



REQUEST FOR PROPOSALS (RFP)

Department of Administration
County of Dane, Wisconsin

COUNTY AGENCY

Department of Administration, Employee Relations Division

RFP NUMBER

#116021

RFP TITLE

Health Insurance

PURPOSE

The purpose of this document is to provide interested parties with information to enable them to prepare and submit a proposal for [health insurance](#).

**DEADLINE FOR
RFP SUBMISSIONS**

2:00 P.M. Central Time

April 15, 2016

LATE, FAXED, ELECTRONIC MAIL OR UNSIGNED PROPOSALS WILL BE REJECTED

**SUBMIT RFP TO
THIS ADDRESS**

DANE COUNTY PURCHASING DIVISION
ROOM 425 CITY- COUNTY BUILDING
210 MARTIN LUTHER KING JR BLVD
MADISON, WI 53703-3345

**SPECIAL
INSTRUCTIONS**

- Label the lower left corner of your sealed submittal package with the RFP number**
- Place the Signature Affidavit as the first page of your proposal**
- Submit one original and (5) copies of your technical proposal**
- Submit one original and (1) copy of your cost proposal**
- Submit one complete electronic copy in Microsoft Word or PDF format burned to a CD, DVD, or flash drive.**

**DIRECT ALL INQUIRES
TO**

NAME	Carolyn Ninedorf
TITLE	Purchasing Agent
PHONE #	608/266-4966
FAX #	608/266-4425
EMAIL	Ninedorf.carolyn@countyofdane.com
WEB SITE	www.danepurchasing.com

DATE RFP ISSUED: [February 12, 2016](#)

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1.0 GENERAL INFORMATION

1.1 Introduction

The County intends to use the results of this Request for Proposals (RFP) to award a contract for group health insurance for Dane County's employees, retirees, domestic partners (both same and opposite sex), County board members and associated agencies. The purpose of this document is to provide interested parties with information to enable them to prepare and submit a response to this RFP.

The county wishes to contract with an insurance carrier(s) commencing on January 1, 2017 for a guaranteed rate, three (3) year contract with an option to renew annually for up to two (2) years or a five (5) year fixed contract.

The contract resulting from this RFP will be administered by Dane County, Department of Administration, Employee Relations Division.

The contract administrator will be Amy Utzig, Human Resources Director. The County agent is M3 Insurance Solutions Inc. **This RFP is issued on behalf of Dane County by the Purchasing Division, which is the sole point of contact for the County during the procurement process.**

1.2 Covered Group

The covered group includes approximately 6,700 subscribers (employees and retirees) and dependents. The group is composed of the following:

- A. **Active Employees**-The County currently has approximately 2,275 employees, 6 full-time elected officials and a 37 member County Board of Supervisors who are eligible to enroll in the health plan. Of the 2,275 eligible employees and full-time elected officials 2,075 currently take the county's insurance. The County currently pays 100% of the premium cost for full-time employees and elected officials. County Board Supervisors may enroll at their own cost.
- B. **Associated Agencies**-The County has traditionally extended the terms of its group health plan to three associated agencies: The Dane County Housing Authority, the Capital Area Regional Planning Commission and the Dane County Workforce Development Board. Combined, these agencies have less than 50 employees. Approximately 44 employees of the Associated Agencies are enrolled in the plan. Traditionally, the terms of the County's contract have been extended to these agencies, but they are responsible for their own benefit administration

and will work directly with the vendor chosen.

- C. **Retirees**-The county and the associated agencies have three categories of retirees that participate in its group insurance plan. There are approximately 18 employees for which the county makes the premium payment. These retirees are applying accumulated sick leave balances toward the cost of their insurance. As each retiree's balance is exhausted, they have the option of continuing on the county's group plan indefinitely at their own expense and are billed directly by the carrier. The number of retirees in this category declines each year as balances are exhausted. The County does not follow this payment method for new retirees.

There are approximately 520 retirees who are billed directly by the carrier. These retirees have either exhausted their accumulated sick leave balance or are under the County's current arrangement where they are reimbursed for their premium expenses from a third party administrator using accumulated sick leave.

The third group of retirees are those who have deferred participation in the group plan upon retirement, but are eligible to re-join the group. Retirees and their eligible dependents who are on the plan at retirement are allowed to leave the County's plan upon retirement and rejoin within a ten (10) year period without medical underwriting. Only those dependents who were on the plan at the time of retirement and that remain eligible dependents at the time the retiree rejoins the plan may enroll. There are approximately 58 retirees in this group.

- D. **Retiree Spouses**-If a county retiree dies, leaving a surviving spouse, or divorces, the surviving or former spouse may remain on the county's plan as a direct pay subscriber. However, the surviving or former spouse may not add a new spouse to the group plan. If a retiree's spouse dies or a retiree divorces, the retiree is allowed to add a new spouse. The plan provider must have the ability to monitor eligibility of retirees and their spouses.

1.3 Definitions

The following definitions are used throughout the RFP.

County means Dane County

County Agency means Department /Division utilizing the service or product

Proposer/vendor means a firm submitting a proposal in response to this RFP.

Contractor means proposer awarded the contract.

