



CITY OF ST. AUGUSTINE BEACH REQUEST FOR PROPOSAL FOR

HEALTH INSURANCE, DENTAL, VISION, PRESCRIPTIONS, LIFE, WELLNESS PROGRAM, AND EAP PROGRAM PRODUCTS

1. Fully insured plans
2. Under 64 Lives
3. Must cover retirees
4. Must cover COBRA

Sealed bids will be received by the City of St. Augustine Beach City Manager's Office located at the following at 2200 A1A South, St. Augustine Beach, FL, 32080 **before July 1, 2020 at 3:00 p.m.** The bids will be opened publicly and read. The Commission will discuss the bids on July 27, 2020 at 6:00 p.m. and the plan effective date will be October 1, 2020.

Detailed bid conditions, proposal sheets, and all necessary information and instructions for submitting bid may be obtained in person from the office of the City Manager between the hours of 8:00 a.m. and 5:00 p.m., workdays, or by phone, fax, or email. Any requests should be made to Beverly Raddatz, City Clerk, at the City Manager's office, at 904-471-2122 or via email at braddatz@cityofsab.org.

Important Dates:

Request for Proposal Submittal Date:	June 1, 2020
Questions Bidders Submit No Later Than:	June 15, 2020
Amendments Sent by City Clerk to Bidders:	June 22, 2020
Sealed Bids Date Must Be Received By:	July 1, 2020 before 3:00 p.m.

CITY OF ST. AUGUSTINE BEACH

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CITY OF ST. AUGUSTINE BEACH

SECTION I – GENERAL CONDITIONS

1. Bids shall be submitted in sealed envelopes and must be received no later than **July 1, 2020 before 3:00 p.m.** Bids will be accepted at:

City of St. Augustine Beach
2200 A1A South
St. Augustine Beach, FL 32080

PH: 904-471-2122
FAX: 904-471-4108

2. Proposals shall be clearly marked as “Bid for Health Insurance, Dental, Vision, Life, and EPA Program Products. **One original and nine copies with flash-drive must be included in the proposal.**
3. The City will make every effort to inform prospective bidders of amendments or clarifications of the original bid specifications. However, the City does not guarantee to provide such amendments to all prospective bidders. It is the bidder’s responsibility to check with the City for any amendments or clarifications to the original bid specifications prior to submitting a bid.
4. No bid shall be withdrawn for a period of 90 days subsequent to the opening of the bids, without the consent of the City.
5. Cancellation, termination or expiration of the policy by the insurer or insured shall require 90 days’ notice.
6. All policies are to cover any new employees under the same conditions as provided under initial implementation of the coverage.
7. Successful bidder shall be required to provide on-site training and a question-and-answer-sessions for all City employees. Also, the successful bidder shall be required to provide a toll-free customer service line between 8 a.m. and 5 p.m. each workday for City employee access to the insurance provider. User-friendly claim forms shall be furnished to the City with detailed instructions that can be provided to employees.
8. Bidders must be aware that, as a tax-supported government agency, the City is eligible to purchase items under State of Florida Competitive Bidding Contracts and may exercise this option if it is in the best interest of the City.
9. The bidder’s qualifications must be satisfactory to the City Commission and the City reserves the right to reject any and all bids, to accept at its discretion the lowest and/or best bid, to waive any or all technicalities in awarding a contract and to re-advertise if it is in the best interest of the City.

CITY OF ST. AUGUSTINE BEACH

SECTION II – SPECIFICATIONS AND BID FORM

20-21 Group Health, Dental, Vision, Life and EPA Products

Bids Must Be Received Before 3:00 P.M.

Wednesday, July 1, 2020

The City of St. Augustine Beach (City) is soliciting bids for two group health, dental, vision, life and EPA products (one standard and one with slightly more generous benefits) for the period of October 1, 2020 to September 30, 2021. The City is presently in contract with The Bailey Group and all persons on the attached “Employee Census” are currently covered through United Healthcare.

For evaluation purposes, monthly premium amounts (under several deductible conditions which apply to your company) should be entered in the following table or an Excel spreadsheet. Also, bidders must answer the questions which follow. Bidders must also provide a Pro Forma copy of the policy(s) that they are offering.

