

# Bexar Appraisal District

## *Specifications & Underwriting Information*

### *Request for Proposal*

Group Medical Insurance  
Group Term Life & AD&D Insurance  
Group Long Term Disability Insurance

August 3, 2022

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## General Overview

### INTRODUCTION

#### Scope

The Bexar Appraisal District seeks proposals from insurance carriers to provide fully insured Group Medical Insurance, Group Term Life/AD&D Insurance and Group Long Term Disability Insurance for District employees and the employees' dependents. The Bexar Appraisal District contracts directly with insurance carriers without the services of brokers and agents.

The Bexar Appraisal District has engaged William Rusteberg to assist in this **Request for Proposal** process as a fee-based consultant. William Rusteberg will receive no other remuneration from any other source.

### GENERAL INFORMATION

#### Specification Release Date

Request for Proposal specifications will be released on **Wednesday, August 3, 2022**. Specifications may be obtained as follows:

**By written request to William Rusteberg**

**Contact: [mrusteberg@sbcglobal.net](mailto:mrusteberg@sbcglobal.net)**

**OR**

**[www.bcad.org/Announcements/RFPs and Bids](http://www.bcad.org/Announcements/RFPs%20and%20Bids)**

#### Carriers Should Apprise Themselves of All Available Information

Carriers shall thoroughly examine the specifications, the schedule and all other contract documents.

#### Proposal Should Be in Conformance with the Specifications

**Care should be taken to match the requested plan designs as closely as possible.**

The **Request for Proposal** specifications are not intended to be restrictive. Proposals not in conformance to the specifications will not be considered unless such nonconformance is explained in detail.

#### The Proposer Has Responsibility to Verify Information

Due care has been exercised in the preparation of these specifications, and the information is

believed to be substantially correct. However, the responsibility for verification of all information presented herein shall rest solely on the carrier. If a prospective carrier is in doubt as to the true meaning of the proposal specifications, or other proposal documents or any part thereof, he/she may submit, no later than **Friday, August 19, 2022**, a request for clarification to:

**William Rusteberg**

**Contact: [mrusteberg@sbcglobal.net](mailto:mrusteberg@sbcglobal.net)**

Any interpretation of the Request for Proposal, if made, will be made only by Addendum duly issued. A copy of such Addendum will be emailed to each person receiving a set of bids and posted on [bcad.org/Announcements/RFPs](http://bcad.org/Announcements/RFPs) and Bids. Bexar Appraisal District will not be responsible for any other explanation or interpretation of the proposal made or given prior to the award of the contract.

### **CONDITIONS OF PROPOSAL**

#### **Preparation of Proposal**

All information required by the proposal form shall be furnished.

#### **Requirements and Qualifications of Carrier**

Carrier shall possess the following certifications and experience.

1. Certified by the State of Texas and licensed to perform the professional services required or implied by the Request for Proposal.
2. Carrier certifies they are a duly qualified, capable, bondable business entity, and have not filed for bankruptcy, and that they are not in receivership; nor contemplates the same.
3. Carrier must have previous experience within the State of Texas and will furnish bonafide references within their proposal to substantiate this experience.
4. All questions asked in the RFP will be used in making a selection and should be addressed by section and number on attached vendor response forms. Finalists may be required to respond to additional questions during the evaluation process.
5. Proposal may be withdrawn before official opening.

## Rejection of Proposal

Bexar Appraisal District may reject any or all Proposals whenever it is deemed in the best interest of the District to do so. Bexar Appraisal District may also waive informalities or irregularities in any Proposal. Bexar Appraisal District also reserves the right to accept or reject any portion of the proposal at its own discretion. Receipt of any proposal shall, under no circumstances, obligate Bexar Appraisal District to accept the lowest proposal or bid. The award of the contract shall be made to the responsible carrier, whose proposal is determined to be the best evaluated offer, taking into consideration the relative importance of price, quality, service and other evaluation factors set forth in the Request for Proposal. If you consider any portion of your proposal to be confidential information and that disclosure of its contents to competing vendors would be detrimental to your company, clearly identify those portions. **It is the responsibility of the responding party to separate information it considers to be confidential and to place such confidential information on separate sheets of paper, each clearly labeled "CONFIDENTIAL."** The identified portions will be protected from disclosure to the extent possible under the law.

