

MIAMIBEACH

Invitation to Negotiate (ITN)

2023-260-WG

Administration of the City's Ancillary Health Benefits for Employees, Retirees, and Their Dependents

2023-02-02

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SECTION 0200 INSTRUCTIONS TO PROPOSERS & GENERAL CONDITIONS

1. GENERAL. This Invitation to Negotiate (ITN) is issued by the City of Miami Beach, Florida (the “City”), as the means for prospective Proposers to submit their qualifications, proposed scopes of work and cost proposals (the “proposal”) to the City for the City’s consideration as an option in achieving the required scope of services and requirements as noted herein. All documents released in connection with this solicitation, including all appendixes and addenda, whether included herein or released under separate cover, comprise the solicitation, and are complementary to one another and together establish the complete terms, conditions and obligations of the Proposers and, subsequently, the successful Proposer(s) (the “contractor[s]”) if this ITN results in an award.

The City utilizes Periscope S2G (formally known as BidSync) (www.periscopeholdings.com or www.bidsync.com) for automatic notification of competitive solicitation opportunities and document fulfillment, including the issuance of any addendum to this ITN. Any prospective Proposer who has received this ITN by any means other than through Periscope S2G must register immediately with Periscope S2G to assure it receives any addendum issued to this ITN. Failure to receive an addendum may result in disqualification of proposal submitted.

2. BACKGROUND. On October 1, 2016, pursuant to ITN 2016-084-WG the City entered into agreements with Cigna Health and Life Insurance Company for the administration of its Dental Plan, and with UNUM Life Insurance Company of America for the administration of the Group Life plan, Disability and FMLA plans. The existing Agreements are scheduled to expire September 30, 2023.

PURPOSE. The City is seeking proposals from qualified firms for the administration of the City’s ancillary health benefits for employees, retirees and their dependents which include:

- Plan A – Dental Health Plan.
- Plan B – Disability Plan and FMLA Administration.
- Plan C – Group Life & Accidental Death and Dismemberment.

It is the intent of this ITN to evaluate, score and rank, plans separately, as grouped above (e.g., Plans A, B or C). Each proposal must clearly indicate for which plan the proposal(s) is being submitted. **Bidders may submit proposals for more than one plan type, provided that the Bidder submits a separate proposal for each plan option the Bidder is interested in pursuing. For example, interested in submitting proposals for Plan A (Group Dental) and Plan B (Disability Plan & FMLA Administration), shall submit two (2) separate proposals; one for Plan A and another for Plan B.**

3. ANTICIPATED ITN TIMETABLE. The tentative schedule for this solicitation is as follows:

ITN Issued	September 23, 2021
Pre-Proposal Meeting	September 30, 2021 at 10:00 am ET Join on your computer or mobile app Click here to join the meeting Or call in (audio only) +1 786-636-1480 United States, Miami Phone Conference ID: 916 525 649#
Deadline for Receipt of Questions	October 18, 2021 at 5:00 pm ET
Responses Due	October 28, 2021 at 3:00 pm ET Join on your computer or mobile app Click here to join the meeting Or call in (audio only) +1 786-636-1480 United States, Miami Phone Conference ID: 316 934 347#

Evaluation Committee Review	TBD
Tentative Commission Approval	TBD
Contract Negotiations	Following Commission Approval

4. PROCUREMENT CONTACT. Any questions or clarifications concerning this solicitation shall be submitted to the Procurement Contact noted below:

Procurement Contact: William Garviso Telephone: 305 673-7490 Email: WilliamGarviso@miamibeachfl.gov

Additionally, the City Clerk is to be copied on all communications via e-mail at: RafaelGranado@miamibeachfl.gov; or via facsimile: 786-394-4188.

The Bid title/number shall be referenced on all correspondence. All questions or requests for clarification must be received no later than seven (7) calendar days prior to the date proposals are due as scheduled in Section 0100-3. All responses to questions/clarifications will be sent to all prospective Proposers in the form of an addendum.

5. PRE-PROPOSAL MEETING OR SITE VISIT(S). A pre-proposal meeting or site visit(s) may be scheduled. Attendance for the pre-proposal meeting shall be via web conference and recommended as a source of information but is not mandatory. Proposers interested in participating in the Pre-Proposal Meeting must follow these steps:

Join on your computer or mobile app

[Click here to join the meeting](#)

Or call in (audio only)

+1 786-636-1480 United States, Miami

Phone Conference ID: 916 525 649#

Proposers who are participating should send an e-mail to the contact person listed in this ITN expressing their intent to participate.

6. PRE-PROPOSAL INTERPRETATIONS. Oral information or responses to questions received by prospective Proposers are not binding on the City and will be without legal effect, including any information received at pre-submittal meeting or site visit(s). The City by means of Addenda will issue interpretations or written addenda clarifications considered necessary by the City in response to questions. Only questions answered by written addenda will be binding and may supersede terms noted in this solicitation. Addendum will be released through *Periscope S2G*. Any prospective proposer who has received this ITN by any means other than through *Periscope S2G* must register immediately with *Periscope S2G* to assure it receives any addendum issued to this ITN. Failure to receive an addendum may result in disqualification of proposal. Written questions should be received no later than the date outlined in the **Anticipated ITN Timetable** section.

7. CONE OF SILENCE. This ITN is subject to, and all proposers are expected to be or become familiar with, the City's Cone of Silence Requirements, as codified in Section 2-486 of the City Code. Proposers shall be solely responsible for ensuring that all applicable provisions of the City's Cone of Silence are complied with, and shall be subject to any and all sanctions, as prescribed therein, including rendering their response voidable, in the event of such non-compliance. Communications regarding this solicitation are to be submitted in writing to the Procurement Contact named herein with a copy to the City Clerk at rafaelgranado@miamibeachfl.gov

8. ADDITIONAL INFORMATION OR CLARIFICATION. After proposal submittal, the City reserves the right to require additional information from Proposers (or Proposer team members or sub-consultants) to determine: qualifications (including, but not limited to, litigation history, regulatory action, or additional references); and financial capability (including, but not limited to, annual reviewed/audited financial statements with the auditors notes for each of their last two complete fiscal years).

9. PROPOSER'S RESPONSIBILITY. Before submitting a response, each Proposer shall be solely responsible for making any and all investigations, evaluations, and examinations, as it deems necessary, to ascertain all conditions and requirements affecting the full performance of the contract. Ignorance of such conditions and requirements, and/or failure to make such evaluations, investigations, and examinations, will not relieve the Proposer from any obligation to comply with every detail and with all provisions and requirements of the contract, and will not be accepted as a basis for any subsequent claim whatsoever for any monetary consideration on the part of the Proposer.

10. DETERMINATION OF AWARD. The City Manager may appoint an evaluation committee to assist in the evaluation of proposals received. The evaluation committee is advisory only to the city manager. The city manager may consider the information provided by the evaluation committee process and/or may utilize other information deemed relevant. The City Manager's recommendation need not be consistent with the information provided by the evaluation committee process and takes into consideration Miami Beach City Code Section 2-369, including the following considerations:

- (1) The ability, capacity and skill of the Proposer to perform the contract.
- (2) Whether the Proposer can perform the contract within the time specified, without delay or interference.
- (3) The character, integrity, reputation, judgment, experience and efficiency of the Proposer.
- (4) The quality of performance of previous contracts.
- (5) The previous and existing compliance by the Proposer with laws and ordinances relating to the contract.

The City Manager may recommend to the City Commission the Proposer(s) s/he deems to be in the best interest of the City or may recommend rejection of all proposals. The City Commission shall consider the City Manager's recommendation and may approve such recommendation. The City Commission may also, at its option, reject the City Manager's recommendation and select another Proposal or Proposals which it deems to be in the best interest of the City, or it may also reject all Proposals.

11. NEGOTIATIONS. Following selection, the City reserves the right to enter into further negotiations with the selected Proposer. Notwithstanding the preceding, the City is in no way obligated to enter into a contract with the selected Proposer in the event the parties are unable to negotiate a contract. It is also understood and acknowledged by Proposers that no property, contract or legal rights of any kind shall be created at any time until and unless an Agreement has been agreed to; approved by the City; and executed by the parties.

