



**State of Delaware
Office of Management & Budget
Statewide Benefits Office**

STATE EMPLOYEE BENEFITS COMMITTEE

**REQUEST FOR PROPOSAL
FOR
CONSULTING SERVICES
FOR THE STATE OF DELAWARE
GROUP HEALTH INSURANCE PROGRAM**

August 1, 2011

Intent to Bid Due: August 15, 2011

Bid/Response Due: September 9, 2011

Contents:

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BACKGROUND AND ADMINISTRATIVE INFORMATION

Introduction

The State of Delaware State Employee Benefits Committee (SEBC) is seeking a consultant to provide services to the SEBC relating to its management of the Group Health Insurance Program (GHIP)¹ and all other Statewide Benefit Programs of which responsibility falls within their oversight in accordance with Delaware Code.² The SEBC is soliciting proposals from vendors who will partner with the SEBC and its contracted vendors to provide exemplary services. The contract award will be effective January 1, 2012. Proposals are due from interested vendors by September 9, 2011. Bids must be received no later than 4:00 p.m. EST on the due date. This Request for Proposal (RFP) is issued pursuant to Title 29 Delaware Chapter 69 Sect. 6981 and 6982.

Organization Description

The SEBC is chaired by the Director of the Office of Management and Budget (OMB). The Controller General, Insurance Commissioner, State Treasurer, Secretary of Health and Social Services, Secretary of Finance and Chief Justice of the Supreme Court comprise the remainder of the SEBC. The SEBC provides benefits to approximately 36,000 active employees and approximately 25,000 pensioners.³ The Statewide Benefits Office (SBO) is a division within the OMB. The SBO functions as the administrative arm of the SEBC responsible for the administration of all statewide benefit programs with the exception of pension and deferred compensation benefits. These programs include, but are not limited to: health, prescription, dental, vision, disability, group life, flexible spending accounts, wellness and disease management programs, and pre-tax commuter benefits.

Background Information

The Statewide Benefits Office (SBO) administers the Group Health Insurance Program (GHIP). The health insurance component of the program is self-insured and currently provides services to an estimated 111,000 covered lives. The pharmacy benefit is currently carved-out. Eligible participants include active, non-Medicare and Medicare retired, school district, charter school, university, community college, non-state groups, their enrolled dependents, and COBRA participants. By statute, employee unions cannot negotiate for benefits. The GHIP participants are primarily located within the State of Delaware, although a small number of participants reside in other states and countries. There are multiple employer units located in three counties throughout the State, with each exercising a high degree of independence.

The State of Delaware utilizes multiple electronic human resource programs and vendor databases at separate locations in various formats to collect and store participant personal health data. The State currently contributes 100% of the First State Basic Plan health insurance premium for employees regardless of the tier they choose. The employee is then responsible for the cost difference between the First State Basic Plan and the optional coverage. The optional

¹ The use of the term Group Health Insurance Program and its acronym GHIP refers to all benefit programs administered by the SEBC and its representative, the Statewide Benefits Office (SBO).

² Delaware Code, Title 29, Chapter 52 at <http://delcode.delaware.gov>

³ Delaware Code, Title 29, Chapter 92 for Health Insurance Benefits at <http://delcode.delaware.gov>

health benefit plans are PPO (Preferred Provider Organization), HMO (Health Maintenance Organization), and Consumer Directed Health Plan (CDHP). Non-state groups are responsible for 100% of the premium for any health plan plus applicable monthly and annual fees. The State of Delaware SEBC contracts with Ceridian for administration of COBRA. The dental and vision benefit plans are 100% employee pay-all.

The recent passage of House Bill 81 during the 146th Delaware General Assembly will result in changes in employee and retiree health benefits for State of Delaware employees hired on or after January 1, 2012. In addition, Senate Bill 30 of the 146th Delaware General Assembly will extend health benefits to civil union partners and their dependents beginning January 1, 2012.

The SEBC is also sensitive to the specific health care climate that exists in Delaware. Significant issues include a persistent shortage of physicians and dentists in the two southern most counties, a limited hospital market, and a demographic split between the northern and urban county and the two southern rural counties.

Since July 1, 2007, the SEBC has contracted with Blue Cross Blue Shield of Delaware and Aetna as the Plan's third party medical claims administrator. The SEBC will be issuing a bid for a third party medical claims administrator(s) in the fall of 2011 for a contract award effective July 1, 2012. The following contracts are currently in place for the remaining Statewide Benefits Programs:

- Prescription Benefit Management – Medco
- Life Insurance – Minnesota Life
- Short Term and Long Term Disability – The Hartford
- Flexible Spending Account – Application Software, Inc. dba “ASI” or “ASI Flex”
- Pre-Tax Commuter Program – ASI Flex
- Disease Management and Wellness – Alere Health Improvement Co. dba “Alere”
- Dental – Delta Dental and Dominion Dental
- Data Mining & Decision Support – Thomson Reuters (formerly Medstat)
- Employee Assistance Program – Human Management Services, Inc. dba “HMS”
- COBRA Administration – Ceridian Benefit Services, Inc.
- Vision – EyeMed Vision Care

You may view all information specific to the programs governed by the State Employee Benefits Committee at the following web site: <http://ben.omb.delaware.gov/>

Intent to Bid

Your intent to bid is required by August 15, 2011, no later than 4:00 p.m. EST.

Timetable/Deadlines

The following timetable is expected to apply during this marketing effort:

Event	Target Date
RFP Release/Advertisement Dates	August 1 and August 8
Receive Confirmation to Bid	August 15
Vendor's Deadline to Submit Questions	4:00 p.m. EST, August 19
Responses to Questions Sent to Vendors	August 30
Deadline for RFP Responses/Bids	4:00 p.m. EST, Sept 9
Notification of Finalists*	End of September
Selection of Vendor	End of November
Contract Effective Date	January 1, 2012

*The SEBC will require each of the finalists to make a presentation in Dover, Delaware. The presentations will be at the expense of the proposing firm.

Contract/Rate Guarantee Periods

The State of Delaware plans to enter into a three year contract with the selected vendor(s) effective January 1, 2012, with the State having the option to renew the contract for two additional one-year extensions. The vendor must guarantee the contract period rates and fees through December 31, 2014, with a rate cap for two additional optional one year periods. The rate caps must be expressed in a percentage as an increase from the previous year. (See Cost Quotation form.)

Preference will be given to vendors who can supply services for all areas of the program. However, specific services will be entertained if a vendor can make a cost effective case for splitting the contract. Please clearly state which services you are bidding on. The vendor shall be paid on a mutually agreeable schedule. The amount of any such payment shall be based on actual services provided as covered by the validated request for payment. However, the SEBC is open to the possibility of negotiating a retainer schedule with the successful bidder(s).

