



# **COUNTY OF SAN BENITO**

## **Human Resources**

481 FOURTH STREET  
HOLLISTER, CA 95023

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REQUEST FOR PROPOSAL (RFP) #2016-1080-001

FOR

***Providing Medical Plans for County of San Benito Employees and  
Retired Annuitants***

April 2016

RFP DUE:  
**APRIL 29, 2016  
5:00 P.M.**

**CONTACT: Steve Coffee, Human Resources**

**(831) 636-4000, extension 15**

**scoffee@cosb.us**

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## SECTION 1: INVITATION

### Medical Plans for San Benito County Employees and Retired Annuitants

The purpose of this Request for Proposal (RFP) is to request proponents to present their qualifications and capabilities to provide fully-insured HMO and/or PPO health plans to be offered in place of the current CalPERS Health Plans being used by the County (Other Northern California). Proposals may include a high deductible health plan. However, the COUNTY is also interested in programs that can mirror their current offerings in terms of plan design and provider arrangements.

High-quality employee benefits are essential to the COUNTY attracting and retaining a high-performing workforce. The COUNTY desires to offer a wide array of high-quality, affordable, and responsive benefit options for its employees and retirees, and their dependents.

## SECTION 2: BACKGROUND

### 2.1 General Information

The County currently provides health care plans to its employees (approximately 470 FTE's and approximately 200 retired annuitants) through the plans offered by California Public Employees Retirement System (CalPERS) as part of the regional 'Other Northern California'. These plans consist of both HMO and PPO plans.

#### A. County Contributions

The County has negotiated a fixed County contribution for active full-time employees as follows:

Plan Option	County Contribution
Employee Only	\$550 per month
Employee + 1 Dependent	\$1,050 per month
Family	\$1,315 per month

Additionally, County employees contribute to Health Plan costs based on the plan selected and the number of dependents.

\*In January 1, 2017, the County will pay 70% of the contributions listed above for those retired annuitants over 65 years of age.

## **B. Eligibility**

All full time regular employees or employees considered full time as part of the Affordable Health Care, Board of Supervisors, Elected Department Heads, and retired annuitants and their families are eligible for enrollment. Part time employees pay a pro-rate share in proportion to the closest percentage that their full time equivalency bears to 50%, 75% or 100% of County contributions.

Currently there is no requirement for retired annuitants to enroll in Medicare Part B.

## **C. Census Information**

Census data will be provided upon receipt of a signed confidentiality agreement, which is attached hereto as Exhibit "A".

## **2.2 Scope of Work**

### **A. Scope of Services**

The County is seeking proposals from companies or brokers that can provide high quality medical care to its active employees and retired annuitants at the most competitive rates available that bear the closest resemblance to the current CalPERS medical plans, in addition to a high deductible health plan, if available.

This projected effective contract start date is January 1, 2017.

The scope of work includes, but may not be limited to, the following desired functions. **If your proposal does not include one of more of the following functions or does not comply with the documents requested to be submitted, please set forth the functions that are not included in your proposal or explain why the documents requested have not been submitted.**

### **B. Account Management**

- 1) Identify the designated Account Manager and Account Management Team (if existing) to service the County's Human Resources Department in a sufficient manner for it to accomplish its day-to-day responsibilities. Please provide resumes for each key personnel proposed to serve in this capacity. If none are identified, please specify how this function will be performed.
- 2) Provide administration training for the COUNTY Benefits staff regarding the plan.
- 3) Advise the COUNTY on any pending legislation affecting the administration of the medical plans. If relevant legislation is enacted, provide the COUNTY with

analysis and guidelines for assisting the COUNTY with the compliance requirements.

**C. Customer Service**

The provider selected should provide customer service to answer inquiries on claims, eligibility, provider network, services, coverage, or other inquiries from participants Monday through Friday from 8:00 AM to 5:00 PM (PST) and a phone number for after-hours support.

