

**SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT – INVITATION TO NEGOTIATE
COVER SHEET**

SUBMIT RESPONSES TO: PROCUREMENT SECTION (MAIL CODE: BKV-4-PRO)
 SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
 2379 BROAD STREET - BUILDING #4
 BROOKSVILLE, FLORIDA 34604-6899

Direct Inquiries to: Georgia S. Hudson, Procurement Specialist 2
 Phone: 352-796-7211, Ext. 4147; FAX: 352-754-3497; E-mail: Procurement@watermatters.org

DATE POSTED: March 30, 2018	DUE DATE / RESPONSES OPENING DATE: April 26, 2018 at 2:30 p.m. Eastern Time (ET)
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PRE-RESPONSE CONFERENCE: NONE

TITLE: ITN 002-18 EMPLOYEE BENEFITS INSURANCE PLANS

SPECIFICATIONS: The Southwest Florida Water Management District seeks responses from licensed, qualified carriers for Medical/Rx and Administration Services Only (ASO), Third Party Administrator (TPA), Dental, Life/AD&D, Long-Term Disability, Voluntary Short-Term Disability, Flexible Spending and Health Savings Accounts, Employee Assistance Program and COBRA Administration, Accident, Critical Illness, Hospital, Long-Term Care, Identity Theft, and Legal Services.

Respondent Name:	Reason for No-Bid	
Mailing Address:		
City-State-Zip:		
Telephone Number () -	FAX Number () -	Toll-Free Number () -

Email address for correspondence:

Authorized Signature: _____ Date: _____

Full Name (please print or type): _____

Title (please print or type): _____

I, the above signed, as Respondent hereby declare that I have carefully read this Invitation to Negotiate and its provisions, terms, and conditions covering the products and services as called for, and fully understand the requirements and conditions. I certify that this response is made without prior understanding, agreement, or connection with any corporation, firm, entity, or person submitting a response for the same products and services (unless otherwise specifically noted) and is in all respects fair and without collusion or fraud. By signing above, I agree to be bound by all the terms and conditions of this Invitation to Negotiate and certify that I am authorized to sign this response for the Respondent. Upon award to the Respondent and execution by the District below, terms and conditions of this ITN will be effective and binding upon both parties.

IT IS THE RESPONDENT'S RESPONSIBILITY TO ASSURE THAT ITS SEALED RESPONSE IS DELIVERED AT THE PROPER TIME TO THE SPECIFIED LOCATION. RESPONSES RECEIVED AFTER THE DATE AND TIME SPECIFIED WILL NOT BE ACCEPTED.

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT

FORM 15.00 - 015 (05/07)

By: _____
 Brian J. Armstrong, P.G.
 Executive Director

Date _____

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
 INVITATION TO NEGOTIATE # 002-18
 EMPLOYEE BENEFITS INSURANCE PLANS

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PART I – GENERAL CONDITIONS

- 1.1 **PURPOSE.** The purpose of this Invitation to Negotiate (ITN) is to provide guidelines for submission of responses to implement the services described in Part III of this ITN.
- 1.2 **DEFINITIONS.** "Respondent" means any Florida licensed insurance carrier submitting a response to this ITN. "District" means the Southwest Florida Water Management District, which is the issuing agency.
- 1.3 **DEVELOPMENT COST.** Neither the District nor its representatives will be liable for any expenses incurred in connection with preparation of a response to this ITN. All responses should be prepared simply and economically, providing a straightforward and concise description of the Respondent's ability to meet the requirements of the ITN.
- 1.4 **CHANGES, DELAYS, AND ADDENDA.** The District reserves the right to delay scheduled ITN due dates if determined to be in the best interest of the District.

District solicitations, changes, delays, addenda and questions and answers are available for review and may be downloaded from the District's website at: www.watermatters.org/procurement and at: www.demandstar.com. Persons or firms receiving solicitations from these Internet websites are responsible to recheck the websites for any changes or addenda.

All interpretations and supplemental instructions for this ITN will be in the form of written Addenda to the ITN. Respondents will acknowledge receipt of all such Addenda in their responses.

No interpretation of the meaning of the specifications or other ITN documents, or correction of any apparent ambiguity, inconsistency or error therein, will be made to any Respondent orally. Prospective Respondents are advised that no other sources are authorized to provide information concerning, explaining, or interpreting ITN documents. Any information obtained from an officer, agent or employee of the District or any other person will not affect Respondent's risk or obligations or relieve it from fulfilling any and all conditions of this ITN.

- 1.5 **PRE-RESPONSE CONFERENCES.** NONE
- 1.6 **RULES FOR RESPONSES.** The signer of the response must declare that any person or entity with any interest in the response, as a principal, is identified therein; that the response is made without collusion; that the response is, in all respects, fair and in good faith; and that the signer of the response has full authority to negotiate for and bind the Respondent stated on the ITN form (Cover Sheet).
- 1.7 **RESPONSE FORMAT.** In order to assist the District's review process, responses are to be prepared utilizing the following format. All responses will be submitted in a three (3) ring binder, on 8.5" x 11" paper, printed on both sides except for charts which may be on 11" x 17" paper printed on one side. For the purpose of page limitations, a "page" will be considered one side of a sheet of paper. Text will be single-spaced using 12-point Arial font, except for headers, footers, tables, graphs and charts. All sections are to be tabbed and pages clearly numbered. All information furnished must be legible.
- 1.7.1 **Invitation to Negotiate Form.** Respondents must complete, sign and return the Cover Sheet with their response.
- 1.7.2 **Letter of Transmittal.** This letter, not to exceed two (2) pages, shall briefly state Respondent's understanding of the work to be performed and make a positive commitment to perform the work in a timely fashion to effectuate the provision of services as outlined in this ITN for calendar year 2019. The letter must include the names of individuals authorized to make representations for the organization regarding this ITN, their titles, addresses, telephone numbers and email addresses. This letter must be signed by an official authorized to negotiate for Respondent.

1.7.3 Organizational Profile. This section of the reply should provide a description of your organization, including location(s), size, range of activities, service team organization chart, qualifications of management team, and any other appropriate information to describe the organization. Emphasis should be given to the organization's experience with similar types of services.

1.7.4 References. Respondents must provide three (3) references per service team from public entity clients with a minimum of 500 employees and 1,450 dependents for whom you provide insurance coverage for the types of services you are offering, who have been clients for at least three (3) years immediately preceding the response due date. Include agency name, contact name, address, telephone number, email address, type and duration of coverages.

1.7.5 Scope of Work. This section of the response is addressed in Part III, Nature of Services Required.

1.7.6 Compensation. This section of the response is addressed in Part III, Nature of Services Required.

1.7.7 Additional Data. Since data not specifically requested should not be included in the previous sections of the response, give any additional information outlined in Section 6.2, Evaluation Method and Criteria, which you feel is pertinent for consideration. This information will only be evaluated to the extent it supports the Respondent's qualification and experience to provide the services requested by this ITN.

1.8 NEGOTIATIONS. The District will negotiate with the selected Respondent(s) in accordance with Part VI – Evaluation Procedures. The District reserves the right to simultaneously negotiate with the selected Respondents at the same time.

Pursuant to Section 286.0113, Florida Statutes (F.S.), negotiations are exempt from Section 286.011, F.S., and Section 24(b), Article I of the State Constitution. A complete recording shall be made of any portion of an exempt meeting. No portion of the exempt meeting may be held off the record.

Any Respondent deciding to appeal any decision made by the District with respect to any matter considered at such meetings, will need a record of the proceedings, and that, for such purpose, may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based.

1.9 RESPONSE OPENING. Response opening will be public, on the date and at the time specified on the ITN Cover Sheet. It is the Respondent's responsibility to assure that its response is delivered at the proper time to the specified location. Responses which for any reason are not so delivered will not be considered. Only names of Respondents will be read at the response opening.

Responses must be delivered by U.S. mail (postage paid), a nationally recognized overnight courier, or personally. The District will not accept electronically transmitted responses. Responses MUST be identified with the ITN number and "Sealed Response - Do Not Open" marked on the sealed envelope. If responses are sent via Express Mail, responses MUST be placed in a sealed envelope properly identified within the Express Mail envelope. No responsibility will attach to the District or any official or employee thereof for the preopening of, post opening of, or the failure to open a response not properly addressed and identified as required.

The District anticipates making an award within ninety (90) days after the date of the opening, during which period responses shall remain firm and shall not be withdrawn. If award is not made within ninety (90) days, the response shall remain firm until either the District awards the agreement, or the District receives from the Respondent written notice that the response is withdrawn. Any response that expresses a shorter duration may, at the District's sole discretion, be accepted or rejected.