1.4 Clarification of the specifications

All inquiries concerning this RFP must be directed to the **person indicated on the cover page** of the RFP Document. (electronic mail is the preferred method)

Any questions concerning this RFP must be submitted in writing by mail, fax or e-mail on or before the stated date on the **Calendar of Events** (see Section 1.6)

Proposers are expected to raise any questions, exceptions, or additions they have concerning the RFP document at this point in the RFP process. If a proposer discovers any significant ambiguity, error, conflict, discrepancy, omission, or other deficiency in this RFP, the proposer should immediately notify the contact person of such error and request modification or clarification of the RFP document.

Mailing Address:

**Dane County Purchasing Division
Room 425 City-County Bldg.
210 Martin Luther King Jr. Blvd
Madison, WI 53703-3345**

Proposers are prohibited from communicating directly with any employee of Dane County, except as described herein. No County employee or representative other than those individuals listed as County contacts in this RFP is authorized to provide any information or respond to any question or inquiry concerning this RFP.

1.5 Addendums and/or Revisions

In the event that it becomes necessary to provide additional clarifying data or information, or to revise any part of this RFP, revisions/amendments and/or supplements will be posted on the Purchasing Division web site at www.danepurchasing.com

It shall be the responsibility of the proposers to regularly monitor the Purchasing Division web site for any such postings. Proposers must acknowledge the receipt / review of any addendum(s) at the bottom of the RFP Cover Page /Signature Affidavit.

Each proposal shall stipulate that it is predicated upon the terms and conditions of this RFP and any supplements or revisions thereof.

1.6 Calendar of Events

Listed below are specific and estimated dates and times of actions related to this RFP. The actions with specific dates must be completed as indicated unless otherwise changed by the County. In the event that the County finds it necessary to change any of the specific dates and times in the calendar of

events listed below, it will do so by issuing a supplement to this RFP and posting such supplement on the Dane County web site at www.danepurchasing.com . There may or may not be a formal notification issued for changes in the estimated dates and times.

DATE	EVENT
February 12, 2016	Date of issue of the RFP
February 26, 2016	Last day for submitting written inquiries – First Round (2:00 p.m. Central Time)
March 4, 2016	First round supplements or revisions to the RFP posted on the Purchasing Division web site at www.danepurchasing.com
March 18, 2016	Last day for submitting written inquiries – Second Round (2:00 p.m. Central Time)
March 23, 2016	Second round supplements or revisions to the RFP posted on the Purchasing Division web site at www.danepurchasing.com
April 15, 2016	Proposals due from vendors
January 1, 2017	Contract start date

1.7 Contract Term and Funding

The contract shall be effective on January 1, 2017 and run for three (3) years from that date, with an option by mutual agreement of the County and contractor, to renew annually for up to two (2) additional years. The county requires guaranteed rate caps for the first three years and will negotiate guaranteed rate caps for the additional two years if it chooses to renew. Guaranteed rates may be actual rates or not to exceed caps. If no carrier is able to offer a 3 year rate guarantee, the County will then look at the other responses. The contract will be the County's contract language.

The County is willing to entertain a five (5) year contract with guaranteed rates. Guaranteed rates may be actual rates or not to exceed caps.

1.8 Reasonable Accommodations

The County will provide reasonable accommodations, including the provision of informational material in an alternative format, for qualified individuals with disabilities upon request. If you need accommodations at a proposal opening/vendor conference, contact the Purchasing Division at (608) 266-4131 (voice) or 608/266-4941 (TTY).

2.0 PREPARING AND SUBMITTING A PROPOSAL

2.1 General Instructions

The evaluation and selection of a contractor and the contract will be based on the information submitted in the proposal plus references and any required on-site visits or oral interview presentations. Failure to respond to each of the requirements in the RFP may be the basis for rejecting a response.

Elaborate proposals (e.g. expensive artwork) beyond that sufficient to present a complete and effective proposal, are not necessary or desired.

2.2 Proprietary Information

All restrictions on the use of data contained within a proposal and all confidential information must be clearly stated on the attached "Designation of Confidential and Proprietary Information" form. Proprietary information submitted in a proposal, or in response to the RFP, will be handled in accordance with the applicable Wisconsin State Statute(s).

To the extent permitted by law, it is the intention of Dane County to withhold the contents of the proposal from public view until such times as competitive or bargaining reasons no longer require non-disclosure, in the opinion of Dane County. At that time, all proposals will be available for review in accordance with the Wisconsin Open Records Law.

2.3 Incurring Costs

Dane County is not liable for any cost incurred by proposers in replying to this RFP.

2.4 Vendor Registration

All proposers wishing to submit a proposal must be a paid registered vendor with Dane County. Prior to the RFP opening, you can complete a registration form online by visiting our web site at www.danepurchasing.com, or you can obtain a Vendor Registration Form by calling 608.266.4131. Your completed Vendor Registration Form and Registration Fee must be received for your bid to be considered for an award.

2.5 Submittal Instructions

Proposals must be received in by the County Purchasing Division by the specified time stated on the cover page. All proposals must be time-stamped in by the Purchasing Division by the stated time. Proposals not so stamped will not be accepted. Proposals received in response to this solicitation will not be returned to the proposers.

