



**Moore County
North Carolina**

Request for Proposal 2025-02

for

**Group Medical/Rx Insurance, Dental Insurance, and/or
Administrative Services**

Table of Contents

Exhibit #1 – RFP Information.....	3
Exhibit #2 - Stipulations	4
Exhibit #3 – Underwriting Information	7
Exhibit #4 – Rate, Claims History & Network Utilization	11
Exhibit #5 – Group Benefits	11
Exhibit #6 – Enrollment Census	11
Exhibit #7 – Fully-Insured Proposal Forms.....	12
Exhibit #8 – Self-Funded Proposal Forms.....	14
Exhibit #9 – Deviations & Guarantor	16
Non-Collusion Affidavit	18
E-Verify Affidavit.....	19

Exhibit #1 – RFP Information

Date: October 23, 2024

To: All Interested Companies

From: Terra Vuncannon, Purchasing Manager, Moore County

Subject: **Request for Proposals Group Medical/Rx Insurance, Dental Insurance, and/or Administrative Services**

Moore County (“The County”) is soliciting proposals for its Group Medical/Rx and Dental programs.

It is desirable that all proposals are made on the same basis by interested companies and that existing coverage be duplicated in any new contract. To that end, the firm of National Insurance Services is preparing specifications at our request. National Insurance Services has been designated as consultant; any proposals should be submitted to **Terra Vuncannon at Moore County** and your proposal should name National Insurance Services as servicing agent.

You are requested to submit your proposal according to the specifications. Any deviations could make your proposal subject to disqualification. The proposal form should be signed by an officer or designated representative of your company. Two paper copies of your proposal and one digital copy on flash drive must be submitted in a sealed envelope, and received by the County of Moore, no later than 4 p.m. local time on November 22, 2024.

Envelopes should be sealed and plainly marked “**RFP #2025-02 - Group Medical/Rx Insurance, Dental Insurance, and/or Administrative Services**” and should be addressed to:

Terra Vuncannon
Purchasing Manager, Moore County

Fed Ex/UPS/Hand Delivered Address:
1 Courthouse Square
Carthage, NC 28327

Mailing Address:
PO Box 905
Carthage, NC 28327

For your convenience, a bid drop-off box is located in the lobby at 1 Courthouse Square. The County reserves the right to accept or reject any and/or all proposals, to waive any informality in the proposals and to negotiate with carriers on benefits, premiums, and other contract terms.

Any questions or requests for clarification should be directed in writing via e-mail to Terra Vuncannon at the County: tvuncannon@moorecountync.gov, no later than 4:00 pm local time on Wednesday, October 30, 2024. **Please include (RFP #2025-02) in the subject line.** No oral questions will be accepted. All questions and answers will be released in an addendum. **No other person at Moore County should be contacted regarding this RFP, and no phone calls with questions will be accepted.**

Exhibit #2 - Stipulations

INSTRUCTIONS, GENERAL CONDITIONS

Present Program: Reasons for Proposal Request

The County presently provides Group Medical/Rx and Dental insurance for its employees on a self-funded basis, administered by First Carolina Care. The current Medical/Rx program is a traditional PPO, but the County is interested in reviewing pricing for an HSA-qualified HDHP, either as a replacement for the PPO or as a dual-option. The Dental plan offers one plan design with a \$1,000 max and no Orthodontia coverage.

The County is seeking to control costs while providing a competitive level of benefits to its employees. The County is considering both self-funded and fully-insured proposals.

Sealed Proposal Submission

Two printed copies of your proposal and one digital copy on flash drive are due to Terra Vuncannon, Purchasing Manager, at 1 Courthouse Square, Carthage, NC, 28327, no later than 4:00 pm local time on November 22, 2024. Proposals attached to an e-mail will not be accepted. If your proposal includes statutorily-defined confidential information (NC General Statutes 66-152 and 132-1.2), please include a redacted copy on the flash drive.