Bidder's Company:	
Insurance Carrier Included in Bid:	
Reinsurer Included in Bid:	
Submitted By (Name):	
Title:	
Address:	
Phone:	
Fax:	
Email:	

Bidder's Company: _____

Bidder's Carrier: _____

**Plan A – Coverage Comparable to Existing Base Medical Plan
Premium Amounts under Differing Coverage
(Please Present Figures in Price per Month)**

	SINGLE EMPLOYEE / RETIREE COVERAGE	EMPLOYEE PLUS SPOUSE	EMPLOYEE PLUS CHILD(REN)	FULL FAMILY COVERAGE	RETIREE COVERAGE
FOR INDEMNITY PLAN					
FOR A PPO PLAN: WITH \$____ COPAY					
FOR A PPO PLAN: WITH \$____ COPAY					

**Plan B – Coverage Comparable to Existing Buy-Up Medical Plan
Premium Amounts Under Differing Coverage
(Please Present Figures in Price per Month)**

	SINGLE EMPLOYEE / RETIREE COVERAGE	EMPLOYEE PLUS SPOUSE	EMPLOYEE PLUS CHILD(REN)	FULL FAMILY COVERAGE	RETIREE COVERAGE
FOR INDEMNITY PLAN					
FOR A PPO PLAN: WITH \$____ COPAY					
FOR A PPO PLAN: WITH \$____ COPAY					

DENTAL COVERAGE
(Please Present Figures in Price per Month)

	SINGLE EMPLOYEE / RETIREE COVERAGE	EMPLOYEE PLUS SPOUSE	EMPLOYEE PLUS CHILD(REN)	FULL FAMILY COVERAGE	RETIREE COVERAGE
FOR INDEMNITY PLAN					
FOR A PPO PLAN: WITH \$____ COPAY					
FOR A PPO PLAN: WITH \$____ COPAY					

VISION COVERAGE
(Please Present Figures in Price per Month)

	SINGLE EMPLOYEE / RETIREE COVERAGE	EMPLOYEE PLUS SPOUSE	EMPLOYEE PLUS CHILD(REN)	FULL FAMILY COVERAGE	RETIREE COVERAGE
FOR INDEMNITY PLAN					
FOR A PPO PLAN: WITH \$____ COPAY					
FOR A PPO PLAN: WITH \$____ COPAY					

LIFE INSURANCE COVERAGE
(Please Present Figures in Price per Month)

ALL EMPLOYEES FOR \$25,000 AND \$50,000
A&D, LIFE AND EAP BUSINESS CLASS

Employees have \$25,000 currently; however the City may increase it to \$50,000.

PLAN COST FOR \$25,000 COVERAGE	<hr/>
PLAN COST FOR \$50,000 COVERAGE	<hr/>

REQUIRED QUESTIONS TO BE ANSWERED BY BIDDER

The City also covers retired employees. Are these retired covered in your proposal?
(yes / no) _____ **If “no” your bid will not be considered.**

1. Will the contract rates be good for two years and one extended year if the City would like to extend the policy at the same premium?
(yes or no) _____
2. One of our area hospitals offers only private rooms. Is the co-insurance the same? (yes / no) _____
3. Will the daily room rate reimbursement for this hospital be different because only private rooms are offered? (yes or no) _____
4. Is a prescription, dental and vision card included in the policy?
(yes or no) _____
5. If yes, included what are the generic/brand/non-preferred/
mail-order prescription prices? _____
6. Does the prescription plan accommodate a non-mail-order
option? (yes or no) _____
7. Excluding statutory employees, are employees required to work
a minimum number of hours per week to qualify for coverage?
(yes or no) _____

If yes, state the minimum hourly work requirement? _____
8. We request attachment of a policy summary. Are you providing
a policy summary? (yes or no) _____
9. If you are offering a PPO or HMO plan, a list of participating
physicians and hospitals **must** be included showing St. Johns,
Flagler, Duval, Putnam, and Volusia Counties or available online.
Is such a list included? (yes or no) _____

If not, provide URL website where the list can be found _____

10. Can the contract be voided after one or two years with your company or does it require a time that the City would have to continue with the group without penalty? (yes or no)
Explain below.