## Insurance Agents & Brokers

The Bexar Appraisal District does NOT wish to include the services of Brokers/Agents in this Request for Proposal.

## PUBLIC ADVERTISEMENT AND PROPOSAL TIMELINE

### Request for Proposal

Bexar Appraisal District will advertise for sealed Proposals in whatever Publications Bexar Appraisal District deems necessary to obtain the most qualified applications. In addition, Bexar Appraisal District will send a "Request for Proposal" to parties known, or that have been recommended by other entities.

### 2023 Bexar Appraisal District RFP Timeline

July 31, 2022 and August 7, 2022	Run Advertisement in Newspaper
August 3, 2022	Request for Proposal Released
August 19, 2022	Deadline for Questions
September 2, 2022	Proposal Deadline
October 2022	Proposal Analysis Report to Staff
October 2022	Proposal Report and Recommendation to Board of Directors
November 2022	Execution of Selected Contract by Chief Appraiser

November 2022

Open Enrollment to Begin

January 1, 2023

Effective Date of Contract

**Proposals Must Be Submitted, two (2) copies, and received by deadline at which time proposals will be opened and recorded:**

*Date: Friday, September 2, 2022*

*Time: 2:00 PM*

*Laura Cantu*

*Bexar Appraisal District*

*Attn: Human Resources Department*

*411 N. Frio*

*San Antonio, Texas 78207*

***ALL PROPOSALS MUST BE SEALED AND CLEARLY MARKED:***

***DO NOT OPEN IN MAILROOM***

***DELIVER SEALED AND UNOPENED DIRECTLY TO:***

***HUMAN RESOURCES DIRECTOR – HUMAN RESOURCES DEPARTMENT***

***ELECTRONIC SUBMISSION OF PROPOSALS WILL NOT BE ACCEPTED***

***Proposals submitted after this date and time will be returned unopened. Care should be taken to allow sufficient time to meet the Friday, September 2, 2022 2:00 pm deadline.***

**Proposals will be opened so as to avoid disclosure of contents to competing carriers and will not be made public during the process of negotiation.** However, all Proposals shall be open for public inspection after the award of the contract, except for any bonafide trade secrets and/or confidential information contained in the proposal and identified as such.

## SELECTION CRITERIA

The Bexar Appraisal District will evaluate proposals received on the proposal deadline. The evaluation criteria will include, but will not be limited to price, service, reporting capabilities, network and responsiveness.

## HISTORICAL BACKGROUND

The Bexar Appraisal District (“District”) is a political subdivision of the State of Texas responsible for property tax appraisal functions for taxing jurisdictions in Bexar County. SIC Code is 9311.

Medical:	BCBS of Texas	January 1, 2019 – Current
	United Healthcare	January 1, 2016 – December 31, 2018
Term Life & AD&D:	Dearborn	January 1, 2019 – Current
	Lincoln Financial	January 1, 2016 – December 31, 2018
Long Term Disability:	Dearborn	January 1, 2019 – Current
	Lincoln Financial	January 1, 2016 – December 31, 2018

The District pays the full cost of employee only medical coverage of Plan 1 for individual full-time employees employed at least 30 hours per week. Dependent coverage is available to employees through payroll deduction. The premium equal to Plan 1 Employee Coverage is applied in full to any employee wishing to enroll in Plan 2. Example: Employee choosing Plan 2 Employee/Spouse receives a contribution of \$679.95 (equal to Plan 1 Employee Only Premium) toward the total cost of Employee/Spouse premium.

**Please be aware of SB 654** relating to continued health coverage for employees of certain political subdivisions. This bill amends various sections of the government code dealing with health insurance for government retirees. The bill entitles employees of various political subdivisions, including those of appraisal districts for counties with populations of 75,000 or more (which applies to Bexar County, Texas) to receive continuing coverage under the District’s health coverage plan when they retire unless they are covered by another plan. The political subdivision may substitute Medicare supplemental health benefits coverage for those who are eligible. The retiree may choose to cover all, some, or none of the persons who were covered by the policy at the time of retirement. Bexar Appraisal District complies with SB 654. There are 24 employees of the Bexar Appraisal District who are eligible for retirement in 2023.

