



Park Hill School District
Request for Proposal

Group Long Term Disability Coverage

Proposed Effective Date January 1, 2019



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Introduction & Bid Process

This document is a request for qualified companies to submit proposals to provide Park Hill School District (PHSD) with Group Long Term Disability coverage for eligible employees, dependents, and retirees. The contract period should be from January 1, 2019 to December 31, 2019 or longer.

Submission Requirements

1. Proposals will be received by Park Hill School District Office, Attn: Jo Ann Blakely, 7703 NW Barry Road, Kansas City, MO 64153, until **4:00 p.m., Monday, May 7, 2018**. Late proposals will not be considered.
2. Two printed, paper copies of the proposals, as well as an electronic copy on a flash drive, must be returned (with all necessary attachments) to PHSD by the proposal receipt date and time specified.
3. Any and all questions regarding this Request for Proposal must be directed in writing to **Michelle Conn (mconn@cbiz.com) at CBIZ Benefits and Insurance Services no later than April 16, 2018 at 4:00 p.m.**
4. Following is a schedule of the RFP process:

RFP Posted and Issued	Monday, April 9, 2018
Questions due to CBIZ	Monday, April 16, 2018
CBIZ Issues Response to Questions	Friday, April 20, 2018
RFP Closing	Monday, May 7, 2018
Contract Award	Thursday, August 16, 2018
Contract Effective Date	January 1, 2019

General Requirements

Said proposals must conform to the following specifications and instructions.

1. PHSD reserves the right to reject any and all proposals and to waive formalities. Upon review of each proposal, PHSD also reserves the right to request additional clarification, if needed, regarding networks, benefits, and funding.
2. The contractor agrees to hold PHSD harmless in any and all liability claims that might arise from the services provided by this contract.

3. The contractor agrees to comply with the Fair Labor Standards Act, Fair Employment Practices, Equal Opportunity Employment Act and all other applicable Federal, State and County Laws.
4. All reports generated for this contract shall become the property of PHSD upon completion of requirements. The contractor may not, for any reason, use any information or report without the express written consent of PHSD.
5. Your proposal must respond to the specific questions and requests for information addressed in this Request for Proposal. In responding, please include a letter stating the extent to which your proposal deviates from the Description of Required Services and indicate the reason for any deviation. If no statement of deviation is provided, it will be assumed that your proposal conforms to the Description of Required Services.

Evaluation Criteria

Each proposal should enable the evaluation committee to make a thorough evaluation and arrive at a sound determination as to whether or not the proposal will meet PHSD's requirements. Each proposal must be specific, detailed and complete as to clearly and fully demonstrate that the proposer has a thorough knowledge and understanding of the requirements.

Proposals will be analyzed by the District and CBIZ evaluation team using the following parameters:

- **Cost.** What is the overall cost of the benefit to the District and employees? What are the short-term costs, potential long-term costs?
- **Benefits.** What is the scope of the benefits being offered and how does the plan design change from the current plan?
- **Administration of Claims.** Can the vendor provide reliable, consistent and fair administration of claims? Does the vendor have data/technology systems that reliably integrate employee data, receive premiums, and that can provide datasets back to the District for analysis?

Contract Award

1. PHSD reserves the right, before making an award, to investigate whether or not the qualifications or services proposed by the offeror meet the requirements set forth in the proposal and are ample and sufficient to insure the proper performance of the contract in the event of an award.
2. Any notice of contract award resulting from this RFP will be made only by written authorization from PHSD.
3. PHSD reserves the right to make multiple and/or partial awards; waive any or all requirements of this RFP; accept or reject any or all proposals, if deemed by PHSD to be in the best interest of PHSD.

Statement of No Proposal

Note: If you do not intend to provide a proposal, please return this form immediately.

We, the undersigned, have declined to submit a proposal for Group Long Term Disability Coverage for the following reason(s).

- Insufficient time to respond to the R.F.P.
- We do not offer this product or service
- Ineligible Industry
- We are unable to meet specifications
- Not Competitive at this time
- Other (explain)

Remarks: _____

Company Name: _____
Signature: _____
Telephone: _____
Date: _____

Please fax to the attention of Michelle Conn at (816) 897-1511.

Background Information

General Background

PHSD is located at 7703 NW Barry Road, Kansas City, MO 64153. PHSD serves students in a 71 square mile area in Platte County, Missouri and is fully accredited by the state of Missouri. PHSD has approximately 1,452 full-time benefit eligible employees. PHSD consists of 10 elementary, three middle and two high schools; an innovation studio for high school level students, a day school for students with special needs, an Early Childhood Education Center, an aquatic center, support services facility and administrative facility. Estimated student enrollment for the current school year approximates 11,287 (K-12).

Currently, PHSD is covered through Cigna of Missouri.

PHSD is committed to providing a quality long term disability program for its classified and certified employees.

