



City of Conway
Office of the Mayor

Mayor Tab Townsell

www.cityofconway.org

**INVITATION
TO THE VENDOR ADDRESSED:**

Bidders are invited to furnish the items listed herein in accordance with the terms and conditions attached. Sealed bids must be in the Office of the Mayor; no later than **10:00am, Monday, November 4th, 2013** at which time all bids will be opened and read in the Downstairs Conference Room in City Hall. Successful bidders will receive purchase order, within 30 days after City Council approval, if necessary. ***Unsigned bids will be rejected.***

Invitation to Bid No. 2013-25
2014 Health Insurance

1. All bids must be submitted on the form provided. The bid must also include specifications, as written by the City.
2. An exception from the specifications shall be listed on a separate page marked "Exceptions". Supporting documents must be submitted for each exception and included with the "Exceptions" sections.
3. Failure to provide supporting evidence to each exception will nullify the said exception.
4. Any deviation from the specifications in the actual review of the product bid, and not declared as such, will result in the disqualification of the vendor's bid.

Specifications for Health Insurance

General

1. The health insurance shall be designed to contain the information listed by Benefit Category for Health Option # 1, Health Option #2, Health Option #3 and Health Option #4.
2. All bids for health coverage must include the following: Monthly premium cost for employee only, employee plus spouse, employee plus children and employee plus family.
3. All bids for health coverage must state if COBRA administration for the health benefits is included.
4. All vendors must furnish a complete exhibit of plan material (booklets, certificates, application forms, etc.); present administrative expenses and retention including commissions, etc.

Performance Specifications

1. The City reserves the right to waive minor technicalities and to accept any proposal less broker and/or broker's fees and deal directly with the vendor.

2. Vendors may submit multiple proposals. The City reserves the right to accept or decline all options submitted.
3. All proposals must include a detailed listing of any and all cost/charges for all administrative fees and/or broker fees and any other charges.
4. All vendors must furnish the renewal formula for the second year if the experience rating remains the same. The exhibit will include all administrative expenses and retention including commissions, etc.
5. All vendors will furnish their latest preferred provider directory or other listing of contracted physicians, specialists, hospitals and other medical facilities if applicable.
6. All vendors will furnish their present premium trends with inflation for renewal for the past five (5) years.
7. All vendors will provide the office address of the facility that will process claims for the City of Conway.
8. All vendors will describe the type of technology/websites they have available to the City of Conway and the City's employees.
9. All vendors will provide the name(s), titles, office address and telephone contact (other than 1-800 customer service numbers) of the representative(s) who will serve as the contact in resolving administrative issues.
10. The City of Conway reserves the right to make whatever investigation deemed necessary to determine the vendor is qualified to carry the terms, conditions, services and all related aspects of the offered proposals.
11. Benefits will be coordinated with other plans in compliance with Arkansas rules and regulations.
12. The successful bidder will be required to insure all benefits-eligible City of Conway employees, retirees and their eligible dependents regardless of pre-existing conditions. New employees will be eligible for coverage upon their first day of benefits-eligible employment (or within a standard period as designated by plan design).
13. The City of Conway will require detailed monthly invoices, sorted by department code, coverage, etc. Note: Submit a sample of all reports and billing statements your company will use in this area. Detail the exact services, which will be provided at the agency, broker, insurer and/or vendor level and the level and type of staff support that will be used.
14. All eligible employees, retirees and their dependents are to be covered for a twelve (12) month period beginning at 12:01 a.m. on January 1, 2014. Vendors shall provide rates for this period. The City of Conway reserves the right to cancel the resulting contract with a thirty (30) day written notice.
15. All bidders must describe their medical management process/care coordination process.

Covered Persons

1. All benefits eligible employees (including those on leave) living in or out of the service area shall be covered. Benefits eligible employees are full time employees, retirees and their eligible dependents. Part-time employees are not benefits eligible.
2. Benefits eligible dependents of employees or retirees are covered until age twenty-six (26) or until they become ineligible.

Warranty

1. All bidders shall include a copy of their warranty with their bids.

References

1. All bidders shall demonstrate their experience in providing group insurance by furnishing a list of Arkansas municipalities and/or companies that utilize their services. The list must show at least 3 municipalities and/or companies, each having a minimum of 400 employees. The name and telephone number of a contact person at each of the references shall be provided.