By submitting a response, Respondent agrees to all the terms and conditions of this ITN. Any changes offered by a Respondent in a response will not be considered by the District. The submittal of a response shall constitute Respondent's acknowledgement of all terms and conditions of this ITN and the District will

construe the response as though no proposed changes were presented. If a Respondent desires to propose a change to a term or condition of this ITN, Respondent must submit its request under the procedure set forth in Section 1.11, Technical Questions.

1.10 RESPONSIVE/RESPONSIBLE. At the time of submitting a response, the District requires that the Respondent be properly licensed and registered to do business in the State of Florida in accordance with Florida Statutes. Responses that fail to provide all required information, documents, or materials, may be rejected as non-responsive. Respondents whose responses, past performance, or current status do not reflect the capability, integrity or reliability to fully and in good faith perform the requirements of this ITN may be rejected as non-responsible. The District may make such investigations as it deems necessary to determine the ability of the Respondent to perform the services as requested in this ITN. The District reserves the right to determine which responses meet the requirements of this solicitation and which responses are responsive and responsible.

1.11 TECHNICAL QUESTIONS. All questions must be presented in writing to Procurement@watermatters.org, the address as stated in the paragraph named "Correspondence," or faxed, followed by a written confirmation, to the Procurement fax number, 352-754-3497, for receipt no later than ten (10) working days prior to the response opening. Inquiries must reference the date of response opening and the ITN number and title. Respondents are responsible to check the District's website as specified in Section 1.4 of this ITN, for the District's responses to the questions presented. The District will attempt to answer all submitted questions in a timely manner but accepts no responsibility for response delays.

1.12 CONFLICT OF INTEREST. The award hereunder is subject to the provisions of Chapter 112, Part III, F.S., as amended, governing conflicts of interest. All Respondents must disclose with their response the name of any officer, director, or agent who is also a public employee. Further, all Respondents must disclose the name of any public employee who owns, directly or indirectly, an interest of five percent (5%) or more in the Respondent's firm or any of its branches.

1.13 RESPONSE WITHDRAWAL. Responses may be withdrawn by written notice signed by the same person who signed the ITN Cover Sheet and received at any time prior to the opening. Responses may be withdrawn in person by Respondent or its authorized representative; provided the authorized representative's identity is made known and a signed receipt for the response is received. No Respondent may withdraw its response except as described in this Section.

1.14 PUBLIC AVAILABILITY OF RECORDS. Once opened, all responses will become the property of the District and, at the sole discretion of the District, may not be returned to Respondent. Any information, reports or other materials given to, prepared or submitted in response to this ITN will be subject to the provisions in Chapter 119, F.S., commonly known as the Florida Public Records Act. Any Respondent claiming that its response contains information that is exempt from the public records law must clearly segregate (separate binder and CD preferred) and mark that specific information and provide the specific statutory citation for such exemption (i.e., Section 815.04, F.S.).

The District does not waive the public records exemption under the Florida Public Records Act, Section 119.071(1)(b), F.S., as amended. This provision exempts sealed responses from inspection, examination, and duplication until such time as the District issues a notice of decision or intended decision pursuant to Section 120.57(3)(a), F.S., or within thirty (30) days after the response opening, whichever comes first.

1.14.1 The Respondent, upon request, shall permit the District to examine or audit all services related records and documents during or following completion of the services at no cost to the District. Payments made to the Respondent under this Agreement shall be reduced for amounts found to be not allowable under this Agreement by an audit. If an audit is undertaken by the District, all required records shall be maintained until the audit has been completed and all questions arising from it are resolved. The Respondent shall maintain all such records and documents for at least five (5) years following completion of the services.

1.14.2 Each party shall allow public access to services documents and materials made or received by either party in accordance with the Public Records Act, Chapter 119, F.S. To the extent required by Section 119.0701, F.S., the Respondent shall (1) keep and maintain public records required by the District in order to perform the service; (2) upon request from the District's custodian of public records, provide the District with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided by law; (3) ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the term of this Agreement and following completion of the Agreement if the Respondent does not transfer the records to the District; and (4) upon completion of this Agreement, transfer, at no cost to the District, all public records in possession of the Respondent or keep and maintain public records required by the District to perform the service. If the Respondent transfers all public records to the District upon completion of this Agreement, the Respondent shall destroy any duplicate public records that are exempt or confidential and exempt from public records requirements. If the Respondent keeps and maintains public records upon completion of this Agreement, the Respondent shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the District, upon request from the District's custodian of public records, in a format that is compatible with the information technology systems of the District.

1.14.3 IF THE RESPONDENT HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE RESPONDENT'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS by telephone at 352-796-7211, ext. 4825, by email at Peggy.Meinhardt@Watermatters.org, or at the following mailing address:

**Peggy Meinhardt, Records Manager
Southwest Florida Water Management District
2379 Broad Street
Brooksville, Florida 34604-6899**

Any changes to the above contract information will be provided to the Respondent in writing.

1.14.4 This paragraph shall survive the expiration or termination of this Agreement.

1.15 RIGHT TO ACCEPT OR REJECT RESPONSES. Responses which are incomplete, conditional, obscure, or contain additions not contemplated by the ITN or irregularities of any kind, or do not comply in every respect with the ITN may be rejected as nonresponsive at the option of the District. The District does not bind itself to accept the minimum specifications stated in this ITN but reserves the right to accept any response which in the judgment of the District will best serve the needs and the interests of the District. The District reserves the right to reject any and all responses submitted in response to this ITN or to cancel, in part or in its entirety, this ITN, if it is in the best interest of the District to do so.

If awarded, no contract will be formed between the Respondent and the District until the Cover Sheet is executed by both parties. There is no obligation on the part of the District to award a response to the lowest priced Respondent, and the District reserves the right to award the contract to the Respondent(s) submitting the best overall responsive proposal which is most advantageous and in the best interest of the District in achieving the services, and to waive any irregularity or technicality in the responses received. The District shall be the sole judge of the responses that offer the best value and the resulting agreement that is in its best interest.

1.16 NOTICE OF INTENDED DECISION. The Notice of Intended Decision will be posted for review by interested parties on the District's website at <http://www.watermatters.org/procurement>, on DemandStar at www.demandstar.com, and at the District Office located at 2379 Broad Street, Building 4, Brooksville, Florida 34604-6899.

1.17 PROTESTS. Any Respondent who protests the specifications, decision, or Notice of Intended Decision, must file with the District a notice of protest and formal protest in compliance with Chapter 28-110, Florida Administrative Code (F.A.C.), and applicable provisions in Section 120.57, F.S. Failure to file a protest within the time prescribed in Section 120.57(3), F.S., will constitute a waiver of proceedings under Chapter 120, F.S.

1.18 AGREEMENT INFORMATION. Upon award to a Respondent, and the District's execution of the Cover Sheet of this ITN, both parties agree to be bound by the terms and conditions included in this ITN. The Respondent acknowledges that notwithstanding any provision in any plan document offered by Respondent, Respondent is obligated to provide the products and services to the District as provided in its response to this ITN, including any and all negotiations offered in Respondent's Best and Final Offer, and in accordance with the terms and conditions of this ITN. The District shall not be obligated to prosecute any claims that the District may have against third parties arising out of any occurrence resulting in a payment for eligible claims expenses, as defined by Respondent's plan documents, by the District.

If Respondent will require the District to execute a standard agreement applicable to the products and services offered under this ITN, Respondent shall provide a copy of any such standard agreement with its response. The District reserves the right to add and revise provisions that are not in the best interest of the District, as determined solely by the District. The laws of the State of Florida will govern any agreement resulting from this ITN. In the event of a conflict of terminology, priority shall first be given to the terms and conditions of this ITN, then to the Respondent's response, including any and all negotiations offered in Respondent's Best and Final Offer, then to Respondent's standard agreement or plan documents.

1.19 INDEMNIFICATION. The Respondent agrees to defend, indemnify and hold harmless the District and all District agents, employees and officers from and against all liabilities, claims, damages, expenses or actions, either at law or in equity, including attorney fees and costs and attorney fees and costs on appeal, caused or incurred, in whole or in part, as a result of any act or omission by the Respondent, its agents, employees, subcontractors, assigns, heirs or anyone for whose acts or omissions any of these persons or entities may be liable during the Respondent's performance under any agreement resulting from this ITN. This provision shall survive the expiration or termination of the Agreement.

1.20 WITHHOLDING PAYMENT. The District may, in addition to other remedies available at law or equity, retain such monies from amounts due the Respondent under any resulting agreement as may be necessary to satisfy any claim for damages, penalties, costs and the like asserted by or against the District. The District may set off any liability or other obligation of the Respondent or its affiliates to the District against any payments due the Respondent under any agreement with the District.