**D. Enrollment Support**

- 1) Prepare and provide Benefit Presentations
- 2) Communicate with active employees and retired annuitant enrollees regarding the process of change-over from CalPERS Health to the new health plan
- 3) Attend Open Enrollment Meetings and yearly Benefits Fair in Hollister, California

**E. Communication/Education Materials**

- 1) Provide bilingual communication/educational materials as necessary
- 2) Patient and Provider Education
- 3) Prepare enrollment and plan documents, as necessary, for use in employee and retiree communications guides or letters.
- 4) Prepare communication materials, for employees, retirees and dependents, comparing plan options. Assist the COUNTY with the development of medical plan employee and retiree benefit summary plan documents.
- 5) Provide written participant communications directed to retired participants specifically formatted to be mailed to retiree homes.
- 6) Attend and present medical plan information (such as medical plan changes for the following calendar year, how to utilize the plan most effectively, etc., per a needs discussion with COUNTY Benefits staff), at 2 Open Enrollment seminars for employees and retirees.
- 7) Assist COUNTY Benefits staff in the planning of a minimum of two (2) annual Open Enrollment seminars for employees and retirees (planning to include at

least one annual meeting with COUNTY Benefits staff regarding current seminar information needs).

- 8) Provide electronically formatted participant communications to be used in the COUNTY's news articles and medical flyers.

**F. Network Management**

- 1) Network medical management
- 2) Cost management services
- 3) As applicable, describe eligibility reporting (on a semi-monthly or more frequent basis) and describe upload turnaround time to assure timely eligibility capture.
- 4) Meet with COUNTY Employee Benefits staff at least semi-annually to review and evaluate medical plan administration.

**G. Data Reporting**

Data reporting and utilization reports as outlined in your proposal response

**H. Medical Coverage**

- 1) Proposer must assure the COUNTY the plan submitted will provide high quality medical coverage similar to the medical coverage obtained through CalPERS.
- 2) Proposer must assure the COUNTY the plan submitted has quality medical program administration including a focus on wellness/disease management, a comprehensive and stable network of providers located at a minimum in California for the HMO and POS plan design and at a minimum throughout the U.S. for the PPO plan design, and can support their network savings, if any, and administrative capabilities through performance guarantees, established references and/or reports.
- 3) Your proposal must disclose how the proposed benefits will be different or vary from the COUNTY's current Medical Benefits program as described in the COUNTY's current Evidence of Coverage ("EOC") documents. Any variations must be fully disclosed in your response.
- 4) The proposal should include the planned premium amount per member per month and/or the structure for medical plan premiums. Pricing for the signed agreement is to remain firm fixed for at least a one (1) year period, although a multi-year rate guarantee is preferred.

## SECTION 3: INSTRUCTIONS TO RESPONDENTS

### 3.1 Preparation of Proposals in Response to RFP's

Respondents shall submit the completed Proposals in response to this Request for Proposals (RFP) with appropriate attachments or explanatory materials. All attachments shall be identified with the Respondent's name and RFP description. No oral, telegraph, telephone, facsimile, electronic responses or photocopies will be accepted. Proposals must be completed in ink, typewritten, or word-processed.

### 3.2 RFP Process Schedule

The following is an anticipated RFP and engagement schedule. The County may change the estimated dates and process as deemed necessary.

Activity	Date
Release RFP	April 6, 2016
Advertise RFP – County Website	April 15, 2016
Deadline for Submittals	April 29, 2016, 5:00 p.m.
Selection of Proposal	June 2016

### 3.3 Proposal Format

Respondent shall submit 1 (one) original and 20 (twenty) copies of the proposal. Resumes included with the proposal shall not exceed three single-sided printed page per person listed in the table of organization.

The County of San Benito uses a qualifications-based selection process in obtaining these services, as set forth below. In order for the County to properly evaluate the Proponents qualification to perform this work, the proposals shall include, as a minimum, the following information:

Evidence of the Proponent's ability to provide the services specified in this proposal.