All proposals must be packaged, sealed and show the following information on the outside of the package:

- Proposer's name and address
- Request for proposal title
- Request for proposal number
- Proposal due date

2.6 Required Copies

Proposers must submit **an original and the required number of copies** of all materials required for acceptance as instructed on the cover page of the RFP (Special Instructions).

All hard copies of the proposal must be on 8.5"x11" individually securely bound. **In addition, proposers must submit one complete electronic copy in Microsoft Word or PDF format burned to a CD, DVD or flash drive.**

2.7 Proposal Organization and Format

Proposals should be organized and presented in the order and by the number assigned in the RFP. Proposals must be organized with the following headings and subheadings. Each heading and subheading should be separated by tabs or otherwise clearly marked. The RFP sections which should be submitted or responded to are:

- Response to general and mandatory requirements listed in Section 4 of this RFP.
- Cost proposal (See Section 5 of this RFP)
- Required forms (See Section 7 of this RFP)
 - Attachment A Signature Affidavit
 - Attachment B Vendor Data Sheet
 - Attachment C Vendor Registration Certification
 - Attachment D Reference Data Sheet
 - Attachment E Designation of Confidential and Proprietary Information
 - Attachment F Fair Labor Practices Certification
 - Attachment G Cost Proposal Worksheet (See separate Excel document.)
 - Appendices Additional Information the proposer submits.

2.8 Multiple Proposals

Multiple proposals from a vendor will be permissible, however each proposal must conform fully to the requirements for proposal submission. Each such proposal must be separately submitted and labeled as Proposal #1, Proposal #2, etc.

2.9 Oral Presentations and Site Visits

Top ranked selected proposers may be required to make presentations to supplement their proposals. The County will make every reasonable attempt to schedule each presentation at a time and location that is agreeable to the proposer. Failure of a proposer to conduct a presentation to the County on the date scheduled may result in rejection of the vendor's proposal.

3.0 PROPOSAL SELECTION AND AWARD PROCESS

3.1 Preliminary Evaluation

The proposals will be reviewed to determine if requirements in Section 4.0 are met including the mandatory requirements in 4.0. Failure to meet mandatory requirements will result in the proposal being rejected. In the event that all vendors do not meet one or more of the mandatory requirements, the County reserves the right to continue the evaluation of the proposals and to select the proposal which most closely meets the requirements specified in this RFP.

3.2 Proposal Scoring

Proposals which meet the minimum requirements will be reviewed by a subcommittee of the County's Employee Insurance Advisory Committee (IAC). The IAC includes representatives of the County's employee groups and bargaining units. The committee may request oral presentations, and use these results in selecting the final contractor. Representatives of the IAC may participate in negotiations with vendors if they believe it is in their best interest to do so.

3.3 Right to Reject Proposals and Negotiate Contract Terms

The County reserves the right to reject any and all proposals and to negotiate the terms of the contract, including the award amount, with the selected proposer prior to entering into a contract. If contract negotiations cannot be concluded successfully with the highest scoring proposer, the County may negotiate a contract with the next highest scoring proposer.

3.4 Notification of Intent to Award

As a courtesy, the County may send a notification of award memo to responding vendors at the time of the award.

4.0 GENERAL PROPOSAL REQUIREMENTS

4.1 Introduction

Provide an overview of the company and services to be provided.

4.2 Organization Capabilities

Provide a narrative description of the company, including the organizational qualifications which make it well qualified to provide services for Dane County's health benefit plan.

4.3 Service Network

Provide a description of the provider network associated with the proposed group insurance plan. Include the locations of clinics, hospitals etc. Include any arrangement for coverage of chiropractic services. Be specific as to the capacity of the proposed network and its ability to accommodate approximately 6,700 new subscribers.

4.4 Medical Cost Information

Members of the County's group are interested in acting as efficient and informed consumers of health care to assist in controlling costs. Describe how your group plan will assist members to obtain information regarding the cost of medical services prior to use, so that they can compare the costs of potential providers and be better informed medical consumers. If applicable, describe how your proposed plan would deal with instances where members are balance billed for charges over the usual and customary rate.

4.5 Dual Choice

Vendors should indicate if they are interested or willing to participate in a dual choice program where group members can chose to participate in plans offered by multiple carriers. Vendors should discuss any specific conditions that might apply, such as a minimum level of participation.

4.6 Schedule of Benefits

The County seeks pricing for the four schedules of benefits as outlined in Appendix 1. In addition, balancing factors such as members access to a wide care network, costs to individual members (copays, deductibles etc.), and the cost to the County (monthly premiums), Vendors are asked to provide what they believe is the optimum plan structure given their individual underwriting guidelines.

The County has traditionally offered the option of an HMO plan along with a more flexible purchase of service indemnity style plan. This structure accommodates retirees who might live outside the area, employees with

dependents outside the area, or those who desire maximum flexibility in choosing their provider. A broad based preferred provider structure is also acceptable.

When the County did offer the HMO/POS option, employees did share in the premium cost of the POS option. Approximately 85% of the employees chose the HMO plan.