1.21 TERMINATION. Unless otherwise agreed to by the District, any agreement resulting from this ITN may be terminated by the District without cause upon thirty (30) days written notice. Termination is effective upon the thirtieth (30th) day as counted from the date of the written notice. In the event of termination under this paragraph, the Respondent will be entitled to compensation for all services provided to the District through the end of the month in which the termination is effective and which are within the Statement of Work, are documented in the budget, and are allowed under the Agreement.

1.22 LAW COMPLIANCE. The Respondent will abide by and assist the District in satisfying all applicable federal, state and local laws, rules, regulations and guidelines (including but not limited to the Americans with Disabilities Act) relative to performance under this ITN. The Respondent will not discriminate against any employee or applicant for employment because of race, color, religion, sex, handicap, disability, marital status or national origin. Respondent will obtain and maintain all permits and licenses necessary for its performance under this ITN.

- 1.23 AMERICANS WITH DISABILITIES ACT (ADA).** The District does not discriminate based on disability. This nondiscrimination policy involves every aspect of the District's functions, including access to and participation in the District's programs and activities. Anyone requiring reasonable accommodation as provided for in the Americans with Disabilities Act should contact the District's Human Resources Bureau Chief, 2379 Broad Street, Brooksville, Florida 34604-6899; telephone (352) 796-7211, ext. 4703 or 1-800-423-1476 (FL only), ext. 4703; TDD (FL only) 1-800-231-6103; or email to ADACoordinator@WaterMatters.org.
- 1.24 PUBLIC ENTITY CRIMES.** Pursuant to Subsections 287.133(2) and (3), F.S., a person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a response on a contract to provide any goods or services to a public entity, may not submit a response on a contract with a public entity for the construction or repair of a public building or public work, may not submit responses on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Subsection 287.017, F.S., for CATEGORY TWO, for a period of thirty-six (36) months from the date of being placed on the convicted vendor list. By submitting a response to this ITN, the Respondent certifies that it is not on the convicted vendor list.
- 1.25 SCRUTINIZED COMPANIES.** Pursuant to Section 287.135, F.S., a company that, at the time of bidding or submitting a response for a new contract or renewal of an existing contract, is on the Scrutinized Companies that Boycott Israel List, created pursuant to Section 215.4725, F.S., or is engaged in a boycott of Israel; is on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, created pursuant to Section 215.473, F.S.; or is engaged in business operations in Cuba or Syria, is ineligible to, and may not bid on, submit a response for, or enter into or renew a contract with an agency or local governmental entity for goods or services of \$1 million or more. By submitting a response, the Respondent certifies that it is not participating in a boycott of Israel, is not on any of the aforementioned lists, and it does not have business operations in Cuba or Syria. The Respondent agrees to notify the District if placement on any of the aforementioned lists occurs or if the Respondent is engaged in a boycott of Israel or has business operations in Cuba or Syria. The District may terminate any agreement resulting from this ITN if the Respondent is found to have submitted a false certification; has been placed on the Scrutinized Companies that Boycott Israel List, or is engaged in a boycott of Israel; has been placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List; or has been engaged in business operations in Cuba or Syria. If the District determines the Respondent submitted a false certification, the District may bring a civil action against the Respondent which may result in a penalty equal to the greater of \$2 million or twice the amount of the work issued under the agreement resulting from this ITN and all reasonable attorneys' fees and costs.
- 1.26 EMPLOYMENT ELIGIBILITY VERIFICATION.** The Respondent must utilize the U.S. Department of Homeland Security's Employment Verification (E-Verify) Program to verify the employment eligibility of Respondent employees performing work directly associated with the Agreement resulting from this ITN, in accordance with the terms and conditions applicable to the E-Verify Program. If the Respondent uses subcontractors to furnish services directly associated with the Agreement, performed in the United States, in an amount greater than \$3,000, the Respondent must include the requirements of this provision (appropriately modified for identification of the parties) in each subcontract. Information on registration for and use of the E-Verify Program can be obtained via the Internet at the Department of Homeland Security Web site: <http://www.dhs.gov/E-Verify>.
- 1.27 BACKGROUND CHECKS.** The District will require Respondent to perform a background check on all persons assigned to perform work for the District on behalf of Respondent. This will include, at a minimum, a check of each person's criminal history record with the Florida Department of Law Enforcement (FDLE), and such additional background checking as Respondent may deem appropriate.

Persons with certain types of criminal backgrounds may be automatically excluded from performing work

for the District. Others may be excluded at the sole discretion of the District, based upon the results of the background check (see Section 373.6055 F.S. for further detail about statutory requirements).

1.28 CORRESPONDENCE. Unless otherwise stated or notified in writing by the District, correspondence pursuant to this ITN must be sent to the District at the following address:

Procurement Section (BKV-4-PRO), Building 4
Southwest Florida Water Management District
2379 Broad Street (U.S. Hwy. 41 South)
Brooksville, Florida 34604-6899
E-mail: Procurement@watermatters.org

Unless otherwise stated or notified in writing by the Respondent, correspondence pursuant to this ITN will be sent to the Respondent at the address listed on the Cover Sheet.

Respondents to this solicitation or persons acting on their behalf may not contact, between the release of the solicitation and the end of the 72-hour period following the District posting the Notice of Intended Decision, excluding Saturdays, Sundays, and state holidays, any employee or officer of the District concerning any aspect of this solicitation, except in writing to the Procurement Section as provided in the solicitation documents. Violation of this provision may be grounds for rejecting a response.

PART II – INTRODUCTION

2.1 GENERAL INFORMATION. The Southwest Florida Water Management District (District) hereby solicits offers for the services of licensed, qualified Respondents for the following purpose:

Medical/Rx and ASO, TPA, Dental, Life/AD&D, Long-Term Disability, Voluntary Short-Term Disability, Flexible Spending and Health Savings Accounts, Employee Assistance Program and COBRA Administration, Accident, Critical Illness, Hospital, Long-Term Care, Identity Theft, and Legal Services

To be considered, **one (1) original, so designated, four (4) hard copies and an exact pdf copy of the original on disc or thumb drive**, of a response **must** be received by the District's Procurement Section (BKV-4-PRO), Building 4, at the Southwest Florida Water Management District, 2379 Broad Street (U.S. Hwy. 41 South), Brooksville, Florida 34604-6899, by **2:30 p.m., Eastern Time, on April 26, 2018. All visitors must report to the lobby of Building 4 to sign in and be issued a visitor's badge.**

During the evaluation and negotiation process, the District reserves the right, where it may serve the District's interest, to request additional information including changes to the initial responses, from Respondents.

The District anticipates awarding to one (1) or more qualified Respondent(s) to perform the services set forth in this ITN as selected by the District. For a Respondent to be considered qualified, the Respondent must be licensed with the State of Florida and be authorized to provide the offered services and products in the State of Florida.

2.2 BACKGROUND INFORMATION. The District transitioned from a fully insured plan with Florida Blue to a self-funded medical insurance plan with Florida Blue effective January 1, 2016. The District's plans consist of one "grandfathered" PPO medical plan and a high deductible health plan. All ancillary coverage at the District are fully insured, provided below are the incumbent carriers:

- Dental is offered through Aetna
- Life and Accidental Death & Dismemberment (AD&D) is offered through Florida Combined Life
- Long Term Disability is offered through Florida Combined Life
- Employee Assistance Program is offered through New Directions

- Flexible Spending Account (FSA) is administered by Health Equity
- Health Savings Account (H.S.A) is administered by Health Equity
- COBRA Administration is administered by Benefits Workshop
- Voluntary Short-Term Disability is offered through Florida Combined Life
- Group Accident Policy is offered through Aflac
- Group Critical Illness is offered through Aflac
- Group Hospital Indemnity is offered through Aflac
- Long Term Care is not currently offered
- Legal Service Plan is not currently offered
- ID Theft Plan is not currently offered

2.3 TERM OF CONTRACT(S). The expected term of the contract(s) resulting from this ITN is one (1) year, commencing January 1, 2019 and terminating December 31, 2019, with the option for four (4) additional one (1) year renewal periods commencing January 1st of each subsequent year, upon the mutual written agreement of both parties.

2.4 RESPONSE CALENDAR. The following is a list of key dates concerning this ITN. All dates are subject to change.

Invitation to Negotiate issued by the District.....	March 30, 2018
Due date for Respondents to submit responses (2:30 p.m.).....	April 26, 2018
Evaluation Committee Meeting (2:00 p.m.)	May 21, 2018
Best and Final Offers Due.....	May 31, 2018
Final Evaluation Committee Meeting (1:00 p.m.).....	June 7, 2018
Notice of Intended Decision, anticipated posting date	June 20, 2018
Submittal of all Final Contracts, Documents and Paperwork	June 28, 2018
Open Enrollment Period.....	October 2018
Submittal of Plan Documents.....	December 1, 2018
All Data to Carrier(s)	December 2018
Plan Effective Date	January 1, 2019

General ITN questions will be answered by telephone Monday through Friday from 8:30 a.m. to 4:30 p.m., Eastern Time.