12. PERISCOPE S2G (FORMERLY BIDSINC). The Procurement Department utilizes Periscope S2G, Supplier-to-Government electronic bidding (e-Bid) platform. If you would like to be notified of available competitive solicitations released by the City you must register and complete your vendor qualifications through Periscope S2G, Supplier-to-Government www.bidsync.com/Miami-Beach. Registration is easy and will only take a few minutes. For detailed instructions on how to register, complete vendor qualifications and submit electronic bids visit <https://www.miamibeachfl.gov/city-hall/procurement/for-approval-how-to-become-a-vendor/>.

Should you have any questions regarding this system or registration, please visit the above link or contact Periscope S2G, Supplier-to-Government at support@bidsync.com or 800.990.9339, option 1, option 1.

13. HOW TO MANAGE OR CREATE A VENDOR PROFILE ON VENDOR SELF SERVICE (VSS). In addition to registering with Periscope S2G, the City encourages vendors to register with our online Vendor Self-Service web page, allowing City vendors to easily update contacts, attachments (W-9), and commodity information. The Vendor Self-Service (VSS) webpage (<https://selfservice.miamibeachfl.gov/vss/Vendors/default.aspx>) will also provide you with purchase orders and payment information.

Should you have any questions and/or comments, do not hesitate to submit them to vendorsupport@miamibeachfl.gov

14. SUPPLIER DIVERSITY. In an effort to increase the number and diversity of supplier options in the procurement of goods and services, the City has established a registry of LGBT-owned businesses, as certified by the National LGBT Chamber of Commerce (NGLCC) and small and disadvantaged businesses, as certified by Miami-Dade County. See authorizing resolutions [here](#).

If your company is certified as an LGBT-owned business by NGLCC, or as a small or disadvantaged business by Miami-Dade County, click on the link below to be added to the City's supplier registry (Vendor Self-Service) and bid system (Periscope S2G, Supplier-to-Government). These are two different systems and it is important that you register for both.

Click to see acceptable certification and to register: <https://www.miamibeachfl.gov/city-hall/procurement/how-to-become-a-vendor/>.

15. E-VERIFY. As a contractor you are obligated to comply with the provisions of Section 448.095, Fla. Stat., "Employment Eligibility." Therefore, you shall utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the Contractor during the term of the Contract and shall expressly require any subcontractors performing work or providing services pursuant to the Contract to likewise utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the Contract term.

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SECTION 0200

GENERAL CONDITIONS

FORMAL SOLICITATIONS TERMS & CONDITIONS - GOODS AND SERVICES. By virtue of submitting a proposal in response to this solicitation, proposer agrees to be bound by and in compliance with the Terms and Conditions for Services (Version dated 10.27.2022), incorporated herein, which may be found at the following link:

<https://www.miamibeachfl.gov/city-hall/procurement/standard-terms-and-conditions/>

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MIAMI BEACH

SECTION 0300 PROPOSAL SUBMITTAL INSTRUCTIONS AND FORMAT

1. ELECTRONIC RESPONSES (ONLY). Proposals must be submitted electronically through Periscope S2G (formerly BidSync) on or before the date and time indicated. Hard copy proposals or proposals received through email or facsimile are not acceptable and will be rejected.

A proposer may submit a modified proposal to replace all or any portion of a previously submitted proposal until the deadline for proposal submittals. The City will only consider the latest version of the bid.

Electronic proposal submissions may require the uploading of attachments. All documents should be attached as separate files in accordance with the instructions included in Section 4, below. Attachments containing embedded documents or proprietary file extensions are prohibited. It is the Bidder's responsibility to assure that its bid, including all attachments, is uploaded successfully.

Only proposal submittals received, and time stamped by Periscope S2G (formerly BidSync) prior to the proposal submittal deadline shall be accepted as timely submitted. Late bids cannot be submitted and will not be accepted. Bidders are cautioned to allow sufficient time for the submittal of bids and uploading of attachments. Any technical issues must be submitted to Periscope S2G (formerly BidSync) by contacting (800) 990-9339 (toll free) or S2G@periscopeholdings.com. The City cannot assist with technical issues regarding submittals and will in no way be responsible for delays caused by any technical or other issue.

It is the sole responsibility of each Bidder to ensure its proposal is successfully submitted in BidSync prior to the deadline for proposal submittals.

2. NON-RESPONSIVENESS. Failure to submit the following requirements shall result in a determination of non-responsiveness. Non-responsive proposals will not be considered.

1. Bid Submittal Questionnaire
2. Failure to comply with Minimum Eligibility Requirement (See Tab 1).
3. Cost Proposal (Tab 5).

2.1 NON-DISCLOSURE AGREEMENTS

1.) If you require a non-disclosure agreement to complete the dental re-pricing exercise, please send to the City for consideration and execution prior to proposal submittal for City review.

2.) When submitting this re-pricing data to the City, please indicate whether it is private, confidential, and/or containing trade secrets as any non-disclosure agreement with the City's Consultant does not prevent a possible public records requests made to the City by a third-party. The City will make the final determination regarding any public records request.

3. OMITTED OR ADDITIONAL INFORMATION. Failure to complete and submit the Bid Submittal Questionnaire (submitted electronically) and the Cost Proposal with the bid and by the deadline for submittals shall render a proposal non-responsive. Non-Responsive proposals will not be considered. With the exception of the Bid Submittal Questionnaire (completed and submitted electronically) and the Cost Proposal, the City reserves the right to seek any omitted information/documentation or any additional information from Proposer or other source(s), including but not limited to: any firm or principal information, applicable licensure, resumes of relevant individuals, client information, financial information, or any information the City deems necessary to evaluate the capacity of the Proposer to perform in accordance with contract requirements. Failure to submit any omitted or additional information in accordance with the City's request shall result in proposal being deemed non-responsive.

4. ELECTRONIC PROPOSAL FORMAT. In order to maintain comparability, facilitate the review process and assist

the Evaluation Committee in review of proposals, it is strongly recommended that proposals be organized and tabbed in accordance with the tabs, and sections as specified below. The electronic submittal should be tabbed as enumerated below and contain a table of contents with page references. The electronic proposal shall be submitted through the "Line Items" attachment tab in Periscope S2G.

TAB 1	Cover Letter, Table of Contents & Minimum Qualifications Requirements
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1.1 Cover Letter and Table of Contents. The cover letter must indicate Proposer and Proposer Primary Contact for the purposes of this solicitation.

Bidders may submit proposals for more than one plan type, provided that the Bidder submits a separate proposal for each plan option the Bidder is interested in pursuing. For example, interested in submitting proposals for Plan A (Group Dental) and Plan B (Disability Plan & FMLA Administration), shall submit two (2) separate proposals; one for Plan A and another for Plan B.

1.2 Minimum Qualifications Requirements. Submit verifiable information documenting compliance with the minimum qualifications requirements established below.

Plan A - Dental Health Plan

The firm and/or its principals shall have a minimum of five years' experience providing Group Dental Health Plan services to city, county, or other local governmental organizations or public entities.

Required Submittals: Three (3) client references including name, contact information including address/telephone/email, length of services provided, and the actual services provided to the client.

Plan B - Disability & FMLA Plan

The firm and/or its principals shall have a minimum of five years' experience providing Disability & FMLA Plan services to city, county, or other local governmental organizations or public entities.

Required Submittals: Three (3) client references including name, contact information including address/telephone/email, length of services provided, and the actual services provided to the client.

PLAN C - Group Term Life & Accidental Death and Dismemberment

The firm and/or its principals shall have a minimum of five years' experience providing Group Term Life & Accidental Death and Dismemberment health benefits services to city, county, or other local governmental organizations or public entities.

Required Submittals: Three (3) client references including name, contact information including address/telephone/email, length of services provided, and the actual services provided to the client.

1.3 Authorization from Florida Office of Insurance Regulation. If doing business as an insurance company in the State of Florida and you are responding to any aspect of this ITN that requires an insurance company service, please provide proof that your application to do business as an insurance company was submitted to the Florida Office of Insurance Regulation and approval was granted. Please include the types of insurance you have the authority to underwrite and that your authority is current (has not expired).

Required Submittals: Current insurance business license, proof of approval and that underwriting authority is current from the Florida Office of Insurance Regulation.

TAB 2	Experience & Qualifications
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2.1 Qualifications of Proposing Firm. Submit detailed information regarding the relevant experience and proven track record of the firm and/or its principals in providing the scope of services similar as identified in this solicitation, including experience in providing similar scope of services to public sector agencies. For each project that the Proposer submits as evidence of similar experience for the firm and/or any principal, the following is required: project description, agency name, agency contact, contact telephone & email, and year(s) and term of engagement. For each project, identify

whether the experience is for the firm or for a principal (include name of principal).

