

## REQUEST FOR INFORMATION

NOTICE IS HEREBY GIVEN that Carbon County, Montana, is requesting proposals for Employee Group Benefits Coverage inclusive of medical, prescription, dental, vision, and life insurance for plan year beginning July 1, 2023 through June 30, 2024, and may be extended for additional years without calling for subsequent proposals at the discretion of Carbon County.

The requests for proposals (RFPs) must be sealed and identified on the outside of the parcel as "Employee Group Benefits Proposal". Proposals must be received no later than **January 23, 2023 at 4:55 pm** by the Carbon County Human Resources Office at 17 West 11<sup>th</sup> St., Red Lodge, MT 59068 or via mail PO Box 887, Red Lodge, MT 59068.

Proposals must be submitted in the format specified in the RFP with **6 copies** available for the Employee Group Benefits Committee and Commissioners. Additional information may be obtained by contacting Kate Asbury, HR Specialist at 406-446-1595 or by email [kasbury@co.carbon.mt.us](mailto:kasbury@co.carbon.mt.us).

In submitting a proposal, the offeror agrees not to discuss or otherwise reveal the contents of the proposal to any source outside of the using or issuing agency, government or private, until after the award of the contract. Offerors not in compliance with this provision may be disqualified, at the option of Carbon County, from contract award. Only discussions authorized by the issuing agency are exempt from this provision.

Carbon County reserves the right to reject any or all proposals, waive formalities, and to select the carrier and benefit options that best meet the needs of Carbon County and its employees. Carbon County reserves the right to select and terminate any servicing agent, agency, company or administrator.

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Bill Bullock  
Presiding Officer, Carbon County Commission

# Carbon County Request for Information for Employee Group Benefits Coverage

## I. PURPOSE OF REQUEST FOR PROPOSAL (RFP)

It is through this Request for Proposal (RFP) that Carbon County expects to contract with an organization with proven experience and expertise with public sector clients, offers long-term rate and financial stability, extensive access to a wide range of health care professionals representing all specialties and guarantees complete transparency in rating methodology. Carbon County expects the organization to demonstrate that all benefit plan premium rates are developed to only generate revenue necessary to fund expected claim and administration costs and recommended incurred but not reported (IBNR) and rate stabilization reserves.

## II. SELECTION CRITERIA

The award of the contract shall be made to the Organization that demonstrates that they:

- Are capable and qualified to provide the services and coverage desired.
- Offer transparency in rating methodology.
- Are financially stable and maintain adequate reserves.
- Offer comprehensive, high-quality coverage at competitive premium rates.
- Offer competitive network discounts and comprehensive network providers for all benefits in and around locations where employees and dependents reside.
- Offer technological and reporting capabilities.
- Process claims and payment in a timely manner, including stop-loss filing and reimbursements.
- Provide an ongoing service team that is dedicated to solving problems that arise during the plan year.
- Maintain absolutely no Balance Billing issues.
- Provide Affordable Care Act (ACA) compliance training, support and reporting.

**Carbon County has zero tolerance for surprises** – ensure proposal includes all pricing, and safeguards that protect group against claims paid outside boundaries of plan document and/or stop-loss reimbursable claims.

## III. GENERAL INFORMATION

Client Name and Address	Carbon County PO Box 887, Red Lodge, MT 59068
Employee Census	See attachment A
Benefit Plan Outlines: Medical, Rx, Dental, Vision, EAP & Life Benefits	See attachment B
Summary of Benefits and Coverage	See attachment C
Benefit Plan Comparison	See attachment D

NOTE: All deviations from the current programs as described herein must be clearly explained or it will be assumed that your company has not deviated from the specifications.

## **PROPOSAL INFORMATION**

**Coverage:** Current coverage is provided through Montana Association of Counties Health Care Trust with 5 distinct medical plans including prescription services. A stand-alone dental plan is offered through Montana Association of Counties Health Care Trust. A stand-alone vision plan is offered through Montana Association of Counties Health Care Trust. Life Insurance and Employee Assistance Program is provided by Unum Life Insurance Company of America through the Montana Association of Counties Health Care Trust. Carbon County offers up to a \$900 contribution towards an employee's insurance per month.

**Client Background:** Carbon County is located in Red Lodge, Montana. We provide health benefits plans to cover approximately 86 employees, elected officials and retirees.