All District contact must be through the Procurement Section (PRO), Southwest Florida Water Management District, 2379 Broad Street, Building 4, Brooksville, Florida 34604-6899, telephone number 352-796-7211 or 1-800-423-1476 (Florida only) extension 4133; fax number 352 754 3497; E-mail: Procurement@watermatters.org.

PART III – NATURE OF SERVICES REQUIRED

3.1 PROJECT DESCRIPTION.

3.1.1 Purpose. The District is seeking experienced and qualified companies that demonstrate the highest level of service while providing access to quality providers at an affordable cost for District employees, retirees, COBRA participants and their families for the following types of services:

- Medical Insurance with the following funding arrangements:
 - Self-Insured
 - Administration Services Only (ASO)
 - Third Party Administrator (TPA)
- Dental Insurance
- Basic Life/AD&D Insurance
- Optional Life/AD&D Insurance

- Long Term Disability Insurance (non-contributory)
- Employee Assistance Program
- Flexible Spending Accounts
- Health Savings Account
- COBRA Administration
- Voluntary Short-Term Disability
- Group Accident Plan*
- Group Hospital Indemnity Plan*
- Group Critical Illness Plan (with Cancer)*
- Long-Term Care Plan
- Legal Service Plan*
- ID Theft Service Plan*

Note: *Supplemental Worksite benefits

3.1.2 Objectives. The objective of this ITN is to select one or more Respondent(s) that will provide the best service, pricing, cost management and flexibility to the District, thus allowing the District to obtain the best overall program for its employees, dependents and retirees, while minimizing cost to the District. Therefore, the District seeks Respondent(s) that will meet the following objectives as appropriate for the types of services offered:

- 3.1.2.1 Offer group medical, dental, life/AD&D, long-term disability, flexible spending and health savings accounts, employee assistance program plan designs either packaged or individually.
- 3.1.2.2 Provide quality insurance benefits.
- 3.1.2.3 Provide realistic and competitive, premiums for ASO/TPA, dental, life/AD&D, long-term disability, flexible spending and health savings accounts, employee assistance program, Cobra administration and supplemental worksite benefits. Please note, the District will release an ITN for Stop Loss and Medicare Advantage later in 2018 for an effective date of January 1, 2019.
- 3.1.2.4 Offer plan tools that encourage employees to be wise consumers of health care.
- 3.1.2.5 Respondent must be able to offer a high quality, accessible provider network(s) sufficient to meet the needs and geographic diversity of a group covering 800+ individuals and their dependents. Provider networks must include hospital, physician, and other provider services in Hernando, Hillsborough, Manatee, Pasco, Pinellas, Polk, and Sarasota Counties. Please note that local or regional networks can be proposed, but it is the District's preference that national networks be made available to the employees, retirees, and their dependents.
- 3.1.2.6 Work collaboratively with the District's broker, The Gehring Group to develop a long-term strategy to help control the increase in future claims cost and maintain a meaningful benefit level for the District's covered employees, dependents, and retirees.
- 3.1.2.7 Provide knowledgeable and comprehensive administration and excellent member service.
- 3.1.2.8 Support the District's comprehensive wellness program for all members, with goals and objectives of increasing participation, improving overall health and reducing the health plans utilization and claim costs.
- 3.1.2.9 Provide quality and ensure availability of educational and informational resources for employees, dependents, and retirees.
- 3.1.2.10 Provide employees with online web resources that allow members to make informed choices about their insured benefits. This may include such resources as:
 - Cost estimator tool for providers and procedures based on Respondent's network discount or fee arrangement by provider;
 - Rx cost and comparison tool based on Respondent's discount arrangement with local pharmacies;
 - Claims history;
 - Wellness resources.

- 3.1.2.11 Remain compliant with Health Care Reform and other relevant laws, rules and regulations.
- 3.1.2.12 Provide a complete, creditable and comprehensive reporting package for tracking plan performance.
- 3.1.2.13 Medical and pharmacy ASO/TPA Respondent is encouraged to include Rx Rebates in its response. It is preferable that these rebates be made payable directly to the District.
- 3.1.2.14 The dental offer currently consists of one DPPO plan. The District is considering offering a dual-option, high and low plans, for employees and retirees.
- 3.1.2.15 Basic life insurance is provided to employees and retirees with supplemental life and dependent life coverage options. The District plans to maintain a similar offer for employees and retirees. Respondent(s) must match or exceed the life benefit summaries provided in this ITN.
- 3.1.2.16 Respondents are requested to submit responses meeting or exceeding the current schedule of benefits for each of the plans currently offered and outlined in the response forms.
- 3.1.2.17 The supplemental worksite benefits are 100% employee paid through payroll deductions. Respondent(s) must match or exceed current plans offered by Aflac.
- 3.1.2.18 Provide group rates for the supplemental plans that match current tiers and payroll cycle (semi-monthly/24). Responders should not provide individual rate for the current plans offered by Aflac.
- 3.1.2.19 The District is considering adding ID Theft and Legal plans effective January 1, 2019. When responding, please provide rates for ID Theft and Group Legal separately and/or as a package offer. Please quote minimum enrollment for a proposed plan that can be purchased stand-alone or as a package.
- 3.1.2.20 If the District decides to move to a new carrier for the proposed supplemental plans, payroll deductions may continue for employees who choose to keep their current plans.
- 3.1.2.21 The District conducts mandatory open enrollment for employees. However, employees will not be required to sit with a plan representative on a one-on-one basis unless they are interested in getting more information or signing up for a plan.

3.1.3 Current Coverages.

- 3.1.3.1 The District has approximately 537 enrolled employees, 87 enrolled retirees and 3 COBRA participants. The District currently offers employees, dependents and retirees two self-funded medical insurance plans through a single carrier. These medical plans include one PPO plan (Grandfathered plan) and a High Deductible Health Plan. In addition to the two medical plans, retirees also have the option to enroll in a Medicare Advantage plan. The District offers one fully-insured Dental plan, and supplemental worksite plans. Plan offerings, rates, contribution splits for each plan, are provided under Part IV, Historic Data.
- 3.1.3.2 The District's current waiting period is the first of the month following the date of hire.
- 3.1.3.3 Section 112.0801, F.S., provides retirees the option of continuing coverage at their cost.

3.1.4 General Provisions.

- 3.1.4.1 The Gehring Group will provide technical support and an analysis and assessment of the responses in support of the District's Evaluation Committee and Executive Director during the District's selection of one or more qualified Respondent(s).
- 3.1.4.2 If the contract is extended by the District, no later than August 5, 2019, the selected Respondent(s) (Carrier) will provide renewal premiums and rates for the 2020 plan year, which commences January 1, 2020.
- 3.1.4.3 The selected Respondent, or its administrator, must provide Policy Schedule of Benefits before October 1, 2018.
- 3.1.4.4 The District requests proposed rates to be quoted with 1% flat commission schedule built into the rates for the medical coverages and a flat 5% for the ancillary coverages.

Commission will be paid to The Gehring Group. Respondents are placed on notice that the total commissions to be paid to the Gehring Group are capped at \$135,000 per year pursuant to the District's contract with the Gehring Group. Upon the District's written request, the Carrier must certify to the District the total commissions paid to the Gehring Group.

- 3.1.4.5 The Carrier(s) must conduct enrollment meetings at District Service Offices in coordination with The Gehring Group and in accordance with the District's schedule and needs. Open Enrollment for the 2019 plan year is tentatively scheduled in October 2018. Carrier(s) should allow for two meetings at both the Brooksville and Tampa offices and one meeting each at the Bartow and Sarasota offices. The Carrier(s) will be expected to comply with the Americans with Disabilities Act, with respect to accommodating employees who have sight, hearing or other disabilities.
- 3.1.4.6 No employee will lose his or her ability to have benefits, or have any benefits delayed, as a result of any change in the program or plan.
- 3.1.4.7 The Carrier, or its administrator, will be responsible for providing the following:
 - 3.1.4.7.1 Certificates of Insurance (for fully-funded); or
 - 3.1.4.7.2 Summary Plan Descriptions (for self-funded); and
 - 3.1.4.7.3 Summary Benefit Comparisons; and
 - 3.1.4.7.4 ID cards for the new plan year, to be received by each covered plan participant direct from the Carrier no later than December 28, 2018.

