

**COUNTY OF TANEY,  
MISSOURI**



**REQUEST FOR PROPOSAL**

**For**

**INDEPENDENT INSURANCE AND BENEFITS SERVICES**

**Taney County, Missouri**

**RFP #201110-155 – Insurance / Benefits Services**

**Release Date:**

October 29, 2011

**Submittal Deadline:**

December 1, 2011

**Not later than 9:00 AM, Central Time**

Taney County Purchasing  
132 David Street  
P.O. Box 1630  
Forsyth, Missouri 65653

Ron Erickson, Director of Purchasing  
Phone: 417-546-7281 Fax: 417-546-3931  
E-mail: [rone@co.taney.mo.us](mailto:rone@co.taney.mo.us)

**RFP #201110-155 – Insurance / Benefits Services  
Taney County, Missouri**

**INSTRUCTIONS AND GENERAL CONDITIONS**

- 1) **Delivery of Proposals / Bids:** Sealed bids, subject to Instructions and General Conditions and any special conditions set forth herein, will be received at the Taney County Purchasing Office until the bid closing date and time indicated herein for furnishing the County with products and services as detailed in the following request for bid.
- 2) **Proposals / Bids Closing:** All bids shall be **delivered before** 9:00 AM, Central Time, Thursday December 1, 2011 to:

Taney County Purchasing Department  
Ron Erickson, Director of Purchasing  
132 David Street / PO Box 1630  
Forsyth, Missouri 65653
- 3) The County will not accept any Proposals / Bids received after 9:00 AM and will consider such late bids as **NON-RESPONSIVE**. They will be either filed, returned, or discarded.
- 4) Proposals / Bids will be opened publicly at 9:00 AM on December 1, 2011 and read aloud. All bid responses will be considered public information and following contract execution or rejection of all bids, all responses will become a part of public record and will be released to any person or firm that requests it.
- 5) Proposals / Bids may be withdrawn on written request from the Offeror at the address shown in the RFP prior to the time of acceptance of the Bid.
- 6) Proposals / Bids must be submitted in a sealed envelope identified with the bid number and date of closing. List the bid number on the outside of the box or envelope and note "Response to Request for Bid enclosed".
- 7) If you do not wish to submit a bid, please return the *No Bid Response Page* and note your reason. No fax or electronic transmitted bids will be accepted.
- 8) If you have obtained this Proposal / Bid request document from our Web Page or from another source than the Taney County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addenda if we do not have you on our Vendor list for this proposal.
- 9) This County is not responsible for any expenses which proposers may incur in estimating, inspecting, nor preparing and submitting bids called for in this Request for Proposal.
- 10) The County reserves the right to conduct personal interviews or require presentations of any or all proposers prior to selection. The County will not be liable for any costs incurred by the proposer in connection with such interviews/presentations (i.e. travel, accommodations, etc.)
- 11) All Proposals / Bids submitted shall be binding, and remain firm for ninety (90) calendar days following the opening. Pricing / Costs submitted within this response **MUST BE HONORED** within that set timeframe, **NO EXCEPTIONS**. Proposers should NOT respond unless certain on this point.
- 12) The Taney County Commission reserves the right to reject any or all bids, when such rejection is in the best interest of the County.
- 13) Bids may be awarded to one company or multiple companies; when such award is deemed in the best interest of the County

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Taney County, Missouri**

**INTRODUCTION AND GENERAL INFORMATION**

**Introduction:**

- 1) This document constitutes a request for sealed bids for **Independent Insurance and Benefits Services**, as set forth herein.
  
- 2) Organization – This document, referred to as Request for Proposal (RFP), is divided into the following parts:
  - Instructions and General Conditions
  - Introduction and General Information
  - Background / Requirements / Evaluation and Award Process
  - Bid Form / No Bid Response Form

**Guidelines / Written Questions:**

- 1) All questions regarding this Request for Proposal shall be submitted in writing, **prior to the bid opening** and no later than **9:00 AM., on November 24, 2011**. All questions must be mailed, faxed or emailed to; **Ron Erickson, Director of Purchasing**. All such questions will be answered in writing, and such answers will be provided to all parties having obtained a Request for Bid packet by the County by posting the addendum on the County Web site at [www.taneycounty.org](http://www.taneycounty.org) (select Current Bid Notices).
  
- 2) In the event that it becomes necessary to revise any part of this RFP, written addenda will be issued. Any addendum to this RFP is valid only if in writing and issued by the Taney County Purchasing Department.
  
- 3) **Timeline:** The County anticipates a contract award following the evaluation of the bid responses within **45 days from the RFP opening date and completion**. These dates are provided for informational purposes and may change as requirements dictate.
  
- 4) **Sunshine Laws:** Due to applicable sunshine laws and regulations concerning public documents, the County's bid file becomes part of public record at the time of contract execution or when all bids are rejected.
  
- 5) **Contract.** This bid is good for 1 year from the date to be indicated in award letter.
  