Discussion how Proponent will be able to meet the criteria set forth in Section 2.2 above.

The Proponents are encouraged to expand on the Scope of Work to demonstrate their expertise providing similar services.

Such additional information that the Proponent may feel would be pertinent to assist the County of San Benito in making its final decision.

The original should be unbound to allow us to reproduce your proposal, as needed. Additionally, submit one (1) CD with an electronic version of the proposal and all submitted proposal documents.

### **3.4 Cover Letter**

Submit a letter on your company letterhead addressing the proposal and format. The letter should be signed by an officer of the company authorized to bind the company to all comments made in the proposal, and shall include the name, address, phone number and e-mail address of the person(s) to contact who will be authorized to represent your company.

### **3.5 Minimum Experience Qualifications Summary**

A Statement of professional experience in providing similar services described in this RFP.

### **3.6 Management/Method of Operation**

Provide a detailed description outlining your company's approach to provide the service. Highlight innovative ideas your company may have to provide to the County and describe in detail your procedures and management techniques (as applicable).

### **3.7 Response Due Date**

The deadline for submitting proposals is on **April 29, 2016, at 5:00 p.m.** at the Human Resources Department, 481 Fourth Street, Hollister, CA 95023.

Responses to the RFP shall be **clearly marked as "RFP – San Benito County Health Plan Proposal** and delivered to:

County of San Benito  
Human Resources  
Attn: Steve Coffee  
481 Fourth Street  
Hollister, CA 95023

### **3.8 Multiple Proposals**

Only one proposal will be accepted from any one person, partnership, corporation or other entity.

### **3.9 Late Responses**

All proposals in response to this RFP must be delivered in person or received by mail no later than specified. Respondents shall be responsible for the timely delivery of their proposals. Proposals received after the deadline will be unopened and discarded.

### **3.10 Point of Contact**

All questions regarding this RFP shall be directed to the County Administrative Office, Steve Coffee who may be reached by e-mail at [scoffee@cosb.us](mailto:scoffee@cosb.us). All questions shall be directed in writing and should be received by 5:00 p.m., April 20, 2016. All questions received by April 20, 2016, and responses to those questions (if offered) will be posted on the County's website no later than April 25, 2016. No other individual has the authority to respond to any questions submitted unless specifically authorized by Steve Coffee. Failure to adhere to this process may disqualify the Respondent.

### **3.11 References**

Respondent shall submit Exhibit C—Customer References with the proposal.

### **3.12 Non-Collusion Declaration**

Respondent shall execute a Non-Collusion Declaration furnished by the County as Exhibit D of this RFP.

### **3.13 Reservations**

The County reserves the right to do the following at any time and for its own convenience, at its sole discretion:

- To reject any and all proposals without indicating any reasons for such rejection,
- Waive or correct any minor or inadvertent defect, irregularity or technical error in any proposal or RFP procedure, as part of the RFP process or any subsequent negotiation process.
- Terminate this RFP and issue a new Request for Proposals anytime thereafter.
- Procure any materials or services specified in the RFP by other means.
- Extend any or all deadlines specified in the RFP, including deadlines for accepting proposals, by issuance of an Addendum at any time prior to the deadline for receipt of proposals.
- Reject the proposal of any Respondent that is in breach of or in default under any other agreement with the County.
- Reject any Respondent deemed by the County to be non-responsive, unreliable, unqualified or non-responsible.
- Request additional data from top respondents in order to make final selection.

### **3.14 Notification of Withdrawals of Proposals**

Proposals may be modified or withdrawn prior to the date and time specified for proposal submission by an authorized representative of the respondent or by formal written notice. All proposals not withdrawn prior to the proposal due date will become the property of the County of San Benito.