3.2 SCOPE OF WORK.

- 3.2.1 The District seeks responses from licensed, qualified insurance carriers for the 2019 plan year beginning January 1, 2019.
- 3.2.2 The District is interested in receiving responses outlined in this ITN. During the negotiation and final selection process, Respondents may be asked to provide alternatives, other than those set forth in the attached Exhibits.
- 3.2.3 **Respondents Requirements.** Each Respondent must provide the following items to enable the District to evaluate each Respondent:
 - 3.2.3.1 A rating of at least "B+" by a recognized financial rating service (i.e., A.M. Best).
 - 3.2.3.2 Must be able to provide all licenses required to conduct business in the State of Florida with regard to the products and services requested herein. Copies of all required licenses and certificates must be provided with responses.
 - 3.2.3.3 In addition to the requirements included in Paragraph 1.7, the Exhibits attached to this ITN must be fully completed for the projects and services offered in your response. For the types of services currently offered by the District and the proposed low plan for Dental coverage, responses must match or exceed the current plan design and options noted in the Exhibits.
 - 3.2.3.4 If the rates provided in the Exhibits are contingent upon the purchase of more than one type of service, indicate such and advise of the pricing for both the separate and combined lines of coverage.
 - 3.2.3.5 Medical and Dental Geo access report using the criteria, "2 providers within a 10-mile radius of employee's home address". Please refer to Exhibit XIX, Questionnaire Response Form, for more details.
 - 3.2.3.6 Medical and Dental Disruption Analysis based on Attachments 3 and 6.
 - 3.2.3.7 Description of enrollment process and available options.
 - 3.2.3.8 Sample data reporting capabilities.
 - 3.2.3.9 Sample employer application.
 - 3.2.3.10 Sample certificate of coverage.

3.2.3.11 A copy of any applicable standard Florida governmental or public entity agreement for the services and products offered.

PART IV – HISTORIC DATA

4.1 RATE HISTORY.

4.1.1 Medical

Rate History	2015 Fully Insured	2016 Self-Funded	2017 Self-Funded	2018 Self-Funded
<u>Blue Options 3559</u>				
Employee Only	\$674.36	\$705.10	\$748.38	\$748.38
Employee + One	\$1323.92	\$1,381.98	\$1,466.82	\$1,466.82
Employee + Family	\$1453.82	\$1,523.00	\$1,616.50	\$1,616.50
<u>HDHP 5180/5181</u>				
Employee Only	\$615.46	\$643.26	\$682.76	\$682.76
Employee + One	\$1,211.70	\$1,260.78	\$1,338.18	\$1,338.18
Employee + Family	\$1,330.96	\$1,389.44	\$1,474.74	\$1,474.74

4.1.2 Dental

Rate History	2015	2016	2017	2018
Employee Only	\$41.62	\$41.62	\$44.74	\$47.42
Employee + One	\$67.78	\$67.78	\$72.86	\$77.22
Employee + Family	\$89.18	\$89.18	\$95.86	\$101.60

4.1.3 Basic Life/AD&D

Rate History	2015 Standard	2016 FCL	2017 FCL	2018 FCL
Basic Life Rate / \$1,000	\$0.240	\$0.240	\$0.240	\$0.240
AD&D Rate / \$1,000	\$0.020	\$0.020	\$0.020	\$0.020
Retiree Life Rate / \$1,000	\$8.50	\$3.00	\$3.00	\$3.00

4.1.4 LTD

Rate History	2015 Mutual of Omaha	2016 FCL	2017 FCL	2018 FCL
LTD Rate / \$100	\$0.455	\$0.440	\$0.440	\$0.440

4.1.5 FSA/H.S.A.

Rate History	2015	2016	2017	2018
H.S.A. PAMP ¹	\$2.70	\$2.70	\$2.70	\$2.70
Limited Purpose FSA PAMP	\$1.95	\$1.95	\$1.95	\$1.95
Full Purpose FSA PAMP	\$3.45	\$3.45	\$3.45	\$3.45

¹ Per Account Per Member

4.1.6 EAP

Rate History	2015	2016	2017	2018
PEPM	\$1.65	\$1.65	\$2.08	\$2.08

4.1.7 COBRA Administration

Rate History	2015	2016	2017	2018
Monthly Fee	\$200	\$200	\$200	\$200

4.2 CONTRIBUTIONS (Current).

4.2.1 Medical

MEDICAL - 05180/05181 HDHP	Florida Blue	
Active Employees	District	Employee
Employee Only	\$682.76	\$0.00
Employee + One	\$1,323.18	\$15.00
Employee + Family	\$1,449.74	\$25.00
Administrative Employees	District	Employee
Employee Only	\$682.76	\$0.00
Employee + One	\$1,338.18	\$0.00
Employee + Family	\$1,474.74	\$0.00
Retirees	District	Employee
Employee Only	\$0	\$682.76
Employee + One	\$0	\$1,338.18
Employee + Family	\$0	\$1,474.74

MEDICAL - 3559 PLAN	Florida Blue	
Active Employees	District	Employee
Employee Only	\$729.48	\$18.90
Employee + One	\$1,301.88	\$164.94
Employee + Family	\$1,440.82	\$175.68
Administrative Employees	District	Employee
Employee Only	\$739.46	\$8.92
Employee + One	\$1,450.04	\$16.78
Employee + Family	\$1,585.04	\$31.46
Retirees	District	Employee
Employee Only	\$0	\$748.38
Employee + One	\$0	\$1,466.82
Employee + Family	\$0	\$1,616.50

Health Savings Account	HealthEquity	
H.S.A.	District	Employee
Employee Only	\$750.00	\$0.00
Employee + Family	\$1,500.00	\$0.00

4.2.2 Dental

DENTAL	Aetna	
	District	Employee
Active Employees		
Employee Only	\$37.42	\$10.00
Employee + One	\$50.22	\$27.00
Employee + Family	\$61.60	\$40.00
Administrative Employees		
Employee Only	\$47.42	\$0.00
Employee + One	\$77.22	\$0.00
Employee + Family	\$101.60	\$0.00
Retirees		
Employee Only	\$0.00	\$47.42
Employee + One	\$0.00	\$77.22
Employee + Family	\$0.00	\$101.60

PART V – INSURANCE REQUIREMENTS

5.1 INSURANCE REQUIREMENTS. Any agreement resulting from this ITN will require the Carrier to maintain, during the entire term of the agreement, insurance in the following kinds and amounts or limits with a company or companies authorized to do business in the State of Florida. Carrier must provide renewed certificate(s) of insurance within thirty (30) calendar days of expiration. Carrier will not commence work under the contract until the District has received an acceptable certificate or certificates of insurance showing evidence of such coverage:

5.1.1 Liability insurance on forms no more restrictive than the latest edition of the Commercial General Liability policy (CG 00 01) of the Insurance Services Office without restrictive endorsements, or equivalent, with the following minimum limits and coverage:

Per occurrence	\$1,000,000
Aggregate	\$2,000,000

5.1.2 Vehicle liability insurance, including owned, non-owned and hired autos with the following minimum limits and coverage:

Bodily Injury Liability per Person	\$100,000
Bodily Injury Liability per Occurrence	\$300,000
Property Damage Liability	\$100,000

- or -

Combined Single Limit	\$500,000
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5.1.3 The District and its employees, agents, and officers must be named as additional insured on the general liability policy to the extent of the District's interests arising from the agreement.

5.1.4 Carrier must carry workers' compensation insurance in accordance with Chapter 440, F.S. Workers Compensation insurance and employers' liability insurance with a limit of not less than \$1,000,000.

5.1.5 Professional liability (Errors & Omissions) insurance in a minimum amount of \$10,000,000.

- 5.1.6** Carrier must obtain certificates of insurance from any subcontractor otherwise the Carrier must provide evidence satisfactory to the District that coverage is afforded to the subcontractor by the Carrier insurance policies.
- 5.1.7** Carrier must notify the District in writing of the cancellation or material change to any insurance coverage required by the Agreement resulting from this ITN. Such notification must be provided to the District within five (5) business days of the Carrier notice of such cancellation or change from its insurance carrier.

PART VI - EVALUATION PROCEDURES

6.1 **REVIEW OF RESPONSES.** The selection process is divided into two phases: The Evaluation Phase and the Negotiation Phase. During the Evaluation Phase, three (3) representatives of the District Evaluation Committee will individually evaluate all responsive and responsible responses against the evaluation criteria described in Section 6.2 below. Concurrent with the District’s evaluation, the Gehring Group will provide technical support as needed by the Evaluation Committee members and will prepare an objective assessment and analysis of the responses for consideration by the Evaluation Committee. The Evaluation Committee members will meet at a public meeting at 2:00 p.m. on May 21, 2018, at the Southwest Florida Water Management District, Brooksville Headquarter, at 2379 Broad Street, Brooksville, Florida 34604-6899, to review Gehring Group’s assessment and analysis of the responses, discuss their evaluations and to select one or more of the highest ranked Respondents, for each type of insurance coverage, with which to commence negotiations. The Gehring Group will attend this public meeting to respond to questions from the Evaluation Committee.