Any proposals received after the deadline will not be considered. Your envelope should be clearly marked “**RFP #2025-02 - Group Medical/Rx Insurance, Dental Insurance, and/or Administrative Services.**” Proposals must be prepared using the proposal forms provided and should be accompanied by a sample plan document and a copy of your billing procedures. If your proposal deviates from these specifications in any way, those deviations and explanations **MUST** be noted on Exhibit 9 in your proposal packet.

You may quote on Medical, Dental, and/or Rx services as stand-alone lines of business, or on a package basis. The County is open to working with one vendor or multiple vendors for Medical, Dental, and Rx. There will not be a public bid opening.

Effective Date

Your proposal should assume an effective date of July 1, 2025.

Group Information

County of Moore, North Carolina
1 Courthouse Square
Carthage, NC 28327
SIC Code 9121

GENERAL CONDITIONS

Compliance with Laws

Your proposal must comply with relevant state and federal laws.

Successful Carrier's Requirements

The carrier to whom coverage and/or administration is awarded must provide The County with a master contract, Summary Plan Description/Schedule of Benefits, and normal administrative and claims materials. Detailed reports of all losses, claims, and reserves must be provided monthly and upon request.

The County requires a 150 day notice for renewals involving a price increase.

Rate Guarantee

The County will give extra consideration to proposals with rate guarantee periods or rate caps of two years or longer. In particular, the County's goal is to keep premium increases at or below 3% annually. It is the intent to contract up to a five-year term with the successful vendor.

Copyright

This Request for Proposals and all related materials are protected by copyright. Permission is hereby granted to duplicate these materials only as necessary for the purpose of responding to this Request for Proposals

Consultant

National Insurance Services is the County's consultant for the Group Medical/Rx and Dental Insurance. All proposals should be quoted net of commission.

Scott Fritz is the agent of record.

Evaluation Criteria

Evaluation of proposals will take into account (but is not limited to) the following criteria and will be weighted as follows:

- Overall projected cost (30%)
- Provider network and provider contracts (15%)
- Financial strength (10%) – please provide most recent financial statement and/or financial ratings
- Compliance with specifications (10%)
- Robust and transparent reporting (10%)
- Ability to service the County's employees and their dependents , and provide ease of administration, including online tools and member apps (8%)

- Value-added services (7%)
- Contract provisions - for instance: rate guarantees, performance guarantees, favorable stop-loss terms, pharmacy contract, etc. (5%)
- Innovative cost-control measures - such as price transparency tools, medical concierge services, Rx cost-management, orthopedic and imaging alternatives, telemedicine, etc. (5%)

The County reserves the right to accept or reject any and/or all proposals, to waive informalities in the proposals and to negotiate with carriers on benefits, premiums and other contract terms.

Exhibit #3 – Underwriting Information

GROUP MEDICAL UNDERWRITING and SERVICE INFORMATION

Eligibility

Minimum hour requirement for Medical/Rx is 30 hours per week in accordance with the Affordable Care Act. Dental is 40 hours per week. Coverage is effective on the date of hire.

Leave of Absence

Covered employees on an approved leave of absence may continue their health insurance by making arrangements to pay the employer (if necessary) during such leave.

Employer Contribution

Moore County funds the health plan at \$833 per employee per month. Employee bi-weekly (every two weeks) contributions are as follows:

<u>Medical/Rx</u>		<u>Dental</u>	
Single only	\$0	Single only	\$0
Emp/Spouse	\$177	Emp/Spouse	\$ 16
Emp/Child	\$79	Emp/Child(ren)	\$ 16
Emp/Children	\$155	Emp/Family	\$ 32
Emp/Family	\$221		

Continuity of Coverage

A new carrier must agree to continue existing coverages by ‘grandfathering’ presently insured employees for all in force coverages. No one will be denied benefits solely by reason of change in insurers.

Provider Network

The County will give strong consideration to plans that offer broad provider access unless a variance in network design is specifically requested. Plans that have provider restrictions will not be looked upon favorably as The County desires flexibility in provider network.