2.2 Qualifications of Proposer Team. Provide an organizational chart of all personnel and consultants to be used for this project if awarded, the role that each team member will play in providing the services detailed herein and each team members' qualifications. A resume of each individual, including education, experience, and any other pertinent information, shall be included for each Proposal team member to be assigned to this contract.

TAB 3 Scope of Services Proposed

Submit detailed information addressing how Proposer will achieve each portion of the scope of services and technical requirements outlined in Appendix A, Specifications.

Responses shall be in sufficient detail and include supporting documentation, as applicable, which will allow the Evaluation Committee to complete a fully review and score the proposed scope of services.

TAB 4 Approach and Methodology

Submit detailed information on how Proposer plans to accomplish the required scope of services, including detailed information, as applicable, which addresses, but need not be limited to:

- plan proposal, including implementation timeline after contract execution
- options for assuring plans are implemented on time and within budget.

TAB 5 Cost Proposal

See Appendix B – Cost Proposal Form. The applicable cost proposal form for the plan type submitted must be included with the bid by the submittal deadline.

Failure to submit the applicable cost proposal form (Appendix B, Cost Proposal Form), completed in its entirety, by the deadline established for the receipt of proposals will result in proposal being deemed non-responsive and being rejected.

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SECTION 0400 PROPOSAL EVALUATION

1. EVALUATION OF PROPOSALS. All responsive proposals will be evaluated in accordance with this section. The City Manager may appoint an Evaluation Committee to consider and provide feedback on the qualitative factors of each proposal. In the event that only one responsive proposal is received, the City Manager, after determination that the sole responsive proposal materially meets the requirements of the ITN, may, without an evaluation committee, recommend to the City Commission that the Administration enter into negotiations. The Evaluation Committee’s scores and rankings are only advisory to the City Manager, who will utilize the results to take one of the following actions:

- a. Recommend that the City Commission authorize negotiations or award a contract to one or more firms in accordance with Section 0100, Sub-section 10; or
- b. Recommend that the City Commission short-list one or more firms for further consideration by the Evaluation Committee; or
- c. Recommend to the City Commission that all firms, if more than one (1) responsive submittal is received, be rejected.

2. PRESENTATIONS BY SHORT-LISTED FIRMS. If a short-listing of firms responding to this RFP is approved, the short-listed firms may be required to make presentations to and be interviewed by the Evaluation Committee. In further considering the short-listed firms, the Evaluation Committee will utilize the criteria set forth in Sub-section 4 below.

3. TECHNICAL ADVISORS. The City, in its discretion, may utilize technical or other advisers to assist the evaluation committee or the City Manager in the evaluation of proposals.

4. EVALUATION OF QUALITATIVE FACTORS (QUALIFICATIONS, SCOPE AND APPROACH), COST PROPOSAL, AND VETERAN’S PREFERENCE. The Evaluation Committee shall only consider qualitative factors. The Evaluation Committee shall not consider quantitative factors (e.g., cost, revenue) in its review of proposals. The Evaluation Committee shall act solely in an advisory capacity to the City Manager. The results of the Evaluation Committee process do not constitute an award recommendation. The City Manager may utilize, but is not bound by, the results of the Evaluation Committee process, as well as consider any feedback or information provided by staff, consultants or any other third-party in developing an award recommendation in accordance with Sub-section 4 below. In its review of proposals received, the Evaluation Committee may review and score all proposals, with or without conducting interview sessions, in accordance with the following criteria. The Procurement Department will assign points for Veteran’s Preference, pursuant to Ordinance No. 2011-3748, as applicable.

Award may be made by plan, which are grouped, as follows; Plan A - Dental Health Plan; Plan B - Group Disability and FMLA Plan; and Plan C - Group Life & Accidental Death and Dismemberment. Scoring and ranking will be made individually by plan in accordance with Maximum Points Schedule as stated in Section 0400 Proposal Evaluation. Proposers may attain a maximum of 105 points per plan.

Qualitative Criteria		Maximum Points
(Points Assigned by Evaluation Committee)		
Proposer Experience and Qualifications		35
Scope of Services Proposed		30
Approach and Methodology		15
TOTAL AVAILABLE POINTS for Qualitative Criteria		80
Quantitative Criteria		Maximum Points
(Points Assigned by Procurement Department)		
Cost Proposal		20
Veteran’s Preference Points		5
TOTAL AVAILABLE POINTS for Qualitative and Quantitative		105

5. QUANTITATIVE FACTORS. Quantitative factors shall not be considered by the Evaluation Committee. Quantitative factors will be considered by the City Manager in preparing a recommendation to the City Commission. In considering quantitative factors, the City Manager may also consider any feedback or information provided by staff, consultants or any other third-party in developing an award recommendation in accordance with Sub-section 7 below.

Cost Proposal Evaluation. The cost proposal points shall be developed in accordance with the following formula:

Sample Objective Formula for Cost				
Vendor	Vendor Cost Proposal	Example Maximum Allowable Points (Points noted are for illustrative purposes only. Actual points are noted above.)	Formula for Calculating Points (lowest cost / cost of proposal being evaluated X maximum allowable points = awarded points) Round to	Total Points Awarded
Vendor A	\$100.00	20	$\$100 / \$100 \times 20 = 20$	20
Vendor B	\$150.00	20	$\$100 / \$150 \times 20 = 13$	13
Vendor C	\$200.00	20	$\$100 / \$200 \times 20 = 10$	10

6. EVALUATION COMMITTEE RANKING FOR QUALITATIVE CRITERIA ONLY. The sum of qualitative scores will be converted to rankings in accordance with the example below.

		Bidder A	Bidder B	Bidder C
Committee Member 1	Qualitative Points	82	76	80
	Quantitative Points	22	15	12
	Total	104	91	92
	Rank	1	3	2
Committee Member 2	Qualitative Points	79	85	72
	Quantitative Points	22	15	12
	Total	101	100	84
	Rank	1	2	3
Committee Member 2	Qualitative Points	80	74	66
	Quantitative Points	22	15	12
	Total	102	89	78
	Rank	1	2	3
Low Aggregate Score		3	7	8
Final Ranking*		1	2	3

7. DETERMINATION OF AWARD. The City Manager shall consider qualitative and quantitative factors, in accordance with Sub-section 2 and 3 above, to recommend the proposer(s) he deems to be in the best interest of the City or may recommend rejection of all proposals. The City Manager’s recommendation need not be consistent with the information provided by the evaluation committee process and takes into consideration Miami Beach City Code Section 2-369, including the following considerations:

- (1) The ability, capacity and skill of the Proposer to perform the contract.
- (2) Whether the Proposer can perform the contract within the time specified, without delay or interference.
- (3) The character, integrity, reputation, judgment, experience and efficiency of the Proposer.
- (4) The quality of performance of previous contracts.
- (5) The previous and existing compliance by the Proposer with laws and ordinances relating to the contract.

The City Manager may recommend to the City Commission the Proposer(s) s/he deems to be in the best interest of the City or may recommend rejection of all proposals. The City Commission shall consider the City Manager’s recommendation and may approve such recommendation. The City Commission may also, at its option, reject the City Manager’s recommendation and select another Proposal or Proposals which it deems to be in the best interest of

the City, or it may also reject all Proposals.

APPENDIX A

MIAMI BEACH

Specifications

Invitation to Negotiate (ITN)
2023-260-WG

Administration of the City's Ancillary Health
Benefits for Employees, Retirees, and Their
Dependents

PROCUREMENT DEPARTMENT
1755 Meridian Avenue, 3rd Floor
Miami Beach, Florida 33139

A1. Statement of Work Required and ITN Submittal Instructions.

The City is seeking proposals from qualified firms to provide and administer Ancillary benefits plans for eligible employees, retirees, Consolidated Omnibus Budget Reconciliation Act (COBRA) participants and their dependents, including domestic partners. The intent of this ITN is to provide plans that are very similar to or better than the City’s current ancillary benefits, which are described below and in more detail in the Attachments.

A2. Specifications.

