abuse | 20% | 40% |
| Skilled nursing facility – <i>up to 120 days per calendar year</i> | 20% | 40% |
| Rehabilitative services – <i>up to 60 days per person per calendar year</i> | 20% | 40% |
| Outpatient surgery – <i>in a hospital</i> | 20% | 40% |
| Ambulatory Surgery – <i>in other than a hospital setting</i> | \$100 Copayment Deductible Waived | 40% |

EMERGENCY CARE

| | | |
|--|---------------------------------------|---------------------------------------|
| Walk-in centers | \$20 Copayment, Deductible waived | 40% |
| Urgent care – <i>at participating centers only</i> | \$75 Copayment, Deductible waived | Not Covered |
| Emergency care – <i>copayment waived if admitted</i> | \$100 Copayment, Deductible waived | \$100 Copayment, Deductible waived |
| Ambulance | 20% | 20% |

| OTHER HEALTH CARE | In-Network After Annual Deductible Member pays: | Out-of-Network After Annual Deductible Member pays: |
|---|--|--|
| Outpatient rehabilitative services <i>30 visit maximum for PT, OT and ST per year. 20 visit maximum for Chiro. per year.</i> | \$20 Copayment, Deductible waived | 40% |
| Durable medical equipment / Prosthetic devices <i>Unlimited maximum per calendar year</i> | 50% * | 50%* |
| Diabetic supplies, drugs & equipment <i>Diabetic drugs are covered at in-network benefit level.</i> | Covered under pharmacy plan* | Covered under pharmacy* |
| Infertility – prior authorization required <i>Some restrictions may apply</i> | 20% | 40% |
| Home Health Care <i>200 Visits per member, per calendar year</i> | 20%, Deductible waived | 20%, Deductible waived |

PREVENTIVE CARE SCHEDULES

| |
|--|
| Well Child Care (including immunizations) |
| ◆ 7 exams, birth to age 1 |
| ◆ 7 exams, ages 1 – up to 5 |
| ◆ 1 exam every year, ages 5 - 22 |

| |
|--------------------------------|
| Adult Exams |
| ◆ 1 exam every year, ages 21 + |

| |
|---|
| Mammography |
| ◆ 1 baseline screening, ages 35-39 |
| ◆ 1 screening per year, ages 40+ |
| ◆ Additional exams when medically necessary |

| |
|---|
| Vision Exams: 1 exam every 2 calendar years ** |
|---|

| |
|---|
| Hearing Exams: 1 exam every 2 calendar years |
|---|

| |
|---|
| OB/GYN Exams: 1 exam per calendar year |
|---|

* Pharmacy Diabetic coverage In network no copay, out of network 20% plus cost difference. Insulin pump subject to \$35 copay.
 ** See Vision Rider for additional coverage.

Notes To Benefit Descriptions

- ◆ In situations where the member is responsible for obtaining the necessary prior authorization and fails to do so, benefits may be reduced or denied.
- ◆ Home Health Care services are covered when in lieu of hospitalization. Includes infusion (IV) therapy.
- ◆ Members must utilize participating Blue Quality Centers for Transplant hospitals to receive benefits for Human Organ & Tissue Transplant services. This network of the finest medical transplant programs in the nation is available to members who are candidates for an organ or bone marrow transplant. A nurse consultant trained in case management is dedicated to managing members who require organ and/or tissue transplants. Covered services are subject to an unlimited lifetime maximum (except travel services \$10,000 max still applies)
- ◆ Members are responsible for the balance of charges billed by out-of-network providers after payment for covered services has been made by Anthem Blue Cross and Blue Shield according to the Comprehensive Schedule of Professional Services.

Please refer to the *SpecialOffers@Anthem* brochure in your enrollment kit for information on the discounts we offer on health-related products and services.

This does not constitute your health plan or insurance policy. It is only a general description of the plan. The following are examples of services NOT covered by your Century Preferred Plan. Please refer to your Subscriber Agreement/Certificate of Coverage/Summary Booklet for more details: Cosmetic surgeries and services; custodial care; genetic testing; hearing aids; refractive eye surgery; services and supplies related to, as well as the performance of, sex change operations; surgical and non-surgical services related to TMJ syndrome; travel expenses; vision therapy; services rendered prior to your contract effective date or rendered after your contract termination date; and workers' compensation.

A product of Anthem Blue Cross and Blue Shield serving residents and businesses in the State of Connecticut.