Depending on the cost to do so, the County is interested in extending benefits for transgender services and weight loss coverage. Two coverage options for each are described in Appendix 2 and Appendix 3, respectively. These options are to be incorporated into each Vendor's cost proposal as described below in Section 5.3.

4.7 Communication

Describe how the organization will communicate with members.

4.8 Transition Plan

If appropriate, describe the transition plan you would implement to seamlessly transition group members from the current insurance carrier to your plan.

4.9 Grievance Process

Describe how your organization handles situations where a member's claim is denied. Describe the appeal process. Describe the membership of any appeal committee.

4.10 Mandatory Requirements

Vendors should indicate in their responses that they agree to the following:

- 4.10.1 Vendor must be able to provide ID cards without identifying Social Security numbers on the cards.
- 4.10.2 Benefits must match the requested options in Appendix 1 and as described in section 4.2. Proposers must have capacity in their healthcare networks adequate to accommodate the County's members.
- 4.10.3 The proposed service network must include urgent care services for both children and adults.
- 4.10.4 The proposed plan must cover both same and opposite sex domestic partners of county employees.
- 4.10.5 Vendor must provide funding for the County wellness program as identified in Appendix 4.

- 4.10.6 Vendor must be able to use the County's enrollment form. (See Appendix 5)
- 4.10.7 Vendor must assign a central point of contact for the County and its subscribers.
- 4.10.8 Vendor must provide regular explanation of benefit forms to subscribers.
- 4.10.9 Vendor must establish a dedicated portion of its website to communicate with County subscribers.
- 4.10.10 Vendor must provide data for compliance with GASB 45 in electronic format within 30 days of the County's request.

5.0 COST PROPOSAL

5.1 General Instructions on Submitting Cost Proposals

The cost proposal must be submitted in a separate envelope with the written proposal. Pricing must include a break-out for the various subgroups of active employees and retirees.

Pricing must include and state the agent commission that is included in the pricing.

Pricing must include all fees associated with the Affordable Care Act.

The proposal will be scored using a standard quantitative calculation where the most cost criteria points will be awarded to the proposal with the lowest cost.

5.2 Fixed Price Period

All prices, costs, and conditions outlined in the proposal shall remain fixed and valid for acceptance for 240 days starting on the due date for proposals.

5.3 Cost Format

Using the Cost Proposal Worksheets in Attachment G, which is a separate Excel spreadsheet, indicate the proposed monthly premium for each type of coverage (single, family, retiree+spouse, etc.) for each of the five benefit schedules discussed in Section 4.6 and for each type of plan (HMO, POS, PPO if applicable). Also indicate the cost with each of the transgender coverage options and each of the weight loss coverage options. For 2018 and 2019, indicate the maximum percentage increase for each option and each type of coverage. If the proposer is offering a five year contract with maximum rate increases for years 2020 and 2021, indicate those percentage increases as well.

If a proposer is interested in participating in a dual choice program, and this

would result in a different cost structure than a single provider program, the Cost Proposal Worksheets should be submitted for the single provider and the dual choice option and be labelled as such.

6.0 SPECIAL CONTRACT TERMS AND CONDITIONS

6.1 Payment Requirements

Payments will be based upon the county's payroll register and any manual changes made by the county. The county will not reconcile with the vendor's paper register. The county will work with the vendor to attempt electronic reconciliations as needed.

6.2 Living Wage Requirement

All employees working on this project are covered by the Dane County Living Wage Ordinance Section 25.015 (d). See Section 28.0 Standard Terms and Conditions. The living wage rate for 2016 is \$11.66. The successful Proposer will be required to sign a Living Wage Certification upon completion of the contract. Details are available on the Dane County Purchasing Division web site at www.danepurchasing.com.

6.3 Domestic Partner Equal Benefits Requirement

The contractor agrees to provide the same economic benefits to all of its employees with domestic partners as it does to employees with spouses, or the cash equivalent if such a benefit cannot reasonably be provided. Under county ordinance, benefits are defined as: bereavement leave, family medical leave, sick leave, health benefits, dental benefits, disability benefits, life insurance, membership or membership discounts, moving expenses, pension and retirement benefits, and travel benefits. These benefits must be provided to domestic partners of employees if the benefits are available to the spouses of married employees. The equal benefits requirement applies to all employees of the contractor's operations located in Dane County, regardless of whether there are employees at those locations performing work on the contract. The requirement also applies to employees located elsewhere in the United States if those employees are performing work on a county contract.

The contractor agrees to make available for County inspection the contractor's payroll records relating to employees providing services on or under this contract or subcontract. If any payroll records of a contractor contain any false, misleading or fraudulent information, or if a contractor fails to comply with the provisions of s. 25.016, D. C. Ords., the contract compliance officer may withhold payments on the contract; terminate, cancel or suspend the contract in whole or in part; or, after a due process hearing, deny the contractor the right to participate in bidding on future County contracts for a period of one year after the first violation is found and for a period of three years after a second or subsequent violation is found.

7.0 REQUIRED FORMS

The following forms must be completed and submitted with the proposal in accordance with the instructions given in Section 2.0. Blank forms are attached.

