

REQUEST FOR PROPOSALS

GROUP INSURANCE COVERAGE OR ADMINISTRATIVE SERVICES

FOR

TREKNORTH JR & SR HIGH SCHOOL 4106-07

February 6, 2017

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REQUEST FOR PROPOSALS

Part 1: Bid Protocol

1. Invitation to bid. TREKNORTH JR & SR HIGH SCHOOL, 4106-07 (“District”) is requesting proposals for group insurance coverage for active employees. For this purpose, "group insurance coverage" means benefit coverage provided to a group through an entity authorized under section 43A.316 or 123A.21, subdivision 7; or chapter 61A, 62A, 62C, or 62D to do business in the state. Sealed proposals will be accepted until 5:00 pm central time on FRIDAY, March 31, 2017.
2. Bid Delivery. Please print at least three paper copies of the completed Excel files and deliver them to the following address, return receipt requested, via registered or certified mail, or by professional courier, no later than the deadline set forth in Paragraph (1):

NICOLE THOMPSON
2400 Pine Ridge Ave NW
Bemidji, MN 56601

Current Agent of Record:
Derek Pickett
Pickett Insurance Agency
PO Box 696
Bemidji, MN 56601

District reserves the right to reject any bids received after the date set forth above, delivered to the wrong party or parties, or delivered in a form other than as specified herein.

Part 2: Timeline

1. Timeline. The renewal date for group health plan(s) maintained by the District is July 1, 2017. The overall timeline is as follows:
 - a. February 6, 2017. The RFP shall be publicly released to three potential sources of coverage. Public notice of the request for proposal will be published in a newspaper or trade journal selected by District. Publication in a newspaper or trade journal after this date but within 21 days before the final date for submitting proposals shall not invalidate any portion of this Request for Proposal.
 - b. March 31, 2017. Deadline for submitting sealed bids to District.
 - c. RFP Opening Date, March 31, 2017 sealed bids will be opened as required by HITA.
 - d. If requested by the District, final bids must be submitted no later than April 17, 2017, or on such earlier date as specified by the District. Final bids, if any, shall follow the same protocol in Part 1, Paragraph (3) above.
 - e. April 17, 2017 if the District does not request a second, final bid, or May 2, 2017 if the district requests a second final bid, shall be the earliest date on which District may make a final decision.

- f. Coverage is effective July 1, 2017.

Part 3: Miscellaneous

1. Complete Responses. District reserves the right to compare quotes based on information provided in the Microsoft Excel file included with this Request for Proposal as Attachment 1. Incomplete responses may be a negative factor in evaluating your proposal.
2. Compliance with Laws. All services proposed must comply with (or provide adequate support to help the District comply with) applicable State of Minnesota and Federal requirements regarding mandated benefits, coverage of dependents and adult children, nondiscrimination and privacy requirements under HIPAA, the Code, and the PHSA, reporting and disclosure requirements, claims and appeals, portability, and continuation rights. Proposals and pricing must reflect recent Federal legislation under the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 (collectively, the "ACA"), including those provisions which will go into effect during the term of any agreement entered into with the District. Proposals should include sample plan documents and SPDs.
3. Rate quotes. Final proposals shall include rate quotes in the manner set forth in Attachment 1.
4. Bid review. In reviewing bids, the District reserves the right to:
 - a. Waive minor irregularities.
 - b. Negotiate bid responses.
 - c. Modify, amend, and supplement this Request for Proposal.
5. Deviations from Specifications. Proposed deviations to any part of these specifications must be submitted in writing and clearly identified and made part of the Carrier's proposal. Failure of Carrier to identify such deviation(s) shall not constitute a waiver by District of the deviation.
6. Criteria for evaluation. District reserves the right to accept the proposal which, in the judgment of the District, is determined to be in the best interest of the District and taking into account multiple factors, including but not limited to rates, benefit plan designs, provider networks, prescription drugs, reduction in aggregate benefits, and any other factors the District determines to be relevant to its decision. The District will prepare a written rationale for its decision before entering into a contract with an entity. See MN Stat. Sec. 471.6161.
7. Ownership of Data/Confidentiality. Your proposal and the supporting material submitted with it will become the property of District and will not be returned. Minn. Stat. Sec. 13.591, subdivision 3, paragraph (b), applies to data in the proposals. Notwithstanding section 13.591, subdivision 3, paragraph (b), following the opening of the final proposals, all the proposals and other data submitted in connection with the proposals are public data. Following the opening of the final proposals, all the proposals and other data submitted in connection with the proposals are public data. Information contained in this RFP is considered confidential and

should not be discussed with anyone except persons within your organization, the District or persons designated by the District to receive the data.