### **BENEFIT SPECIFICATIONS**

It is the intention of Bexar Appraisal District to maintain, as much as possible, the current benefit levels. However, it is understood that proposers may not be able to match current benefits in total. Bexar Appraisal District will consider and evaluate alternative proposals. Please base your proposal on the current level of benefits as closely as possible. **Clearly indicate any deviations in benefits in your proposal.** Carriers are encouraged to be creative and to present their most competitive coverage and pricing proposal utilizing the current benefit structure as a basis.

### **RATE GUARANTEE**

Bexar Appraisal District requires a minimum one (1) year rate guarantee.



**Request for Proposal  
Group Medical Insurance Coverage**

**Request for Proposal ASSUMPTIONS**

Quote is based on the census attached.

Effective date is January 1, 2023. All services incurred on or after January 1, 2023, for enrolled insureds are to be eligible expenses.

**QUESTIONS:**

1. Description of Proposer:

Name:

Physical Address:

Mailing Address:

Contact Name:

Telephone No.:

Facsimile No.:

2. Describe Financial Stability of Insurance Company.

Rating Firm	Rating	Date of Rating
A.M. Best Co.		
Duff & Phelps Credit Rating Co.		
Moody's Investors Service, Inc.		
Standard & Poor's Corp.		

3. Is the Insurance Company authorized to do business in Texas?

4. Describe Claim Payment Services.

- a) "Normal" processing time for claims.
- b) Location of claim office.

5. Will Bexar Appraisal District be assigned a dedicated client service representative?

- a) If so, please provide name and location of client service representative.
- b) Services to be provided by client service representative.

6. Please provide information on COBRA/Retiree Medical Support Services.

- a) Cost
- b) Will there be a dedicated COBRA/Retiree Medical support services representative assigned to Bexar Appraisal District?
- c) Services to be provided by COBRA/Retiree Medical support services?

7. Please provide information on Wellness Programs.
  - a) Cost
  - b) Will there be a dedicated Wellness Program Account Representative?
  - c) Wellness programs to be offered.
  
8. Does your proposal include a 24-hour physician/nurse line for employees?
  
9. Does your proposal include an Employee Assistance Program (EAP) for employees?
  
10. REPORTS: PLEASE SEE RESPONSE FORM SCHEDULE B REGARDING REPORTS
  
11. Are “active-at-work” and “disabled dependent provisions” waived for the effective date of the contract?
  
12. Is there a pooling point in your contract? If so, what is the pooling point?
  
13. What trend factor are you currently utilizing?
  
14. Which PPO Network/s will you utilize?

**Request for Proposal  
Group Term Life AD&D Coverage**

**Request for Proposal ASSUMPTIONS**

Quote is based on the census attached.

Effective date is January 1, 2023. All services incurred on or after January 1, 2023, for enrolled insureds are to be eligible expenses.

**QUESTIONS:**

1. Description of Proposer:  
Name:  
Physical Address:  
Mailing Address:  
Contact Name:  
Telephone No.:  
Facsimile No.:
2. Describe Financial Stability of Insurance Company.

Rating Firm	Rating	Date of Rating
A.M. Best Co.		
Duff & Phelps Credit Rating Co.		
Moody's Investors Service, Inc.		
Standard & Poor's Corp.		

3. Is the Insurance Company authorized to do business in Texas?
4. Name and contact information of Bexar Appraisal District Account Manager.
5. Are "active-at-work" and "disabled dependent provisions" waived for the effective date of the contract?
6. Location of Claim Office.
7. REPORTS: PLEASE SEE RESPONSE FORM SCHEDULE B REGARDING REPORTS

**Request for Proposal  
Group Long Term Disability Insurance Coverage**

**Request for Proposal ASSUMPTIONS**

Quote is based on the census attached.

Effective date is January 1, 2023. All services incurred on or after January 1, 2023, for enrolled insureds are to be eligible expenses.