Attachment A	Signature Affidavit
Attachment B	Vendor Data Sheet
Attachment C	Vendor Registration Certification
Attachment D	Reference Data Sheet
Attachment E	Designation of Confidential and Proprietary Information
Attachment F	Fair Labor Practices Certification
Attachment G	Cost Proposal Worksheet (See separate Excel document.)

RFP COVER PAGE SIGNATURE AFFIDAVIT	
NAME OF FIRM:	
STREET ADDRESS:	
CITY, STATE, ZIP	
CONTACT PERSON:	
PHONE #:	
FAX #:	
EMAIL:	

In signing this proposal, we also certify that we have not, either directly or indirectly, entered into any agreement or participated in any collusion or otherwise taken any action in restraint of free competition; that no attempt has been made to induce any other person or firm to submit or not to submit a proposal; that this proposal has been independently arrived at without collusion with any other proposer, competitor or potential competitor; that this proposal has not been knowingly disclosed prior to the opening of proposals to any other proposer or competitor; that the above statement is accurate under penalty of perjury.

The undersigned, submitting this proposal hereby agrees with all the terms, conditions, and specifications required by the County in this Request for Proposal, and declares that the attached proposal and pricing are in conformity therewith.

Signature

Title

Name (type or print)

Date

Addendums -This firm hereby acknowledges receipt / review of the following addendum(s) (If any)

Addendum #_____ Addendum #_____ Addendum #_____ Addendum #_____

VENDOR DATA SHEET / LOCAL PURCHASING PROVISIONS

This address will be used to determine local purchasing preference and the mailing address where County purchase orders/contracts will be mailed:

1. Company Name:		
ADDRESS:		
CITY:	COUNTY:	
STATE:	ZIP+4:	
TEL:	TOLL FREE TEL:	FAX:

2. Contact person in the event there are questions about your bid/proposal	
NAME	TITLE:
TEL	TOLL FREE TEL
FAX	E-MAIL

3. Local Vendor:
<p>Are you claiming a local purchasing preference under DCO 25.11(8) based on your response to section 1 of this form?</p> <p><input type="checkbox"/> No – continue on to the next page</p> <p><input type="checkbox"/> Yes – complete the remainder of this form</p>

Indicate if your firm/company has an established place of business located in any of the following Wisconsin Counties. An established place of business means a physical office, plant or other facility. A post office box address does not qualify a vendor as a Local Vendor. DCO 25.04(7h)

Select one:

We are claiming a preference as a Dane County Business			
<input type="checkbox"/> Dane County			
We are claiming a preference as a business located in a county adjacent to Dane County			
<input type="checkbox"/> Columbia County	<input type="checkbox"/> Dodge County	<input type="checkbox"/> Green County	<input type="checkbox"/> Iowa County
<input type="checkbox"/> Jefferson County	<input type="checkbox"/> Rock County	<input type="checkbox"/> Sauk County	

REVISED 9/12

5. Claims Processing for Dane County. If you are awarded the contract.

Name: _____ Title: _____

Telephone: _____ Toll Free Telephone: _____

Address: _____

City: _____ State: _____ Zip + Four: _____

How many employees do you have in the office(s) that will be servicing Dane County?

6. Customer Service Center. If you are awarded the contract.

Name: _____ Title: _____

Telephone: _____ Toll Free Telephone: _____

Address: _____

City: _____ State: _____ Zip + Four: _____

How many employees do you have in the office(s) that will be servicing Dane County?

VENDOR REGISTRATION CERTIFICATION

Per Dane County Ordinance, Section 62.15, "Any person desiring to bid on any county contract must register with the purchasing manager and pay an annual registration fee of \$20."

Your completed Vendor Registration Form and Registration Fee must be received for your bid to be considered for an award. Your bid/proposal may not be evaluated for failure to comply with this provision.

Complete a registration form online by visiting our web site at www.danepurchasing.com. You will be prompted to create a username and a password and you will receive a confirmation message, then log back in and complete the registration. Once your registration is complete you will receive a second confirmation. Retain your user name and password for ease of re-registration in future years.

Payment may be made via credit card on-line or by check in the mail or in person at the Purchasing Division office. If paying by check make check payable to Dane County Treasurer and indicate your federal identification number (FIN) on the subject line.

CERTIFICATION

The undersigned, for and on behalf of the **PROPOSER, BIDDER OR APPLICANT** named herein, certifies as follows:

- This firm is a paid, registered vendor with Dane County in accordance with the bid terms and conditions.

