



REQUEST FOR PROPOSAL (RFP) FOR HEALTH INSURANCE CARRIER

Morgan County School District RE-3

715 West Platte Ave
Fort Morgan, CO
Phone (970)-370-6120

PROPOSAL DUE DATE/DELIVERY REQUIREMENTS- 3:00 p.m. December 1, 2021

Deliver 1 electronic copy via email to:

Brian Childress, HR Director

715 West Platte Ave
Fort Morgan, CO
Phone (970)-370-6120
brian.childress@morgan.k12.co.us

All official communication with Candidates and questions regarding this RFQ/P will be via email to the Contact listed above. **No inquiries will be accepted after the deadline as indicated in the project schedule.** Should you need to extend a deadline please contact Brian Childress to see if that can be accommodated within the committee work process.

All Candidate inquiries will be responded to at the same time which will be after the "Clarification Deadline". Candidates should not rely on any other statements, either written or oral, that alter any specification or other term or condition of the RFQ/P during the open solicitation period.

I. PROJECT DESCRIPTION

Morgan County School District RE-3 is seeking competitive bids on a comprehensive health insurance plan. The District seeks bids that potentially reduce premium expenditure and improve the employee experience of utilizing health care. Furthermore, MCSD may consider additional plan designs to achieve these goals.

The District intends to engage Broker/Carrier/Trust in conversations to design an employee health plan that achieves the two goals listed above.

Dates below are anticipated but may be delayed based on unforeseen circumstances.

II. SCHEDULE

RFP Available	October 30, 2021
RFP Clarification Deadline	November 15, 2021
RFP Clarification Responses	November 22, 2021
RFP Responses due	December 1, 2021
Anticipated Grant Award Notice and OR Award	February 1, 2022
Design Phase	Feb. 2022 – April 2022
Open Enrollment	May 2022
Start of new program	July 1, 2022

III. RFP OBJECTIVE

The purpose of this RFP is to solicit a qualified Broker/Trust/Carrier quotes to contract with the Morgan County School District to provide customary Health/Dental/Vision Insurance services for the School District.

Please include any pertinent information regarding premium increase history and plan solvency.

IV. SUBMITTAL REQUIREMENTS

LETTER OF INTEREST

A maximum four-page letter of interest that includes a synopsis of the firm, primary contact information (Principal in-charge), distinguishing characteristics the firm, and proposed project staff. Also include pertinent network, TPA and service information.

PROPOSAL

Provide a Proposal for medical/dental/vision insurance services to be delivered to the School District for the duration of the contract. Finally, include proposal, for the following:

- Premium, plan design and benefit levels
- Cost for additional services (Gap, Indemnity, etc)
- Transition costs (Anticipated)
- Runout costs (Anticipated)
- Other Expenses

Morgan County School District RE-3 thanks your firm for the time and effort in providing this Proposal.