Additional Information:

- The bidder shall include all charges, including taxes, fees, freight charges, shipping, etc. (if applicable)
 - The bidder needs to include an anticipated delivery date (if applicable)
- In submitting this bid, it is understood by the undersigned bidder that the right is reserved by the City of Conway to reject any and all bids, to waive any informalities, and to accept the bid deemed to be in their best interest.

Contact Information

Lisa Mabry-Williams
Human Resources Director
1201 Oak Street
Conway, AR 72032
Office: (501) 450-7087

Email: lisa.williams@cityofconway.org

Bid specifications can be obtained from our website:

www.cityofconway.org



City of Conway – 2014 Health Insurance
Bid Number: 2013-25
Bid Opening Date: Monday, November 4th, 2013
City Hall, Downstairs Conference Room @ 10:00am

Authorized Agent bidding on this project:

Company Name

Company Representative Name

Representative's Signature

Date

Address

Email Address

City

State

Zip

Telephone Number

Fax Number

Unsigned bids will be rejected

City of Conway – Mayor’s Office
Terms & Conditions
www.cityofconway.org
Important – Read Carefully

By Submission of bid, bidder certifies that he has read all terms and conditions and that bid is submitted in accordance therewith.

1. Prices quoted will be considered to be net prices unless otherwise stated by the bidder. Cash discounts requiring payments in less than 30 days will not be considered in making awards.
2. Prices quoted shall be FOB Conway unless otherwise specifically stated on proposal. In either case, delivery charges must be prepaid.
3. All charges including taxes, shipping, freight, and any miscellaneous taxes shall be included in prices quoted, if applicable.
4. Bidder certifies that he will make delivery of items for which he bids within 10 days after receipt of award – ***unless otherwise specifically stated***. Time of delivery in excess of 10 days may be considered a factor in making awards.
5. In case of default of contractor in making deliveries as per contract, the City may procure the articles or services from other sources and hold the contractor responsible for all excess costs occasioned thereby. Bidder’s record as to satisfactory performance under previous contracts will be considered a factor in making awards and retention on bid lists.
6. The City reserves the right to reject any or all bids, in part or in whole and to waive information in bids received.
7. If not otherwise specified, bidder must furnish brand names with catalog number, if any, on items which are offered as “equal.” In all such cases the burden of establishing equality is upon the bidder and failure to do so within a reasonable time may result in rejection. Alternative bids will not be considered unless no other type bid for the item is received.
8. In the case of equal or tie bids, preference will be given to Arkansas bidders. Other than as stated in the first sentence, awards on tie bids will be made at the discretion of the purchasing official. In such cases, “splitting” will be avoided and awards of previous contract(s) to one or more of the bidders will not be a factor.
9. In the event that bidder is unable to furnish all of an item, bids on portions thereof may be considered.
10. Final inspections and acceptance or rejection will be made after delivery. Items rejected because of non-conformance shall be removed and replaced immediately with those which meet specifications, all at the expense of the contractor. In the event that necessity requires the use of non-conforming items, payment therefore will be made at a proper reduction in price which shall be not greater than contractor’s actual cost by purchase, fabrication, manufacture or other production method plus transportation paid to carriers. All costs in connection with testing items that do not meet specifications shall be paid by contractor.
11. Quality, time of performance, probability of performance, and location of bidder will be factors in awards of all contracts.
12. The City reserves the right to purchase any, all or none of the items listed, in combinations thereof that may be in the best interest of the City of Conway.
13. The City reserves the right to change any specifications, terms and/or conditions at any time, with adequate notice in writing to bid invitees of those changes, if any.
14. The City is qualified for “GSA” pricing schedules, ***if available and applicable***.
15. The City reserves the right to waive any informalities or minor defects, but this shall not be construed to indicate waiver of any specification, term and/or condition unless in the best interest of the City in the judgment of the City.
16. **CONSTRUCTION/INSTALLATION:** Any construction work that is worth \$20,000 or more must comply with Arkansas Code Annotated § 22-9-204.
17. **Arkansas Prevailing Wage Law A.C.A. §22-9-301 through 3-15:** The City of Conway, general contractors or any subcontractors is subject to the Arkansas Prevailing Wage Law, A.C.A. §22-9-301 through 3-15.