Please be advised that the SEBC will continue to work with their current vendor, Aon Consulting, to complete projects including, but not limited to, Early Retiree Reinsurance Program, the Health Insurance RFP, Data Mining RFP, and Medicare Part D Retiree Drug Subsidy Program Administration.

Performance Guarantees

The SEBC is interested in evaluating financial and non-financial performance guarantees. The winning vendor will be required to negotiate both financial and non-financial performance guarantees.

Proposal Objectives

The SEBC desires to contract with a consultant specializing in providing consulting services to large self insured health and prescription programs in addition to a variety of other programs for which the SEBC has oversight. The consultant must have prior experience directly related to the services requested in this RFP.

Scope of Services

For third party carriers for the GHIP benefits of, but not necessarily limited to, health, prescription, dental, vision life, flexible spending account program, pre-tax commuter program, short-term and long-term disability programs, wellness and disease management programs, and data mining services, the Consultant is expected to provide the following services:

1. **Request for Proposals (RFP)** - Assist in the preparation and execution of Request for Proposals (RFP) by assisting the Statewide Benefits team in creating the RFP and developing the evaluation methodology, determining how to evaluate the responses, evaluating the bids, and making recommendations to the Proposal Review Committee (PRC) and SEBC.
2. **Project Costs for GHIP** - Prepare an analysis and provide documentation to the SEBC for projected costs for all self-insured or proposed self-insured health plans for active and retired populations, prescription benefit programs including Medicare Part D, and any proposed legislative changes to the GHIP benefits.
3. **Actuarial Valuations of GHIP** - Perform actuarial valuations of the employee benefit plans and provide a narrative report to the SEBC with a statement that the techniques, cost methods, and assumptions used are reasonable and comply with Best Practices. Additionally, perform GASB 43/45 liability calculations and other GASB requirements as needed.
4. **Identify Trends and Recommend Cost Control Opportunities** - Access a data warehouse of health and prescription insurance claims in order to prepare usable data summaries for the SEBC to identify trends and patterns of utilization and recommend cost control opportunities.
5. **Develop an Ongoing Strategic Plan for Cost Savings** - Assist the SEBC in development of an ongoing strategic direction with measurable goals to better control health care costs by assessing the impact of past strategies and recommendations for future changes.
6. **Actuarial Valuations of Proposed Changes to GHIP** - Advise the SEBC of the actuarial significance of any proposed changes regarding benefit levels, contributions, investment policy, and administrative procedures. Ability to meet time sensitive requests for preparation or review of legislation, including fiscal notes and bill analysis.

7. **Recommend Alternative Plan Designs** - Make recommendations regarding the benefits and challenges of using different insurance and benefit products including different plan designs, premiums, co-pays, co-insurance, and deductibles.
8. **Recommend Cost Control Measures for Health Management/Wellness Program** - Make recommendations for cost control expectations by utilizing the claims database and identifying ROI metrics by analyzing the prevention, disease management, and wellness activities program of the State's wellness program administrator.
9. **Recommend Cost Control Measures for the Prescription Benefit** - Make recommendations regarding prescription utilization for cost saving measures for active and non Medicare populations and utilization of various prescription cost reduction options for Medicare population such as Retiree Drug Subsidy Program and Employer Group Waiver Plans.
10. **Assist in Administering GHIP Requirements** - Assist the Statewide Benefits Office's Director in administering all group insurance plans through:
 - a. requirements to comply with current and changes to state and federal laws and regulations,
 - b. implementation and communication of new programs or changes to existing programs,
 - c. research new developments in the law and employee benefits which includes state and federal health care reforms on an ongoing basis, and
 - d. interface with insurance carriers as needed to assist the Director in the resolution of problems associated with benefit programs.
11. **Attend SEBC Meetings** - Attend approximately sixteen (16) SEBC meetings per year in Dover, Delaware, on a monthly or bi-monthly basis.

Selection Criteria

The primary selection criteria that will drive the SEBC's decision-making process are:

1. **Pricing:** The competitiveness of the proposed fees.
2. **Experience and Qualifications:** The extent, degree, and context of the consultant's experience and qualifications with programs of similar complexity to the GHIP.
3. **Proven Performance:** Demonstration of an exceptional level of performance, client satisfaction, and track record of successfully providing consulting services to clients of a similar type and scope as the State of Delaware.

Evaluation Process

All proposals submitted in response to the RFP will be reviewed by the Proposal Review Committee (PRC). The PRC shall be comprised of representatives from each of the following

offices: Office of Management and Budget; Controller General's Office; Department of Finance; Department of Health and Social Services; State Insurance Commissioner's Office; State Treasurer's Office and the Chief Justice of the Supreme Court. The PRC shall determine the firms which meet requirements pursuant to selection criteria of the RFP and procedures established in 29 Del.C. §6981 and 6982. The PRC shall interview at least one of the qualified firms.

The minimum requirements are mandatory. Failure to meet any of the minimum requirements will result in disqualification of the proposal submitted by your organization.

The PRC shall make a recommendation regarding the award of contract to the SEBC who shall have final authority, in accordance with the provisions of this RFP and 29 Del.C. §6982, to award a contract to the successful firm or firms as determined by the SEBC in its sole discretion to be in the best interests of the State of Delaware. The SEBC may negotiate with one or more firms during the same period and may, at its discretion, terminate negotiations with any or all firms. The SEBC reserves the right to reject any and all proposals or award to multiple vendors.

Evaluation Criteria

All proposals shall be evaluated using the same criteria and scoring process. The following criteria shall be used by the PRC to evaluate proposals:

1. **Cost** - Cost for requested services as detailed in the RFP in relation to other competitive proposals.
2. **Organization and Personnel** – The organization's overall stability and the experience and qualifications of the personnel with public employer benefits plans, design, implementation and administration.
3. **Depth of Experience and Ability** - Depth of the organization's experience and ability to be responsive to the needs of the SEBC and provide assistance to the SEBC for services dealing with vendors' services as stated in the Scope of Work.
4. **Demonstrated Excellent Customer Service and Work Product** - Demonstrated ease of access to personnel, ability to complete projects within required timeframes, and have the initiative to keep the SEBC informed of material issues. Additionally, have a demonstrated flexibility to facilitate anticipated and unanticipated future process changes.
5. **Ability to Analyze and Project** - Ability to be pro-active in analyzing options for plan design changes and proposed changes in federal and state statutes; then, formulating and presenting recommendations.
6. **Proven Ability to Provide Actuarial Services** - Ability to provide actuarial services which include preparing reports and recommendations to the SEBC and state legislature.