### **3.15 Interpretation**

Should any discrepancies, omissions, or doubt as to their meaning be found in the RFP specifications or requirements, the respondent shall notify the County in writing at once (e-mail is acceptable). The County will send post such written instructions or addenda as it deems necessary on the County website. The County shall not be held responsible for oral interpretations. Questions must be received by April 20<sup>th</sup>, 5:00 p.m.

### **3.16 Objections**

Any objections as to the structure, content or distribution of this RFP must be submitted in writing to the Contact listed in this document. Objections must be as specific as possible, and identify the RFP section number and title, as well as a description and rationale for the objection. All objections, questions and inquiries must be received by the deadline for questions stated in this document.

### **3.17 Addenda**

No one is authorized to amend any of these documents in any respect by an oral statement or to make any representation or interpretation in conflict with their provisions. Any changes to these documents will be issued in writing via Addenda by Steve Coffee.

### **3.18 Grounds for Disqualification**

Disqualification shall be at the County's sole discretion. Generally, the grounds for disqualification include:

- A. Any Proposer who violates the County's purchasing policy, in particular the provisions regarding ethics, or instructions in this RFP regarding contact with County staff and officials.
- B. Contact regarding this procurement with any COUNTY official or employee or evaluation team member other than the Procurement Contact from the time of issuance of this solicitation until the end of the protest period.
- C. On the basis of any real or perceived conflict of interest or evidence of collusion that is disclosed by the proposal or other data available to the County.
- D. Influencing any COUNTY staff member or official, or evaluation team member throughout the solicitation process, including the development of specifications.
- E. Offering gifts or souvenirs, even of minimal value, to COUNTY officers or employees.
- F. Evidence of submitting incorrect information in the response to a solicitation or misrepresentation or failure to disclose material facts during the evaluation process.

- G. Existence of any lawsuit, unresolved contractual claim or dispute between Proposer and the COUNTY.
- H. Evidence of Proposer's inability to successfully complete the responsibilities and obligations of the proposal.
- I. Proposer's default under any County agreement, resulting in termination of such Agreement.

### **3.19 General Information**

- A. The successful Proposer will be required to demonstrate evidence of insurance in accordance with the eventual contract terms to be negotiated.
- B. All costs associated with responding to this request are to be borne entirely by the Proposer.
- C. It is the COUNTY's policy that the selected firm shall not discriminate, in any way, against any person on the basis of race, sex, color, age, religion, sexual orientation, actual or perceived gender identity, disability, ethnicity, or national origin, in connection with or related to the performance of San Benito County contracts.

### **3.20 Public Nature of Proposal Material**

- A. All correspondence with the COUNTY, including responses to this RFP submitted through the will become the exclusive property of the COUNTY and will become public records under the California Public Records Act (Cal. Government Code section 6250 et seq.) All documents that you send to the COUNTY, including responses to this RFP will be subject to disclosure if requested by a member of the public. There are a very limited number of narrow exceptions to this disclosure requirement.
- B. Therefore, any proposal which contains language purporting to render all or significant portions of their proposal "Confidential", "Trade Secret" or "Proprietary", or fails to provide the exemption information required as described below will be considered a public record in its entirety. Do not mark your entire proposal as "confidential".
- C. If you believe that there are portion(s) of your proposal which are exempt from disclosure under the Public Records Act, you must mark it as such and state the specific provision in the Public Records Act which provides the exemption as well as the factual basis for claiming the exemption. For example, if you submit trade secret information, you must plainly mark the information as "Trade Secret" and refer to the appropriate section of the Public Records Act which provides the exemption as well as the factual basis for claiming the exemption. Although the California Public Records Act recognizes that certain confidential trade secret

information may be protected from disclosure, the COUNTY may not be in a position to establish that the information that a Proposer submits is a trade secret. If a request is made for information marked "Confidential", "Trade Secret" or "Proprietary", the COUNTY will provide Proposers who submitted the information with reasonable notice to seek protection from disclosure by a court of competent jurisdiction. If the Proposer declines to do so, the record may subject to public release.

