



USI Insurance Services
21250 Hawthorne Blvd
Suite 600
Torrance, CA 90503
www.usi.com
Tel: 310.543.9995

July 10, 2019

RE: **Superior Court of California, County of San Bernardino**
REQUEST FOR PROPOSAL (RFP): Medical Benefits: RFP 20-01, Effective January 1, 2020
Due by: TUESDAY, JULY 30, 2019, 3:00 P.M., PST – NO LATE PROPOSALS WILL BE ACCEPTED

To Whom It May Concern:

We are conducting a medical marketing survey for our valued client, the Superior Court of California, County of San Bernardino (The Court). You are invited to submit a proposal for medical benefits with a January 1, 2020 effective date. Their zip code is 92415 and SIC code is 9211.

This RFP is composed of two documents:

- 1) USI Insurance Services' RFP cover letter with requested specifications and
- 2) The Court's official RFP that contains requirements and process for contracting vendors. **You** are responsible for reviewing **both** documents in their entirety.

COURT BACKGROUND:

The Court holds jurisdiction over San Bernardino County, the largest county in the United States, geographically, covering over 20,000 square miles and serving more than two (2) million people. The County has three distinct geographical areas: desert, valley and mountains.

The Court has 73 judges and 15 subordinate judicial officers who hear court proceedings in 12 locations: Barstow, Big Bear, Colton, Fontana, Joshua Tree, Needles, Rancho Cucamonga, four (4) sites in San Bernardino, and Victorville. There are 1,050 employees listed on the active census who service the needs of the Court by providing administrative and clerical support.

CURRENT BENEFITS PROGRAM:

The Court became a separate employer from the County of San Bernardino in 2001. The Court continued to participate in the County's health and welfare plans until August 1, 2011 when the Court contracted for their own benefit plans for its employees. The current medical carriers are Blue Shield HMO, Trio HMO, and Blue Shield PPO (since January 1, 2018) and Kaiser HMO (since 2010). Prior to Blue Shield, they were covered by Aetna (HMO, ACO HMO, and PPO).

They also offer voluntary retiree medical for early and Medicare retirees and their dependents. The Court's plans are non-grandfathered under the Affordable Care Act and the active and early retiree rates are currently blended.

CURRENT MEDICAL ENROLLMENT:

Actives	Blue Shield HMO	Blue Shield PPO	Blue Shield TRIO	Kaiser Permanente	Waived Medical	Actives Total
EE	79	2	71	306	208	666
EE+1	33		37	108		178
EE+2 or more	47		38	121		206
Actives Total	159	2	146	535	208	1,050
COBRAs	Blue Shield HMO	Kaiser Permanente	COBRA Total			
Subscriber Only	1	2	3			
COBRA Total	1	2	3			
Early Retirees	Blue Shield HMO	Blue Shield TRIO	Kaiser Permanente	Early Retiree Total		
Retiree Only	4	15	13	32		
Retiree + 1	1		12	13		
Early Retiree Total	5	15	25	45		

Medicare Retiree are all enrolled in Kaiser Senior Advantage HMO. There are 17 participants. Please refer to the Medicare tab of the census for details.

Please note the Court allows employees upon their retirement from the San Bernardino County Employees Retirement Association (SBCERA) (www.sbcera.org), to choose between the Court-sponsored retiree plans, County-sponsored medical plans or COBRA. If the County-sponsored medical plan is elected, they forfeit the ability to enroll in a Court-sponsored medical plan at any time in the future.

PROPOSAL CONTENT (YOU WILL NEED TO ACCESS THESE DOCUMENTS FROM THE COURT'S WEBSITE PROVIDED BELOW):

- Rate History, Contribution, and Court Subsidy information
- Blue Shield and Aetna claims experience and large claim information
- Blue Shield HMO PCP Listing for Provider Disruption Report
- Blue Shield and Kaiser EOCs and Summaries
- Active COBRA Early Retiree and Medicare Retiree matrix – **MANDATORY TO COMPLETE**
- Provide quotes for alternative plan designs – see document
- Court Formal RFP with Attachments – **MANDATORY!! PLEASE READ AND HAVE YOUR COMPLIANCE REVIEW THE COURT'S TERMS AND CONDITIONS. ALL MANDATORY TERMS AND CONDITIONS MUST BE ACCEPTED IN ORDER FOR YOUR PROPOSAL TO BE CONSIDERED.**