The SEBC will use the information contained in your proposal to determine whether you will be selected as a finalist and for contract negotiations. Please clearly state which services you are

bidding on. The proposal the SEBC selects will be a working document. As such, the SEBC will expect the proposing firm to honor all representations made in its proposal.

It is the proposing firm's sole responsibility to submit information relative to the evaluation of its proposal and the SEBC is under no obligation to solicit such information if it is not included with the proposing firm's proposal. Failure of the proposing firm to submit such information in a manner so that it is easily located and understood may have an adverse impact on the evaluation of the proposing firm's proposal.

The proposals shall contain the essential information for which the award will be made. The information required to be submitted in response to this RFP has been determined by the SEBC and the PRC to be essential in the evaluation and award process. Therefore, all instructions contained in this RFP must be met in order to qualify as a responsive contractor and to participate in the PRC's consideration for award. Proposals which do not meet or comply with the instructions of this RFP may be considered non-conforming and deemed non-responsive and subject to disqualification at the sole discretion of the PRC.

Rights of the PRC

1) The PRC reserves the right to:

- Select for contract or negotiations a proposal other than that with lowest costs.
- Reject any and all proposals received in response to this RFP.
- Make no award or issue a new RFP.
- Waive or modify any information, irregularity, or inconsistency in a proposal received.
- Request modification to proposals from any or all vendors during the review and negotiation.
- Negotiate any aspect of the proposals with any organization.
- Negotiate with more than one organization at the same time.
- Select more than one contractor/vendor to perform the applicable services.

2) Right of Negotiation

Discussions and negotiations regarding price and other matters may be conducted with vendor(s) who submit proposals determined to be reasonably susceptible of being selected for award, but proposals may be accepted without such discussions. The PRC reserves the right to further clarify and/or negotiate with the proposing firms following completion of the evaluation of proposals but prior to contract execution, if deemed necessary by the PRC and/or the SEBC. The SEBC also reserves the right to move to other proposing firms if negotiations do not lead to a final contract with the initially selected proposing firm. The PRC and/or the SEBC reserves the right to further clarify and/or negotiate with the proposing firm(s) on any matter submitted.

3) Right to Consider Historical Information

The PRC and/or the SEBC reserves the right to consider historical information regarding the proposing firm, whether gained from the proposing firm's proposal, question and answer conferences, references, or any other source during the evaluation process.

4) Right to Reject, Cancel and/or Re-Bid

The PRC and/or the SEBC specifically reserve the right to reject any or all proposals received in response to the RFP, cancel the RFP in its entirety, or re-bid the services requested.

RFP Award Notifications

After review by the PRC a recommendation will be made to the SEBC for award of the contract. The contract shall be awarded to the vendor whose proposal is determined by the SEBC to be most advantageous, taking into consideration the evaluation factors set forth in the RFP. It should be explicitly noted that the SEBC is not obligated to award the contract to the vendor who submits the lowest bid or the vendor who receives the highest total point score, rather the contract will be awarded to the vendor whose proposal is determined by the SEBC to be the most advantageous. The award is subject to the appropriate State of Delaware approvals. After a final selection(s) is made, the winning vendor will be invited to negotiate a contract with the State; remaining vendors will be notified in writing of their selection status.

Award of Contract

The final award of a contract is subject to approval by the SEBC. The SEBC has the sole right to select the successful vendor(s) for award, to reject any proposal as unsatisfactory or non-responsive, to award a contract to other than the lowest priced proposal, to award multiple contracts, or not to award a contract, as a result of this RFP. Notice in writing to a vendor of the acceptance of its proposal by the SEBC and the subsequent full execution of a written contract will constitute a contract, and no vendor will acquire any legal or equitable rights or privileges until the occurrence of both such events.

Preference will be given to vendors who can supply services for all areas of the program. However, bids for specific services will be entertained if a vendor can make a cost effective case for splitting the contract. The vendor shall be paid on a mutually agreeable schedule. The amount of any such payment shall be based on actual services provided as covered by the validated request for payment. However, the SEBC is open to the possibility of negotiating a retainer schedule with the successful bidder(s).

Confidentiality of Documents

- 1) The OMB is a public agency as defined by state law, and as such, it is subject to the Delaware Freedom of Information Act, 29 Del. C. Ch. 100 (FOIA). Under the law, all the State's records are public records unless otherwise declared by law to be confidential and are subject to inspection and copying by any person. Proposing firms are advised that once a proposal is received by the State, a decision on contract award is made and the contract awarded, its contents will become public record and nothing contained in the proposal will be deemed to be confidential except proprietary information. **Fee structures or pricing information is not considered confidential and cannot be included as proprietary information.**

- 2) **Proposing firms must submit one hard copy of any information the firm is seeking to be treated as proprietary in a separate, sealed envelope labeled “Proprietary Information” with the RFP name included (Consulting Services RFP).** The envelope must contain a letter from the Proposing firm’s legal counsel describing the documents in the envelope, representing in good faith that the information in each document is not public record as defined by FOIA at 29 Del. C. § 10002(d) and state the reasons that each document meets the said definitions. **The documents must also be provided electronically on a separate CD from the bidding documents.** In order to submit a complete electronic copy, you must scan the letter as the first page so that the file is clearly designated.
- 3) Upon receipt of a proposal accompanied by such a separate, sealed envelope, the State will open the envelope to determine if the procedure described above has been followed. Such requests will not be binding on the SEBC to prevent such a disclosure but may be evaluated under the provisions of 29 Del.C. Chapter 100. Any final decisions regarding disclosure under FOIA shall be made at the sole discretion of the OMB.
- 4) All documentation submitted in response to this RFP and any subsequent requests for information pertaining to this RFP shall become the property of the State of Delaware, OMB and shall not be returned to the proposing firm. All proposing firms should be aware that government solicitations and responses are in the public domain.

Proposal Response Requirements

Your proposal must conform to the requirements set forth in this RFP. The SEBC reserves the right to deny any and all exceptions taken to the RFP requirements. RFP information can be obtained by emailing Ms. Laurene Ehemann at laurene.eheman@state.de.us.

Please clearly state which services you are bidding on. Please provide complete answers and explain all issues in a concise, direct manner. If you cannot provide a direct response for some reason (e.g. your company does not collect or furnish certain information), please indicate the reason rather than providing general information that fails to answer the question. **“Will discuss”** and **“will consider”** are not appropriate answers. All information requested is considered important. If you have additional information you would like to provide, include it as an appendix to your proposal.