- 6) **All prices and notations** must be in ink or typewritten. No erasure permitted. Mistakes may be crossed out and corrections typed adjacent and must be initialed and dated in ink by person signing bid. All bids must be signed with the firm name and by a responsible officer or employee. Obligations assumed by such signature must be fulfilled

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**BACKGROUND**

The Taney County Purchasing Department is seeking Proposals for **INDEPENDENT INSURANCE AND BENEFITS SERVICES for Taney County Employees, approximately 250, for the period of January 1, 2012 through January 1, 2013.**

**REQUIREMENTS**

1. Please provide a cost comparison for at least two (2) health plans showing cost per employee, cost per employee w/spouse, cost per employee w/children, and cost per employee w/family. These **must** be the most current and up to date Group Options available.
2. Include premium cost options with employee participation / contributions monthly as well as three levels of deductibles. Detail options for lowering premiums through implementation of Wellness Programs. Also include whether or not you offer a weight loss program with associated costs.
3. Include options in your benefits plan offering, but not limited to, life insurance, cancer policies, intensive care policies, and short / long term disability.
4. Include a dental plan which allows options for orthodontic care.
5. Include any possible new options respective to “Self-Insurance”.
6. Include riders for Birth Control, Out Patient Care, Prescription Drugs, and options for employees when they retire allowing them to keep their coverage at certain – lower group rates.
7. Response information – Respondents are to submit written proposals, which present the respondents qualifications, with references and understanding of the work to be performed.
8. Respondents are required to address all evaluation criteria and to be specific in presenting their qualifications.
9. Proposal format – The format should include a title page, RFP number, firm name, firm address, phone number, and contact person.
10. Proposal content – At a minimum the proposal should contain a history of the firm, office which will serve as the managing office, a statement of understanding of the work to be done, staff whom will be contact persons and their credentials, and experience of both the agency and of the firm itself.

**EVALUATION AND AWARD PROCESS**

The Taney County Employee Insurance Committee, acting as an “Evaluation Team” and the County Purchasing Director will review responses and make a formal recommendation for award to the County Commission. The evaluation team will conduct a comparative assessment of the proposals in accordance with the evaluation criteria stated below:

- **Cost to the County** **25pts**
- **Flexibility to offer various programs / Plans** **25pts**
- **Experience in providing group insurance** **20pts**
- **Local Service / Agent Availability** **20pts**
- **References** **10pts**

After an initial evaluation process, a question and answer interview may be conducted with the Proposer(s), if deemed necessary by the County. In addition, the Proposers(s) may be asked to make an oral presentation and demonstration of their proposed plan(s). All arrangements and scheduling will be coordinated by the County Purchasing Director.

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**BID FORM**

TOTAL COST TO THE COUNTY: \_\_\_\_\_

BIDDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

The undersigned offers to furnish and deliver the articles or services as specified at the prices and terms stated and in strict accordance with the specifications, instructions and general conditions of bidding which have been read and understood, and all of which are made part of this order.

Authorized Signature: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**NO BID RESPONSE FORM**

NOTE: COMPLETE AND RETURN THIS FORM ONLY IF YOU DO NOT WANT TO SUBMIT A BID

**If you do not wish to respond to this bid request, please fill this form out and return it to The Purchasing Department by mail or fax.**

**If you would like to FAX this "NO BID" Response Form to our office, the FAX number is (417) 546-3931.**

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**Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Reason(s) for not bidding:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Taney County, Missouri**  
**RFP #201110-155 Independent Insurance & Benefits Services**

**ADDENDUM #1 - Issued November 1, 2011**

This addendum is issued in accordance with the Introduction and General Information in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum **should** be acknowledged and submitted with Offeror's *Response Page*.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

This office has received requests for additional information from a few different Vendors in order that they may be able to plug in details which impact fees and rates. This information is somewhat confidential and specifically involves employee information which we are required to be very careful with as a political entity.

Therefore the Taney County Commission has decided that these details WILL NOT be posted on our website via an addendum to this RFP, as stipulated earlier routinely within the RFP guidelines. However, specific requests made to me one on one for this information in a secure forum – will be responded to accordingly. We will provide details such as:

1.) Census with employees gender, age/date of birth, coverage selection, home zip, 2.) Information on the current carrier (who, how long) claims experience they have provided for the last two years, and 3.) Current rates.

If you are a potential Vendor interested in participating in this Bid process and require additional information to render a more accurate and valuable response please submit your request specifically to me using my email as listed below.

Thank you.

By,

**Ron Erickson, Director of Purchasing**  
132 David Street / P.O. Box 1630 Forsyth, Mo. 65653  
Phone: 417-546-7281 Fax: 417-546-3931  
E-mail: [rone@co.taney.mo.us](mailto:rone@co.taney.mo.us)

OFFEROR has examined copy of Addendum #1 to Request for Proposal **RFP #201110-155 Independent Insurance & Benefits Services**, receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_