Plan Year / Effective Date:	October 1, 2023
Dental Plan	The City’s Dental Plan is administered by Cigna. The City offers employees and retirees the option of a fully-insured DHMO or a self-funded DPPO. For active employees, the City pays 50% for each tier of the fully-insured DHMO rates or 50% of the self-funded DPPO rates. The City currently has three (3) tiers – Employee Only, Employee + 1, and Employee + 2 more – and requests that this continue for the DHMO rates quoted. The City’s Consultant will incorporate the DPPO ASO fee quoted in your proposal with the Dental Repricing Data and develop three (3) tier rates for the City. The City would prefer for DHMO quotes to closely resemble the current tier ratios.
Disability Plan and FMLA Administration	The City’s Disability Plan and FMLA Administration is administered by Unum. The STD and LTD disability benefits are fully-insured and 100% voluntary with the exception of approximately 13 participants in the Defined Contribution Retirement Plan 401(a) for which the City pays the LTD rate.
Group Life Plan	The City’s Group Life Plan is administered by the Unum, on a fully-insured basis. Basic Life and AD&D, Supplemental Life and AD&D, and Dependent Life are offered to the City’s active employees. Retirees may elect \$1,000 of Basic Life at retirement and \$4,000 of Supplemental Life at retirement if they previously participated in the Supplemental Life program as an active employee.
Consultant Information	The City completed a Consultant selection process and has appointed Foundation Risk Partners (FRP) as the exclusive City Consultant. FRP has been retained by the City under a fixed fee arrangement. <u>No quote should contain any commissions payable to FRP.</u>

PLAN A: GROUP DENTAL PLAN

The City provides its employees and retirees two dental plans – a self-insured Preferred Provider Organization (PPO) group dental plan and a fully-insured Dental Health Maintenance Organization (DHMO) plan. Both the City and the employee/retiree contribute to the cost of dental coverage, at different rates, based on the plan elected by the participant. **Please note – the Dental Plan is also offered to the City’s Police Department (Fraternal Order of Police).**

The Administrative Services Only (ASO) Fee for the DPPO self-insured group dental plan is \$3.22 PEPM. This fee represents the charges for paying claims and performing other standard administrative services. Claims data is used by the City’s Consultant to set the DPPO rates in

combination with the ASO fee.

The rates for the DHMO plan are as follows:

- Employee Only - \$17.17
- Employee + 1 - \$30.08
- Employee + Family - \$47.27

COST PROPOSAL

Please complete the Dental Cost Proposal in Attachment B1 and submit back in Excel format and hardcopy. Please note that Appendix B: Cost Proposal Forms within this document must also be completed, signed and submitted in hardcopy. Appendix B will include the same information as submitted in Attachment B1.

Attachment B1 should include your DHMO rates, DPPO administrative fee, and the total value of repriced claims. See the DPPO Claims Data for Repricing Section of this ITN for instructions. Please answer questions 1 – 7 in this Attachment. Current enrollment has been provided in this Attachment and historical enrollment can be found in Attachment B11 – Dental Enrollment. In order to price the DHMO option, Attachment B13 includes DHMO Claims Experience. In order to price the DPPO ASO fee, Attachment B14 includes DPPO utilization.

QUESTIONNAIRE

Please complete the Dental Questionnaire in Attachment B2 and submit back in Excel format and hardcopy. Please do not copy/paste lengthy, generalized answers to the questions but create responses that are specific to this ITN. If you would like to submit additional information that is not easily submitted in Attachment B2, please include in your hardcopy ITN response. If you are unsure how to answer a specific question, please submit a clarification question to the City or ask the clarification question during the pre-proposal meeting.

PLAN DESIGN

The City requests that the current dental plan designs be replicated to the greatest extent possible in your response. **Please complete Attachment B3 – Dental Plan Designs and submit back in Excel format and hardcopy.** If improvements can be made to the DHMO copays without significant additional expense, the City will review liberalized DHMO quotes/copays but still requests a plan design to most closely resemble the current DHMO offering. As the DPPO is self-funded, enhancements to the plan for an effective date of October 1, 2023 will be discussed with the successful Proposer and the City's Consultant.

Additional information regarding plan design and contractual requirements can be found in the following Attachments:

- Attachment B4 – DPPO Plan Summary
- Attachment B5 – DHMO Copay Schedule
- Attachment B6 – PPO ASO Agreement
- Attachment B7 – DHMO Certificate

These Attachments should be reviewed carefully in order to provide a response that most closely

matches the City's current dental program arrangement, plan design, eligibility requirements, and contract. Failure to identify any area in which your proposal deviates from Attachments B3 to B7 may result in unfavorable consideration during the Evaluation Phase. Please note – Attachment B4 includes an example of a claim being priced out-of-network at the 80th percentile of Reasonable and Customary (R&C) charges. The City's self-funded DPPO plan reimburses at the 90th percentile of R&C charges for out-of-network claims. The City requests that your proposal assumes reimbursing for DPPO out-of-network claims at this same level.

TOP PROVIDERS

Please complete Attachment B8 – DPPO Top Providers and Attachment B9 – DHMO Top Providers and submit back in Excel format and hardcopy.

Attachment B8 (DPPO) requests that you review and list whether each provider is in-network or out-of-network for your DPPO and DHMO networks.

Attachment B9 (DHMO) has two (2) worksheets – DHMO Capitation and DHMO Procedures. Please indicate in each sheet whether the DHMO provider is in-network or out-of-network for your DHMO network.

Failure to complete these Attachments may result in the City being unable to assess what type of network disruption would occur for its dental plan members if your proposal is accepted.

GEOACCESS REPORTS

A census has been provided in Attachment A for purposes of running GeoAccess reports. **Please note – the census has the “County, State” already populated and includes zip codes. The zip codes should be used to produce the GeoAccess report. However, the report must aggregate this data by County.** Attachment B10, GeoAccess Reports, has been provided with the census data per County already populated. There are separate tabs for DHMO and DPPO summaries - please make sure that the GeoAccess reports are run both on your DHMO and DPPO networks. **Please return the file in Excel format and hardcopy** populating Column C (with the correct network data – DHMO or DPPO) for the number of eligible employees that have access to:

- 2 General Dentists within 10 Miles
- 2 Orthodontists within 10 Miles
- 2 Periodontists within 10 Miles
- 2 Oral Surgeons within 10 Miles
- 2 Pediatric General Dentists within 15 Miles

After populating Column C with employees/retirees that have access, please enter into Column E what the average distance (miles) would be to five (5) providers for employees/retirees that have access. Do not enter average distance (miles) for all eligible employees. Only those with access. Please see the example below. Columns C and E are in yellow. The County, Eligible Employees and the Percentage with Access are pre-populated and/or formula driven. **Please pay careful attention to the instructions below and in the Attachment B10, GeoAccess reports. Also, please submit the actual GeoAccess Reports used to populate the results in Attachment B10 as part of your ITN response both in hardcopy and electronically.**

Geo Access Report

Please populate with Employees WITH Access using your DPPO Network

Enter the number of employees with the requested access in Column C and the Average # of Miles to 5 Providers for those employees with the requested access in Column E

Please use the 25th County as a catch-all for the Remainder of the Group as listed below

Full GeoAccess reports by County should also be submitted as part of your proposal

General Dentists

County - HMO	Eligible Employees	2 Providers within 10 Miles Employees with Access		Average # Miles to 5 Providers
Miami-Dade County, FL	1,780	0	0.0%	0.0
Broward County, FL	510	0	0.0%	0.0
Palm Beach County, FL	37	0	0.0%	0.0
Brevard County, FL	15	0	0.0%	0.0
Highlands County, FL	13	0	0.0%	0.0

DPPO CLAIMS DATA FOR REPRICING

As part of the ITN process, **Attachment B12 – DPPO Claims File**, has been provided for interested proposers to reprice DPPO claims under their current network arrangements. All interested proposers must reprice DPPO claims to provide an accurate comparison of data for analysis. For each claim, please indicate whether the provider is an in-network (par) or out-of-network (non-par) DPPO provider and list the allowed amount per claim for your DPPO network without consideration of member cost share / copays. If the provider is out-of-network, please list the amount you would pay at the 90th percentile of Reasonable & Customary (R&C) charges. The R&C charge should be the lowest of 1) the dentist’s actual charge or 2) the charge of most dentists in the same geographic area for the same or similar services at the 90th percentile.

Claims should be repriced based on your network agreements in place effective January 1, 2022. Claims repriced to a zero dollar (\$0) amount with a submitted amount greater than zero (\$0) will be scrutinized. Please verify that any zero dollar (\$0) repriced claims are correctly priced in your submittal. Failure to submit all repriced claims accurately may result in your proposal being deemed non-responsive.