**Effective Date:** The effective date for the new policy year is July 1, 2023.

**Competition:** You are one of several organizations that are invited to offer proposals.

## **ELIGIBLE EMPLOYEES**

- 1) All regular full-time employees working an average of 130 hours per month.
- 2) Part-time, temporary, and seasonal employees are NOT eligible for coverage.
- 3) Retired employees are eligible for coverage or Medicare plan.

## **ELIGIBLE DEPENDENTS**

Eligible dependents include: Legal spouse who is a resident of the same country in which the employee resides. The term "spouse" shall mean the person recognized as the covered Employee's husband or wife under the laws of the state where the covered employee lives. All eligible children up to age 26 can be covered under the plan.

## **IV. PROPOSAL TIMELINE**

<b>ACTIVITY</b>	<b>DATE</b>
RFP Release Date	11/18/2022
Questions Due	12/16/2022
Responses to Questions	01/16/2023
Proposals Due by 4:55 pm	01/23/2023
Announcement of Final Selection	02/13/2023
Effective Date	July 1, 2023

## **V. ORGANIZATION**

- A. Define your organization's plan structure: insured plan, self-insured plan, insured pool plan, self-insured pool plan, or other.
- B. Provide the following information about your organization:
  - 1) Provide your organization's history and governing structure.
  - 2) If incorporated, the state in which your organization is incorporated and the date of incorporation, if applicable.
  - 3) Date that your organization began providing the services required by Carbon County, as represented by this RFP.
  - 4) Does your organization release financial statements and audit reports?

- 5) Location of your organization's office(s) that will be responsible for servicing Carbon County.
  - 6) Name, address and telephone number of your organization's point of contact with regard to this RFP.
  - 7) Does this initial proposal require a multi-year contract?
  - 8) Is an incentive offered if Carbon County commits to a subsequent multi-year renewal contract?
  - 9) What are your organization's requirements for an employer-group to withdraw?
  - 10) Are employer-groups responsible for any financial liability post withdrawal?
  - 11) Provide a copy of your current Plan Document
  - 12) Provide a copy of your Trust Document and Bylaws or other similar documents
  - 13) Provide copies of all documents that Carbon County will be required to sign if the Employee Group Benefits contract is awarded to your organization.
- C. Describe your organization's member services:
- 1) Will Carbon County have a designated representative and/or team within your organization to assist with administrative issues, questions and problem solving? Please identify.
  - 2) Explain how Carbon County's designated representative will facilitate annual open enrollment meetings?
  - 3) Explain how Carbon County's designated representative will facilitate employee meetings?
  - 4) Explain how Carbon County's designated representative will accommodate requests for individual employee meetings?
  - 5) Will your organization provide customized communication materials for Carbon County?
    - a. Provide a description and samples of communication materials

## **VI. SUBCONTRACTOR INFORMATION**

- A. If your proposal will include the use of subcontractors for plan administration, claims administration or other services, identify each subcontractor and the specific service(s) they will perform, including commissions related to those services.
- B. THIRD PARTY ADMINISTRATOR (TPA)
- 1) What TPA does your organization contract with and what services do they provide?
  - 2) What services does the TPA's website provide to assist members?
- C. CASE/DISEASE/MATERNITY/UTILIZATION MANAGEMENT
- 1) What Case Management provider does your organization contract with and what services do they provide?

- a. Is there an additional cost for Case Management or is this service included in the proposed premium rates?
- 2) What Disease Management provider does your organization contract with and what services do they provide?
  - a. Is there an additional cost for Disease Management or is this service included in the proposed premium rates?
- 3) What Maternity Management provider does your organization contract with and what services do they provide?
  - a. Is there an additional cost for Maternity Management or is this service included in the proposed premium rates?
- 4) What Utilization Management provider does your organization contract with and what services do they provide?
  - a. Is there an additional cost for Utilization Management or is this service included in the proposed premium rates?
- D. PHARMACY BENEFIT MANAGER (PBM)
  - 1) What PBM does your organization contract with for management of the prescription drug benefit and what services do they provide?
  - 2) What services does the PBM's website provide to assist members?
  - 3) Are drug manufacturer rebates returned to the plan or retained by the PBM?

## VII. BENEFITS

### A. ELIGIBILITY REQUIREMENTS

- 1) What is the definition of active status employee?
- 2) What are the eligibility requirements for active status employees?
- 3) What are the eligibility requirements for an employee on a Worker's Compensation leave of absence?
- 4) What are the eligibility requirements for elected officials?
- 5) What are the eligibility requirements for retirees?
- 6) Can employees elect different dependent coverage levels for medical, dental, vision and life?