### **3.21 Protests**

If an unsuccessful Proposer wants to dispute the award recommendation, the Protest must be submitted in writing to the Ray Espinosa, County Administrative Officer no later than five (5) working days after announcement of the successful Proposer, detailing the grounds, factual basis and providing all supporting information. Failure to submit a timely written protest to the contact listed above will bar consideration of the Protest.

**SECTION 4: EVALUATION CRITERIA**

If a proposal is selected, it will be from a responsive and responsible Respondent(s) that offers the County the greatest value based on an analysis involving a number of criteria.

The County reserves the right to select the proposal deemed most beneficial to the County based on its evaluation of the proposals. The apparent successful respondent and all other persons who submitted proposals will be notified of the COUNTY's selection. Unless award of a contract is delayed by the County, written notice of award, specifying the date of selection, will be made not later than the first business day following the date the selection is approved by the County. Final award will depend upon the execution of an acceptable contract and evidence of insurance, if required, and may be withdrawn by the County at any time prior to negotiation and execution of the contract by the County. Evaluation criteria may include, but are not necessarily limited, to the following:

<b>CRITERIA</b>	<b>MAXIMUM POINTS POSSIBLE</b>
Overall benefit to the County, its employees, and retired annuitants & Evaluation of proposed cost in relation to services to be provided, ensuring the most effective use of public and private dollars to obtain high quality medical insurance at an affordable rate.	35
Understanding Work to be Performed (Technical Merit) Thoroughness of the proponent's response to the Scope of Services.	35
Past Performance (Experience) Evidence of previous successful, similar services completed by proposer.	25
References	5

**EXHIBIT "A"**

**CONFIDENTIALITY AGREEMENT**

**If you would like to receive confidential census data, please complete the following confidentiality agreement and return an original signature:**

**Steve Coffee  
County Administrative Office  
481 Fourth St.  
Hollister, CA 95023.**

## CONFIDENTIALITY AGREEMENT

This confidentiality agreement is between the COUNTY OF SAN BENITO (“County”) and \_\_\_\_\_ (insert your company name), on behalf of itself and all of its subsidiaries and affiliates, (hereafter “Contractor”) and is executed in connection with the Request For Proposals (“RFP”) 2016-1080-001, as Contractor would like to a response to the RFP issued by County.

In order to prepare a responsive proposal, Contractor may receive certain County employee health information and data, including individually identifiable health information, as well as Proprietary Information. County and Contractor agree that the term “individually identifiable health information” refers to any health information that is not “de-identified,” as defined in 45 C.F.R. Section 164.514(b)(2). County agrees to provide the necessary Proprietary Information in connection with this RFP, and Contractor agrees as follows:

1. Contractor will use this Proprietary Information/Protected Health Information (“PHI”) only for the purpose of preparing Contractor’s response to County’s RFP;
2. Contractor shall comply with, and assist the County in complying with, the privacy requirements of the Health Insurance Portability and Accountability Act (including but not limited to 42 U.S.C. 1320d et seq.; “HIPAA”) and its implementing regulations (including but not limited to 45 CFR Parts 142, 160, 162 and 164), hereinafter collectively referred to as the “Privacy Rule.” Terms used but not otherwise defined in this Agreement shall have the same meaning as those terms are used in the Privacy Rule.
3. Except as otherwise limited in this Agreement, Contractor may use or disclose Protected Health Information to perform functions, activities, or services for or on behalf of the County as specified in this Agreement, provided that such use or disclosure would not violate the Privacy Rule with which the County complies.
4. Contractor shall not use or further disclose Protected Health Information other than as permitted or required by this Agreement, or as required by law. Contractor agrees that only those individuals employed by Contractor who have a need to know this information to prepare a proposal and have been made aware of the terms of this Agreement and have agreed to abide by its terms will have access to the Proprietary Information provided by County. Neither Contractor nor any of its Representatives will disclose the Proprietary Information to any person or entity outside of Contractor, unless such a disclosure is: (a) necessary to prepare a proposal and the recipient first executes a confidentiality agreement with provisions equivalent to this one; or (b) required by law;
5. Contractor shall use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Agreement.
6. Contractor shall report to the County any use or disclosure of the Protected Health Information not provided for by this Agreement.
7. Contractor shall mitigate, to the extent practicable, any harmful effect that is known to Contractor as a result of a use or disclosure of Protected Health Information by Contractor which is in violation of the requirements of this Agreement.