8. Validity. Proposals must remain valid for a minimum of six months from issue date.
9. Material preparation and case installation. Your proposal must warrant timely preparation and delivery of enrollment materials such as ID cards, provider directories, certificates of coverage, etc. on or before the effective date of coverage. You must further warrant that all enrollment and benefit information will be duly loaded into your claim systems and be active on the effective date of coverage. This warranty must also apply to the pharmacy benefit program. All material and program installation costs must be included in the fees quoted in your proposal and that of the Pharmacy Benefit Manager (if a different entity).
10. Agent, broker, consultant and/or program manager. All fees, commissions or bonuses payable to any agent, broker, consultant and/or program manager, regardless of purpose, must be clearly disclosed separately from all other costs in the proposal.
11. Discrepancies. Any discrepancies in the information provided in this RFP that cause or result in heretofore unforeseen cost or coverage consequences to either the proposer(s) or District or any of its health plan participants, in all such instances, shall accrue to the benefit of District and their health plan participants unless such information discrepancies are noted by the proposer(s) prior to proposal acceptance by District.

ATTACHMENT II

1) Rates

Include 100% premium (fully insured or minimum premium) or premium equivalent (stand-alone self-insured) program rates by tier. Do not complete tiers that are not currently offered to employees (for example, do not include single employee plus one rate if the plan only offers single and family coverage).

2) Funding Type

Indicate if the funding type of the proposal is Fully Insured or Minimum Premium. If your proposal is Stand-Alone Self-Insured, please complete Attachment 1a.

3) Financial Evaluation

Please provide answers to the following questions:

1. Are all quoted rates firm or subject to contingencies?
If no, please describe any contingencies along with the potential rating impact.
2. Please identify your health plan participation and contribution rules.
3. Please describe in detail how claims data will be provided to the school district.
4. Will your organization recognize the district's current Agent of Record (AOR)?
If yes, please explain how the AOR commissions and costs are reflected in the rates.
5. Does your quote include the potential for experience refunds or returned premiums? If yes, please how the refunds or returned premiums are calculated below.
6. Does your quote include the potential for additional charges to be billed for the policy period retrospectively? If yes, please explain how the retrospective premiums are calculated below.
7. Please describe your guarantees for rates or fixed costs for plan years beginning in 2018.
8. What performance guarantees are included in your proposal? Please indicate below.

4) Benefits

Please provide answers to the following questions:

1. Does your proposal include a plan that exactly matches the benefits currently in place, as described in the submitted SPD? If no, please explain below.
2. Will your proposal cover early retirees and retirees over the age of 65 on the current plan? Please describe any unique coverage provisions.
3. Are there any additional benefits (examples: Wellness, Fitness, etc.)? If yes, please explain.

5) Networks/Disruption

Please provide answers to the following questions:

1. Does your quote include a narrow network, or ACO type arrangement (Yes or No)? If no, please indicate different cost sharing requirements between the network levels in section 6 below.
2. Do you match the current plan's retail pharmacy network? If no, please explain.
3. Please describe benefit differences between In-Network and Out-of-Network in your proposal, including a description of coverage outside of the State of Minnesota.
4. Does the proposal include primary care, tiers, or other gatekeeper designation (Yes or No)?
5. Do you require primary care referrals for any specialists (Yes or No)? If yes, please explain below.
6. How does your proposal coordinate services with medical savings account vendors? (i.e., debit cards, interest payments, and crossover). Please indicate if there is an associated administrative fee.

6) Cost Sharing Summary

Please provide a high level summary of plan cost sharing.

ATTACHMENT II

CORPORATE OFFICER SIGNATURE PAGE

Name of Carrier:

As an authorized corporate officer, I certify that:

- 1) This Carrier is licensed by the appropriate Minnesota State Agency granting authority to conduct business and provide services within the State of Minnesota;
- 2) This proposal, and all products proposed herein, meets all applicable State of Minnesota and federal laws and mandates for benefits and administration;
- 3) The information contained herein is accurate and dependable to the best of my knowledge;
- 4) I concur with the answers to all "YES" or "NO" responses;
- 5) Intentional misrepresentation of anything within the RFP response will be cause for rejection of our entire proposal.

Printed or Typed Name of Corporate Officer

Signature

Title

Date