MAIN PROPOSAL REQUIREMENTS:

1. Provide a quote assuming the Kaiser plan will renew and remain in place for the 2020 plan year. Kaiser's proposal will need to assume another carrier will be offered alongside their plan. Your proposal should duplicate as closely as possible the current level of benefits including the Affordable Care Act (ACA) and State mandates. Any plan provision that deviate, limit, or exclude current benefits must be addressed in an exhibit.
2. Please provide your monthly rates with a separate line item identifying the dollar and percentage amount attributed to ACA fees. Non-Kaiser rates should include a **flat 1.1% commission**. Kaiser rates should also include a **flat 1.1% commission**.

3. Waive the binder check requirement.
4. Please duplicate the current plan offerings as closely as possible.
5. Please provide rates based upon the alternate plan options grid. If you cannot duplicate the benefit coverage reflected on the grid then please provide the closest plan design.
6. Voluntary Retiree medical: Please provide two (2) sets of rates for the early retirees (under 65 years): 1. unblended from the active rates and 2. blended with active rates, i.e. active and early retiree rates are the same – the Court is currently offering blended rates. The retirees age 65 and older with Medicare should be rated separately.

ADDITIONAL COURT PROPOSAL REQUIREMENTS:

- A. The Court uses an online eligibility system tied to its payroll to enroll employees; therefore, carrier feeds will need to be established on a bi-weekly frequency. Please include an implementation timeline for this feature. Go “live” date for eligibility feeds will be December 1, 2019 with open enrollment in November.
- B. Eligibility: An employee in a regular position scheduled and paid for a minimum of 40 hours per pay period.
- C. Employees have 60 days from their employment date to enroll and 60 days from a qualifying event to provide Human Resources with proper documentation to enroll. The same timeframe applies to all mid-year status changes for employees and dependents.
- D. Employees must provide proof of other employer-sponsored group health insurance that offers coverage comparable to a Court sponsored plan to be able to waive Court sponsored medical.
- E. Rates to be presented in monthly frequency; contributions will be deducted on a bi-weekly (26 pay periods) basis.
- F. Registered Domestic Partners covered: only those who are registered with the state as well as their dependents (follows AB 205).
- G. Court paid medical subsidy formula is noted in the attachment. Part-time employees get prorated amounts based on the number of hours worked per pay period.
- H. A highly motivated service-oriented Account Team with a dedicated contact will be a key element to the Court. Please identify or describe your proposed Account Team and each Account Team member’s daily functions – please include support staff. Please provide location and the hours of operation and time zone for the Account Manager and Customer Service.
- I. Enrollment meetings or Benefit Fairs will be conducted at various locations to educate the employees on their benefits during their lunch hour. Please provide resources to accomplish this objective. If you require a minimum number of employees to attend, please provide your guideline – if a carrier change is made, we request the minimum to be waived for the first open enrollment held this Fall.
- J. The Court provides hard copy enrollment packets during open enrollment for actives, COBRAs, retirees, and new hires every year. Not all employees have access to computers to able to download or view their benefit materials. Please take this into consideration when quoting.
- K. Proposing carriers are encouraged to include a wellness program/services that educates employees in proven practices for maintaining and improving their health. Your proposal should include a specific description of the wellness services (and funds) to be provided and the specific means used to deliver those services.
- L. Please indicate the full name of the full provider network and website that is being quoted to allow for provider searches on your website.
- M. The Court would like to have the bidding carriers provide direct bill services if possible, for their COBRA and Medicare retiree population – please indicate whether you can duplicate the service.
- N. The Court allows employees to elect federal COBRA upon termination or enroll directly in a retiree medical option, if applicable. If they elect COBRA, the former employee/dependents can go on to Cal-COBRA or elect retiree coverage, if applicable. If Cal-COBRA is elected, they will stay on for 18 additional months. Upon exhaustion of Cal-COBRA they can elect Retiree medical, if applicable.