Completeness

The proposal must be complete and comply with all aspects of the specifications. Please clearly state which services you are bidding on. Any missing information could disqualify your proposal. Proposals must contain sufficient information to be evaluated and, therefore, must be complete and responsive. Unless noted to the contrary, we will assume that your proposal conforms to our specifications in every way. Failure to respond to any request for information may result in rejection of the proposal at the sole discretion of the SEBC.

Questions

The SEBC anticipates this will be an interactive process and will make every reasonable effort to provide sufficient information for vendor responses. Vendors are invited to ask questions during

the proposal process and to seek additional information, if needed. All proposing vendors must submit their questions electronically to Ms. Laurene Eheman no later than August 19, 2011, at 4:00 p.m. EST. The SBO will then put all questions received and the responses into one document and send to all vendors who confirmed their intention to bid. Do not contact any member of the SEBC about this RFP or the consulting services selection process. All questions regarding this proposal should be directed only, and by email only, to Ms. Laurene Eheman at laurene.eheman@state.de.us.

Submission of Proposal

Proposals will not be accepted via e-mail.

Proposals must be submitted in five complete writing/hard copies and electronically by a complete PDF copy. *Complete* means that it includes all information you may deem proprietary and confidential. In other words, the information deemed proprietary and confidential must not be separated from the rest of the information and therefore would require the SEBC to manually merge the documents in order to read the material in the order and format requested. (Accordingly, information you may deem proprietary and confidential would be duplicative because it is also in the complete copy.) To provide a complete electronic copy, you must scan all the documents; for example, your signed cover letter and the signed Officer's Statement. Please label and carefully package the CD. (CDs are preferred rather than flash drives.)

Information deemed Proprietary and Confidential must be submitted in hard copy and electronic format. See the *Confidentiality of Documents* section for a complete explanation of the required elements. In order to submit a complete electronic copy, you must scan the letter as the first page so that the file is clearly designated.

Submit your bid to:

Ms. Laurene Eheman, RFP and Contract Coordinator
Office of Management and Budget
Statewide Benefits Office
500 W. Loockerman Street, Suite 320
Dover, DE 19901
Phone: 302-739-8331
Fax: 302-739-8339
laurene.eheman@state.de.us

Proposals must be received at the above address no later than 4:00 p.m. EST on September 9, 2011. Any proposal received after this date and time shall not be considered and will be returned to the proposing firm unopened. The proposing firm bears the risk of delays in delivery.

Officer Certification

All vendors participating in this RFP will be required to have a company officer attest to compliance with RFP specifications and the accuracy of all responses provided. See the form included in this RFP.

Vendor Errors/Omissions

The SEBC will not be responsible for errors or omissions made in your proposal. You will be permitted to submit only one proposal. You may not revise or withdraw submitted proposals after the applicable deadline.

General Modifications

The SEBC reserves the right to issue amendments or change the timelines to this RFP. All firms provided with a copy of the RFP will be notified in writing via e-mail of any modifications made by the SEBC to this RFP.

Modifications to Submitted Proposal

Changes, amendments or modifications to proposals shall not be accepted or considered after the time and date specified as the deadline for submission of proposals. Any changes, amendments, or modifications to a proposal must be made in writing, submitted in the same manner as the original response, and conspicuously labeled as a change, amendment or modification to a previously submitted proposal.

Incurred Costs

This RFP does not commit the SEBC to pay any costs incurred in the preparation of a proposal in response to this request and vendor/bidder agrees that all costs incurred in developing its proposal are the vendor/bidder's responsibility.

Basis of Cost Proposal

Your proposal must be based on your estimated cost of all expenses for the services and funding arrangements requested.

Certification of Independent Price Determination

By submission of a proposal, the proposing firm certifies that the fees submitted in response to the RFP have been arrived at independently and without – for the purpose of restricting competition – any consultation, communication, or agreement with any other proposing firm or competitor relating to those fees, the intention to submit a proposal, or the methods or factors used to calculate the fees proposed.

Improper Consideration

Bidder shall not offer (either directly or through an intermediary) any improper consideration such as, but not limited to, cash, discounts, service, the provision of travel or entertainment, or any items of value to any officer, employee, group of employees, pensioners or agent of the SEBC in an attempt to secure favorable treatment or consideration regarding the award of this proposal.

Representation Regarding Contingent Fees

By submission of a proposal, the proposing firm represents that it has not retained any person or agency to solicit or secure a contract for the services described herein upon an agreement or understanding for a commission or a percentage, brokerage, or contingent fee. The SEBC will not pay any brokerage fees for securing or executing any of the services outlined in this RFP.

Therefore, all proposed fees must be net of commissions and percentage, contingent, brokerage, service, or finder's fees.

Confidentiality

All information you receive pursuant to this RFP is **confidential** and you may not use it for any other purpose other than preparation of your proposal.

MINIMUM REQUIREMENTS

Organization of Proposal

IMPORTANT

Before your responses to the Minimum Requirements Section and Questionnaire Section, clearly state which services you are bidding on.

For each requirement or question, retain the numbering/lettering, copy the item and state your answer below it. Please completely answer the question even if you must restate information provided in a minimum requirement or in another question. If a question applies to a service for which you are not providing a bid, please state “not applicable”.

Please tab your proposal with a section for *Minimum Requirements* and a separate section for *Questionnaire*. In each section, for each attachment or appendix you reference, clearly tab the corresponding materials. Please include a table of contents for the appendices.

Minimum Requirements

The following minimum requirements are mandatory. Failure to meet any of these proposal criteria will result in disqualification of the proposal submitted by your organization.

Provide the firm’s name, home office address and telephone number, and the address and telephone number of additional offices, if any, that would provide the services requested under this RFP.