Pre-Existing Conditions Limits, Late Entrants

Enrollment and eligibility will be administered in accordance with the Summary Plan Description and any subsequent amendments. Pre-existing conditions must be covered as mandated by the Affordable Care Act (ACA).

Out-of-Area Coverage

Your proposal should outline the coverage available if any insured is out of your provider service area, whether it is for a temporary period of time or permanently. The concern is for former employees on COBRA extension who have moved and employees who are traveling.

Rating Structure

The County is presently on a 5-Tier rating structure for Medical/Rx and 4-Tier for Dental for their premiums and they wish to continue on this basis.

Benefits

Present benefits are detailed in the included benefit summaries as well as a copy of First Carolina Care summary plan description.

Medical/Rx:

1. Match current plan design (see Exhibit 5 for details)
2. Same plan as current, but with \$2,000/\$4,000 in-network deductibles and \$6,000/\$12,000 in-network Out of Pocket Max; Rx \$10 generic/\$50 preferred brand/\$80 non-preferred brand/\$100 preferred specialty/\$200 non-preferred specialty for 30 day supply. 2x copay for 90 day supply mail order.
3. HSA-qualified \$1,650/\$3,300 deductible; 80% coinsurance; 5,000/\$10,000 Out of Pocket Max; Rx Deductible/Coinsurance

Dental:

1. Match current plan design (see Exhibit 5 for details)
2. Same plan as current, but with an option to offer \$1,500 and \$2,000 annual max with matching Orthodontia maxes as a dual-option.

If deviations are necessary, they should be explained in Exhibit 9

Stop-Loss Insurance

The County is currently self-funded. The County would like proposals to cover Medical Only and Medical/Rx.

The County is amenable to exploring carrier variances in Stop Loss plan design proposals outside of those listed as alternatives to standard coverages. Respondents may provide alternate rate exhibits with alternate stop loss designs. The County's preference would be for a no laser contract with 50% or less rate cap at renewal. The County understands that the initial stop-loss quotes may be illustrative, and will need to be firmed up closer to the renewal date. Please indicate in your proposal if rates are illustrative or firm, and how far in advance of renewal date you can issue firm quotes.

Fully-insured Proposals are also being solicited. Please note the proposal forms in Exhibits 7 & 8. Submit your admin fees and stop-loss quotes on Exhibit 7 for ease of comparison. Fully-insured rates should be shown on Exhibit 8. Carriers may also use their own exhibits to show rates as long as all requested rate information is provided.

Network Analysis

The County would like each respondent to provide the average discount arrangement for the top 25 medical providers attached in exhibit 4. The County will also consider plan specific networks or Accountable Care Organization models if paired with a network similar in scope to the existing offering and providing the networks can capture the majority of the top 10 clinic systems within the attachment from exhibit 4.

Current Dental plan has no network limitations, and this is the County's preference. The current plan reimburses at 100% of the 80th percentile GEO.

Claims Processing

The County would like respondents to provide data supporting their claims processing accuracy and claims processing time. The County is requesting that respondents provide performance guarantees surrounding these metrics that will offset administrative costs if the metrics are not satisfied.

Claims Information

Claims information is provided in exhibit #4. If more claim information is needed, please request in writing no later than 4:00 pm local time on Wednesday, October 30, 2024, via e-mail to Terra Vuncannon at the County: tvuncannon@moorecountync.gov. **Please include (RFP #2025-02) in the subject line.** The additional claims information will be provided in an addendum, if available. See page four for additional explanation on how to submit questions or requests.

Pharmacy Rebates

As part of the evaluation of self-funded proposals, The County desires to evaluate proposals that allow the retention of pharmacy rebates by the group. If your proposal does not include pharmacy rebates, please be specific and transparent as to how the rebates offset administrative fees and costs. Please provide rationale for not providing pharmacy rebates.

Plan Year and Deductible Information

The plans in place are currently based on a plan year medical annual deductible and medical annual out-of-pocket maximum from July 1st – June 30th.