- O. Coordination of benefits provisions. The Court allows employees who are married to each other to cover each other and their dependent children on the plan. (Kaiser: If employees married to each other cover each other as dependents and are enrolled in the same medical group, co-pays collected by the medical group will be cancelled out to \$0. The pharmacy co-pays can also be coordinated to \$0 in this scenario as well.) The Blue Shield plans do not work this way but Aetna's plans did. Please duplicate this for your plans.
- P. Please provide GEO Access reports for the medical plans based upon all the zip codes listed on the census (regardless of plan enrollment). The parameters must include: 2 PCP's within 10 miles; 2 SPC's within 10 miles; 1 hospital within 15 miles. Please also include the zip codes that fall outside your service area and those that are not eligible for a plan.
- Q. Please provide your responses on the attached HMO provider disruption document to determine provider network disruption.
- R. Please include your financial ratings for: Standard & Poor's, Moody's Investors, and A.M. Best.
- S. Please provide a detailed carrier transition process that will provide the least amount of disruption for Court members who are in the middle of medical treatment upon the effective date.
- T. The Court is requesting rate guarantee(s) for three (3) years, one for the initial term, one for an option to renew in the second year, and same for the third year. The option to extend the contract in year 2 and 3 is exercisable at the sole discretion of the Court.
- U. If you are awarded the contract, upon the end of your term if a carrier change is made, you will be required to provide premium versus paid claims until the end of the plan year and provide run-out claims for the following quarter.
- V. If your company can write more than one line of coverage, please provide pricing based upon a "packaged" as well as "unpackaged" basis. Please refer to the following websites for other benefit related RFPs: <https://caleprocure.ca.gov/pages/Events-BS3/event-search.aspx> and <http://www.sb-court.org/GeneralInfo/RequestforProposal.aspx>.
- W. Please provide details about "pre-enrollment" support (during open enrollment for transitional medical issues) – if applicable.
- X. Please detail how HMO members can change providers (please indicate cut-off dates and if it can be done via phone, online or website).
- Y. What has your client retention percentage been over the last three years in California for your proposed products?
- Z. Please include optional funds that can be used to cover the costs for wellness and communication services such as Jellyvision, a decision-making tool for online enrollment. Please provide the details on how the Court would access the funds (i.e. Pre-approval for expenses, reimbursement by service or lump sum)
- AA. Please include a performance guarantee based upon implementation, service standards, etc. for the Court's consideration.
- BB. Please provide 3 references of public sector clients in California of similar size, industry, and geographic location. The Court will contact the references if interviews are required.

If you have not submitted a quote to the Court in the past, please note that the process is unique to the Court. The Court has stringent requirements in their formal RFP that must be followed to the letter for your bid to be accepted. Please read the Court RFP document that is included in the RFP very carefully. A Compliance representative must review and accept all the mandatory terms and conditions prior to signing off.

QUESTIONS ON RFP?

Please direct all questions pertaining to this RFP, Attachments, and Exhibits directly to the Court. Questions must be submitted via email to purchasing@sb-court.org and **must** include the RFP number. The Procurement Department will triage any questions to USI. Deadline for questions is **July 19, 2019, 3:00pm., PST** – *late questions will not be considered.* Answers are scheduled to be posted on July 23, 2019 (estimate).

RFP SUBMISSION GUIDELINES:

- ✓ Please send one hard copy and electronic copy via flash drive of your proposal to the Court based upon their instructions. It must be received by **TUESDAY, JULY 30, 2019, 3:00 P.M., PST.**
- ✓ In addition, please send a hard copy and an electronic copy via flash drive to Maria Mercado, Account Executive at:

***USI Insurance Services
21250 Hawthorne Blvd., Suite 600
Torrance, CA 90503
Tel: (424) 390-0000***

Please no elaborate printing or binding desired, rather focus on complete, clear, and concise content.

The due date has been set strategically in order to prepare the presentation to the Court's Employee Benefits Advisory Committee (EBAC) in August with the final recommendations going to the Judges in September for approval. Please note that carrier reference calls may be conducted on **August 20, 2019** and interviews may be conducted on **August 22, 2019, if necessary.**

This is a **blind bid** where you'll need to provide your last, best and final offer (BAFO). We do reserve the opportunity to negotiate with the finalists.

Sincerely,



Maria Mercado
Account Executive

Attachments

Cc: San Bernardino Superior Court
Gary Delaney and Christine Kwock: USI Team