- A. Must have at least five (5) years experience as an organization in providing the type and scope of consulting services to be procured through this competitive process. The determination of the length of time an entity has provided these services will be based upon the initial date the entity established a contractual relationship to provide such consulting services. The proposing organization must provide sufficient detail to demonstrate it has significant experience in working with programs similar in size and complexity to the GHIP. Please provide a broad outline of the organization’s experience and qualifications for each service listed in the Scope of Services.
- B. The individual who will act as the SEBC’s primary contact shall be, at a minimum, at senior consultant level and shall have at least six (6) years experience of consulting responsibilities in health insurance, of which three (3) years experience must have been in providing consulting services to self-insured health plans consisting of at least 100,000 covered lives. Please provide a statement detailing such experience and a resume.
- C. For each item, identify the individual having the required experience. Please state your employees’ name, briefly state their qualifications, and reference their resume as provided in the Questionnaire Section. (Note: Although it is acceptable for one staff member to meet one or more requirements, multiple individuals’ years of experience cannot be aggregated to

meet a specific requirement.) The proposing organization must have individuals who have the following experience:

1. At least five (5) years consulting experience in benefit design and evaluation;
 2. At least three (3) years experience in evaluation actuarial and financial analysis for a self insured health plan;
 3. At least three (3) years experience in medical claims administration at a management level;
 4. At least three (3) years consulting experience in selecting, installing, and managing the transition of a third party medical claims administrator;
 5. At least three (3) years experience in the selection of a life insurance company for plans consisting of at least 20,000 covered lives;
 6. At least three (3) years experience in selecting, installing, and managing the transition of a pharmacy benefit manager;
 7. At least three (3) years experience in the selection of the following vendors:
 - i. dental,
 - ii. vision,
 - iii. flexible spending account,
 - iv. short term and long term disability,
 - v. wellness and disease management programs,
 - vi. employee assistance program, and
 - vii. pre-tax commuter benefits.
- D. Please confirm that your company can maintain Health Information Technology for Economic and Clinical Health (HITECH) standards for the encryption of confidential information for transmission via non secure methods which include File Transfer Protocol or other use of the internet.
- E. Please confirm that your organization has, or will establish, and maintain secured e-mail communication protocols.
- F. Please confirm your acceptance that any payments made by the State of Delaware will be by Automated Clearing House (ACH) as per its ACH processing procedures.
- G. Please confirm that your organization will not use the names, home addresses or any other information obtained about participants of the GHIP for the purpose of offering for sale any property or services which are not directly related to services negotiated in the RFP without the express written consent of the State.
- H. The State will provide a site license for use of the data warehouse applications (currently Thomson Reuters) used to store medical and prescription claims and membership data.

Please confirm that your organization will be responsible for internal staff training and education required to fully access and maintain mastery of these systems required in the performance of the scope of this contract.

- I. Please confirm that your organization has strict policies and procedures in place for the protection of client and member Personal Health Information (PHI) and to avoid security breaches under the Health Insurance Portability and Accountability Act (HIPPA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act. Please describe in detail your program, policies and procedures.
- J. Willingness to negotiate financial and non-financial performance guarantees. Please confirm.
- K. Ability to personally attend all SEBC meetings in Dover, Delaware. Please confirm.
- L. Verify that the primary contact and personnel assigned to the transition team and account management team will be part of any interview team.
- M. Provide a copy of professional liability insurance for professional liability coverage in the amount of \$5,000,000.

QUESTIONNAIRE⁴

Failure to respond to any request for information may result in rejection of the proposal in the sole discretion of the State of Delaware.

Organization and Personnel

1. List the name, title, mailing address, telephone number, facsimile number, and e-mail address of the contact person for this proposal.
2. State the full name and home office address of your organization. Describe your organizational structure (e.g., publicly held corporation, private non-profit, partnership, etc.). If it is incorporated, include the state in which it is incorporated. List the name and occupation of the individuals serving on your organization's board of directors, and list the name of any entity or person owning 10% or more of your organization.
3. How long has your organization been in business?
4. Describe any pending contracts to merge or sell your company.
5. How long has your organization been providing consulting services for the following benefit plans:
 - i. health insurance
 - ii. life insurance
 - iii. prescription benefit management
 - iv. dental,
 - v. vision,
 - vi. flexible spending account,
 - vii. short term and long term disability,
 - viii. wellness and disease management programs, and
 - ix. pre-tax commuter benefits.
6. List the office(s) that will service the SEBC. If it is (they are) located at a different address than the home office, provide the complete address and phone number. Also indicate what services under this RFP would be provided from that particular office.
7. How much management autonomy is extended to the office(s) which is (are) to provide the consulting services under your proposal?

⁴ Please refer to the instructions at the beginning of the Minimum Requirements section for the requirements for organization of your proposal.

8. Will the office in charge of the State of Delaware's account have access to resource consultants in other offices? If so, please describe those resources.
9. Provide the name(s) of the consultant(s) to perform the work for the SEBC, the area(s) of expertise for each, and a brief statement as to why each consultant is qualified to provide services to the SEBC.⁵ Identify the consultant who will serve as the primary contact for the SEBC. Provide a complete resume for each consultant who will be assigned to render services to the SEBC, including detailed information of education any special training or designations. (You may refer to appendices provided in the Minimum Qualification section.)
10. What are your company's growth plans for the next three (3) years? Is the planned growth internally or through acquisitions?
11. What is your corporate mission and philosophy?
12. What policies and procedures does your company have in place to ensure that privacy of all parties is protected while still reporting results as appropriate for a sponsored program?
13. What was your company's average number of employees for calendar year 2010?
14. What is the annual turnover rate by year for the past three years for each of the following units: account management, actuaries, research analysts, compliance managers/attorneys, consultants, and pharmaceutical principals?
15. Does your organization anticipate any internal reorganizations or systems changes/upgrades that could impact the services requested under this RFP?
16. What ongoing, organized professional training programs does your firm maintain for its consulting staff? Please describe such programs.
17. Based on your experience, please describe key factors to a successful implementation of your consulting services.
18. Describe your account management approach during implementation, ongoing administration, and for problem resolution.
19. In your experience, what are the essential elements of a successful partnership for an actuarial and consulting arrangement for a state or other public service sector client?
20. Briefly, list and explain any characteristics of your firm that you feel make it unique from other employee benefits and/or actuarial consulting firms.

⁵ The SEBC understands that consultants will be assigned to projects based on the type of project to be undertaken and the expertise and experience of the individual consultant. For example, based on a consultant's expertise and experience, the proposer may assign the consultant to assist in the selection and implementation of a third party medical claims administrator, but may assign a different consultant to assist in the selection of a life insurance company.

