

## REQUEST FOR PROPOSALS (RFP)

RFP # 2014-HPC-001

### Health Plan Coverage

The Culver City Unified School District ("District") is requesting proposals for health and benefits plan coverage for its District employees according to the terms and conditions as set forth herein.

Respondents to this RFP should mail or deliver one (1) original copy, in a three (3) ring loose-leaf binder or report cover, and one (1) electronic copy of their proposal to:

Mike Reynolds  
Assistant Superintendent, Business Services  
CCUSD Administrative Offices  
4034 Irving Place  
Culver City, CA 90232

**RESPONSE DEADLINE FOR PROPOSALS is Wednesday, June 25, 2014 at 3:00 p.m.**

Fax or email responses will not be accepted.

If you have any questions regarding this RFP, please contact Mike Reynolds before the Response Deadline at (310) 842-4220 Ext. 4226 or MikeReynolds@ccusd.org.

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#### I. RFP INTRODUCTION AND BACKGROUND.

The District intends to consider the selection of a qualified provider for the District employees' health plan coverage in lieu of the coverage currently provided through the CalPERS health benefit plans. The successful Respondent would be required to provide a selection of plans that is equal to or substantially equivalent to the existing CalPERS plans in terms of costs, benefits, and breadth of network coverages (i.e., access to specific physicians, medical centers, hospitals, etc.) ("Health Plan Coverage").

**A. In Lieu Option for Employees.** Please note that District employees must have the ability to choose not to participate in the Health Plan Coverage if they are covered under their spouse's plan, in which case, they will continue to receive the negotiated "in lieu" payments.

**B.** The District reserves the right to reject any or all bidders.

**C. Current Schedule Of Coverage Selections.** The District wishes to maintain a Health Plan Coverage (or equivalent coverages) for the benefit of its employees as specified in the attached **SCHEDULE A**, incorporated herein.

#### II. MINIMUM REQUIREMENTS.

Respondents must meet the following minimum requirements to participate in the District's RFP process:

A. Five (5) California K-12 customer references for which the Respondent provided similar health and benefit plan coverage.

B. Ability to work successfully with District and appropriate personnel with respect to coordination of the Health Plan Coverage.

C. Ability to work within the parameters of the Health Plan Coverage provided in **SCHEDULE A**.

### III. PROPOSAL SUBMISSION INSTRUCTIONS.

#### A. Format Requirements.

1. **Ink or Typewritten.** All information, prices, notations, signatures, and corrections must be in ink or typewritten. Mistakes may be crossed out and corrections typed or printed adjacent to the mistake and initialed in ink by the person signing the proposal.

2. **Signature Verification.** To be considered for award, each proposal must be signed by a legally authorized representative of your company.

3. **Proposal Documents.** Failure to completely execute and submit the required documents before the bid submittal deadlines will render a proposal non-responsive.

4. **Formation of Contract.** A signed and complete proposal from the company or other eligible public agency shall constitute a binding contract

5. **Informed Respondent.** It will be your responsibility to be fully informed as to the conditions, requirements, and specifications before submitting proposals. Failure to do so will be at your firm's own risk and relief cannot be secured on the plea of error.

B. **Content Requirements.** One (1) original and (1) electronic copy of the proposal shall be submitted in the format as detailed herein. The original proposal shall be submitted in a three (3) ring loose-leaf binders or report cover. It is critical that all responses follow the same format to allow equal and fair evaluation of each response. Responses should be limited to thirty-five (35) pages (not including the table of contents and cover letter) and shall include:

1. **Table of Contents.** The table of contents of the proposal should include a clear and complete identification of the materials submitted by tab section and page number.

2. **Section Tabs.** Proposals should be divided by tab sections according to items in the index. This will assist the evaluating team in identifying items and information submitted with the proposal.

##### a. Tab 1: Cover Letter.

i. A signed letter of interest (no more than two (2) pages), stating the Respondent's interest and qualifications in providing the Health Plan Coverage services as outlined in the RFP.

ii. Please summarize/describe how the Respondent meets the minimum requirements as described herein.

**b. Tab 2: Background, Financial Capacity & Management**

**Structure.** Provide general information on the Respondent including:

- i. a brief history of the company,
- ii. key differentiating factors and areas of expertise,
- iii. length of time providing such services, and
- iv. location of California offices.

**c. Tab 3: Company Personnel and Qualifications.**

i. Provide a list of the personnel associated with this proposal and the names of those who will be maintaining and monitoring the Health Plan Coverage with the District. Describe their qualifications and experience.

ii. Describe the management structure of the responding company and include an organizational chart.

**d. Tab 4: Health Plan Coverage References.**

i. Provide detailed project history for a minimum of five (5) California K-12 districts for which the Respondent provided Health Plan Coverage.

ii. Describe the scope of coverage and costs.