11. Does this quote include handling all aspects of COBRA and FLMA (yes or no).

12. Does this insurance include a wellness program? (yes or no).

13. Please include what exemptions there are in the health policy. Is gastric by-pass surgery exempt if physician requires it?

14. Include here or in an attachment any other pertinent policy information.

CITY OF ST. AUGUSTINE BEACH

SECTION III – CITY OF ST. AUGUSTINE BEACH OVERVIEW

St. Johns County boasts 42 miles of beautiful beaches, from the pristine coast of Ponte Vedra Beach to St. Augustine Beach's lively surf and south to the wide sands of Crescent Beach. ... Fishing, surfing, boogie boarding, kayaking, sailing, and nature watching are some of the many beach activities available in the area.

The City of St. Augustine Beach is a small city on Anastasia Island known for its wide, Atlantic Ocean-facing beaches. St. Johns County Ocean Pier offers fishing, plus a beachfront park with volleyball courts, a playground, and a children's splash zone. A sea turtle nesting site, Ocean Hammock Park has a nature trail and picnic areas. A1A Beach Boulevard has a variety of restaurants and hotel /motels.

St. Augustine Beach is organized with a commission-manager form of government; voters elect a City Commission which consists of five members who serve four-year, staggered terms. Each term the Commissioners vote to appoint a member as Mayor and Vice Mayor.

The City of St. Augustine Beach has a budget of \$10.7 million and has a millage rate of 2.3992 for the last nine years.

APPENDIX A
CENSUS LISTING

Business Name:	City of St. Augustine Beach			Instructions: (Step 1) Please complete all of the Business's Demographic information requested to the left. (Step 2) Please list in the table below ALL employees on payroll. Employees working an average of 25+ hrs per week are eligible for Medical. Employees working an average of 30+ hrs per week are eligible for Dental, Life, Vision, Disability, etc. (Step 3) On the Dependent Census tab, please list ALL eligible dependents (spouse/children) that will be enrolling. Guidelines for Coverage Type: EE - employee only ES - employee/spouse EC - employee/child(ren) EF - employee/family OGC - other group cov'g. W - waiver NE - not eligible, part-time WP - waiting period
Business Address:	00 A1A South, St. Augustine Beach, FL 320			
Renewal Date:	10/1/20			
Phone Number:	904-471-2122			
Fax Number:	904-471-4108			
Company Classification (i.e. Corporation):				
Employer Contribution: Employee(% or \$)	100%			
Employer Contribution: Dependent (% or \$)	70%			
Payroll Schedule (12, 24, 26, 52):	26			
Waiting Period for New Hires (Cannot Exceed More than 90 days):	30 Days			

*
 AQMR - HI Option
 AQQM - Low Option

		Gender	Year Of Birth	Date Of Hire	*MEDICAL PLAN	Cov'g type Medical	Cov'g type DENTAL	Cov'g type VISION	Zip Code	Job Title
1		M	1984	4/4/2016	AQMR	EE	EC	EC	32080	POLICE OFFICER
		M	2016							
		F	2009							
2		M	1986	3/7/2013	AQQM	EE	EE	EE	32080	IT SPECIALIST
3		F	1996	8/15/2019	AQQM	EF	N/A	N/A	32080	ADM. ASSISTANT
		M	1986							
		M	2018							
4		M	1975	1/24/2013	AQQM	EF	EE	EF	32080	MAINT. WORKER
		F	1983							
		M	1994							
		F	1998							
		M	2006							
5		M	1958	12/8/1986	AQMR	EE	EE	EE	32080	SERGEANT
6		M	1984	3/1/2017	AQQM	EF	ES	ES	32080	COMMANDER
		F	1984							
		M	2016							
		F	2018							
7		M	1956	4/7/2005	AQMR	EE	EE	EE	32080	BUILDING INSP.
8		M	1977	9/23/2019	AQQM	EE	EE	NA		POLICE OFFICER
9		F	1963	8/6/2009	AQMR	EE	EE	EE	32080	RECORDS CLERK
10		M	1980	6/20/2006	AQMR	EE	EE	na	32080	SERGEANT
11		M	1972	7/25/2013	AQMR	EE	EE	na	32080	POLICE OFFICER
12		F	1969	2/10/2020	AQMR	EE	EE	NA	32080	COMMUNICATIONS
13		M	1976	10/9/2015	AQMR	EE	EE	EE	32080	EQUIPMENT OPER
14		F	1967	8/18/2014	AQMR	EF	EF	EF	32080	FINANCE DIRECTOR
		M	1961							
		F	1996							