Group Management and Carrier Communication

Please provide a detail of the service structure and team assigned to the County. The County will require a consistent team to manage their account and communicate with their members. Also, provide information on online administration capabilities and member apps/member experience.

Wellness Center

Moore County currently provides access to a Wellness and Occupational Medicine facility to its employees with the goal of providing members with easy access to medical care and improving the overall health of our employees and their dependents. This wellness program is not being solicited for proposal at this time.

Value-added services

First Carolina Care currently provides:

- Employee Assistance Program (EAP)
- Flu Shots
- Biometric screenings
- Nurse Line
- Utilization Management
- 1095-C reporting
- Gag Clause Attestation—prepared and submitted
- RxDC data prepared and submitted to CMS
- Administrative fee discount for COBRA outsourcing

Please detail whether you will provide these services, along with any other value-added services offered.

Exhibit #4 – Rate, Claims History and Network Information

Rate History

See rate attachment at <https://www.moorecountync.gov/bids.aspx>

Claims History

See claims attachments at <https://www.moorecountync.gov/bids.aspx>

Exhibit #5 – Group Benefits

See attached link at <https://www.moorecountync.gov/bids.aspx> for the certificate booklets and SPDs

Exhibit #6 – Enrollment Census

See attached link at <https://www.moorecountync.gov/bids.aspx> for de-identified current census.

Exhibit #7 – Fully-Funded Medical/Rx Proposal Form

Proposal Form

Fully-Insured Medical/Rx

We, the undersigned, have read the specifications provided by Moore County and propose to furnish group health insurance benefits in accordance and compliance with those specifications. Any deviations must be noted on Exhibit 9 accompanying the proposal.

	Year 1	Year 2	Year 3
Current PPO Plan	Guaranteed Monthly Rates	Guaranteed Monthly Rates	Guaranteed Monthly Rates
Single			
Employee+Spouse			
Employee+Child			
Employee+Children			
Family			
Alt Plan 1—\$2,000/ \$4,000 PPO			
Single			
Employee+Spouse			
Employee+Child			
Employee+Children			
Family			
Alt Plan 2—\$1,650/ \$3,300 HSA			
Single			
Employee+Spouse			
Employee+Child			
Employee+Children			
Family			

Proposal Form

Fully-Insured Dental

	Rates	Rate Guarantee
Current Dental Plan		
Single		
Employee+Spouse		
Employee+Children		
Family		
Alt Plan 1 \$1,500 Max		
Single		
Employee+Spouse		
Employee+Children		
Family		
Alt Plan 2 \$2,000 Max		
Single		
Employee+Spouse		
Employee+Children		
Family		

Exhibit #8 – Self-Funded Medical/Rx Proposal Form

Proposal Form

Self-Funded Medical/Rx

We, the undersigned, have read the specifications provided by Moore County and propose to furnish group health insurance benefits in accordance and compliance with those specifications. Any deviations must be noted on Exhibit 9 accompanying the proposal.

Specific: \$125,000, 24/12 Contract, \$250,000 Aggregating Specific	Aggregate: 115% - 24/12
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	Fixed Administrative Fee*	Specific Reinsurance Premium	Aggregate Reinsurance Premium	Aggregate Max Claim Factors	Rate Guarantees
Current PPO					
Single					
Employee+Spouse					
Employee+Child					
Employee+Children					
Family					
Alt Plan 1— \$2,000/\$4,000 PPO					
Single					
Employee+Spouse					
Employee+Child					
Employee+Children					
Family					
Alt Plan 2— \$1,650/\$3,300 HSA					
Single					
Employee+Spouse					
Employee+Child					
Employee+Children					
Family					

***include and disclose fiduciary fee, pharmacy rebates, network access fees and any other associated fees within the total administration fee. Use separate sheets if necessary.**

Proposal Form—Self-Funded Dental

We, the undersigned, have read the specifications provided by Moore County and propose to furnish group dental insurance benefits in accordance and compliance with those specifications. Any deviations must be noted on Exhibit 9 accompanying the proposal.