6.2 **EVALUATION METHOD AND CRITERIA.** Responses will be evaluated by the following criteria for each type of service offered:

Evaluation Criteria	Total Possible Points
Organization Profile and Qualifications a) Knowledge of subject b) Past performance c) Ability to meet needs and perform work d) List of all similarly-sized plans currently operating in Florida e) Affiliations f) Qualifications of Management Team g) Public Entity References	15
Scope of Work - Customer Service a) Customer Service b) Account Administration Support c) Account Implementation Team Access	10
Scope of Work - Provider Network and Access to Services a) Greatest percentage of access b) Discount levels or add-on services c) Convenient access of services	15

Evaluation Criteria	Total Possible Points
Scope of Work - Plan Design, Cost Containment and Management Strategies a) Plan Comparison b) Plan Design or evaluated enhanced coverage/services c) Wellness and Disease Management Programs d) Cost auditing procedures and billing error incentives e) Cost containment, reduction or avoidance strategies f) Network aggregation g) Public/Private Partnerships or Cooperative Agreements h) Insurance Contingencies i) Specimen Policies, Contracts for Services and Monthly Billing Statement j) Documentation on participating contract option(s) k) Implementation Schedule	20
Scope of Work - Member and Administrator Internet Tools and Capability a) On-line tools/Website - Internet Capabilities b) Benefits Information c) Health Provider Information d) Claims Information	10
Total Costs – Based on a comparison of plan premiums, the Respondent whose proposed cost is the lowest, with the highest level of benefit, will receive the highest possible score. All other responses will be scored proportionately.	30
Total Score	100

6.3 NEGOTIATIONS. The District will advise the selected Respondent(s) of any selected service or product and will commence negotiations. The District reserves the right to negotiate with the highest ranked Respondent individually or to conduct concurrent negotiations with selected Respondents. If negotiations take place with more than one Respondent, the District reserves the right, if it is in the best interest of the District, to share with each selected Respondent information pertaining to the negotiations with the other selected Respondent(s). The Gehring Group will conduct the negotiations on behalf of the District's Evaluation Committee and will meet with the Evaluation Committee during the negotiation process as needed to discuss negotiation strategy. The Gehring Group may also meet with the District's Executive Director during the negotiation process to discuss negotiation strategy as needed. Upon completion of the negotiations, the District will request the Respondent(s) to provide the District with its Best and Final Offer (BAFO). If the District initially elects to negotiate with only the highest ranked Respondent, the District reserves the right to commence negotiations with the other selected Respondent(s) in accordance with the process set forth herein.

Pursuant to Section 286.0113, F.S., negotiations are exempt from Section 286.011, F.S., and Section 24(b), Article I of the State Constitution. A complete recording shall be made of an exempt meeting. No portion of the exempt meeting may be held off the record.

6.4 FINAL SELECTION. Following negotiations, the Evaluation Committee shall meet with the Gehring Group at a public meeting to review the BAFOs. The public meeting shall take place at 1:00 p.m. on June 7, 2018, at the Southwest Florida Water Management District, Brooksville Headquarters, Brooksville, Florida 34604-6899. The BAFOs that are determined by the Evaluation Committee to be the best value to the District in accordance with the Evaluation Criteria set forth in Section 6.2 for each type of service will be provided to the District's Executive Director for review and approval. The District may award a contract(s) for each type of service or bundled services to one or more Respondent.

The District anticipates that on, or shortly after June 20, 2018, the Notice of Intended Decision will be posted on the District's web site <http://www.watmatters.org/procurement>, at www.demandstar.com and at 2379 Broad Street, Building No. 4, Reception Area, Brooksville, Florida 34604-6899.

EXHIBIT I

MEDICAL PLAN RESPONSE FORM
Blue Options 3559 Plan

SCHEDULE OF BENEFITS	Current Plan		Proposed Plan	
	<i>In Network</i>	<i>Out-of-Network</i>	<i>In Network</i>	<i>Out-of-Network</i>
<u>Plan Basics</u>				
Lifetime Maximum	Unlimited			
<u>Deductible</u>				
Single	\$500	Combined In/Out of Network		
Family Aggregate	\$1,500			
<u>Out of Pocket Maximum</u>				
Single	\$3,000	Combined In/Out of Network		
Family	\$6,000			
Applies to OOP Max	Deductible, Coinsurance, Copays			
<u>Coinsurance</u>				
Level of Coverage	20%	40%		
<u>Physician Services</u>				
Primary Care Physician	\$15	CYD + 40%		
Telehealth	N/A	N/A		
Specialist	\$30	CYD + 40%		
Preventive Services	\$15	40%		
Independent Clinical Lab	No Charge	CYD + 40%		
X-ray	\$100	CYD + 40%		
Advanced Imaging (MRI, PET, CT)	\$100	CYD + 40%		
Urgent Care Center	\$30	CYD + \$30		
<u>Hospital Services</u>	Tier 1/ Tier 2			
Inpatient Hospital Per Admission	\$500 / \$1,000	40%		
Outpatient Hospital Per Visit	\$150 / \$250	\$350		
Physician Services	CYD + 20%	INN CYD + 20%		
Emergency Room	\$100	\$100		
<u>Mental Health/Subst. Abuse</u>				
Inpatient Hospital	No Charge	20%		
Outpatient Services	No Charge	\$350		
<u>Retail Pharmacy Plan</u>				
Generic	\$10	50%		
Preferred Brand	\$25	50%		
Non-Preferred Brand	\$40	50%		
90-day Supply: Mail Order Retail	2x Copay N/A	50%		

EXHIBIT I Continued
MEDICAL PLAN RESPONSE FORM
Blue Options HDHP 05180/05181 Plan

SCHEDULE OF BENEFITS	Current Plan		Proposed Plan	
<u>Plan Basics</u>	<i>In Network</i>	<i>Out-of-Network</i>	<i>In Network</i>	<i>Out-of-Network</i>
Lifetime Maximum	Unlimited			
<u>Deductible</u>				
Single	\$1,500	\$3,000		
Family Aggregate	\$3,000	\$6,000		
<u>Out of Pocket Maximum</u>				
Single	\$3,000	\$6,000		
Family	\$6,000	\$12,000		
Applies to OOP Max	Deductible, Coinsurance, Copays, Rx			
<u>Coinsurance</u>				
Level of Coverage	10%	40%		
<u>Physician Services</u>				
Primary Care Physician	CYD + 10%	CYD + 40%		
Telehealth	N/A	N/A		
Specialist	CYD + 10%	CYD + 40%		
Preventive Services	No Charge	40%		
Independent Clinical Lab	CYD	CYD + 40%		
X-ray	CYD + 10%	CYD + 40%		
Advanced Imaging (MRI, PET, CT)	CYD + 10%	CYD + 40%		
Urgent Care Center	CYD + 10%	CYD + 10%		
<u>Hospital Services</u>				
Inpatient Hospital	CYD + 10%	CYD + 40%		
Outpatient Hospital	CYD + 10%	CYD + 40%		
Physician Services	CYD + 10%	INN CYD + 10%		
Emergency Room	CYD + 10%	CYD + 10%		
<u>Mental Health/Subst. Abuse</u>				
Inpatient Hospital	CYD + 10%	CYD + 40%		
Outpatient Services	CYD + 10%	CYD + 40%		
<u>Retail Pharmacy Plan</u>				
Generic	\$10 + CYD	INN CYD + 50%		
Preferred Brand	\$30 + CYD	INN CYD + 50%		
Non-Preferred Brand	\$50 + CYD	INN CYD + 50%		
90-day Supply: Mail Order Retail	2x Copay + CYD	INN CYD + 50%		

EXHIBIT II
ASO and TPA Response Form

<u>Contract Details</u>	<u>Proposed Offer</u>
Name of Respondent	
Name of Network(s) Utilized	
Outline All Applicable Fees Below:	
Administration Fee (PEPM)	
Utilization Review (PEPM)	
Network Access Fee (PEPM)	
Disease Management (PEPM)	
HIPAA Certification	
Other Fees (PEPM)	
Termination Fees (PEPM)	
TOTAL ADMIN FEE (PEPM)	
Rate Guarantee	