### B. MEDICAL BENEFITS

- 1) Complete the attached Medical Benefit Plan Comparison.
- 2) Does the Benefit/ Deductible Plan year coincide with the Renewal year?
- 3) Explain the minimum enrollment participation requirements.
- 4) What medical Provider Network(s) are included in your proposal? Supply the medical Provider Network list(s) - website reference.
- 5) Identify all states included in your medical Provider Network(s).
- 6) Are foreign claims eligible for reimbursement? Describe how they are processed.

- 7) For out-of-network claims is there a penalty, different co-pay, separate deductible and/or separate maximum out-of-pocket?
- 8) Is a Primary Care Physician (PCP) required?
- 9) Is a referral required to see a specialist?
- 10) Are specialty services (e.g. oncology treatments, transplants, etc.) required to be provided at the nearest in-network location?
- 11) How are DOT physicals covered?
- 12) How are County Health Department services covered?
- 13) Are all preventive services covered at 100% with no limits?
- 14) Is a Retiree Medicare plan available? If yes, please describe.
  - a. And, is a Medicare Supplement also offered?

C. PHARMACY BENEFITS

- 1) Complete the attached Pharmacy Benefit Plan Comparison.
- 2) Provide a current Preferred Drug List.
- 3) Supply a Pharmacy Network(s) List - website reference.
- 4) Identify all states included in your Pharmacy Network(s).
- 5) Describe your 90-day mail-order prescription services.
- 6) Are 90-day Pharmacy prescriptions available at local pharmacies? If so, is there a pricing difference between 90-day mail-order and 90-day retail pharmacy prescriptions?
- 7) Provide a list of local Network pharmacies.
- 8) Describe any additional pharmacy discounts or discounts for store-brand, non-pharmacy products and other retail products? Please describe.
- 9) How are Specialty Pharmaceuticals administered by your plan?

D. DENTAL BENEFITS

- 1) Complete the attached Dental Benefit Plan Comparison.
- 2) Explain the minimum enrollment participation requirements.
- 3) Are Dental Benefits stand-alone or included with medical plan enrollment?
- 4) Do you have a Dental Provider Network? If yes, please provide local network list or website reference.

E. VISION BENEFITS

- 1) Complete the attached Vision Benefit Plan Comparison.
- 2) Explain the minimum enrollment participation requirements?
- 3) Are Vision Benefits stand-alone or included with medical plan enrollment?
- 4) Do you have a Vision Provider Network? If yes, please provide local network list or website reference.

F. LIFE INSURANCE BENEFITS

- 1) Describe the Life Insurance Benefit Options available.

- 2) Is there an additional cost for life insurance or is it included in the proposed premium rates?
- 3) Is there an option for the employer to purchase life insurance for employees and their dependents?

G. EMPLOYEE ASSISTANCE PROGRAM

- 1) Describe the EAP benefits available.
- 2) Is there an additional cost for the EAP Program or is it included in the proposed premium rates?

H. WELLNESS PROGRAM

- 1) What wellness benefits/services are provided?
  - a. Are there wellness activities?
  - b. If yes, is there mechanism to keep track of activities, such as an online portal or mobile app?
- 2) What wellness provider does the organizer contract with and what services are provided?
- 3) How does the organization achieve high employee participation?
  - a. Is there a minimum participation requirement for wellness services?
- 4) Are wellness prices included in the proposed premium rates?
  - a. If not, what is the additional cost for wellness?
- 5) Are incentives available to those who participate in the wellness program?
  - a. If yes, what incentives are offered?

**VIII. RATE CALCULATIONS**

- A. Describe the methodology used by your organization to establish premium rates and subsequent renewal rates.
- 1) Does this rating methodology apply to all employer groups and plan designs equally or is there flexibility/subjectivity in the pricing?
    - a. Describe how your organization caps renewal rate increases?
    - b. Describe if and how renewal rate decreases are granted.
    - c. By what date are guaranteed annual renewal rates provided?
  - 2) Disclose any commissions included in your proposed premium rates.
  - 3) Describe how "equity", profits and excess reserves are managed.