The Labor Standards Division enforces laws related to [prevailing wage](#) (PDF). Arkansas's prevailing wage law is commonly referred to as the "little Davis-Bacon Act." The law requires the division to issue a wage determination for each public works project where the cost of all labor and materials exceeds \$75,000. *Exemptions are public school construction; work done for or by any drainage, improvement, or levee district; highway, road, street or bridge construction and maintenance, or related work contracted for or performed by incorporated towns, cities, counties, or the Arkansas Highway Department.* If you need a copy of the Prevailing wage Regulation and Laws that are required; this information is available at http://www.arkansas.gov/labor/pdf/prevailing_wage_regs.pdf.

18. **PROHIBITED INTEREST CONDITION:** No official of the City authorized on behalf of the City to specify, plan, design, negotiate, make, accept or approve, or take part in specifying, planning, negotiating, making, accepting or approving any construction or material purchase contract or any subcontract in connection with any purchase made by the City of Conway shall become directly or indirectly interested personally in the purchase or any part thereof.
19. **EQUAL OPPORTUNITY IN EMPLOYMENT:** The City of Conway is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, national origin, marital or veteran status, political status, disability status or other legally protected status

**Bid Specifications
Health Insurance**

Benefit Category	In Network Health Option #1 (current plan)	Non-Network Health Option #1 (current plan)	In Network Health Option #2	Non-Network Health Option #2
Annual Deductible	\$1000 per person per calendar year, \$2,000 max for family	\$3000 per person per calendar year, \$6,000 max for family	\$1,000 per person per calendar year, \$3,000 max for family	\$3,000 per person per calendar year, \$9,000 max for family
Coinsurance /Out of Pocket Maximum (does not include annual deductible)	\$2,000 per person per calendar year, \$4,000 max for family	\$8,000 per person per calendar year, \$16,000 max for family	\$2,000 per person per calendar year, \$4,000 max for family	\$8,000 per person per calendar year, \$16,000 max for family
Physician's Office Services PCP Physician's Office Services Specialist	\$25 per visit For services rendered in clinic Outside Lab covered under Outpatient Surgery, Diagnostic and Therapeutic Services	40% after deductible	\$25 per visit PCP/\$35 per visit Specialist. For services rendered in clinic. Outside Lab covered under Outpatient Surgery, Diagnostic and Therapeutic Services	40% after deductible
Preventive Health Services, as required by PPACA, including recommended screenings, counseling, immunizations, well baby and child screenings, annual physical exams and routine GYN exams, mammograms, Pap Smears, PSA, Bone Density, colonoscopies, blood pressure, diabetes and cholesterol tests.	\$0	No benefit	\$0	No benefit
Allergy Services provided by PCP or Specialist	\$25	40% after deductible	\$25/\$35	40% after deductible
Hospital – Inpatient Stay	20% coinsurance after deductible	40% after deductible	\$200 per admission 20% coinsurance after deductible	40% after deductible
Emergency Health Services and Urgent Care Center Services	\$100 co-payment per visit Plus 20% coinsurance	Same as network	\$100 co-payment per visit Plus 20% coinsurance	Same as network
Ambulance Services – Emergency Only	50% after deductible Limited to \$1000 per trip	Same as Network	50% after deductible Limited to \$1000 per trip	Same as Network
Air Ambulance Services – Emergency Only	50% after deductible Limited to \$5000 per trip, one trip max annually	Same as Network	50% after deductible Limited to \$5000 per trip, one trip max annually	Same as Network
Outpatient Diagnostic Services – Lab and X-ray (services and procedures performed outside PCP office)	Applicable Copayment 20% coinsurance after deductible	Applicable Copayment 40% after deductible	\$100 per service plus Applicable Copayment 20% coinsurance after deductible	Applicable Copayment 40% after deductible
Advanced Diagnostic Imaging Services – CT Scan, PET Scan, MRI/MRA, Nuclear Cardiology	Applicable Copayment 20% coinsurance after deductible	Applicable Copayment 40% after deductible	\$100 per service plus Applicable Copayment 20% coinsurance after deductible	Applicable Copayment 40% after deductible