- **Classification of Employees:** All full-time employees actively working 30 hours per week. Coverage for employees is effective the first of the month following their date of hire.

Current Plans

1. PHSD has been with Cigna January 2013.
2. 100% employer paid Long Term Disability is only available for Administrators, Custodians and Maintenance employees. PHSD offers these classes of employees two options in paying for the LTD coverage:
 - **Pre-tax** – PHSD pays the entire premium for the employee. The disability benefit that the employee receives will be taxed.
 - **Post-tax** – The employees pay the entire premium with after-tax dollars. PHSD will “gross-up” the employee’s monthly salary by the amount of the premium. The disability benefit that the employee receives will be on a tax-favored basis.
3. The Voluntary Long Term Disability is 100% employee paid.
4. “Actively at work” provision must be waived for all employees and dependents on the effective date of the contract.
5. Please see attached for current benefits summaries.

Description of Required Services

The objective of the RFP process will be to identify among multiple proposals the best employee benefits program with the most effective price for Group Long Term Disability coverage. All traditional and non-traditional approaches to providing a quality employee benefits program at an affordable cost will be considered.

Consultant Appointment

CBIZ Benefits and Insurance Services, Inc. (CBIZ) is PHSD's appointed consultant/broker on specified health/welfare and employee benefits programs and functions as a benefit outsource service. Please submit pricing excluding (net of) all commission/compensation agreement for an insurance broker/consultant.

CBIZ Benefits & Insurance Services has been and will continue to be committed to acting in our clients' best interest by providing services and products that meet our clients' needs as communicated to CBIZ. From time to time, CBIZ may participate in agreements with one or more insurance companies or third party vendors, in connection with the insurance related transactions, to receive additional compensation or consideration. These compensation arrangements are provided to CBIZ as a result of the performance and expertise, by which products and services are provided to the client and may result in enhancing CBIZs ability to access certain markets and services on behalf of CBIZ clients. More information regarding these agreements and the consideration received pursuant to these agreements is available upon written request.

Proposed Plan Design

Please duplicate the current plan designs and highlight any alternate plan designs you may propose. Attached is the current plan design.

Funding

1. **Multi-year rate guarantees or renewal rate-caps are requested and will be given very strong consideration.**
2. The contractor must accompany the renewal quotations within a multi-year cap, with a renewal calculation justifying the percentage of adjustment and the increase in unit cost and may not simply impose the maximum increase.
3. The inclusion of a maximum increase in no way prohibits PHSD or CBIZ from negotiating a lesser increase or premium decrease for any of the renewal options.

Reporting/Utilization Data

1. As a potential contractor, it is important for you to state your claim reporting capability (all options), including your scope and frequency of such reporting. Please include sample claim reports.
2. The availability of detailed management reports, at least on a quarterly basis, is required so as to allow PHSD to respond to employee needs and be in a position to react proactively to claim variations against expectations.
3. The selected vendor will need to be able to accept file feeds from a benefits administration system. The benefits administration vendor with which we actively work accepts a wide range of EDI formats. The scope of services generally falls into the following categories:
 - Electronic Enrollment Services
 - Eligibility Maintenance
 - Payroll Deduction Communication
 - Premium Invoicing Services
 - Administrator Functions
 - Trouble-Shooting Features
 - Qualifying Event Management
 - Form and Document “Portal” Services

Long Term Disability Questionnaire

In answering the following questions, please do not refer to your proposal. Restate each question and then respond directly to the question.

General Questions

1. Please state your willingness to provide final renewal 180 days in advance. If not, what is the period to which you will adhere?
2. If your proposal does not comply with the specifications in any way, please explain all deviations in detail.
3. Provide the names, locations, and years of experience with your company for the team that will service our organization.
4. If your proposal is selected for both disability and life insurance coverage when an employee files a disability claim, will your company automatically file the waiver of premium for life insurance coverage?
5. Please provide the name, title, and telephone number of three of your clients that are similar in size to PHSD.
6. Please explain the claim filing process. What methods can claims be submitted, i.e. phone, fax, mail, online?
7. What is the process from the time the claim is received until the claim is approved/denied?
8. How is PHSD notified of approval/denial of a disability claim or if a claim is pending due to missing information? What is the frequency of notification?
9. Will you provide performance guarantees? If so, describe them. Be sure to include a list of the services on which you are willing to guarantee your performance.
10. Are claimant files (changes, enrollments, claims, etc.) updated immediately, overnight, or at some other time?
11. Please describe your employee communications, including what would be distributed at open enrollment. Please provide samples.
12. Please provide a timeframe and schedule of critical events which would occur should you be selected the carrier of choice for PHSD.
13. Please provide any information that you feel has not been adequately addressed to give your proposal its best opportunity, or any information you feel we need to better understand your recommendations.

Premium/Contribution History

See Attached

Claim History

See Attached

Census Information

See Attached