**QUESTIONS:**

1. Description of Proposer:  
Name:  
Physical Address:  
Mailing Address:  
Contact Name:  
Telephone No.:  
Facsimile No.:
2. Describe Financial Stability of Insurance Company.

Rating Firm	Rating	Date of Rating
A.M. Best Co.		
Duff & Phelps Credit Rating Co.		
Moody's Investors Service, Inc.		
Standard & Poor's Corp.		

3. Is the Insurance Company authorized to do business in Texas?
4. Describe "Normal" processing time claims.
5. Location of Claim Office.
6. Name and contact information of Bexar Appraisal District Account Manager.
7. Are "active-at-work" waived for the effective date of the contract?
8. REPORTS: PLEASE SEE RESPONSE FORM SCHEDULE B REGARDING REPORTS

**Proposal Response Form Schedule A**

**VENDOR REFERENCES**

Please list three (3) references of current customers for which a similar service is provided. These references must have been customers for a minimum of two (2) years. Other Appraisal Districts or institutions with similar benefits are preferred. Include address, name of contact person and telephone number. Also provide references of two (2) clients who have recently canceled coverage with you and your version of why they canceled.

1.        ENTITY                    -----  
            CONTACT                -----  
            TELEPHONE                -----  
            LOCATION                -----

2.        ENTITY                    -----  
            CONTACT                -----  
            TELEPHONE                -----  
            LOCATION                -----

3.        ENTITY                    -----  
            CONTACT                -----  
            TELEPHONE                -----  
            LOCATION                -----

**CANCELED CLIENT REFERENCES**

1.        ENTITY                    -----  
            CONTACT                -----  
            TELEPHONE                -----  
            LOCATION                -----

REASON CANCELED:

2.        ENTITY                    -----  
            CONTACT                -----  
            TELEPHONE                -----  
            LOCATION                -----

REASON CANCELED:

**Proposal Response Form Schedule B  
Monthly Reporting of Data**

Will Bexar Appraisal District have access to paid claim and paid premium data on a monthly basis?

If not monthly, please provide information on frequency of reporting?

Upon termination of contract, will your company continue to furnish these reports to Bexar Appraisal District?

Please provide information below as to how monthly reports will be made available. Specify if an Internet-based web portal is available for access to reports.

**Please provide samples of reports as described in this response.**

Medical:

Life/AD&D:

Long Term Disability:

As a representative of submitting company, I attest that the information on this Report Request is accurate. Should my company be awarded a contract through this Request for Proposal process, Bexar Appraisal District may contact me to assist in obtaining reports as outlined above and attached.

_____
Signature
_____
Name of Company and
Title
_____
Address
_____
City, State, Zip
_____
Telephone:
_____
E-mail:
_____

\_\_\_\_\_

Date:

# House Bill 89 (2017) Verification Form



I, \_\_\_\_\_, the undersigned representative of  
(Name)

\_\_\_\_\_, (hereafter referred to as Company)  
(Company)

being an adult over the age of eighteen(18) years of age, after being duly sworn by the undersigned notary, do hereby depose and verify under oath that the Company, under the provisions of Subtitle F, Title 10, Government Code Chapter 2270:

1. Does not boycott Israel currently; and
2. Will not boycott Israel during the term of the contract the Company has with the Bexar Appraisal District.

*Pursuant to Section 2270.001, Texas Government Code:*

1. *“Boycott Israel” means refusing to deal with, terminating business activities with, or otherwise taking any action that is intended to penalize, inflict economic harm on, or limit commercial relations specifically with Israel, or with a person or entity doing business in Israel or in an Israeli-controlled territory, but does not include an action made for ordinary business purposes; and*
2. *“Company” means a for-profit sole proprietorship, organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership, or any limited liability company or affiliate of those entities or business associations that exist to make a profit.*

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF COMPANY REPRESENTATIVE

# AVAILABLE UPON REQUEST

## Section 2

### Underwriting Data

Census

Medical

Group Term Life & AD&D

Long Term Disability

## Section 3

### Benefits

Medical Benefits – Plan 1 and Plan 2

Group Term Life & AD&D

Long Term Disability