Maternity Services* Prenatal and Postnatal outpatient care (Office visit Copayment may apply first visit only)	Applicable Copayment 20% coinsurance after deductible	Applicable Copayment 40% after deductible	Applicable Copayment 20% coinsurance after deductible	Applicable Copayment 40% after deductible
Inpatient Maternity Services (Subject to all Inpatient Deductible and Coinsurance)	20% coinsurance after deductible	40% after deductible	\$200 per admission 20% coinsurance after deductible	40% after deductible
Infertility Counseling or Testing Infertility Treatment not covered	50%	Not covered	50%	Not covered
*Out of Network newborn coverage limited to \$2000 per Member for all services (first 90 days of birth)				
Inpatient Rehabilitation Facility Services (limited to 60 days per member per contract year and subject to Inpatient Hospital Deductible and Coinsurance)	20% coinsurance after deductible	Not Covered	\$200 per admission 20% after deductible	Not Covered
Outpatient Rehabilitation Services: Physical, Occupational and Speech Therapy; and Chiropractic Services (Limited to 30 aggregate visits per Member per Contract Year)	\$25 per visit plus 20% coinsurance	Not covered	\$35 per visit plus 20% coinsurance	Not covered
Cardiac Rehabilitation (limited to 36 visits per Member per Contract Year)	\$25 per visit plus 20% coinsurance	Not covered	\$35 per visit plus 20% coinsurance	Not covered
Mental Health & Substance Abuse Services – Inpatient Hospital* - Semi-private room	20% coinsurance after deductible	40% after deductible	\$200 per admission 20% coinsurance after deductible	40% after deductible
Mental Health & Substance Abuse Services – Partial Hospitalization*	20% coinsurance after deductible	40% after deductible	\$200 per admission 20% coinsurance after deductible	40% after deductible
Mental Health & Substance Abuse Services – Outpatient* (consultation/evaluation only)	\$25	40% after deductible	\$35 per visit plus 20% coinsurance	40% after deductible
Durable Medical Equipment (DME) and Medical Supplies, Prosthetic and Orthotic Devices	50% co-payment 20% coinsurance after deductible	50% after deductible 40% after deductible	50% 20% coinsurance after deductible	50% after deductible 40% after deductible
Diabetic Supplies, shoes (per Medicare guidelines) and equipment	20% co-payment	40% after deductible	20%	40% after deductible
Diabetic Self management Training Single or Multiple Visits	\$25 per program	40% after deductible	\$25 per program	40% after deductible
Skilled Nursing Facility (Limited to 60 days per Member Per Contract Year)	20% coinsurance after deductible	40% after deductible	\$200 per admission 20% coinsurance after deductible	40% after deductible
Home Health Care Maximum of 50 visits per year	20% coinsurance after deductible	40% after deductible	20% coinsurance after deductible	40% after deductible
Hospice Care	20% coinsurance after deductible	Not covered	20% coinsurance after deductible	Not covered
Dental Care Services – Damage to non-diseased teeth due to accident (subject to \$2,000 per Member per accident)	Applicable Copayment 20% coinsurance after deductible	40% after deductible	Applicable Copayment 20% coinsurance after deductible	40% after deductible
Reconstructive Surgery – Correct defects due to Accident or Surgery. Children age 12 years and under for specific conditions. (Defects that could have been corrected prior to coverage are not covered)	Applicable Copayment 20% coinsurance after deductible	Not Covered	\$200 per admission 20% coinsurance after deductible	Not Covered
Medications – Hospital or Ambulatory Surgical Center	Applicable Copayment 20% coinsurance after deductible	40% after deductible	Applicable Copayment 20% coinsurance after deductible	40% after deductible
Medications – Physician's Office	Applicable Copayment 20% after copayment	40% after deductible	Applicable Copayment 20% after copayment	40% after deductible
Prescription Drugs Cost per 34 day supply	\$7 – Generic \$25 - Brand Name – Preferred \$50 - Brand Name – Non Preferred	Not covered	\$10 – Generic \$30 - Brand Name – Preferred \$50 - Brand Name – Non Preferred	Not covered
Transplantation Services	20% coinsurance after deductible	Not covered	\$200 per admission 20% coinsurance after deductible	Not covered
Routine Vision Exam (Specialist) (one visit per member every 2 Years)	\$0	Not covered	\$0	Not covered
Employee Assistance Program	No benefit	n/a	No benefit	n/a
Hospitals	Conway Regional Medical Center List all other Arkansas Hospitals covered In-Network		Conway Regional Medical Center List all other Arkansas Hospitals covered In-Network	