**EXHIBIT III
DENTAL PLAN RESPONSE FORM**

SCHEDULE OF BENEFITS	Current Plan		Proposed Plan	
<u>Plan Basics</u>	<i>In Network</i>	<i>Out-of-Network</i>	<i>In Network</i>	<i>Out-of-Network</i>
Annual Benefit Maximum Per Member	\$1,500			
Orthodontic Lifetime Maximum	\$2,000			
<u>Calendar Year Deductible</u>				
Single Per Member	\$50	\$50		
Family	\$150	\$150		
Deductible Waived for Class 1	Yes	Yes		
<u>Benefits</u>				
Class 1 - Preventative Services	100%	100%		
Routine Oral Exam (2 Per Year)	100%	100%		
Routine Cleanings/Periodontal Maintenance (Combined 4 Per Year)	100%	100%		
Bitewing X-rays – 2 Films (1 Per Year)	100%	100%		
Complete X-rays (1 Set Every 3 Years)	100%	100%		
Class 2 - Basic Services	80%	80%		
Fillings (Amalgam or Composite)	80%	80%		
Deep Cleaning	80%	80%		
Simple Extractions	80%	80%		
Endodontics/Periodontal	80%	80%		
Surgical Extractions	80%	80%		
Class 3 - Major Services	50%	50%		
Oral Surgery	50%	50%		
General Anesthesia	50%	50%		
Crowns	50%	50%		
Bridges	50%	50%		
Dentures	50%	50%		
Class 4 - Orthodontic Treatment (Adult/Children)	50%	50%		
<u>Waiting Period</u>				
Class 3 - Major Services	None			
<u>Coverage</u>				
OON Benefits Payable Level	80th Percentile			
Rollover Benefit	Included			

EXHIBIT III Continued
DENTAL PLAN RESPONSE FORM – *Not currently offered - Proposed Low Plan*

SCHEDULE OF BENEFITS	Suggested Plan		Proposed Plan	
	In Network	Out-of-Network	In Network	Out-of-Network
Plan Basics				
Annual Benefit Maximum Per Member	\$1,250			
Orthodontic Lifetime Maximum	\$1,000			
Calendar Year Deductible				
Single Per Member	\$50	\$50		
Family	\$150	\$150		
Deductible Waived for Class 1	Yes	Yes		
Benefits				
Class 1 - Preventative Services	100%	100%		
Routine Oral Exam (2 Per Year)	100%	100%		
Routine Cleanings/Periodontal Maintenance (Combined 2 Per Year)	100%	100%		
Bitewing X-rays (1 Set Per Year)	100%	100%		
Complete X-rays (1 Set Every 3 Years)	100%	100%		
Class 2 - Basic Services	80%	80%		
Fillings (Amalgam)	80%	80%		
Deep Cleaning	80%	80%		
Simple Extractions	80%	80%		
Endodontics/Periodontal	80%	80%		
Surgical Extractions	80%	80%		
Class 3 - Major Services	50%	50%		
Oral Surgery (impacted wisdom teeth)	50%	50%		
General Anesthesia	50%	50%		
Crowns	50%	50%		
Bridges	50%	50%		
Dentures	50%	50%		
Class 4 - Orthodontic Treatment Children up to age 19	50%	50%		
Waiting Period				
Class 3 - Major Services	None			
Coverage				
OON Benefits Payable Level	80th Percentile			
Rollover Benefit	Not Available			

Respondents are encouraged to provide alternative cost savings to current dental plan.

**EXHIBIT IV
DENTAL RATE RESPONSE FORM**

Coverage Tier	Proposed Dental Monthly Rates Current Plan
Employee Only	
Employee + One	
Employee + Family	
Rate Guarantee Period	

Coverage Tier	Proposed Dental Monthly Rates Proposed Low Plan
Employee Only	
Employee + One	
Employee + Family	
Rate Guarantee Period	

**EXHIBIT V
BASIC LIFE/AD&D RESPONSE FORM**

Life / AD&D	Current Plan	Proposed Plan
Class Description		
1) Active administrative pay schedule employees	Life: 2x Earnings up to \$500,000 AD&D: 2x Earnings up to \$500,000	
2) All other active employees regularly working at least 20 hours each week	Life/ AD&D: 1.5x Annual Earnings in increments of \$1,000 up to \$500,000.	
3) Retired Members	Increments of \$1,000 up to \$10,000 (No AD&D Insurance)	
Features		
Premium Waiver	Included for Class 1 and 2	
Accelerated Benefit	Included for All Classes	
Conversion Privilege	100% of benefit	
Age Reduction Schedule	65% at age 65 50% at age 70 25% at age 75	
Basic Life Rate Per \$1,000		
AD&D Rate Per \$1,000		
Retiree Life Rate Per \$1,000		
Estimated Volume		
Estimated Monthly Premium		
Rate Guarantee		

**EXHIBIT VI
SUPPLEMENTAL LIFE/AD&D RESPONSE FORM**

Supplemental Life/AD&D	Current Plan	Proposed Plan
Active Employee Life	\$10,000 increments, up to \$500,000 (Not to exceed 5x earnings)	
All Eligible Employees AD&D	In Increments of \$10,000, up to \$500,000. Not to exceed 10x Earnings	
All Eligible Spouses AND Child (6 months to age 30) Life	Option 1: \$2,500 Option 2: \$5,000 Option 3: \$10,000 (Class 1 & 2 Only)	
All Eligible Spouses / Child AD&D	Spouse: Up to \$250,000 in increments of \$5,000. Not to exceed 50% of EE amount. Children: \$5,000 or \$10,000	
Employee Guarantee Issue Amount	\$200,000 (through age 69)	
Spouse Guarantee Issue Amount	\$10,000	
Participation Requirements	Current participation	
	<i>Monthly Rate</i>	
Composite Rate Per \$10,000	\$5.90	
Dependent Life - Option 1	\$1.18	
Dependent Life - Option 2	\$2.34	
Dependent Life - Option 3	\$4.66	
Employee AD&D / \$1,000	\$0.50	
Family AD&D / \$1,000	\$0.10	
Rate Guarantee Period		

**EXHIBIT VII
LONG TERM DISABILITY RESPONSE FORM**

SCHEDULE OF BENEFITS	Current Plan	Proposed Plan
Class 1: All Eligible Administrative Pay Schedule Employees	60% of monthly earnings	
Class 2: All Eligible Regular Authorized Employees	60% of monthly earnings	
Elimination Period	90 days	
Own Occupation Period	Class 1: To Age 65 Class 2: 24 Months	
Duration of Benefit	SSNRA	
Maximum Monthly Benefit	\$10,000	
Pre-existing Condition	3/12	
Mental Illness, Alcoholism & Drug Abuse Limitation	24 Months	
Survivor Benefit	3x monthly benefit	
Rate per \$100 of Covered Payroll		
Estimated Volume		
Estimated Monthly Premium		
Rate Guarantee		

**EXHIBIT VIII
EMPLOYEE ASSISTANCE PROGRAM RESPONSE FORM**

SCHEDULE OF BENEFITS	Current Plan	Proposed Plan
Eligibility		
Active	All Active Eligible Employees and Dependents	
Core Features		
Number of Sessions per Employee or Dependent	Up to 6 face-to-face visits	
Manager & Supervisor Training or Employee Seminars	7 Hours	
Frequency of Comprehensive Reporting	Quarterly	
Management Referrals & Crisis Training	Referrals Included, Training Additional Fee	
Brochures & Workplace Posters	Included	
Critical Incident Debriefing	Available for Additional Fee	
Counselors Available 24/7	Included	
Minimum Level of Intake Staff Education	Master's Degree	
Telephonic Management / Supervisor Consultation and Support	Included	
Telephonic Work/Life Support	Included	
Legal/Financial Services	Included	
Child/Elder Care Services	Included	
Rate Guarantee		
Monthly Rate per Employee		

**EXHIBIT IX
FLEXIBLE SPENDING ACCOUNT RESPONSE FORM**

CORE FEATURES	Current	Proposed
Per participant per month fee	\$1.95 Limited Purpose \$3.45 Full Purpose	
Debit card fee	3 Free - \$5 for additional cards	
One-time setup fee	\$250	
Annual renewal fee	Included	
Weekly processing of reimbursements	Included	
Paper confirmation statements	Included	
Direct deposit setup	Included	
Mailed account statements	Included	
Adjustments and corrections	Included	
Debit card setup fee	Included	
Enrollment meetings	Included	
Web administration	Included	
Electronic enrollment kits	Included	
Paper enrollment kits	Included	
Reporting capabilities	Included	
Rate Guarantee	N/A	
Monthly Rate per Employee	N/A	