15		M	1988	11/18/2019	AQQM	EE	EE	EE	32080	POLICE OFFICER
16		M	1991	10/1/2016	AQMR	EC	na	EE	32080	SERVICE WORKER II
		F	2015				na	na		
17		F	1986	5/16/2016	AQQM	EE	EE	EE	32080	DEPUTY CITY CLERK
18		M	1997	7/2/2019	AQQM	EE	EE	EE	32080	SERVICE WORKER I
19		M	1959	8/2/1989	AQQM	ES	na	ES	32080	ASST. PW DIRECT.
		F	1963							
20		M	1990	12/18/2017	AQMR	EF	EE	ES	32080	POLICE OFFICER
		F	1990							
		M	2018							
21		F	1986	3/21/2013	AQMR	EE	EE	EE	32080	SERGEANT
22		M	1964	10/1/1990	AQMR	EF	ES	EE	32080	FOREMAN SANT.
		F	1983							
23		M	1995	9/10/2018	AQMR	EE	EE	EE	32080	POLICE OFFICER
24		M	2001	8/16/2019	AQQM	EE	EE	EE	32080	
25		F	1981	10/1/2003	AQMR	EC	EE	EE	32080	POLICE OFFICER
		F	2017							
26		M	1971	1/7/2013	AQQM	EF	na	na	32080	POLICE CHIEF
		F	1971							
		M	1992							
		M	1996							
27		F	1969	8/1/2014		OGC			32080	EXECUTIVE ASST.
28		M	1966	9/7/1997	AQMR	EE	EE	EE	32080	SERGEANT
29		F	1966	4/1/2013	AQMR	ES	ES	ES	32080	SECRETARY
		M	1960							
		M	1991							
30		M	1990	10/12/2015	AQQM	EE	EE	EE	32080	POLICE OFFICER
31		M	1982	10/1/2002	AQMR	EF	EF	EF	32080	IT MANAGER
		F	1982							
		F	2000							
		M	2002							
		M	2004							
32		M	1969	5/17/1993	AQMR	EE	na	na	32080	FOREMAN ROADS
33		M	1971	2/2/2009	AQMR	EF	EF	EF	32080	POLICE OFFICER
		F	1975							
		M	2002							
		F	2004							
		F	2008							
		F	2010							
34		M	1964	11/22/1993	AQQM	EF	EF	EF	32080	FOREMAN-BLDG
		F	1972							