**Bid Specifications
Health Insurance**

Benefit Category	In Network Health Option #3	Non-Network Health Option #3	In Network Health Option #4	Non-Network Health Option #4
Annual Deductible	\$1,500 per person per calendar year, \$4,500 max for family	\$4,500 per person per calendar year, \$13,500 max for family	\$2,000 per person per calendar year, \$6,000 max for family	\$6,000 per person per calendar year, \$18,000 max for family
Coinsurance /Out of Pocket Maximum (does not include annual deductible)	\$2,000 per person per calendar year, \$6,000 max for family	\$16,000 per person per calendar year, \$48,000 max for family	\$2,000 per person per calendar year, \$6,000 max for family	\$16,000 per person per calendar year, \$48,000 max for family
Physician's Office Services PCP Physician's Office Services Specialist	\$25 per visit PCP/\$35 per visit Specialist. For services rendered in clinic. Outside Lab covered under Outpatient Surgery, Diagnostic and Therapeutic Services	40% after deductible	\$25 per visit PCP/\$35 per visit Specialist. For services rendered in clinic. Outside Lab covered under Outpatient Surgery, Diagnostic and Therapeutic Services	40% after deductible
Preventive Health Services, as required by PPACA, including recommended screenings, counseling, immunizations, well baby and child screenings, annual physical exams and routine GYN exams, mammograms, Pap Smears, PSA, Bone Density, colonoscopies, blood pressure, diabetes and cholesterol tests.	\$0	No benefit	\$0	No benefit
Allergy Services provided by PCP or Specialist	\$25/\$35	40% after deductible	\$25/\$35	40% after deductible
Hospital – Inpatient Stay	\$200 per admission 20% coinsurance after deductible	40% after deductible	\$200 per admission 20% coinsurance after deductible	40% after deductible
Emergency Health Services and Urgent Care Center Services	\$100 co-payment per visit Plus 20% coinsurance	Same as network	\$100 co-payment per visit Plus 20% coinsurance	Same as network
Ambulance Services – Emergency Only	50% after deductible Limited to \$1000 per trip	Same as Network	50% after deductible Limited to \$1000 per trip	Same as Network
Air Ambulance Services – Emergency Only	50% after deductible Limited to \$5000 per trip, one trip max annually	Same as Network	50% after deductible Limited to \$5000 per trip, one trip max annually	Same as Network
Outpatient Diagnostic Services – Lab and X-ray (services and procedures performed outside PCP office)	\$100 per service plus Applicable Copayment 20% coinsurance after deductible	Applicable Copayment 40% after deductible	\$100 per service plus Applicable Copayment 20% coinsurance after deductible	Applicable Copayment 40% after deductible
Advanced Diagnostic Imaging Services – CT Scan, PET Scan, MRI/MRA, Nuclear Cardiology	\$100 per service plus Applicable Copayment 20% coinsurance after deductible	Applicable Copayment 40% after deductible	\$100 per service plus Applicable Copayment 20% coinsurance after deductible	Applicable Copayment 40% after deductible
Maternity Services* Prenatal and Postnatal outpatient care (Office visit Copayment may apply first visit only)	Applicable Copayment 20% coinsurance after deductible	Applicable Copayment 40% after deductible	Applicable Copayment 20% coinsurance after deductible	Applicable Copayment 40% after deductible
Inpatient Maternity Services (Subject to all Inpatient Deductible and Coinsurance)	\$200 per admission 20% coinsurance after deductible	40% after deductible	\$200 per admission 20% coinsurance after deductible	40% after deductible
Infertility Counseling or Testing Infertility Treatment not covered	50%	Not covered	50%	Not covered
*Out of Network newborn coverage limited to \$2000 per Member for all services (first 90 days of birth)				
Inpatient Rehabilitation Facility Services (limited to 60 days per member per contract year and subject to Inpatient Hospital Deductible and Coinsurance)	\$200 per admission 20% after deductible	Not Covered	\$200 per admission 20% after deductible	Not Covered
Outpatient Rehabilitation Services: Physical, Occupational and Speech Therapy; and Chiropractic Services (Limited to 30 aggregate visits per Member per Contract Year)	\$35 per visit plus 20% coinsurance	Not covered	\$35 per visit plus 20% coinsurance	Not covered