CENTPRMX

Anthem PPO only Fire Marshals and DPW until July 1, 2015



Century Preferred

\$15/\$100/\$75/\$0

Benefits at a Glance proposed for the Town of Trumbull FD 003 Mathas

Century Preferred is a preferred provider organization (PPO) plan.

| | In Network You pay: | Out-of-Network You pay: |
|---|--------------------------------|------------------------------------|
| Office Visit (OV) Copayment | \$15 | Deductible & Coinsurance |
| Hospital (HSP) Copayment | \$100 | Deductible & Coinsurance |
| Urgent Care (UR) Copayment | \$50 | Not covered |
| Emergency Room (ER) Copayment – <i>waived if admitted</i> | \$75 | Deductible & Coinsurance |
| Outpatient Surgery (OS) Copayment | No charge | Deductible & Coinsurance |
| Annual Deductible (<i>individual/2-member family/3+ member family</i>) | Not applicable | \$500/\$1,000/\$1,500 |
| Coinsurance | | 20% after deductible up to |
| Cost Share Maximum (<i>individual/2-member family/3+ member family</i>) | | \$3,000/\$6,000/\$9,000 |
| Lifetime Maximum | Unlimited | \$1,000,000 |

PREVENTIVE CARE

| | | |
|--|--------------|--------------------------|
| Well child care* | OV Copayment | Deductible & Coinsurance |
| Periodic, routine health examinations* | OV Copayment | |
| Routine eye exams – <i>one exam every 2 years superceded by vision rider</i> | OV Copayment | |
| Routine OB/GYN visits – <i>one exam per year</i> | OV Copayment | |
| Mammography* | No Charge | |
| Hearing screening – <i>covered once every two years</i> | OV Copayment | |

MEDICAL CARE

| | | |
|--|--------------|--------------------------|
| Primary care office visits | OV Copayment | Deductible & Coinsurance |
| Specialist consultations | OV Copayment | |
| OB/GYN care | OV Copayment | |
| Maternity care – <i>initial visit subject to copayment, no charge thereafter</i> | OV Copayment | |
| Laboratory | No charge | |
| X-ray and Diagnostic Testing | No charge | |
| Allergy Services | OV Copayment | |
| Office visits/testing | No charge | |
| Injections—Unlimited | | |

HOSPITAL CARE – Prior authorization required.

| | | |
|---|---------------|--------------------------|
| Semi-private room | HSP Copayment | Deductible & Coinsurance |
| Maternity and newborn care | HSP Copayment | |
| Skilled nursing facility – <i>up to 120 days per calendar year</i> | HSP Copayment | |
| Rehabilitative services – <i>up to 60 days per person per calendar year</i> | HSP Copayment | |
| Outpatient surgery – <i>in a hospital or surgi-center</i> | NO Copayment | |

EMERGENCY CARE

| | | |
|--|--------------|--------------------------|
| Walk-in centers | OV Copayment | Deductible & Coinsurance |
| Urgent care – <i>at participating centers only</i> | UR Copayment | Not covered |
| Emergency care – <i>copayment waived if admitted</i> | ER Copayment | Deductible & Coinsurance |
| Ambulance – <i>air and land unlimited</i> | No charge | No charge |
| Home health care <i>200 visits per calendar year</i> | No charge | No charge |

OTHER HEALTH CARE

| | | |
|--|----------------|--------------------------|
| Outpatient rehabilitative services <i>50 visit maximum for PT, OT, ST and Chiro. per year</i> | \$15 Copayment | Deductible & Coinsurance |
| Prosthetic devices | No charge | |
| Durable medical equipment | No charge | |

MENTAL HEALTH/SUBSTANCE ABUSE CARE

| | | |
|--------------------------|---------------|--------------------------|
| Inpatient | HSP Copayment | Deductible & Coinsurance |
| Outpatient/office visits | OV Copayment | |

*** Schedule of health examinations:**
 0 to 5 mo. – 1 Every month
 6 months- 12 months 1 Every 2 months
 13 months –2 years 1 Every 3 months
 12 months –3 years 1 Every 6 months
 4 years –21 years and older 1 Every year

***Mammography:**
 1 Baseline age 35-39 years
 1 Screening per year age 40 and over

Note: In situations where the member is responsible for obtaining the necessary prior authorization and fails to do so, benefits may be reduced or denied.

Please refer to the *SpecialOffers@Anthem* brochure in your enrollment kit for information on the discounts we offer on health-related products and services.

This does not constitute your health plan or insurance policy. It is only a general description of the plan. The following are examples of services NOT covered by your Century Preferred Health Plan. Please refer to your Certificate/Evidence of Coverage/Summary Booklet for more details: Cosmetic surgeries and services; custodial care; genetic testing; hearing aids; refractive eye surgery; services and supplies related to, as well as the performance of, sex change operations; surgical and non-surgical services related to TMJ syndrome; travel expenses; vision therapy; services rendered prior to your contract effective date or rendered after your contract termination date; and workers' compensation.

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