21. List the three most important concerns you see for the next eighteen months in the field of employee benefits as they would related to the State of Delaware's GHIP and indicate what resources your firm has to address these concerns.
22. Does your company have access to a national network and/or links to a Washington, D.C. division or bureau that tracks legislation and regulatory compliance issues? If so, is access to this division or bureau included within your global fee or priced separately?
23. Describe any staff relocations, computer systems changes/upgrades, program changes or telephone system changes that have occurred within the past twelve months. What is the status of these projects? Do you anticipate any additional changes in your organizational or operational structure within the next twelve to twenty-four months?
24. Describe your organization's disaster recovery procedures for data and any State of Delaware projects that are assigned to dislocated personnel.
25. Describe your experience and familiarity with the Delaware health care market.
26. What services does your organization typically subcontract, if any? Is any of this work performed at a location outside of the United States?
27. If you are awarded the contract, please confirm that if your organization or subcontractor(s) move to a location other than identified to be the home office of the State of Delaware's GHIP account, you will immediately notify the SEBC in writing and indicate the new location and services relocated.
28. Describe your errors and omissions coverage. Describe the various types of insurance coverage and indemnification provided to protect clients including risk coverage, carriers, levels, limits and deductibles.
29. Please indicate your organization's most recent ratings by Standard and Poors, Fitch, A.M. Best, and Moody's. If one or more of these agencies does not rate your firm, explain why not.
30. In the last five years, has your organization ever been involved in a lawsuit pertaining to any area covered by this RFP? If yes, provide details including dates and outcomes.
31. In the last five years, has your organization ever had a contract terminated for cause? If yes, provide details.
32. During the past five years, has your organization, related entities, principals or officers ever been a party in any material civil or criminal litigation whether directly related to the services requested in this RFP or not? If so, provide details including dates and outcomes.
33. During the past five years, has your organization, related entities, principals or officers ever been subject to bankruptcy proceedings, have been declared bankrupt, or has been placed

into involuntary bankruptcy, whether directly related to the services requested in this RFP or not? If so, provide details including dates and outcomes.

34. Please describe any security breaches in the last seven years such as type, extent, notifications, remedies, and the policies or procedures implemented to minimize the chance of future breaches.

Services

35. The SEBC must have prompt and direct access throughout the contract period to the consultant(s). Address in detail how your company will provide access to the consultant(s) by the SEBC.
36. Do you publish newsletters and other informative publications that are routinely provided to your clients? Have you prepared reviews of topics related to the human resource benefit fields that are routinely provided to your clients? Provide sample copies in an appendix.
37. Describe your ability to assist the SEBC in health policy issues (e.g. federal and state health care reform, insurance reform, state implementation of federal law changes, etc.). Provide examples of this type of work with other states or public sector clients in an appendix.
38. Explain in detail your ability to provide expertise and experience in the areas of health benefit plan analysis and design. Explain in detail the types of analyses you have conducted relative to benefits analysis and design for health plans for employees and pensioners with at least 100,000 covered lives.
39. Describe your experience and ability to develop and maintain a self-insured plan cost model which would be used to estimate increases and decreases in Incurred But Not Reported (IBNR) and reserve balances. Additionally, describe your experience and ability to assist the SEBC with meeting both short term and long term financial and benefit goals.
40. Describe your experience and ability to assist the SEBC in strategic planning to meet both short term and long term financial and benefit goals on all aspects of the GHIP.
41. Describe your experience and ability to provide guidance and direction to the SEBC regarding pooling or separation of non-state entities from the state employees and make recommendations regarding the financial and fiduciary obligations of maintaining and rating multiple pools.
42. Detail your ability to monitor regulatory and legislative developments at both the state and federal level and how this will be communicated to the SEBC.
43. Address your ability to provide legal research in such areas as the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act, compliance with Americans with Disabilities Act, IRS Code Section 125, Consolidated Omnibus Reconciliation Act of 1986 (“COBRA”), and other benefit issues, including statutes, rules and regulations that may impact the Plan.

44. For the State's prevention, disease management, and the wellness activities program, describe your experience and ability to make recommendations for cost control expectations by utilizing the claims database and identifying ROI metrics.
45. Describe your experience and ability to assist the SEBC and the State of Delaware's Department of Justice in preparing for any litigation stemming from bidding or contract issues.
46. Are you currently working, or have you previously worked with, Thomson Reuters or a similar data management vendor? If you have experience with Thomson Reuters, provide the name, title, address, and phone number of your contact. If you have not worked with Thomson Reuters, but have worked with other data management vendors, provide the vendor's name and the name, title, address, and phone number of your contact.
47. Describe your work experience with clients and your resources available to assist clients related to the Health Insurance Portability and Accountability Act (HIPAA), specifically as it relates to the Health Information Technology for Economic and Clinical Health (HITECH) Act and the Standards for Privacy of Individually Identifiable Health Information.
48. Please confirm that your processes, systems and reporting will be in full compliance with federal and state requirements, and compliant with HIPAA for acceptance of claim transactions. Any fines related to non-compliance will be your sole responsibility.
49. Do you maintain a dedicated individual or staff responsible for resolving HIPAA and HITECH issues? If so, please describe their role and duties. If not, please explain why not.
50. Describe your work experience with clients and your resources available to assist clients related to Medicare Part D and Medicare Part B.
51. Explain in detail the types of analyses you have conducted relative to health provider pricing and geographic location. What types of software and databases are used by your company to perform these analyses?
52. Explain in detail your ability to perform GASB 43/45 liability calculations and other GASB requirements.
53. Explain in detail your experience and ability to provide expertise in the selection, transition, and implementation of a third party pharmacy benefit administrator for a health plan with at least 100,000 covered lives, including, but not limited to, the following:
 - a. The key elements you think are critical in selecting a third pharmacy benefit claims administrator and how you evaluate these;
 - b. How you would assist in managing the transition and implementation of a third party pharmacy benefit administrator? Include a detailed time line and task list for the selection of a third party pharmacy benefit administrator and your typical level of

involvement in each task including the number of staff and their responsibilities that are typically assigned to assist the client in this process. Confirm your agreement to provide on-site staff during critical periods, if requested by the SEBC;

- c. Explain how a proposing vendor's file layout and data requirements are reviewed;
 - d. Provide a detailed time line for the implementation of a third party pharmacy benefit administrator in line with the size of the Plan;
 - e. The number of staff typically assigned to assist the client in the transition of a third party pharmacy benefit administrator;
 - f. A list of the most frequent problems you have encountered during previous third party pharmacy benefit administrator transitions and how these problems were resolved;
 - g. The types of review of file layouts, data dictionaries, etc., you would recommend performing to ensure the efficient and timely transfer of data between the incumbent and new third party pharmacy benefit administrator. Your explanation should include, but not be limited to, claims history and eligibility.
 - h. Provide examples of the types of forms you typically use during a transition, including, but not limited to, task lists, data transfer specification, benefits specification, etc.; and
 - i. The types of performance standards you would recommend rest on the third party pharmacy benefit administrator.
54. Explain in detail your experience and ability to provide expertise in the selection, transition, and implementation of a third party medical claims administrator for a health plan with at least 100,000 covered lives, including, but not limited to, the following:
- a. The key elements you think are critical in selecting a third party medical claims administrator and how you evaluate these;
 - b. How you would assist in managing the transition and implementation of a third party medical claims administrator? Include a detailed time line and task list for the selection of a third party medical claims administrator and your typical level of involvement in each task including the number of staff and their responsibilities that are typically assigned to assist the client in this process. Confirm your agreement to provide on-site staff during critical periods, if requested by the SEBC;
 - c. Explain how a proposing vendor's file layout and data requirements are reviewed;
 - d. Provide a detailed time line for the implementation of a third party medical claims administrator in line with the size of the Plan;