Cardiac Rehabilitation (limited to 36 visits per Member per Contract Year)	\$35 per visit plus 20% coinsurance	Not covered	\$35 per visit plus 20% coinsurance	Not covered
Mental Health & Substance Abuse Services – Inpatient Hospital* - Semi-private room	\$200 per admission 20% coinsurance after deductible	40% after deductible	\$200 per admission 20% coinsurance after deductible	40% after deductible
Mental Health & Substance Abuse Services – Partial Hospitalization*	\$200 per admission 20% coinsurance after deductible	40% after deductible	\$200 per admission 20% coinsurance after deductible	40% after deductible
Mental Health & Substance Abuse Services – Outpatient (consultation/evaluation only)	\$35 per visit plus 20% coinsurance	40% after deductible	\$35 per visit plus 20% coinsurance	40% after deductible
Durable Medical Equipment (DME) and Medical Supplies, Prosthetic and Orthotic Devices	50%	50% after deductible	50%	50% after deductible
Diabetic Supplies, shoes (per Medicare guidelines) and equipment	20% coinsurance after deductible	40% after deductible	20% coinsurance after deductible	40% after deductible
Diabetic Self management Training Single Visit or Multiple visits	\$25 per program	40% after deductible	\$25 per program	40% after deductible
Skilled Nursing Facility (Limited to 60 days per Member Per Contract Year)	\$200 per admission 20% coinsurance after deductible	40% after deductible	\$200 per admission 20% coinsurance after deductible	40% after deductible
Home Health Care Maximum of 50 visits per year	20% coinsurance after deductible	40% after deductible	20% coinsurance after deductible	40% after deductible
Hospice Care	20% coinsurance after deductible	Not covered	20% coinsurance after deductible	Not covered
Dental Care Services – Damage to non-diseased teeth due to accident (subject to \$2,000 per Member per accident)	Applicable Copayment 20% coinsurance after deductible	40% after deductible	Applicable Copayment 20% coinsurance after deductible	40% after deductible
Reconstructive Surgery – Correct defects due to Accident or Surgery. Children age 12 years and under for specific conditions. (Defects that could have been corrected prior to coverage are not covered)	\$200 per admission 20% coinsurance after deductible	Not Covered	\$200 per admission 20% coinsurance after deductible	Not Covered
Medications – Hospital or Ambulatory Surgical Center	Applicable Copayment 20% coinsurance after deductible	40% after deductible	Applicable Copayment 20% coinsurance after deductible	40% after deductible
Medications – Physician's Office	Applicable Copayment 20% after copayment	40% after deductible	Applicable Copayment 20% after copayment	40% after deductible
Prescription Drugs Cost per 34 day supply	\$10 – Generic \$30 - Brand Name – Preferred \$50 - Brand Name – Non Preferred	Not covered	\$10 – Generic \$30 - Brand Name – Preferred \$50 - Brand Name – Non Preferred	Not covered
Transplantation Services	\$200 per admission 20% coinsurance after deductible	Not covered	\$200 per admission 20% coinsurance after deductible	Not covered
Routine Vision Exam (Specialist) (one visit per member every 2 Years)	\$0	Not covered	\$0	Not covered
Employee Assistance Program	No benefit	n/a	No benefit	n/a

City of Conway – 2014 Health Insurance
Bid Number: 2013-25
Bid Opening Date: Monday, November 4th, 2013
City Hall, Downstairs Conference Room @ 10:00am

BIDDER SUBMITTAL FORM

TTL Monthly Premium Cost	Health Option #1	Health Option #2
Employee Only	_____	_____
Employee + Spouse	_____	_____
Employee + Children	_____	_____
Employee + Family	_____	_____

TTL Monthly Premium Cost	Health Option #3	Health Option #4
Employee Only	_____	_____
Employee + Spouse	_____	_____
Employee + Children	_____	_____
Employee + Family	_____	_____

Prices quoted must be held firm for sixty (60) days to allow for evaluation. Indicate specific date that prices can be held through:
_____.

Protest regarding this bid must be submitted in writing to the Human Resources Director, Lisa Mabry-Williams within five (5) working days of the opening of the bid.