8. Contractor shall ensure that any agent, including a subcontractor, to whom it provides Protected Health Information received from, created, or received by Contractor on behalf of the County, agrees to the same restrictions and conditions that apply through this Agreement to Contractor with respect to such information.
9. Contractor shall provide access, at the request of the County, and in the time and manner designated by the County, to Protected Health Information in a Designated Record Set; this Protected Health Information will be released to the County or, as directed by the County, to an Individual, in order to meet the requirements under 45 CFR Section 164.524.
10. Contractor shall make any amendment(s) to Protected Health Information in a Designated Record Set that the County directs, pursuant to 45 CFR Section 164.526, at the request of the County or an Individual, and in the time and manner designated by the County.
11. Contractor shall document such disclosures of Protected Health Information and information related to such disclosures as would be required for the County, to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR Section 164.528.
12. Contractor shall provide to the County or an Individual, in the time and manner designated by the County, information collected in accordance with paragraph 11, to permit the County to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR Section 164.528.
13. Contractor shall make internal practices, books, and records relating to the use and disclosure of Protected Health Information received from, or created or received by Contractor on behalf of the County, available to the County; or at the request of the County, to the Secretary of the United States Department of Health and Human Services (“Secretary”), in a time and manner designated by the County or the Secretary, for purposes of the Secretary determining the County’s compliance with the Privacy Rule.
14. Upon completion of the RFP process, Contractor shall return or destroy all Protected Health Information received from the County, or created or received by Contractor on behalf of the County. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of the Contractor. Contractor, its agents and subcontractors shall retain no copies of the Protected Health Information. In the event that Contractor determines that returning or destroying the Protected Health Information is infeasible, Contractor shall provide to the County notification of the conditions that make return or destruction infeasible. Upon mutual agreement of the Parties that return or destruction of Protected Health Information is infeasible, Contractor shall extend the protections of this Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Contractor, or any of its agents or subcontractors, maintains such Protected Health Information.
15. Contractor shall regard and preserve as confidential all Proprietary Information/PHI that has been or may be obtained by Contractor in the course of any proposal, whether Contractor has such information in Contractor’s memory, or in writing or in other physical form. Contractor shall not, without written authority from County, use any Proprietary Information for Contractor’s benefit or Contractor’s purposes, either during the RFP process or thereafter;
16. With respect to each PROPOSAL and the Proprietary Information/PHI disclosed in connection therewith, the obligations of Contractor assumed in this Agreement shall continue beyond the completion of the RFP process.