- e. The number of staff typically assigned to assist the client in the transition of a third party medical claims administrator;
 - f. A list of the most frequent problems you have encountered during previous third party medical claims administrator transitions and how these problems were resolved;
 - g. The types of review of file layouts, data dictionaries, etc., you would recommend performing to ensure the efficient and timely transfer of data between the incumbent and new third party medical claims administrator. Your explanation should include, but not be limited to, claims history and eligibility.
 - h. Provide examples of the types of forms you typically use during a transition, including, but not limited to, task lists, data transfer specification, benefits specification, etc.; and
 - i. The types of performance standards you would recommend rest on the third party medical claims administrator.
55. Explain in detail your experience and ability to provide expertise in the selection, transition, and implementation of a wellness and disease management program for a health plan with at least 100,000 covered lives, including, but not limited to, the following:
- j. The key elements you think are critical in selecting a third pharmacy benefit claims administrator and how you evaluate these;
 - k. How you would assist in managing the transition and implementation of a third party pharmacy benefit administrator? Include a detailed time line and task list for the selection of a third party pharmacy benefit administrator and your typical level of involvement in each task including the number of staff and their responsibilities that are typically assigned to assist the client in this process. Confirm your agreement to provide on-site staff during critical periods, if requested by the SEBC;
 - l. Explain how a proposing vendor's file layout and data requirements are reviewed;
 - m. Provide a detailed time line for the implementation of a third party pharmacy benefit administrator in line with the size of the Plan;
 - n. The number of staff typically assigned to assist the client in the transition of a third party pharmacy benefit administrator;
 - o. A list of the most frequent problems you have encountered during previous third party pharmacy benefit administrator transitions and how these problems were resolved;
 - p. The types of review of file layouts, data dictionaries, etc., you would recommend performing to ensure the efficient and timely transfer of data between the incumbent and new third party pharmacy benefit administrator. Your explanation should include, but not be limited to, claims history and eligibility.

- q. Provide examples of the types of forms you typically use during a transition, including, but not limited to, task lists, data transfer specification, benefits specification, etc.; and
 - r. The types of performance standards you would recommend rest on the third party pharmacy benefit administrator.
56. Explain in detail your experience and ability to provide expertise in the area of life insurance benefit design for a group plan. Explain in detail the types of work you have performed in this area.
 57. Explain in detail your experience and ability to provide expertise in the area of dental insurance benefit design for a group plan. Explain in detail the types of work you have performed in this area.
 58. Explain in detail your experience and ability to provide expertise in the area of vision insurance benefit design for a group plan. Explain in detail the types of work you have performed in this area.
 59. Explain in detail your experience and ability to provide expertise in the area of flexible spending account benefit design for a group plan. Explain in detail the types of work you have performed in this area.
 60. Explain in detail your experience and ability to provide expertise in the area of pre-tax commuter benefit design for a group plan. Explain in detail the types of work you have performed in this area.
 61. Explain in detail your experience and ability to provide expertise in the area of wellness and disease management program benefit design for a group plan. Explain in detail the types of work you have performed in this area.
 62. State if your company currently provides any services, directly or indirectly, to any of the following vendors or SEBC members. If so, provide a full description of services provided and whether or not you feel they represent a conflict of interest or potential conflict of interest.
 - a. Blue Cross Blue Shield of Delaware
 - b. Aetna
 - c. Dominion Dental
 - d. Delta Dental
 - e. Thomson Reuters (formerly Medstat)
 - f. Application Software, Inc. dba “ASI” or “ASI Flex”
 - g. Minnesota Life Insurance Company
 - h. The Hartford
 - i. Human Management Services, Inc. dba “HMS”
 - j. Medco Health Services, Inc. dba “Medco”
 - k. Alere Health Improvement Co. dba “Alere”

- l. EyeMed Vision Care
- m. SEBC Members:
 - i. Ann Visalli, Director, Office of Management and Budget
 - ii. Russ Larson, Controller General
 - iii. Karen Weldin-Stewart, Insurance Commissioner
 - iv. Chipman “Chip” Flowers, Jr., State Treasurer
 - v. Rita Landgraf, Secretary of Health and Human Services
 - vi. Thomas J. Cook, Secretary of Finance
 - vii. The Honorable Carolyn Berger, Justice, Delaware Supreme Court

References

- 63. List three current clients for whom your company provided services related to health plan benefits analysis and design. For each client, the list must specify the type of work performed by your company, the number of covered lives in the client’s group and the period of time retained as a client. One of the three must be the longest standing client; one must be the client with the largest employee population; and the third must be the client for whom the largest impact was achieved through your company’s services. If two or more of these are met by the same client, list additional clients so that at least three clients are listed. For each client, include the name, title, address, email, and phone number of a person whom we may contact as a reference.
- 64. List at least three current clients for whom your company aided in the selection and/or the implementation of a third party medical claims administrator. For each client, the list must specify the type of work performed by your company, the number of covered lives in the client’s group, and the period of time retained as a client. One of the three must be the longest standing client; one must be the client with the largest employee population; and the third must be the client for whom the largest impact was achieved through your company’s services. For each client, include the name, title, address, email and phone number of a person whom we may contact as a reference.
- 65. If at least three governmental clients are not listed in Questions 63 and 64, list additional governmental clients so that three governmental clients are listed for which your company has assisted.
- 66. If your company has more than the three governmental clients listed above, regardless of size, provide the number of public sector clients you serve.
- 67. If your firm is selected as a finalist, would you be willing to submit samples of work that you produced for other large employer groups that are related to the types of programs in the State of Delaware’s GHIP? If not, please explain.
- 68. List all clients that have discontinued use of your services since January 1, 2009, and your understanding for their discontinued use of your services. For three of these clients, include the name, title, address, and phone number of a person whom we may contact as a reference.