Please indicate in your proposal whether you consider this information to be confidential and/or proprietary, to be used only in an aggregate analysis, and/or whether you consider any Florida State Statutes applicable to this confidentiality (e.g. F.S. §812.081, F.S. §815.045). **Attachment B12 must be submitted back in Excel format as part of your proposal. Failure to do so will limit the analysis that can take place during the Evaluation phase.**

PLAN B: GROUP DISABILITY AND FMLA ADMINISTRATION

The City provides a short-term (STD) and long-term disability (LTD) plan for employees on a voluntary basis. STD provides an employee 60% of their earnings up to a maximum of \$1,500 weekly for a maximum period of twenty-six (26) weeks due to a non-work related illness or injury. The cost of STD coverage is based on the employee's age and annual earnings prior to their disability. The cost of the coverage is fully borne by the employee. LTD provides an employee 60% of their earnings up to a maximum of \$10,000 monthly after their first twenty-six (26) weeks of disability due to a non-work related illness or injury. Coverage continues under the plan until the employee is able to return to work, is approved by Social Security for Disability Benefits (if eligible), or dies. In addition, the long-term disability plan provides training and job placement opportunities should the individual be unable to perform the duties of the job held prior to their illness or injury. The cost of the coverage is based on the employee's age and annual earnings prior to their disability. The cost of LTD coverage is fully borne by the employee.

The City provides and pays for a long-term (LTD) disability policy for currently thirteen (13) participants in the City's Defined Contribution Retirement Plan 401(a). These employees were hired prior to the March 18, 2006 change in the City's pension benefits terminating the defined contribution plan 401(a) and elected to continue their pension benefit through the plan. This long-term disability benefit is provided to these plan participants to mirror the long-term disability benefit provided by the Miami Beach Employees' Retirement Plan (MBERP). This long-term disability plan will end when all participants terminate or retire. Please note – this LTD benefit is slightly different than the voluntary LTD plan offered to all other employees. LTD provides these employees 66.67% of their earnings up to a maximum of \$8,000 monthly after their first 180 days of disability due to a non-work related illness or injury.

Please note – the Disability Plan is also offered to the City's Police Department (Fraternal Order of Police) and the City's Fire Department (IAFF).

Administration of the City's FMLA policy for all employees is requested. Management of this program includes medical certification and day-to-day administration of the City's FMLA policy, providing protection from misinterpretation of the FMLA and its current and future changes, and to provide convenience to employees with one (1) point of contact for their FMLA application, questions, and certifications. The current provider works closely with the employees and their physicians to monitor the employee's expedited return to work. As required by the U.S. Federal Government, Department of Labor, the City's FMLA policy provides employees the opportunity for up to twelve (12) weeks of unpaid leave for their own care or the care of a family member due to a medical need. The leave can be taken all at once, or intermittently. The City has enhanced the FMLA program to include an additional twelve (12) week period of FML if deemed medically necessary. The FMLA program also provides leave for family members in the military called to active duty or to care for a covered service member recovering from a serious injury or illness in the line of duty.

The current administrative fee for managing the FMLA program is \$1.49 per employee per month (PEPM).

COST PROPOSAL

Please complete the Disability-FML Cost Proposal in Attachment C1 and submit back in Excel

format and hardcopy. Please note that Appendix E: Cost Proposal Forms within this document must also be completed, signed and submitted in hardcopy. Appendix E will include the same information as submitted in Attachment C1.

Attachment C1 should include your Voluntary STD rates, Voluntary LTD rates, ER paid LTD rates, and the PEPM charge to administer the FMLA program. Please answer any questions in each worksheet of this Attachment and follow the instructions carefully. Current enrollment and volumes have been provided in this Attachment and in Attachment A – Census.

Please note that while volumes have been pre-populated in the Cost Proposal, please verify these amounts independently by analyzing Attachment A – Census. If you find any discrepancies between the Census and the Volume amounts listed in Attachment C1, please submit a clarification question to the City.

The City has the following rate structure for the current disability-FML program and would prefer to continue this rate structure moving forward:

- Voluntary STD Rate – Age Banded, Monthly Rate per \$10 of weekly covered benefit
- Voluntary LTD Rate – Age Banded, Monthly Rate per \$100 of monthly covered payroll
- ER Paid LTD Rate – Composite Monthly Rate per \$100 of monthly covered payroll
 - The City pays this rate for the 13 employees currently enrolled and for ease of administration a Composite rate is preferred.
- FMLA Administration – Per Employee Per Month (PEPM) fee

If you are unable to provide a financial quote in the requested format above, please submit as a clarification question to the City and/or discuss this limitation at the pre-proposal meeting.

The following Attachments have been provided in order to price your disability-FML response:

- Attachment C7 – STD Claims Experience
- Attachment C8 – Voluntary LTD Claims Experience
- Attachment C9 – Voluntary LTD Reserves
- Attachment C10 – ER Paid LTD Claims Experience
- Attachment C11 – ER Paid LTD Reserves
- Attachment C12 – Total Absence Report
- Attachment C13 – EE's on Leave (as of January 21, 2023)

QUESTIONNAIRES

Please complete the Disability-FML Questionnaire in Attachment C2 and submit back in Excel format and hardcopy. Please be aware that there are two worksheets to complete – the LTD-STD Questionnaire and the FMLA Questionnaire. Please do not copy/paste lengthy, generalized answers to the questions but create responses that are specific to this ITN. If you would like to submit additional information that is not easily submitted in Attachment C2, please include in your hardcopy ITN response. If you are unsure how to answer a specific question, please submit a clarification question to the City or ask the clarification question during the pre-proposal meeting.

PLAN DESIGN

The City requests that the current disability plan designs and FMLA administration services be duplicated exactly in your ITN response. **Please complete Attachment C3 – Disability-FML Plan Design and submit back in Excel format and hardcopy.** If improvements can be made to the disability plan without significant additional expense, the City will review any proposed enhances. But, at a minimum, the City requires an identical plan design and commensurate quote.

Additional information regarding plan design and contractual requirements can be found in the following Attachments:

- Attachment C4 – Voluntary STD Contract
- Attachment C5 – Voluntary LTD Contract
- Attachment C6 – ER Paid LTD Contract
- Attachment C14 – FMLA Current Agreement

These Attachments should be reviewed carefully in order to provide a response that most closely matches the City's current Group Disability and FMLA program arrangement, plan design, eligibility requirements, and contract. Failure to identify any area in which your proposal deviates from Attachments C3 – C6 and C14 may result in unfavorable consideration during the Evaluation Phase.

GROUP DISABILITY ENROLLMENT, RATE, AND QUOTE VOLUMES

<i>Product</i>	<i>Age Band</i>	<i>Monthly Rate per \$10 weekly covered benefit</i>	<i>Enrollment as of 1/19/2023</i>
STD	<25	0.369	10
STD	25 - 29	0.398	56
STD	30 - 34	0.369	162
STD	35 - 39	0.346	168
STD	40 - 44	0.383	143
STD	45 - 49	0.427	122
STD	50 - 54	0.457	126
STD	55 - 59	0.678	68
STD	60 - 64	0.87	44
STD	65 - 99	0.988	13
Total STD Enrollment			912
Total STD Volume			\$ 798,409

<i>Product</i>	<i>Age Band</i>	<i>Monthly Rate per \$100 monthly covered payroll</i>	<i>Enrollment as of 1/19/2023</i>
LTD	<25	0.089	11
LTD	25 - 29	0.122	49
LTD	30 - 34	0.195	139
LTD	35 - 39	0.300	151
LTD	40 - 44	0.414	142
LTD	45 - 49	0.617	112
LTD	50 - 54	0.853	124
LTD	55 - 59	1.088	69
LTD	60 - 64	1.096	34
LTD	65 - 69	1.429	3
LTD	70 - 99	1.713	4
Total LTD Enrollment			838
Total LTD Volume			\$ 471,857

PLAN C: GROUP TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT PLAN

The City provides employees and retirees a Group Term Life and AD&D program.

Active Employees

Active employees receive Basic Life and AD&D. The Basic benefit is 1x salary up to \$250,000. Basic AD&D provides 1x salary up to \$250,000.