B. Complete the following table:

<b>Renewal rates for your organization's Employer Sponsored Group medical plans</b>			
	Average Renewal	Highest Renewal	Lowest Renewal
2021			
2020			
2019			
2018			
2017			

**IX. GENERAL QUESTIONS**

A. References: Provide a minimum of three (3) public entity references (list one terminated), including the information listed below. Carbon County prefers references with similar transitional complexities as those anticipated with this RFP.

- Client's Name & Title
- Client's Telephone Number
- Client's Email Address
- Contract Effective Date & Termination Date

B. What reports are available on a group specific basis?

- 1) Is there an additional cost for reports or is it included in the proposed premium rates?
- 2) What is the frequency of these reports?

C. Please describe the Affordable Care Act (ACA) assistance your organization provides in reference to:

- 1) Training
- 2) Support
- 3) 1094 and 1095 Reporting
- 4) PCORI and Payment Submission to the IRS
- 5) Summaries of Benefits and Coverage (SBCs)

D. Provide a description of your value-added services.



# CARBON COUNTY EMPLOYEE GROUP BENEFITS PROPOSAL SHEET July 1, 2023-June 30, 2024

Complete this page and submit with proposal

Organization Name: \_\_\_\_\_

Agent Name and Company: \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

PLAN #1						
Plan Name:						
In-Network			Out-of-Network			
Individual Medical Deductible	\$		Individual Medical Deductible	\$		
Family Medical Deductible	\$		Family Medical Deductible	\$		
Medical Copay	\$		Medical Copay	\$		
Individual Medical Maximum Out of Pocket	\$		Individual Medical Maximum Out of Pocket	\$		
Family Medical Maximum Out of Pocket	\$		Family Medical Maximum Out of Pocket	\$		
Is the deductible included in the Max Out of Pocket?			Yes	No		
Do out-of-network claims apply to the in-network deductible and Max Out of Pocket?			Yes	No		
Prescription						
30-Day			90-Day			
Rx Deductible	\$		Rx Deductible	\$		
Generic			Generic			
Preferred			Preferred			
Non-Preferred			Non-Preferred			
Specialty			Specialty			
Maximum Rx Out of Pocket	\$		Maximum Rx Out of Pocket	\$		
Life Insurance and Accidental Death and Dismemberment						
Is there a life insurance and AD&D benefit included in this medical plan?			Yes	No		
If yes, how much life insurance?			\$			
If yes, how much AD&D?			\$			
Premium Rates per Month						
	Individual	Two-Party	Parent/Child(ren)	Family	Individual Retiree	Two-Party Retiree
Tier Ratio						
Premium Amount	\$	\$	\$	\$	\$	\$

PLAN #2						
Plan Name:						
In-Network			Out-of-Network			
Individual Medical Deductible	\$		Individual Medical Deductible	\$		
Family Medical Deductible	\$		Family Medical Deductible	\$		
Medical Copay	\$		Medical Copay	\$		
Individual Medical Maximum Out of Pocket	\$		Individual Medical Maximum Out of Pocket	\$		
Family Medical Maximum Out of Pocket	\$		Family Medical Maximum Out of Pocket	\$		
Is the deductible included in the Max Out of Pocket?			Yes	No		
Do out-of-network claims apply to the in-network deductible and Max Out of Pocket?			Yes	No		
Prescription						
30-Day			90-Day			
Rx Deductible	\$		Rx Deductible	\$		
Generic			Generic			
Preferred			Preferred			
Non-Preferred			Non-Preferred			
Specialty			Specialty			
Maximum Rx Out of Pocket	\$		Maximum Rx Out of Pocket	\$		
Life Insurance and Accidental Death and Dismemberment						
Is there a life insurance and AD&D benefit included in this medical plan?			Yes	No		
If yes, how much life insurance?			\$			
If yes, how much AD&D?			\$			
Premium Rates per Month						
	Individual	Two-Party	Parent/Child(ren)	Family	Individual Retiree	Two-Party Retiree
Tier Ratio						
Premium Amount	\$	\$	\$	\$	\$	\$