	Admin Fee(s)	Network Fee (if applicable)	Rate Guarantee	Expected annual claims
Current Dental Plan				
Alt Plan 1				
Alt Plan 2 \$2,000 Max				

	Illustrative Rates
Current Dental Plan	
Single	
Employee+Spouse	
Employee+Children	
Family	
Alt Plan 1 \$1,500 Max	
Single	
Employee+Spouse	
Employee+Children	
Family	
Alt Plan 2 \$2,000 Max	
Single	
Employee+Spouse	
Employee+Children	
Family	

Exhibit #9 – Deviations and Guarantor

Deviations and Guarantor—Medical/Rx

Proposer:	
Signature:	
Position/Title:	
Address:	
Telephone:	
Date:	
Deviations/ Comments: (if any, use separate pages if nec- essary and label)	

Deviations and Guarantor—Dental

Proposer:	
Signature:	
Position/Title:	
Address:	
Telephone:	
Date:	
Deviations/ Comments: (if any, use separate pages if nec- essary and label)	

NON-COLLUSION AFFIDAVIT

State of North Carolina
County of Moore

I _____, being first duly sworn, deposes and says that:

He/She is the _____ of _____, the
proposer that has submitted the attached proposal;

He/She is fully informed respecting the preparation and contents of the attached proposal
and of all pertinent circumstances respecting such proposal;

Such proposal is genuine and is not a collusive or sham proposal;

Neither the said Proposer nor any of its officers, partners, owners, agents, representatives,
Employees or parties of interest, including this affiant, has in any way colluded,
conspired, connived or agreed, directly or indirectly, with any other Proposer, firm or
person to submit a collusive or sham proposal in connections with the contract for which
the attached proposal has been submitted or to refrain from bidding in connection with
such contract, or has in any manner, directly or indirectly, sought by agreement or
collusion or communication or conference with any other Proposer, firm or person to fix
the price or prices in the attached proposal or of any other Proposer or to fix overhead,
profit or cost element of the proposal price of any other Proposer or to secure through
collusion, conspiracy, connivance or unlawful agreement any advantage against the
County of Moore or any person interested in the proposed contract; and

The price or prices quoted in the attached proposal are fair, proper and are not tainted by
any collusion, conspiracy, connivance or unlawful agreement on the part of the Proposer
or any of its agents, representatives, owners, employees, or parties in interest, including
this affiant.

Signature and Title

State of North Carolina
County of _____
Subscribed and sworn before me,
This _____ day of _____, 2024

Notary Public
My commission expires _____

Moore County E-Verify Affidavit

STATE OF NORTH CAROLINA

AFFIDAVIT

COUNTY OF MOORE

I, _____ (the individual attesting below), being duly authorized by and on behalf of
_____ (the entity bidding on project hereinafter "Employer") after first being duly sworn
hereby swears or affirms as follows:

1. Employer understands that E-Verify is the federal E-Verify program operated by the United States Department of Homeland Security and other federal agencies, or any successor or equivalent program used to verify the work authorization of newly hired employees pursuant to federal law in accordance with NCGS §64-25(5).
2. Employer understands that Employers Must Use E-Verify. Each employer, after hiring an employee to work in the United States, shall verify the work authorization of the employee through E-Verify in accordance with NCGS§64-26(a).
3. Employer is a person, business entity, or other organization that transacts business in this State and that employs 25 or more employees in this State. (mark Yes or No)
 - a. YES _____, or
 - b. NO _____
4. Employer's subcontractors comply with E-Verify, and if Employer is the winning bidder on this project Employer will ensure compliance with E-Verify by any subcontractors subsequently hired by Employer.

Executed, this ____ day of _____, 2024.

Signature of Affiant
Print or Type Name: _____

State of North Carolina
County of _____

Signed and sworn to (or affirmed) before me, this the ____
day of _____, 2024.

My Commission Expires:

Notary Public

(Affix Official/Notarial Seal)