**IV. PROPOSAL EVALUATION CRITERIA**

**A.** The District will evaluate qualifications based on the scoring criteria outlined in this section.

**B.** Respondents who are not actively engaged in providing services of the nature proposed in their response to the RFP and/or who cannot clearly demonstrate to the satisfaction of the District their ability to satisfactorily perform the work in accordance with the RFP requirements will not be considered.

**C.** Respondents who do not meet the minimum requirements will not be considered.

**D.** Discussions may be conducted with Respondents who submit qualifications determined to be reasonably acceptable of being selected for award.

**E.** From the period beginning on the date of the issuance of this RFP and ending on the date of the award of the contract, if any, no person, or entity responding to this RFP, nor any officer, employee, representative, agent, or consultant representing such a person or entity shall contact through any means or engage in any discussion regarding this RFP, the evaluation or selection process or the award of the contract(s) with any member of the District's governing board, selection committee members, or with any employee of the District except for clarifications and questions as described herein. Any such contact shall be grounds for the disqualification of the entity submitting a response.

F. The District shall be the sole judge of the qualifications and services to be offered and its decision shall be final.

**G. Scoring Criteria:**

- iii. **Background:** i.e., qualifications, experience, resources. (20 points)
- iv. **Project Team & Management Structure.** (20 points)
- v. **Project History & References:** i.e., relevant past Health Plan Coverage. (20 points)
- vi. **Savings:** i.e., savings over District's current Health Plan Coverage. (100 points)
- vii. **Contracts & Forms.** (20 points)
- viii. **Response:** responsiveness and compliance with the requirements of the RFP. (20 points)
- ix. **TOTAL MAXIMUM POINT VALUATION: 200**

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# SCHEDULE A

## CURRENT SCHEDULE OF COVERAGE SELECTIONS

HEALTH PLANS	PROPOSED ANNUAL COST			CURRENT SCHEDULE OF COVERAGE SELECTIONS											
	SINGLE	DOUBLE	FAMILY	Calendar Year Deductible Individual / Family	Max Co-Pay (Excl/Pharm) Individual / Family	Deductible (per admission) / Inpatient	Out Patient Surgery	Emergency Room	Urgent Care	Doctor Visits / Inpatient	Surgery / Anesthesia	X-RAYS + Lab Work	Drugs Generic / Brand / Non Formulary	Drugs - Max Copay	
Blue Shield Net Value HMO				\$0 / \$0	\$1,500 / \$3,000	\$0 / \$0	\$0	\$50	\$15	\$15	\$0	\$0	\$5 / \$20 / \$50	\$1,000	
Health Net Salud y Mas HMO				\$0 / \$0	\$1,500 / \$3,000	\$0 / \$0	\$0	\$50	\$15	\$15	\$0	\$0	\$5 / \$20 / \$50	\$1,000	
Blue Shield Access + HMO				\$0 / \$0	\$1,500 / \$3,000	\$0 / \$0	\$0	\$50	\$15	\$15	\$0	\$0	\$5 / \$20 / \$50	\$1,000	
Anthem Select HMO				\$0 / \$0	\$1,500 / \$3,000	\$0 / \$0	\$0	\$50	\$15	\$15	\$0	\$0	\$5 / \$20 / \$50	\$1,000	
United Healthcare Alliance HMO				\$0 / \$0	\$1,500 / \$3,000	\$0 / \$0	\$0	\$50	\$15	\$15	\$0	\$0	\$5 / \$20 / \$50	\$1,000	
Kaiser Permanente HMO				\$0 / \$0	\$1,500 / \$3,000	\$0 / \$0	\$15	\$50	\$15	\$15	\$0	\$0	\$5 / \$20	NA	
Health Net Smart Care HMO				\$0 / \$0	\$1,500 / \$3,000	\$0 / \$0	\$0	\$50	\$15	\$15	\$0	\$0	\$5 / \$20 / \$50	\$1,000	
Anthem Traditional HMO				\$0 / \$0	\$1,500 / \$3,000	\$0 / \$0	\$0	\$50	\$15	\$15	\$0	\$0	\$5 / \$20 / \$50	\$1,000	
PERS Select - PPO				\$500 / \$1,000	\$3,000 / \$6,000	\$0 / 20% - 30%	20% - 30%	\$50 + 20%	\$20	\$20 / 20%	20%	20%	\$5 / \$20 / \$50	\$1,000	
PERS Choice PPO				\$500 / \$1,000	\$3,000 / \$6,000	\$0 / 20%	10%	\$50 + 20%	\$20	\$20 / 20%	20%	20%	\$5 / \$20 / \$50	\$1,000	
PERS Care - PPO				\$500 / \$1,000	\$2,000 / \$4,000	\$250 / 10%	10%	\$50 + 10%	\$20	\$20 / 10%	10%	10%	\$5 / \$20 / \$50	\$1,000	