Employees may choose to purchase Supplemental Life insurance in increments of 1, 2, 3, 4, or 5 times salary with a guaranteed issuance amount of \$300,000. The maximum Supplemental Life benefit amount is \$500,000 with amounts above \$300,000 subject to evidence of insurability. Supplemental AD&D is included when employees elect Supplemental Life. Supplemental AD&D mirrors the Supplemental Life insurance amount.

Basic and Supplemental Life, combined, cannot exceed \$500,000. If the amount elected in combination exceeds \$500,000, the Supplemental Life insurance amount elected will be reduced followed by a reduction in the Basic Life insurance amount if necessary.

Employees may choose to purchase Dependent Life insurance in the following amounts:

- \$20,000 Spouse
- \$30,000 Spouse (Guarantee issue)
- \$40,000 Spouse
- \$50,000 Spouse
- Child - Live birth to 6 months - \$1,000
- Child – full time student - \$10,000

The amount of Spousal coverage may never exceed 100% of the Combined Basic and Supplemental Life insurance in-force for the Employee.

Retired Employees

At retirement, Retirees may choose to elect to continue Basic Life with a flat benefit of \$1,000. Retirees do not receive a Basic AD&D benefit. If the Retiree participated in the Supplemental Life plan during employment, the Retiree can elect a flat \$4,000 in Supplemental Life benefit at retirement. Retirees do not receive a Supplemental AD&D benefit.

Please note – the Group Term Life and AD&D Plan is also offered to the City's Fire Department (IAFF). The Police Department (FOP) may purchase Supplemental Life (they are ineligible for Basic).

COST PROPOSAL

Please complete the Group Life Cost Proposal in Attachment D1 and submit back in Excel format and hardcopy. Please note that Appendix E: Cost Proposal Forms within this document must also be completed, signed and submitted in hardcopy. Appendix E will include the same information as submitted in Attachment D1.

Attachment D1 should include a Basic Life and Basic AD&D rate, a Supplemental Life and

Supplemental AD&D rate, Dependent Life Unit rates, and a Retiree Basic Life and Supplemental Life rate. Please answer any questions in each worksheet of this Attachment and follow the instructions carefully. Current enrollment and volumes have been provided in this Attachment and in Attachment A – Census.

Please note that while volumes have been pre-populated in the Cost Proposal, please verify these amounts independently by analyzing Attachment A – Census. If you find any discrepancies between the Census and the Volume amounts listed in Attachment D1, please submit a clarification question to the City.

The City has the following rate structure for the current Group Term Life and AD&D program and would prefer to continue this rate structure moving forward:

- Active Employees
 - Basic Life Rate – Composite Monthly Rate per \$1,000 of Volume
 - Basic AD&D Rate – Composite Monthly Rate per \$1,000 of Volume
 - Supplemental Life Rate – Age Banded, Monthly Rate per \$1,000 of Volume
 - Supplemental AD&D Rate – Composite Monthly Rate per \$1,000 of Volume added to the Age Banded Supplemental Life Rate
 - For example, if an employee age 52 has an age-banded rate of \$0.42 per \$1,000 of Volume, the total age banded rate would be \$0.42 + \$0.015 (illustrative) to take into account Supplemental AD&D
 - Similarly, if an employee age 45 has an age-banded rate of \$0.26 per \$1,000 of Volume, the total rate would be \$0.26 + \$0.015 (illustrative) to take into account Supplemental AD&D
 - Dependent Life Rate – Monthly Unit Rate for each \$10,000 in Spousal amount elected taking into consideration the four (4) options
 - For example, if an employee elects \$40,000 and your rate is \$0.75 per \$10,000, the premium would be $\$40,000 / \$10,000 \times \$0.75 = \3.00 per month.
 - Please note that the lowest option that an employee can choose is \$20,000. So, if your rate is \$0.75 per \$10,000, the rate you would enter in the Cost Proposal would be $2 \times \$0.75 = \1.50 per month for this option.
- Retirees
 - Basic Life Rate – Composite Monthly Rate per each retiree's \$1,000 of Volume
 - This rate currently matches the Active Employee Basic Life Rate and the City would prefer that this continues
 - Supplemental Life Rate – Composite Monthly Rate per \$1,000 of Volume
 - For example, if a Retiree elects Supplemental Life at retirement and your rate is \$2.00, the monthly premium would be $\$4,000 / \$1,000 \times \$2 = \8 .

If you are unable to provide a financial quote in the requested format above, please submit as a clarification question to the City and/or discuss this limitation at the pre-proposal meeting.

The following Attachments have been provided in order to price your Group Term Life and AD&D response:

- Attachment D6 – Life Claims Experience
- Attachment D7 – Life Detailed Claims
- Attachment D8 – Life Premium Waiver
- Attachment D9 – Life Annual Premium (also includes enrollment and elections)

QUESTIONNAIRES

Please complete the Group Life Questionnaire in Attachment D2 and submit back in Excel format and hardcopy. Please do not copy/paste lengthy, generalized answers to the questions but create responses that are specific to this ITN. If you would like to submit additional information that is not easily submitted in Attachment D2, please include in your hardcopy ITN response. If you are unsure how to answer a specific question, please submit a clarification question to the City or ask the clarification question during the pre-proposal meeting.

PLAN DESIGN

The City requests that the current Group Term Life and AD&D plan designs be duplicated exactly in your ITN response. **Please complete Attachment D3 – Group Life Plan Design and submit back in Excel format and hardcopy.** If improvements can be made to the Group Life plan without significant additional expense, the City will review any proposed enhances. But, at a minimum, the City requires an identical plan design and commensurate quote.

Additional information regarding plan design and contractual requirements can be found in the following Attachments:

- Attachment D4 – Employee Life Booklet
- Attachment D5 – Retiree Life Booklet

These Attachments should be reviewed carefully in order to provide a response that most closely matches the City's current Group Term Life and AD&D program arrangement, plan design, eligibility requirements, and contract. Failure to identify any area in which your proposal deviates from Attachments D3 – D5 may result in unfavorable consideration during the Evaluation Phase.

GROUP TERM LIFE PREMIUM AMOUNTS BY YEAR EXPERIENCE

		#909164 Basic EE Life Paid Premiums
GTL Premium	2020	\$171,371.98
GTL Premium	2021	\$169,000.03
GTL Premium	2022	\$167,552.96

	# Enrolled	Total Volume
EE Base AD&D	1513	126,151,851.85
EE Base Life	1513	126,151,851.85

Product	Age Band	Monthly Rate per \$1,000	Enrollment as of 1/19/2023
Voluntary Life	<25	0.071	5
Voluntary Life	25 - 29	0.066	47
Voluntary Life	30 - 34	0.080	91
Voluntary Life	35 - 39	0.110	114
Voluntary Life	40 - 44	0.170	97
Voluntary Life	45 - 49	0.275	94
Voluntary Life	50 - 54	0.460	116
Voluntary Life	55 - 59	0.745	69
Voluntary Life	60 - 64	0.994	42
Voluntary Life	65 - 69	1.563	10
Voluntary Life	70 - 99	2.730	7
AD&D		0.02	
Total VTL Enrollment			692
Total VTL Volume			\$ 133,915,903

Product	Age Band	Monthly Rate per \$1,000	Enrollment as of 1/19/2023
VTL - approved over GI	<25	0.071	
VTL - approved over GI	25 - 29	0.066	1
VTL - approved over GI	30 - 34	0.080	11
VTL - approved over GI	35 - 39	0.110	24
VTL - approved over GI	40 - 44	0.170	26
VTL - approved over GI	45 - 49	0.275	20
VTL - approved over GI	50 - 54	0.460	31
VTL - approved over GI	55 - 59	0.745	15
VTL - approved over GI	60 - 64	0.994	5
VTL - approved over GI	65 - 69	1.563	
VTL - approved over GI	70 - 99	2.730	
Total over GI			133

Spouse Life	50k	\$0.10/\$1,000	119
Spouse Life	40k		12
Spouse Life	30k		136
Spouse Life	20k		172
		Total Spouse Life Enrollment	439
		Total Spouse Life Volume	\$ 9,828,000

RETIREES:

- Basic Life -- 506 EE, 506,000 VOL, \$126.50 PREM/month
- Supp Life -- 216 EE, 864,000 VOL, \$3,456.00 PREM/month

A2. Scope of Services and Implementation

UNDERWRITING INFORMATION

The City is seeking high-quality, accessible provider networks that are sufficient to meet the multiple needs and geographic diversity of a group of approximately one thousand five hundred thirteen (1,513) participating employees, retirees, COBRA participants, and their eligible dependents, including domestic partners.