17. Contractor shall and does hereby indemnify, defend and hold harmless County of San Benito, and County's officers, directors, employees and shareholders from and against any and all claims, demands, losses, costs, expenses, obligations, liabilities, damages, recoveries, and deficiencies, including interest, penalties, and reasonable attorney fees and costs, that County of San Benito may incur or suffer and the result from, or are related to, any breach or failure of Contractor and Contractor's Representatives to perform any of the representations, warranties and agreements contained in this Agreement that pertain to individually identifiable health information;
18. Contractor recognizes that any breach of the covenants contained in this Agreement would irreparably injure County of San Benito. Accordingly, County of San Benito may, in addition to pursuing its other remedies, obtain an injunction from any court having jurisdiction of the matter restraining any further violation and no bond or other security shall be required in connection with such injunction;
19. If any of the provisions herein become invalid or are declared invalid, such determination of invalidity as to the clause(s) shall not affect the other provisions of this Agreement. If any provision of this Agreement should be held invalid or unenforceable, the remaining provisions shall be unaffected by such a holding. If any provision is found inapplicable to any person or circumstance, it shall nevertheless remain applicable to all other persons and circumstances;
20. This Agreement shall be binding upon County and, and Contractor and their respective successors, assigns, heirs executors and administrators;
21. This Agreement contains the entire understanding of the parties hereto and supersedes all previous communications, representations, or agreements, oral or written, with respect to the subject matter hereof. No failure to exercise nor any delays in exercising any right or remedy hereunder shall operate as a waiver thereof; nor shall any single or partial exercise of any right or remedy hereunder preclude any other or further exercise thereof or the exercise of any other right or remedy. Neither this Agreement nor any of its provisions may be amended, supplemented, changed, waived or rescinded except by a written instrument signed by the party against whom enforcement thereof is sought. No waiver of any right or remedy hereunder on any one occasion shall extend to any subsequent or other matter;
22. This Agreement shall be governed by and construed in accordance with the laws of the State of California applicable to contracts made on and performed within the State of California. Any action to enforce this Agreement shall be brought in State of California, County of San Benito.

Intending to be legally bound, the Parties have executed this Agreement.

**Contractor**

**For County of San Benito**

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

EXHIBIT "B"

PROSPECTIVE RESPONDENT FACT SHEET  
(TO BE EXECUTED BY RESPONDENT AND SUBMITTED WITH THE PROPOSAL)

NAME OF FIRM \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ DATE \_\_\_\_\_

Respondent Does Business As: \_\_\_ Individual \_\_\_ Partnership \_\_\_ Corporation \_\_\_  
Government \_\_\_ Fiduciary \_\_\_ Other

Respondent is a: \_\_\_ Resident \_\_\_ Non-Resident of California

1) Is your firm authorized to do business in the State of California? Y N

2) Local Business: yes \_\_\_\_\_ no \_\_\_\_\_

3) This firm has been in continuous business under the present name for \_\_\_ years.

4) Annual sales volume: \_\_\_\_\_

5) Net worth of business: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

PRINTED NAME OF PERSON WHOSE SIGNATURE APPEARS \_\_\_\_\_

EXHIBIT "C"

CUSTOMER REFERENCES

List and submit with this proposal four (4) customer or professional references.

1. COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

2. COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

3. COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

4. COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

EXHIBIT "D"

COUNTY OF SAN BENITO  
NON-COLLUSION DECLARATION  
(TO BE EXECUTED BY RESPONDENT AND SUBMITTED WITH THE PROPOSAL)

I, \_\_\_\_\_, am the  
(Name)

\_\_\_\_\_ of \_\_\_\_\_,  
(Position/Title) (Company)

the party making the foregoing proposal, and hereby certify that the proposal is not made in the interest of, or on behalf of, any undisclosed person, partnership, company, association, organization, or corporation; that the proposal is genuine and not collusive or sham; that the respondent has not directly or indirectly induced or solicited any other respondent to put in a false or sham proposal; and has not directly or indirectly colluded, conspired, connived, or agreed with any respondent or anyone else to put in a sham proposal, or for anyone to refrain from submitting an response to this RFP; that the respondent has not in any manner directly or indirectly, sought by agreement, communication, or conference with anyone to fix the responses to this RFP; or to secure any advantage against the public body awarding the lease; that all statements contained in the proposal are true; and, further, that the respondent has not, directly or indirectly, submitted his or her response to this RFP, or the contents thereof, or divulged information or data relative thereto, or paid, and will not pay, any fee to any corporation, partnership, company association, organization, bid depository, or to any member or agent thereof to effectuate a collusive or sham response.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct:

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

EXHIBIT "E"