**EXHIBIT X
HEALTH SAVINGS ACCOUNT RESPONSE FORM**

CORE FEATURES	Proposed
Accounts Fees	
Administration fees:	
- If paid by account holder	
- If paid by employer	
Account setup fee	
Debit card daily spending limit	
Debit card additional/replacement	
Brokerage account fees	
Excess contribution adjustments	
Minimum balance	
Interest rate (subject to change)	
Stop payment	
Account closure fee	
Wire transfer	
Investment fund options	
Investment threshold	
Service Levels/Customer Service	
Service levels	
Customer service	
Web address	
History	
Location	
Product Features	
HSA access at ATMs? (Y/N)	
HSA access at bank branches? (Y/N)	
HSA paper checks? (Y/N)	
HSA website for employers? (Y/N)	
Online employee enrollment? (Y/N)	
HSA website for accountholders? (Y/N)	

**EXHIBIT XI
COBRA ADMINISTRATION RESPONSE FORM**

CORE FEATURES	PROPOSED
Initial Notice to all Employees	
Initial Notice to New Hires	
Qualifying Event notices	
Invoicing	
Payment Options for COBRA participants	
Does COBRA administrator manage re-enrollment of coverage after COBRA election	
Cost per packet for printed Open Enrollment Kits	
Web administration abilities	
Describe Reports availability to Employer	
Liability – Court costs and Legal Fees	
MONTHLY PREMIUM / RATES	PROPOSED
Minimum (if applies)	
Per employee per month	
Takeover Fee	
Plan Renewal Fee	
Implementation Fee	
Rate Guarantee	

**EXHIBIT XII
VOLUNTARY SHORT-TERM DISABILITY RESPONSE FORM**

SCHEDULE OF BENEFITS	Current	Proposed
Eligibility	All Eligible Full-Time Employees	
Weekly Benefit	\$10 increments up to 60% of weekly earnings	
Sick Pay Coordination ¹	Not Available	
Maximum Weekly Benefit	\$2,000	
Elimination Period for Accident	14 Days	
Elimination Period for Sickness	14 Days	
Benefit Duration	13 Weeks	
Benefit Reduction Due to Age	66 2/3 at age 65 Termination at age 70	
Pre-existing Condition Limitation	3/12	
Premium		
Rate per \$10 Weekly Benefit	Age Banded	
STD Pricing without coordinate with Sick Pay	N/A	
STD Pricing with Sick Pay Up to 100%	Age Banded	
STD Pricing with Sick Pay Simultaneously	N/A	
Participation Requirement (%)		
Rate Guarantee		

¹ The District desires to allow employees to use sick pay, if available, to supplement their pay while receiving short-term disability benefits. The combination of sick pay and short-term disability payments may exceed 100% of their pay. Please provide pricing whereby the short-term disability weekly benefit is paid simultaneously with the accrued sick pay and provide any policy limitation surrounding these payments.

**EXHIBIT XIII
VOLUNTARY GROUP ACCIDENT RESPONSE FORM**

SCHEDULE OF BENEFITS	Current Plan	Proposed Plan
Accidental Death	\$50,000 EE; \$25,000 SP; \$5,000 CH	
Ambulance	\$200	
Medical Fees	\$125	
Wellness (12-month period)	\$50	
Hospital Admission	\$1,000	
Lacerations	Up to \$400	
Eye Surgery	\$250	
Emergency Dental Work/Extraction	\$50	
Tendons/Ligaments (single)	\$400	
Physical Therapy	\$30 up to 6 treatments	
Accident Follow Up treatment	\$30 up to 6 treatments	
Injury Schedule – Dislocation		
Hip	\$3,000	
Knee (not keen cap)	\$1,950	
Wrist	\$750	
Elbow	\$600	
Shoulder	\$1,500	
Please refer to the summary for more benefit options – this is not a complete list.		
Premium	Semi-Monthly (24) Group Rates	
Employee	\$9.59	
Employee + Spouse	\$14.43	
Employee + Child(ren)	\$16.79	
Employee + Family	\$21.63	
Participation Requirement (%)		
Rate Guarantee		

**EXHIBIT XIV
VOLUNTARY GROUP CRITICAL ILLNESS RESPONSE FORM**

SCHEDULE OF BENEFITS	Current Plan	Proposed Plan
Pre-Existing Condition Limitation	12 Months of Effective Date	
Waiting Period	30 Days	
Age Reduction	50% of Max Benefit After Age 70	
Benefit Level	\$5,000 up to \$50,000 Employee \$5,000 up to \$25,000 Spouse	
Guaranteed Issue	\$10,000 Employee/ \$5,000 Spouse	
Stroke	100%	
Cancer	100%	
Carcinoma in situ	25%	
Kidney Failure	100%	
Heart Attack	100%	
Major Organ Transplant	100%	
Premium	Group Rates	
Semi-Monthly Rate	Age Banded/Tobacco	
Participation Requirement (%)		
Rate Guarantee		

**EXHIBIT XV
VOLUNTARY GROUP HOSPITAL INDEMNITY PLAN RESPONSE FORM**

SCHEDULE OF BENEFITS	Current Plan	Proposed Plan
Wellness Benefit	\$50 \$25 Well Baby (4 per calendar year)	
Hospital Confinement	\$450 max of 30 days	
Hospital Admission (per admission)	\$250	
Hospital Intensive Care	\$450 max of 30 days	
Hospital Emergency Room / Physician	\$50 (6 per calendar year)	
Medical Fees/Diagnostics	\$300	
Accidental Death	\$5,000	
Waiver of Premium	Yes	
Limitations/Exclusions	Pregnancy – Conception must be after the policy effective date	
Premium	Semi-Monthly (24) Group Rates	
Employee	\$20.07	
Employee + Spouse	\$39.13	
Employee + Child(ren)	\$35.12	
Employee + Family	\$54.18	
Participation Requirement (%)		
Rate Guarantee		

EXHIBIT XVI
IDENTITY THEFT SERVICES RESPONSE FORM – *Not Currently Offered*

SERVICES	Proposed
Coverage Eligibility	
Waiting Period for Eligibility	
Case Manager description / detail	
Toll-free number and service hours	
Provide Website for member services	
Available by Telephone, web-conference, and/or In-Person Consultations	
Any additional cost for extended Consultations and/or Legal Representations	
Credit Monitoring	
Identity Monitoring	
Cyber Monitoring	
Lost Wallet Protection	
Credit Freeze Assistance	
Legal Documents included, if required for Restoration?	
Describe Identity Theft Resolution	
Describe Identity Theft Restoration	
Premium	Semi-Monthly (24)
Employee Only (ID Theft)	
Employee plus Family (ID Theft)	
Employee Only (ID Theft & Legal Plan)	
Employee plus Family (ID Theft & Legal Plan)	
Participation Requirement (%)	
Rate Guarantee	

EXHIBIT XVII
LEGAL SERVICE PLAN RESPONSE FORM – *Not Currently Offered*

SERVICES	Proposed
Coverage Eligibility	
Waiting Period for Eligibility	
ID Wallet Cards Provided?	
Network of Attorneys detail (describe process of member finding attorney)	
Ability to Offer Same Benefits in all States	
Claims Filing Required for Payment?	
Money Back Guarantee	
Wills, Powers of Attorney and Living Trusts	
Simple Will with Minors Trust	
Family Law including adoption assistance	
Debt Collection Defense	
Real Estate Matters	
Traffic Defense	
Demand Letters	
Document Preparation (Deeds, Mortgages, Promissory Notes)	
Document Review	
Regular Incorporation	
Chapter 7 Bankruptcy	
Non-District Employment Related Matters	
Defense of Civil Lawsuit (Administrative Hearings, Civil Litigation Defense, Incompetence Defense)	
Coverage for Pre-Existing Matters	
Financial Planning and Tax Questions	
Property Damage/Personal Injury	
DUI / DUI Criminal Matters	
IRS Audit Protection	
Premium	Semi-Monthly (24)
Employee Only (Legal Plan)	
Employee plus Family (Legal Plan)	
Participation Requirement (%)	
Rate Guarantee	

Exhibit XVIII
LONG TERM CARE RESPONSE FORM – *Not Currently Offered*

SERVICES	Proposed
Benefit Duration <i>3 Years or 6 Years</i>	
Elimination Period	
Facility Benefit Amount Per \$1,000 Increments	
Assisted Living Facility Percent	
Lifetime Maximum	
Professional Home Care	
Total Home Care Option	
Guarantee Issue	
Premium	Semi-Monthly (24)
Semi-Monthly Rate	
Participation Requirement (%)	

Exhibit XIX
Questionnaire Response Form

Provided as an electronic Microsoft Word™ format file available for review and download at <http://www.watermatters.org/procurement> and www.demandstar.com.

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