EFFECTIVE DATE

The Plans proposed shall have an effective date of October 1, 2023, the start of the City's fiscal year.

EMPLOYEE WAITING PERIOD FOR BENEFITS

Ancillary Health Benefits are available to active employees 1st of the month following 30 days waiting period of eligible employment.

RATE GUARANTEES

Any changes that would affect the rates, such as drastic enrollment changes, are to be included in the Price Proposal.

PLAN YEAR

The Plan Year shall be on a fiscal-year basis from October through September. Open Enrollment is held each year in August for an October 1st effective date.

ELIGIBILITY For Plans A, B, C

All existing and enrolled full-time employees shall be eligible immediately for coverage. The City requires that all new hires be eligible 1st of the month following 30 days of eligible employment. Activity-at-work clause must be waived for the initial enrollment period. For 401(a) participants in the disability program, ER Paid LTD, all existing and enrolled employees shall be eligible immediately for coverage. (This plan will not be enrolling any new members.) Coverage ends on the last day of the month in which termination occurs.

VERIFICATION OF COVERAGE

The City's eligibility system will be the primary eligibility source.

SUMMARY REQUIREMENTS OF PLAN AND PLAN PROVIDERS

- a. The City prefers that the Bidder provide the pricing, rates and fees net of commissions and overrides. However, all pricing information provided should be offered in compliance with Florida Statutes requirements regarding broker fees and commissions.
- b. All COBRA recipients and their eligible dependents must be provided coverage in the new Plans, as of the effective date, and network availability shall include out-of-state providers if COBRA recipients reside out of Florida.
- c. All retirees and their eligible dependents must be provided coverage in the new Plans, as of the effective date, and network availability shall include out of state providers if retirees reside out of Florida.
- d. All out-of-area students of eligible Employees must be provided coverage in the new Plans, as of the effective date, and network availability must include out-of-state providers.
- e. Bidders must have in place at the time of Proposal submission an "employer" website for

processing of enrollments, terminations, and changes throughout the term of the agreement. The website must be accessible by City employees to provide network provider listing, with search and filter capability, and be able to provide printed directories, as appropriate.

- f. Bidders shall have the ability to accept EDI transmission from the City's current online enrollment providers.
- g. The successful Bidder shall agree to the Center for Medicare Services requirement of obtaining Social Security numbers on all dependents if applicable to the Plan offerings.
- h. The successful Bidder shall assume full fiduciary responsibilities for all claim decisions and for Level 1 and 2 appeals, and be responsible for coordinating any required external review.
- i. Bidders shall be capable of administering all HIPAA requirements, including employee and dependent notices and certificates.
- j. The successful Bidder shall develop and provide the standard reports to the City, without additional charges. Reports shall be broken out by active employees, retiree participants, COBRA participants and all covered dependents.
- k. The City and/or its Consultant, at their discretion, shall have the right to audit claims through either electronic methods or on-site inspection at least annually. It is understood that the Bidder shall make every effort to recover any over-payments in excess of \$50 discovered during the audit process.

ENROLLMENT PROCESS, CUSTOMER SERVICE AND BILLING

- a. The successful Bidder shall assist in all plan communications during Open Enrollment for all products they have proposed.
- b. The successful Bidder shall provide sufficient, licensed, and properly trained staff for Open Enrollment meetings and other events.
- c. The successful Bidder shall make available representatives to coordinate with City staff during the initial and any future Open Enrollment periods and participation in multiple group information and planning meetings.
- d. The successful Bidder shall perform verification on all dependent eligibility data prior to coverage taking effect, throughout the contract period.
- e. The City requires that all collateral materials be reviewed prior to distribution to employees.
- f. The successful Bidder shall provide approximately one thousand eight hundred (1,800) brochures for the Open Enrollment period, which is August of each year and an adequate supply throughout the year. No materials shall be distributed to employees without the prior approval of the City.
- g. The City requires that each employee enrolled receive an identification (ID) card, information on the plan they have chosen, and/or a certificate, within fifteen (15) days of their effective date. This information must be provided to each employee at no additional charge to the City.
- h. For Plans A, B, & C, the successful Bidder shall offer a toll-free services or claims office telephone number that covered members can access Customer Service during regular work days.
- i. The successful Bidder shall assist, if deemed necessary by the City, with the submission of paper claims, the payment of claims, written inquiries and complaints, or any other problems with the plans.
- j. For each Plan the successful Bidder shall assign a designated Account Representative to the City's account as a liaison between the City and Bidder, in the event of claim processing discrepancies.
- k. The designated Account Representative for each Plan (except for 401(a) LTD participants)

shall visit the City on an agreed schedule, to meet with participating employees who have claim and or benefit questions. City employees shall have the opportunity to meet one-on-one with questions or concerns.

- i. The designated Account Representative shall have a back-up representative.
- m. The successful Bidder shall provide quality enrollment and informative materials that fully explain the benefits, limitations and exclusion of each plan to participants. Materials shall meet all requirements of the Affordable Care Act, and must be updated as needed.
- n. All uncontested claims shall be accurately processed within seventy-two (72) hours.

IMPLEMENTATION AND TRANSITION

The successful Bidder(s) shall provide the City with a transition and implementation schedule, inclusive of written weekly project status updates. The transition and implementation must be completed at the agreed timeline based on the estimated schedule herein, and as finalized in the agreement. Any changes in the project timeline or implementation must be approved by the City. Any surcharges or additional costs involved in transition and implementation must be accounted for in the price Proposal. The City will not pay any additional charges for travel or other related expenses.

A5. Special Conditions

1. **TERM OF CONTRACT.** The term of the Agreement resulting from this ITN shall be for an initial term of three (3) years.
2. **OPTION TO RENEW.** The City, through its City Manager, will have the option to extend for one (1) additional three-year period at the City's sole discretion. The successful contractor shall maintain, for the entirety of any renewal period, the same costs, terms, and conditions included within the originally awarded contract. Continuation of the contract beyond the initial period, and any option subsequently exercised, is a City prerogative, and not a right of the successful contractor.

APPENDIX B

MIAMI BEACH

Cost Proposal Form

Invitation to Negotiate (ITN)

2023-260-WG

Administration of the City's Ancillary Health
Benefits for Employees, Retirees, and Their
Dependents

PROCUREMENT DEPARTMENT
1755 Meridian Avenue, 3rd Floor
Miami Beach, Florida 33139

**APPENDIX B
PLAN A - DENTAL COST PROPOSAL FORM**

Failure to submit Appendix B, Cost Proposal Form, in its entirety by the deadline established for the receipt of proposals will result in proposal being deemed non-responsive and being rejected.

Proposer affirms that the prices stated on the cost proposal form below represent the entire cost of the items in full accordance with the requirements of this RFP, inclusive of its terms, conditions, specifications and other requirements stated herein, and that no claim will be made on account of any increase in wage scales, material prices, delivery delays, taxes, insurance, cost indexes or any other unless a cost escalation provision is allowed herein and has been exercised by the City Manager in advance. The Cost Proposal Form (**Appendix B**) shall be completed in its entirety. All corrections on the Cost Proposal Form (**Appendix B**) shall be initialed.

Bidder Name: _____

DHMO Plan Design Name: _____

DHMO		(A) Enrollment	(B) Per Employee Rate	(C) Fully-Insured Rates (A x B = C)
1	Employee Only	444	\$	\$
2	Employee +1	162	\$	\$
3	Employee FAM	150	\$	\$
Total DHMO Enrollment / Expense (Line Items 1 thru 3)				\$

DPPO - ASO Fee		(A) Enrollment	(B) Per Employee Rate	(C) DPPO ASO Fee (A X B = C)
4	Administrative Services Only Fee (PEPM)	1773	\$	\$
Total DPPO Administrative Expense (Line Item 4)				\$

DPPO - Paid Claims Repricing		(A) Enrollment	(B) Per Employee Rate	(C) Repriced Claims in Total ¹ (A X B = C)
5	Repricing from DPPO Claims File	1773	\$	\$
Total DPPO Claims File (Line Item 5)				\$

Total Expected Dental Program Expense (Line Items 1 thru 5)*				\$
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¹Please enter the total value of repriced allowed claims without member copay / cost share from the PPO claims file provided. Repricing files will be scrutinized so make sure they have been verified for accuracy.