Vendor Number # _____

Paid until _____

Date Signed: _____

Officer or Authorized Agent

Business Name

REFERENCE DATA SHEET	
Provide company name, address, contact person, telephone number, and appropriate information on the product(s) and/or service(s) used for three (3) or more installations/services with requirements similar to those included in this solicitation document	
NAME OF FIRM:	
STREET ADDRESS:	
CITY, STATE, ZIP	
CONTACT PERSON:	EMAIL:
PHONE #:	FAX #:
Product(s) and/or Service(s) Used:	
NAME OF FIRM:	
STREET ADDRESS:	
CITY, STATE, ZIP	
CONTACT PERSON:	EMAIL:
PHONE #:	FAX #:
Product(s) and/or Service(s) Used:	
NAME OF FIRM:	
STREET ADDRESS:	
CITY, STATE, ZIP	
CONTACT PERSON:	EMAIL:
PHONE #:	FAX #:
Product(s) and/or Service(s) Used:	
NAME OF FIRM:	
STREET ADDRESS:	
CITY, STATE, ZIP	
CONTACT PERSON:	EMAIL:
PHONE #:	FAX #:
Product(s) and/or Service(s) Used:	

Designation of Confidential and Proprietary Information		
The attached material submitted in response to this Proposal includes proprietary and confidential information which qualifies as a trade secret, as provided in Sect 19.36(5), Wisconsin State Statutes, or is otherwise material that can be kept confidential under the Wisconsin Open Records law. As such, we ask that certain pages, as indicated below, of this proposal response be treated as confidential material and not be released without our written approval. Attach additional sheets if needed.		
Section	Page Number	Topic

Check mark : This firm is not designating any information as proprietary and confidential which qualifies as trade secret.

Prices always become public information when proposals are opened, and therefore cannot be designated as confidential.

Other information cannot be kept confidential unless it is a trade secret. Trade secret is defined in Sect. 134(80)(1)(c) Wis. State Statutes, as follows: "Trade secret" means information, including a formula, pattern, compilation, program, device, method technique or process to which all of the following apply:

1. The information derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by other persons who can obtain economic value from its disclosure or use.
2. The information is the subject of efforts to maintain its secrecy that are reasonable under the circumstances.

In the event the Designation of Confidentiality of this information is challenged, the undersigned hereby agrees to provide legal counsel or other necessary assistance to defend the Designation of Confidentiality.

Failure to include this form in the proposal response may mean that all information provided as part of the proposal response will be open to examination or copying. The County considers other markings of confidential in the proposal document to be insufficient. The undersigned agree to hold the County harmless for any damages arising out of the release of any material unless they are specifically identified above.

Signature

Title

Name (type or print)

Date

**FAIR LABOR PRACTICES CERTIFICATION
Dane County Ordinance 25.11(28)**

The undersigned, for and on behalf of the PROPOSER, BIDDER OR APPLICANT named herein, certifies as follows:

1. That he or she is an officer or duly authorized agent of the above-referenced PROPOSER, BIDDER OR APPLICANT, which has submitted a proposal, bid or application for a contract with the county of Dane.

That PROPOSER, BIDDER OR APPLICANT has: (Check One)

_____ not been found by the National Labor Relations Board (“NLRB”) or the Wisconsin Employment Relations Commission (“WERC”) to have violated any statute or regulation regarding labor standards or relations in the seven years prior to the date this Certification is signed.

_____ been found by the National Labor Relations Board (“NLRB”) or the Wisconsin Employment Relations Commission (“WERC”) to have violated any statute or regulation regarding labor standards or relations in the seven years prior to the date this Certification is signed

Date Signed: _____

Officer or Authorized Agent

Business Name

NOTE: You can find information regarding the violations described above at:
www.nlrb.gov and <http://werc.wi.gov>.

For Reference Dane County Ord. 28.11 (28) is as follows:

(28) BIDDER RESPONSIBILITY. (a) Any bid, application or proposal for any contract with the county, including public works contracts regulated under chapter 40, shall include a certification indicating whether the bidder has been found by the National Labor Relations Board (NLRB) or the Wisconsin Employment Relations Committee (WERC) to have violated any statute or regulation regarding labor standards or relations within the last seven years. The purchasing manager shall investigate any such finding and make a recommendation to the committee, which shall determine whether the conduct resulting in the finding affects the bidder’s responsibility to perform the contract.

If you indicated that you have been found by the NLRB or WERC to have such a violation, you must include a copy of any relevant information regarding such violation with your proposal, bid or application.