PLAN #3						
Plan Name:						
In-Network			Out-of-Network			
Individual Medical Deductible	\$		Individual Medical Deductible		\$	
Family Medical Deductible	\$		Family Medical Deductible		\$	
Medical Copay	\$		Medical Copay		\$	
Individual Medical Maximum Out of Pocket	\$		Individual Medical Maximum Out of Pocket		\$	
Family Medical Maximum Out of Pocket	\$		Family Medical Maximum Out of Pocket		\$	
Is the deductible included in the Max Out of Pocket?			Yes	No		
Do out-of-network claims apply to the in-network deductible and Max Out of Pocket?			Yes	No		
Prescription						
30-Day			90-Day			
Rx Deductible	\$		Rx Deductible		\$	
Generic			Generic			
Preferred			Preferred			
Non-Preferred			Non-Preferred			
Specialty			Specialty			
Maximum Rx Out of Pocket	\$		Maximum Rx Out of Pocket		\$	
Life Insurance and Accidental Death and Dismemberment						
Is there a life insurance and AD&D benefit included in this medical plan?			Yes	No		
If yes, how much life insurance?			\$			
If yes, how much AD&D?			\$			
Premium Rates per Month						
	Individual	Two-Party	Parent/Child(ren)	Family	Individual Retiree	Two-Party Retiree
Tier Ratio						
Premium Amount	\$	\$	\$	\$	\$	\$

PLAN #4						
Plan Name:						
In-Network			Out-of-Network			
Individual Medical Deductible	\$		Individual Medical Deductible		\$	
Family Medical Deductible	\$		Family Medical Deductible		\$	
Medical Copay	\$		Medical Copay		\$	
Individual Medical Maximum Out of Pocket	\$		Individual Medical Maximum Out of Pocket		\$	
Family Medical Maximum Out of Pocket	\$		Family Medical Maximum Out of Pocket		\$	
Is the deductible included in the Max Out of Pocket?			Yes	No		
Do out-of-network claims apply to the in-network deductible and Max Out of Pocket?			Yes	No		
Prescription						
30-Day			90-Day			
Rx Deductible	\$		Rx Deductible		\$	
Generic			Generic			
Preferred			Preferred			
Non-Preferred			Non-Preferred			
Specialty			Specialty			
Maximum Rx Out of Pocket	\$		Maximum Rx Out of Pocket		\$	
Life Insurance and Accidental Death and Dismemberment						
Is there a life insurance and AD&D benefit included in this medical plan?			Yes	No		
If yes, how much life insurance?			\$			
If yes, how much AD&D?			\$			
Premium Rates per Month						
	Individual	Two-Party	Parent/Child(ren)	Family	Individual Retiree	Two-Party Retiree
Tier Ratio						
Premium Amount	\$	\$	\$	\$	\$	\$

<b>DENTAL PLAN #1</b>						
<b>Plan Name:</b>						
Waiting Period:						
Deductible per Individual:						
Diagnostic/Preventive:						
Routine/ Basic Care:						
Major Restorative:						
Orthodontia:						
Maximum Orthodontia Benefit per Individual:						
Maximum Plan Year Benefit per Individual:						
<b>Premium Rates per Month</b>						
	Individual	Two-Party	Parent/Child(ren)	Family	Individual Retiree	Two-Party Retiree
Tier Ratio						
Premium Amount	\$	\$	\$	\$	\$	\$

<b>DENTAL PLAN #2</b>						
<b>Plan Name:</b>						
Waiting Period:						
Deductible per Individual:						
Diagnostic/Preventive:						
Routine/ Basic Care:						
Major Restorative:						
Orthodontia:						
Maximum Orthodontia Benefit per Individual:						
Maximum Plan Year Benefit per Individual:						
<b>Premium Rates per Month</b>						
	Individual	Two-Party	Parent/Child(ren)	Family	Individual Retiree	Two-Party Retiree
Tier Ratio						
Premium Amount	\$	\$	\$	\$	\$	\$

<b>VISION PLAN #1</b>						
<b>Plan Name:</b>						
Waiting Period:						
Deductible per Individual:						
Exam:						
Hardware:						
Maximum Plan Year Benefit per Individual:						
<b>Premium Rates per Month</b>						
	Individual	Two-Party	Parent/Child(ren)	Family	Individual Retiree	Two-Party Retiree
Tier Ratio						
Premium Amount	\$	\$	\$	\$	\$	\$

<b>VISION PLAN #2</b>						
<b>Plan Name:</b>						
Waiting Period:						
Deductible per Individual:						
Exam:						
Hardware:						
Maximum Plan Year Benefit per Individual:						
<b>Premium Rates per Month</b>						
	Individual	Two-Party	Parent/Child(ren)	Family	Individual Retiree	Two-Party Retiree
Tier Ratio						
Premium Amount	\$	\$	\$	\$	\$	\$

Attach Life Insurance Information and Premium Rates included in your proposal