Terms

69. The term of the contract between the successful organization and the State will be for three (3) years and may be renewed for two (2) additional one-year extensions at the discretion of the SEBC. The State of Delaware will be the only party to have termination for convenience rights. Should the vendor terminate for cause, the State of Delaware will require 180 days written notice. Please confirm your acceptance.
70. In the event of contract termination or expiration, vendor shall provide, in a format acceptable to the State and/or replacement vendor, and at no additional cost to the State and/or replacement vendor, all reasonable and necessary materials, files, and assistance to the State to allow for a functional transition to another vendor. Please confirm your acceptance.
71. Please confirm your agreement that work you complete under any contract awarded will not be copyrighted. If not, please explain.
72. The RFP and the executed Contract between the State and the successful organization will constitute the Contract between the State and the organization. In the event there is any discrepancy between any of these contract documents, the following order of documents governs so that the former prevails over the latter; Contract and RFP. *No other documents will be considered.* These documents contain the entire agreement between the State and the organization. Please confirm your acceptance.
73. Do you agree to the terms of the Professional Services Agreement (Contract)? (See attachment) If no, reference the paragraph number and in general terms please explain. *Do not provide a red-lined version at this time.*
74. Do you agree to the terms of the Business Associate Agreement (BAA)? (See attachment.) If no, reference the paragraph number and in general terms please explain. *Do not provide a red-lined version at this time.*
75. The following are the SEBC's requirements regarding compensation to vendors. Please confirm that you agree to comply with all the compensation requirements outlined below. If not, please state your objection below the particular paragraph.
- a. The SEBC will not agree to provide any prepayments in advance of services being rendered. Payment for any and all services provided by the Consultant to the SEBC shall be made only after said services have been duly performed and properly invoiced.
 - b. The unit rates in the completed cost quotation form shall constitute the entire compensation due the vendor for services and all of the vendor's obligations hereunder regardless of the difficulty, materials or equipment required. The unit prices include, but are not limited to, all applicable taxes, fees, general office expense, overhead, profit, and all other direct and indirect costs incurred or to be incurred, by the vendor. No additional compensation will be provided by the SEBC for any expense, cost, or fee not specifically authorized by contract or by written authorization from the SEBC.

- c. The unit rates in the completed cost quotation form are firm for the duration of the contract and are not subject to escalation for any reason, unless the contract is duly amended.
- d. Compensation to the vendor for travel, meals, and/or lodging shall be allowed subject to the following criteria:
 - i. In order to be compensable by the SEBC, travel expenses must be reasonable and necessary for the fulfillment of project and contractual obligations;
 - ii. Air travel reimbursement will be limited to “Coach” or “Tourist” class rates, and must be supported by a copy of an original invoice;
 - iii. Meals and lodging expenses will be reimbursed in the amount of actual costs, subject to the maximum *per diem* as defined in the Federal Register. A copy of the hotel receipts must be provided. A copy of meal receipts is not necessary, but the calculation per qualifying day must be clearly stated.
 - iv. Taxi fares, reasonable rental car expenses, and airport parking expenses will be reimbursed in the amount of actual costs and must be supported by a copy of an original receipt/invoice;
 - v. Personal automobile mileage and related costs are not compensable expenses;
 - vi. Time spent in “travel status” is not compensable. Unit rates in the completed cost quotation form are to be charged for actual hours worked only and shall not include travel time.
- e. The vendor shall submit all invoices, in a form acceptable to the SEBC with all of the necessary supporting documentation, prior to any payment of allowable costs. Such invoices will, at a minimum, include the name of each individual, the individual’s job title, the number of hours worked during the period, the hourly rate, the total compensation requested for the individual, the total amount due the vendor for the period invoiced, and the project or work type.
- f. The payment of an invoice by the SEBC shall not prejudice the SEBC’s right to object or question any invoice or matter in relation thereto. Such payment by the SEBC shall neither be construed as acceptance of any part of the work or service provided nor as an approval of any costs invoiced therein. Vendor’s invoice or payment shall be subject to reduction for amounts included in any invoice or payment theretofore made which are determined by the SEBC, on the basis of audits, to not constitute allowable costs. Any payment shall be reduced for overpayment, or increased for underpayment on subsequent invoices.

- g. The SEBC reserves the right to deduct from amounts which are or shall become due and payable to the vendor under this contract between the parties any amounts which are or shall become due and payable to the SEBC by the vendor.
75. Provide a copy of a sample invoice that would be used to report and bill for work performed and travel expenses.
76. Provide a copy of a Delaware business license.
77. Complete the attached “Cost Quotation” form. Preference will be given to vendors who can supply services for all areas of the program. However, bids specific services will be entertained if a vendor can make a cost effective case for splitting the contract.
78. Confirm that your proposal is valid for 180 days subsequent to the date of submission.

(End of Questionnaire)

Please complete the following “Cost Quotation” form. Rates for each of the five years must be included. **If you are bidding on specific services and not all the services in this RFP, please clearly state on this form. Feel free to use multiple forms.**

COST QUOTATION

CONSULTANT SERVICES

Our organization’s unit rates (hourly charges) to provide consulting services to the State of Delaware State Employee Benefits Committee for the purposes of the Group Health Insurance Program including but not limited to: medical, prescription, life insurance, flexible spending account, pre-tax commuter, employee assistance program, short term and long term disability, wellness and disease management programs, dental, employee assistance program, and vision programs.

The rate caps for the optional years will be from the previous year’s rate. These rates are guaranteed through the term of the contract.

	Optional	Optional	Year 1	Year 2	Year 3	Year 4 Rate Cap %	Year 5 Rate Cap %
Senior Consultant/Actuary (Principal)			_____	_____	_____	_____	_____
Senior Consultant/Actuary			_____	_____	_____	_____	_____
Consultant/Actuary			_____	_____	_____	_____	_____
Associate Consultant/Actuary			_____	_____	_____	_____	_____
Technical			_____	_____	_____	_____	_____
Administrative/Clerical			_____	_____	_____	_____	_____
Other (Describe)			_____	_____	_____	_____	_____

An original signature is required below.

Signed

Organization

Title

Date

OFFICER CERTIFICATION

Please have an Officer review and sign this worksheet to confirm the information is valid. Please include the completed form with your proposal.

OFFICER'S STATEMENT	
Company's Legal Name	
Company's Marketing Name (if different)	
Street Address	
City	
State	
Zip	
Phone Number	
Fax Number	
Email Address	
Name of Officer completing statement	
Title of Officer completing statement	
Phone Number of Officer completing statement	
Email Address of Officer completing statement	

I certify that our response to the State of Delaware's RFP (Request for Proposal) is complete and accurate to the best of my knowledge and contains no material omissions or misstatements. I acknowledge that the State of Delaware will rely upon the information included in our response to make decisions concerning consulting services for benefit programs that are offered to their employees.

Officer's Signature

Date Signed