Appendix 1 Schedules of Benefits

	Option 1: 2016 Current Benefits		Option 2		Option 3		Option 4	
Health Plan Type (ie. PPO/HMO/POS)								
Deductible (Single/Family) (*See below)								
Network	\$100 / \$200		\$200 / \$300		\$300 / \$600		\$1,000 / \$2,000	
Non-Network	\$200 / \$400		\$400 / \$600		\$400 / \$600		\$1,500 / \$3,000	
Coinsurance								
Network	100%		100%		100%		100%	
Non-Network	100%		100%		80%		80%	
Maximum Out-of-Pocket (Single/Family)								
Includes Medical Copayments	Yes		Yes		Yes		Yes	
Includes Pharmacy Copayments	No		No		No		No	
Network	\$250 / \$500		\$500 / \$1,000		\$1,000 / \$2,000		\$1,500 / \$3,000	
Non-Network	\$500 / \$1,000		\$1,000 / \$2,000		\$2,000 / \$4,000		\$3,000 / \$6,000	
Copayments (*See below)	Primary	Specialty	Primary	Specialty	Primary	Specialty	Primary	Specialty
Network Office Visit	\$5	\$5	\$10	\$20	\$20	\$40	\$30	\$60
Non-Network Office Visit	\$10	\$10	\$20	\$40	\$30	\$60	\$40	\$70
Urgent Care	\$10		\$25		\$50		\$75	
Emergency Room	\$50		\$100		\$250		\$275	
High Tech Imaging Copay	\$0 / \$0		\$0 / \$100		\$100 / \$150		\$125 / \$175	
Outpatient Copay	\$0 Network / \$0 Non-Network		\$0 Network / \$0 Non-Network		\$0 Network / \$0 Non-Network		\$0 Network / \$0 Non-Network	
Inpatient Copay	\$0 Network / \$0 Non-Network		\$0 Network / \$0 Non-Network		\$0 Network / \$0 Non-Network		\$0 Network / \$0 Non-Network	
Pharmacy								
Drug Plan	\$0 / \$10 / \$20 / \$40		\$0 / \$10 / \$20 / \$40		\$0 / \$10 / \$20 / \$40		\$5 / \$15 / \$25 / \$50	
Maximum Out-of-Pocket Pharmacy Copay	\$500 / \$1,500		\$1,000 / \$2,000		\$2,000 / \$4,000		\$2,500 / \$4,500	

*Copayments and the deductible apply to your max out of pocket but are independent of one another. Copayments do not apply to the deductible.

While every effort is made to illustrate the carriers' various benefits, discrepancies or errors are possible. In the event of an error, the actual product brochure furnished by the insurance carrier and approved by the Commissioner of Insurance will prevail. The master contract and policyholder certificates are more detailed and should be used for the determination of benefits. All plans will comply with state and/or federal requirements with regard to nervous and mental benefits.

Appendix 2 Transgender Benefit Summary

Within the format of ATTACHMENT G-Cost Proposal Worksheet, Proposers must provide pricing for Option 1 and Option 2 below. Also, Proposers must attach a listing of in-network providers who provide services related to Transgender Health Care within your respective network(s).

Transgender Health Care Benefits

Statements have been made by prominent organizations such as the American Medical Association and the American Psychological Association confirming that trans health care is indeed medically necessary. Transition care includes, but is not limited to, hormone replacement therapy, gender confirming surgeries (i.e. sex reassignment surgery), breast augmentation and reduction, electrolysis and laser or facial hair removal, and voice surgery and training. Studies of the costs of transition-related care have shown it to have minimal charges to the employer.

Option 1: Limited to \$25,000 lifetime maximum:

Medically necessary changes incurred for treatment of gender transition will be paid the same as any other condition, including but not limited to: physician's visits, laboratory tests, gender confirming surgeries and procedures, and outpatient prescription drugs (including hormones and hormone therapy).

Option 2: No lifetime maximum:

Medically necessary changes incurred for treatment of gender transition will be paid the same as any other condition, including but not limited to: physician's visits, laboratory tests, gender confirming surgeries and procedures, and outpatient prescription drugs (including hormones and hormone therapy).

Appendix 3 Weight Loss Coverage Summary

Within the format of ATTACHMENT G-Cost Proposal Worksheet, Proposers must provide pricing for Option 1 and Option 2 below.

Option 1: Limited to \$25,000 lifetime maximum:

Weight control, weight loss, or the treatment of obesity, including, but not limited to, prescriptions, programs, and surgeries. Bariatric surgery, gastric restrictive or bypass procedures, or similar surgeries.

Option 2: No lifetime maximum:

Weight control, weight loss, or the treatment of obesity, including, but not limited to, prescriptions, programs, and surgeries. Bariatric surgery, gastric restrictive or bypass procedures, or similar surgeries.

Appendix 4

Dane County Wellness Program Summary

County is provided \$50,000 per year to provide onsite wellness programming. Programming includes onsite classes, lunch n learns, biometric screenings, employee reimbursements for community supported agriculture, fitness events, fitness tracking devices, weight loss programs and wellness prizes. The program is overseen by the County's Wellness Committee which meets quarterly.

The insurance carrier also provides Good Health Bonus funding to employees: \$200 per year for a family plan and \$100 for a single plan. The Good Health Bonus provides reimbursement to employees for health club memberships, fitness classes, weight loss programs etc.



DANE COUNTY HEALTH PLAN APPLICATION

Return to: DANE COUNTY CONTROLLER'S OFFICE
City-County Building, Room 426, 210 Martin Luther King, Jr. Blvd., Madison, WI 53703

PLEASE COMPLETE ALL AREAS IN INK

FOR EMPLOYER USE ONLY

38180 ACTIVE

EFFECTIVE DATE

Employee Name (last, first, middle)		Department/Division		DATE OF HIRE							
Mailing Address		Home Phone		Work Phone		FULL-TIME			PART-TIME		
						MO	DAY	YR	MO	DAY	YR
City, State, Zip		County		Are you actively at work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hours worked per WEEK					
COVERAGE DESIRED: <input type="checkbox"/> Single <input type="checkbox"/> Family		MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorce <input type="checkbox"/> Widowed		Date of Occurrence		Maiden Name (if any)					