		F	2002							
35		M	1976	12/4/2017	AQMR	EE	EE	EE	32080	DIRECT BLDG/ZON
36		F	1991	11/2/2015	AQMR	EE	EE	EE	32080	POLICE OFFICER
37		M	1968	1/23/2006		OGC			32080	POLICE OFFICER
38		F	1957	8/31/1998	AQQM	EE	EE	EE	32080	EXECUTIVE ASST.
39		M	1992	5/12/2020	AQQM	EE	EE	EE	32080	POLICE OFFICER
40		M	1957	3/14/1991	AQMR	ES	ES	EE	32080	DRAINAGE TECH
		F	1956							
41		F	1989	2/27/2017	AQMR	EE	EE	na	32080	POLICE OFFICER
42		F	1986	2/27/2017	AQMR	EE	EE	EE	32080	ADM ASST
43		F	1988	7/19/2018	AQQM	EE	EE	na	32080	PERMIT TECH
44		M	1988	1/8/2018	AQQM	EE	EE	EE	32080	SERVICE WORKER I
45		M	1995	6/1/2016	AQMR	EE	na	EE	32080	MAINT. WORKER
46		F	1994	7/6/2017	AQQM	EE	EE	EE	32080	POLICE RECRUIT
47		F	1959	9/21/2015	AQMR	EE	EE	EE	32080	CITY CLERK
48		M	1970	4/21/2005	AQQM	ES	na	EE	32080	EQUIPMENT OPER
49		M	1940	7/24/1989	AQMR	EE	EE	EE	32080	CITY MANAGER
50		M	1966	1/18/2006	AQMR	EE	EE	EE	32080	POLICE OFFICER
51		M	1986	8/21/2013	AQMR	EF	na	EF	32080	MAINT. WORKER
		F	1983							
		F	2010							
		F	2010							
		F	2005							
		M	2008							
52		F	1987	3/11/2019	AQMR	EE	EE	EE	32080	PERMIT TECH
53		M	2000	8/12/2019	AQQM	EE	EE	EE	32080	SERVICE WORKER I
54		M	1983	12/2/2011	AQQM	EE	na	na	32080	EQUIPMENT OPER
55		M	1962	5/1/2019	AQMR	EF	EF	EF	32080	PUBLIC WORKS DIRECTOR
		F	1961							
		M	1999							
		F	2001							
		M	2003							
56		F	1971	4/19/2019		NE	NE	NE	32080	ADM. ASSISTANT
57		M	1996	5/24/2018	AQQM	EE	EE	na	32080	MAINT. WORKER
58		M	1987	6/12/2017	AQMR	EE	EE	na	32080	POLICE OFFICER
59		F	1997	1/7/2019	AQMR	EE	EE	na	32080	POLICE OFFICER
60		F	1977	1/3/2011		NE	NE	NE	32080	MAYOR
61		F	1950	1/5/2015		NE	NE	NE	32080	VICE MAYOR
62		M	1970	12/4/2017		NE	NE	NE	32080	COMMISSIONER
63		F	1960	1/1/2017		NE	NE	NE	32080	COMMISSIONER
64		M	1977	4/1/2019		NE	NE	NE	32080	COMMISSIONER

APPENDIX B

CURRENT RATES

Current Monthly Medical Rates – Employee’s Share

Plan	Employee	Employee & Spouse	Employee + Child(ren)	Full Family
Base Plan	\$0.00	\$233.87	\$213.36	\$422.60
Buy Up Plan	\$90.04	\$426.56	\$397.04	\$698.13

Current Monthly Medical Rates – City’s Share

Plan	Employee	Employee & Spouse	Employee + Child(ren)	Full Family
Base Plan	\$683.83	1,229.52	\$1,181.66	\$1,669.91
Buy Up Plan	\$683.83	\$1,229.52	\$1,181.66	\$1,669.91

Life Insurance and Employee Assistance Program (EAP)

\$25,000 Life and \$25,000 AD&D, and EPA Program free to employees. Additional insurance available if employees want it at their expense.

City pays \$9.13 for only employees per month.

Dental Insurance

Employees pays \$8.90; Employee + Spouse \$26.71; Employee + Child(ren) \$27.04; Full Family \$46.49

City pays \$17.80 for only employees per month.

Vision Insurance

Employees pays \$1.44; Employee + Spouse \$4.05; Employee + Child(ren) \$4.97; Full Family \$7.60

City pays \$2.88 for only employees per month.

APPENDIX C

SUMMARY OF CURRENT PLANS

HMO United Health Care – HMO CH AQQ-B Rx 121

Base Plan

Plan Type	Office Co-Pay	Drug Co-Pay	In-Patient Hospital Coinsurance	Individual In-Network Maximum	Individual Out-Network Maximum
PPO	\$25 / \$50	\$10/\$35/\$60/ \$100	Deductible + 20%	\$3,000 / \$6,000	Not Covered

HMO United Health Care – HMO CH AHN-7 Rx 121

Buy Up Plan

Plan Type	Office Co-Pay	Drug Co-Pay	In-Patient Hospital Coinsurance	Individual In-Network Maximum	Individual Out-Network Maximum
PPO	\$10/ \$20	\$10/\$35/\$60/ \$100	Deductible + 10%	\$1,250 / \$2,500	Not Covered