Barton County Administrator’s Office - 1400 Main, Room 107 - Great Bend, KS 67530

 Phone (620) 793-1800 Fax (620) 793-1807

April 12, 2018,

**Request for Proposals (RFP)**

**For: Group Health Insurance Benefits**

**Submission deadline: 2:00 pm Friday, June 29, 2018**

**Deadline for final submission of questions: 2:00 pm Monday, June 25, 2018**

No interpretation of the meaning of the Bid Documents (drawings, specifications, et. al.) will be made to any bidder. Questions may be submitted, in written form, to:

Matt Patzner

Director of Human Resources and Finance

1400 Main St. Room 107

Great Bend KS, 67530

(620)793-1800

Fax (620)793-1807

Or emailed to mpatzner@bartoncounty.org

Questions will be answered within 2 business days via email with a return reply acknowledging receipt of the email requested. Questions and answers will be shared with all bidders.

**Introduction**

Barton County is seeking proposals for Group Health Insurance (including health coverage, prescription drug coverage, dental coverage, and vision coverage) for County employees and their families.

**Submission Procedure**

Proposals conforming to the requirements set out below must be received by Barton County via US mail or courier to Barton County Clerk, 1400 Main Street, Rm 202, Great Bend KS 67530 no later than the deadline given above. Physical proposals must be submitted in sealed opaque envelope and marked, [**Group Health Insurance]** Barton County reserves the right to waive irregularities and to reject any or all bids. This project will be sales tax exempt.

Barton County may consider informal any bid not prepared and/or not submitted in accordance with the provisions hereof and may waive any informalities or reject any and all bids. Any bid may be withdrawn prior to the above scheduled time for the opening of bids or authorized postponement thereof. Any bid received after the time and date specified shall not be considered. Bids submitted after the closing date and time will be returned to the bidder unopened.

**Modification of Bids**

Modifications to bids already submitted will be allowed if submitted in writing prior to the time fixed in the Request for Proposals. Modifications shall be submitted as such and shall not reveal the total amount of either the original or revised bids.

**Opening, Evaluation and Contracting**

Proposals may be opened by Barton County at any time after the submission deadline. All proposals satisfying the requirements of this Request for Proposals will be evaluated to establish which of the offerors best fulfills the needs of Barton County. Barton County anticipates entering into a contract with this/these offeror(s) to execute the proposed coverage. This Request for Proposals, however, does not commit Barton County to award a contract, to pay any costs incurred in the preparation of a proposal or to contract for the goods and/or services offered. Barton County reserves the right to accept or reject any or all proposals received as a result of this request, or to cancel this Request for Proposals, if it is in the best interests of Barton County to do so. The decision of Barton County shall be final.

**Plan Year**

Group Health Insurance coverage will be effective 01/01/2019 through 12/31/2019. We anticipate a 3 year contract.

**BACKGROUND OF EMPLOYEES CURRENTLY COVERED UNDER 2018 STATE EMPLOYEE HEALTH PLAN:**

The County currently has 185 employees eligible for insurance coverage. We have 26 employees who have waived coverage for various reasons for 2018.

* Current Coverage Elected as of 1/1/18
* Single Plans – 73
* Member & Children – 33
* Member & Spouse – 26
* Member & Family - 27

**PROPOSED SCOPE OF COVERAGE:**

**Policy Requirements**

Coverage will be available to all full-time County Employees, working 40 or more hours per week and to part-time employees working at least 20 hours per week. Coverage will be extended to an employee’s lawful spouse or common law partner and all unmarried dependent children or stepchildren up to the age of 26.

Coverage will be Affordable Care Act compliant.

The County Commissioners are considered full-time County Employees for insurance purposes.

The prescription coverage included in the proposal must be considered creditable in comparison to Medicare Part D.

Proposals must include a plan for retirees under the age of 65. This coverage would terminate when the retiree becomes eligible for Medicare.

Proposals must include the administration of COBRA benefits and the associated costs.

**Health Plan Coverage**

Proposals must include deductibles per person and per family.

Details of coinsurance once deductible is met.

Details of how out of pocket maximum is calculated. After out of pocket maximum is met, eligible services must be covered at 100% for the remainder of the calendar year.

Detail of all Network Providers in the State of Kansas. Explain how insurance coverage works if out of State treatment is needed. Explanation of Non Network Provider insurance coverage. Specific detail of medical service providers in the following communities:

 -Great Bend

 -Hutchinson

 -Wichita

 -Salina

 -Hoisington

 -Ellinwood

 -Larned

 -Manhattan

 -Lawrence

 -Hays

 -Topeka

 -Kansas City

**Prescription Drug Coverage**

Detail if coverage is included with health insurance deductible and coinsurance or if there is a separate drug card. If a drug card is utilized, explain rates and coverage. Please note if specific prescriptions are excluded and if generic prescription drugs must be purchased instead of a specific drug prescribed by a physician.

**Dental Coverage**

Explain deductibles and coinsurance for covered services and what constitutes a non-covered service. Detail of all Network Providers in the State of Kansas. Explain how insurance coverage works if out of State treatment is needed. Explanation of Non Network Provider insurance coverage. Specific detail of dental service providers for the same communities listed under Health Plan Coverage.

**Vision Coverage (Exams, Surgeries, Glasses, and Contacts)**

Explain deductibles and coinsurance for covered services and what constitutes a non-covered service. Detail of all Network Providers in the State of Kansas. Explain how insurance coverage works if out of State treatment is needed. Explanation of Non Network Provider insurance coverage. Specific detail of vision service providers for the same communities listed under Health Plan Coverage.

**Payment of Claims**

Please provide average processing time of medical claims for payment.

**References**

Please provide at least 3 references for current clients that have a group membership of at least 150 employees.

**Subsequent Year Rates**

Please give detail of how rates for 2020 and 2021 will be determined.