COMPLETE FOR YOURSELF AND ALL FAMILY MEMBERS FOR WHOM YOU ARE SUBMITTING THIS APPLICATION

LAST NAME, FIRST NAME, MIDDLE	RELATIONSHIP TO EMPLOYEE	SEX M / F	SOCIAL SECURITY NUMBER	DATE OF BIRTH			DISABLED
				MO	DAY	YR	
	<i>Employee</i>		- -				<input type="checkbox"/> Y <input type="checkbox"/> N
	<i>Spouse / Domestic Partner (circle one)</i>		- -				<input type="checkbox"/> Y <input type="checkbox"/> N
			- -				<input type="checkbox"/> Y <input type="checkbox"/> N
			- -				<input type="checkbox"/> Y <input type="checkbox"/> N
			- -				<input type="checkbox"/> Y <input type="checkbox"/> N
			- -				<input type="checkbox"/> Y <input type="checkbox"/> N

A. TRANSFER/CHANGE IN COVERAGE: Complete this section to make any of the following types of changes or for a change in carrier during the annual choice period.		B. OTHER COVERAGE: Complete this section if you or anyone listed on this application are covered under other group health insurance.	
NAME OF PRESENT GROUP HEALTH INS.		GROUP NUMBER	SUBSCRIBER (POLICY) NO.
GROUP OR FILE NUMBER	SUBSCRIBER NUMBER	GROUP NAME	
<input type="checkbox"/> CHANGE TO FAMILY COVERAGE	<input type="checkbox"/> NEW ENROLLMENT	INSURANCE COMPANY	
<input type="checkbox"/> ADDING A DEPENDENT	<input type="checkbox"/> OPEN ENROLLMENT	NAME OF INSURED	
<input type="checkbox"/> CHANGE TO SINGLE COVERAGE		C. MEDICARE COVERAGE: Complete this section if anyone listed on this application is covered by Medicare.	
<input type="checkbox"/> ADDRESS CHANGE		SUBSCRIBER MEDICARE NO.	
<input type="checkbox"/> DIVORCE (attach verification)		EFFECTIVE DATE (HOSPITAL) PART A	EFFECTIVE DATE (MEDICAL) PART B
<input type="checkbox"/> NAME CHANGE (Former Name) _____		NAME OF SPOUSE OR DEPENDENT COVERED	
<input type="checkbox"/> OTHER (specify) _____		EFFECTIVE DATE (HOSPITAL) PART A	EFFECTIVE DATE (MEDICAL) PART B

ACCEPTANCE OF INSURANCE
I apply for the insurance under the indicated health insurance plan made available to me through the County of Dane and upon the terms and conditions listed on the reverse side. I am fully aware that benefits may be reduced if I or an insured family member fail to follow any applicable requirements of the plan. A copy of this application is to be considered as valid as the original.

SIGNATURE
Please choose either the electronic signature option or the signed paper copy option below.
Electronic Signature: Checking the "I Agree" box below is your signature for purposes of electronic online enrollment.
 I Agree
Paper Signature: Please sign and date below, print document and submit to the address listed at the top of the form

Signature _____ Date _____

WAIVE COVERAGE Sign below and box if you do NOT wish to enroll. See waiver on reverse side.

EMPLOYEE PRINT NAME _____

EMPLOYEE SIGNATURE _____ DATE _____

TERMS & CONDITIONS

1. To the best of my knowledge, all statements and answers in this application are complete and true. All statements and answers in this application are representations made by me on behalf of myself and other persons named in the application, if any, to induce the issuance of the contract(s) applied for. The contents of this application are to be solely relied upon by the county health insurance carrier, exclusive of the knowledge of an agent or employee of the county health insurance carrier.
2. The insurance I hereby apply for will be effective only when the county health insurance carrier approves this application. Evidence of such approval will be issuance of Identification Card(s) which will be delivered to the Group or the Applicant.
3. My remitting agent is Dane County.
4. I and my dependents are bound by the terms of the Health Services Agreement between Dane County and the county health insurance carrier as well as the terms of the health insurance policy issued to Dane County. A copy of the Health Services Agreement is on file with Dane County and with the county health insurance carrier and either copy may be inspected during normal business hours upon request.
5. I agree to pay in advance the current premium for this insurance and I authorize the remitting agent to deduct from my wages or salary an amount sufficient to provide for regular premium payments that are not otherwise contributed. The remitting agent shall send the premium on my behalf to the insurance carrier I have selected.
6. Please see WEA Trust website: www.weatrust.com/dane
7. I agree that any physician, hospital, or other institution, who attends or has attended me, my spouse, or any of my children is authorized to furnish the insurance carrier with any and all information including the history obtained, findings and diagnosis.
8. I understand that any approved coverage is not effective if I'm not actively at work at Dane County on the assigned effective date, but that such coverage will first become effective on the first day thereafter that I am actively working at such employment.

EMPLOYEE'S REFUSAL OF HEALTH INSURANCE

I further certify that I fully understand that by this refusal I will not be entitled to any benefits whatsoever under such portion of the Group Insurance program, and that if I wish to become a participant in such portion of the Group Insurance program at a future date, I will be subject to the rules for late enrollment described in the health insurance policy.