*The Total Expected Dental Program Expense (Line Item 1 thru 5) shall be utilized to allocate Cost Points in the Evaluation of Proposals.

**APPENDIX B
PLAN B - DISABILITY AND FMLA COST PROPOSAL FORM**

Failure to submit Appendix B, Cost Proposal Form, in its entirety by the deadline established for the receipt of proposals will result in proposal being deemed non-responsive and being rejected.

Proposer affirms that the prices stated on the cost proposal form below represent the entire cost of the items in full accordance with the requirements of this RFP, inclusive of its terms, conditions, specifications and other requirements stated herein, and that no claim will be made on account of any increase in wage scales, material prices, delivery delays, taxes, insurance, cost indexes or any other unless a cost escalation provision is allowed herein and has been exercised by the City Manager in advance. The Cost Proposal Form (**Appendix B**) shall be completed in its entirety. All corrections on the Cost Proposal Form (**Appendix B**) shall be initialed.

Bidder Name: _____

Carrier Name: _____

		Annual Premium
1	Voluntary Short-Term Disability Annual Cost	\$
2	Voluntary Long-Term Disability Annual Cost	\$
3	Employer Paid Long-Term Disability Annual Cost	\$
4	Family and Medical Leave Act Administration Annual Cost	\$
TOTAL ANNUAL PREMIUM AND/OR EXPENSE* (Line Items 1 thru 4)		\$

*The Total Annual Premium and/or Expense (Line Item 1 thru 4) shall be utilized to allocate Cost Points in the Evaluation of Proposals.

Confirm or Explain Deviations	
Please confirm that the premium amounts above represent and replicate or expand current benefits. If they do not, please explain the deviations.	
Please confirm that the premium amounts above represent and replicate current eligibility criteria. If they do not, please explain the deviations.	
Please confirm that your quote includes pricing for a "true open enrollment" meaning that all actively-at-work employees may elect short-term disability or long-term disability without evidence of insurability and without participating group disability program in the previous plan year. If your quote does not, please explain what type of open enrollment it contemplates.	
Please confirm that the premium amounts above represent a quote that has actively-at-work provisions waived for existing enrollees. If they do not, please explain your quote's actively-at-work limitations.	
Please confirm that the premium amounts above are inclusive of all costs required to administer, communicate, manage, and pay benefits from the group disability and FMLA administration program. If they do not, please explain the additional costs not contemplated in premium or fixed expenses.	

**APPENDIX B
PLAN C - TERM LIFE AND AD&D COST PROPOSAL FORM**

Failure to submit Appendix B, Cost Proposal Form, in its entirety by the deadline established for the receipt of proposals will result in proposal being deemed non-responsive and being rejected.

Proposer affirms that the prices stated on the cost proposal form below represent the entire cost of the items in full accordance with the requirements of this RFP, inclusive of its terms, conditions, specifications and other requirements stated herein, and that no claim will be made on account of any increase in wage scales, material prices, delivery delays, taxes, insurance, cost indexes or any other unless a cost escalation provision is allowed herein and has been exercised by the City Manager in advance. The Cost Proposal Form (**Appendix B**) shall be completed in its entirety. All corrections on the Cost Proposal Form (**Appendix B**) shall be initialed.

Bidder Name: _____

Carrier Name: _____

		Premium
1	Active Employee Basic Life Premium	\$
2	Active Employee AD&D Premium	\$
3	Active Employee Supplemental Life + Supplemental AD&D Premium	\$
4	Active Employee Dependent Life Premium	\$
5	Retiree Basic Life Premium	\$
6	Retiree Supplemental Life Premium	\$
TOTAL ANNUAL PREMIUM (Line Items 1 thru 6)*		\$

***The Total Annual Premium (Line Item 1 thru 6) shall be utilized to allocate Cost Points in the Evaluation of Proposals.**

Confirm or Explain Deviations	
Please confirm that the premium amounts above represent and replicate or expand current benefits. If they do not, please explain the deviations.	
Please confirm that the premium amounts above represent and replicate current eligibility criteria. If they do not, please explain the deviations.	
Please confirm that the premium amounts above represent and replicate current guaranteed issuance amounts. If they do not, please explain the deviations.	
Please confirm that your quote includes pricing for a "true open enrollment" meaning that all actively-at-work employees may elect life insurance amounts at the guaranteed issuance amount or lower without evidence of insurability and without participating in the Supplemental or Dependent Life programs in the previous plan year. If your quote does not, please explain what type of open enrollment it contemplates.	
Please confirm that the premium amounts above represent a quote that has actively-at-work provisions waived for existing enrollees. If they do not, please explain your quote's actively-at-work limitations.	
Please confirm that the premium amounts above are inclusive of all costs required to administer, communicate, manage, and pay benefits from the group life program. If they do not, please explain the additional costs not contemplated in premium.	

APPENDIX C

MIAMI BEACH

Insurance Requirements

Invitation to Negotiate (ITN)

2023-260-WG

Administration of the City's Ancillary Health
Benefits for Employees, Retirees, and Their
Dependents

PROCUREMENT DEPARTMENT
1755 Meridian Avenue, 3rd Floor
Miami Beach, Florida 33139

MIAMI BEACH

INSURANCE REQUIREMENTS

The vendor shall maintain the below required insurance in effect prior to awarding the contract and for the duration of the contract. The maintenance of proper insurance coverage is a material element of the contract and failure to maintain or renew coverage may be treated as a material breach of the contract, which could result in withholding of payments or termination of the contract.

- A. Worker's Compensation Insurance for all employees of the vendor as required by Florida Statute 440, and Employer Liability Insurance for bodily injury or disease. Should the Vendor be exempt from this Statute, the Vendor and each employee shall hold the City harmless from any injury incurred during performance of the Contract. The exempt Vendor shall also submit (i) a written statement detailing the number of employees and that they are not required to carry Workers' Compensation insurance and do not anticipate hiring any additional employees during the term of this contract or (ii) a copy of a Certificate of Exemption.
- B. Commercial General Liability Insurance on an occurrence basis, including products and completed operations, property damage, bodily injury and personal & advertising injury with limits no less than \$1,000,000 per occurrence, and \$2,000,000 general aggregate.
- C. Automobile Liability Insurance covering any automobile, if vendor has no owned automobiles, then coverage for hired and non-owned automobiles, with limit no less than \$1,000,000 combined per accident for bodily injury and property damage.
- D. Professional Liability (Errors & Omissions) Insurance appropriate to the Consultant's profession, with limit no less than \$1,000,000.

Additional Insured - City of Miami Beach must be included by endorsement as an additional insured with respect to all liability policies (except Professional Liability and Workers' Compensation) arising out of work or operations performed on behalf of the contractor including materials, parts, or equipment furnished in connection with such work or operations and automobiles owned, leased, hired or borrowed in the form of an endorsement to the contractor's insurance.

Notice of Cancellation - Each insurance policy required above shall provide that coverage shall not be cancelled, except with notice to the City of Miami Beach c/o EXIGIS Insurance Compliance Services.

Waiver of Subrogation – Vendor agrees to obtain any endorsement that may be necessary to affect the waiver of subrogation on the coverages required. However, this provision applies regardless of whether the City has received a waiver of subrogation endorsement from the insurer.

Acceptability of Insurers – Insurance must be placed with insurers with a current A.M. Best rating of A:VII or higher. If not rated, exceptions may be made for members of the Florida Insurance Funds (i.e. FWCIGA, FAJUA). Carriers may also be considered if they are licensed and authorized to do insurance business in the State of Florida.

Verification of Coverage – Contractor shall furnish the City with original certificates and amendatory endorsements, or copies of the applicable insurance language, effecting coverage required by this contract. All certificates and

endorsements are to be received and approved by the City before work commences. However, failure to obtain the required documents prior to the work beginning shall not waive the Contractor's obligation to provide them. The City reserves the right to require complete, certified copies of all required insurance policies, including endorsements, required by these specifications, at any time.

CERTIFICATE HOLDER MUST READ:

City of Miami Beach
c/o Exigis Insurance Compliant Services
P.O. Box 947
Murrieta, CA 92564

Kindly submit all certificates of insurance, endorsements, exemption letters to our servicing agent, EXIGIS, at:

Certificates-miamibeach@riskworks.com

Special Risks or Circumstances - The City of Miami Beach reserves the right to modify these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other special circumstances.

Compliance with the foregoing requirements shall not relieve the vendor of his liability and obligation under this section or under any other section of this agreement.