INDEMNIFICATION AGREEMENT  
(TO BE EXECUTED BY RESPONDENT AND SUBMITTED WITH THE PROPOSAL)

This agreement is entered into between \_\_\_\_\_(hereinafter "RESPONDENT") and the County of San Benito (hereinafter "COUNTY"). RESPONDENT hereby agrees that RESPONDENT will defend, indemnify, and hold harmless COUNTY in any legal challenge involving the COUNTY as a party arising from action taken by the COUNTY relating to selection of RESPONDENT as a successful respondent to this RFP or the potential subsequent award of a contract to RESPONDENT (hereinafter "APPROVAL"), including all claims, actions, proceedings, demands, damages, costs, judgments, attorney's fees, or any other expenses, and shall include, but not limited to, actions to attack, set aside, void, or nullify any decision related to COUNTY'S APPROVAL. Either RESPONDENT or COUNTY may terminate this Agreement without cause and at will for any reason whatsoever by giving the other party thirty (30) calendar days written notice of such intent to cancel. Upon termination, the COUNTY, in its sole discretion, may deem RESPONDENT'S cancellation of this Agreement as abandonment of their RFP Response. RESPONDENT shall remain responsible for any costs, attorney's fees, and/or other expenses incurred by COUNTY related to the litigation or settlement. The obligations of RESPONDENT identified in the prior sentence shall survive termination of this agreement.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

EXHIBIT "F"

2016 RATES AND SUMMARIES OF COVERAGE

The 2016 Rate Sheets are attached below.

To obtain Summaries of Coverage, please see the County of San Benito's website. The Summaries of Coverage will be uploaded the week of April 11<sup>th</sup> to: [www.cosb.us](http://www.cosb.us)  
Copies of summaries of coverage may also be obtained by contacting:

**Steve Coffee, Human Resources**

**(831) 636-4000, extension 15**

**[scoffee@cosb.us](mailto:scoffee@cosb.us)**

**SAN BENITO COUNTY EMPLOYEE and RETIREE HEALTH RATES 2016\***

All employees except DSA

**CALPERS HEALTH PLANS**

NAME OF PERS SPONSORED HEALTH PLAN	COVERAGE	2016 MONTHLY GROSS PREMIUM	COUNTY CONTRIBUTION	EMPLOYEE CONTRIBUTION (Monthly)	PER PAY PERIOD (Bi-monthly)
PERS CHOICE (PPO)	E Only	\$795.57	\$550.00	\$245.57	\$122.79
	E+1	\$1,591.14	\$1,050.00	\$541.14	\$270.57
	Family	\$2,068.48	\$1,315.00	\$753.48	\$376.74
PERS SELECT (PPO)	E Only	\$727.47	\$550.00	\$177.47	\$88.74
	E+1	\$1,454.94	\$1,050.00	\$404.94	\$202.47
	Family	\$1,891.42	\$1,315.00	\$576.42	\$288.21
PERS CARE (PPO)	E Only	\$886.15	\$550.00	\$336.15	\$168.08
	E+1	\$1,772.30	\$1,050.00	\$722.30	\$361.15
	Family	\$2,303.99	\$1,315.00	\$988.99	\$494.60
ANTHEM TRADITIONAL (HMO)	E Only	\$964.91	\$550.00	\$414.91	\$207.46
	E+1	\$1,929.82	\$1,050.00	\$879.82	\$439.91
	Family	\$2,508.77	\$1,315.00	\$1,193.77	\$596.89
PORAC Institutions Association Employees Only	E Only	\$699.00	\$550.00	\$149.00	\$74.50
	E+1	\$1,399.00	\$1,050.00	\$349.00	\$174.50
	Family	\$1,789.00	\$1,315.00	\$474.00	\$237.00
KAISER PERMANENTE (HMO)** HMO AVAILABLE TO BAY AREA RESIDENTS ONLY Premiums are Bay Area Rates	E Only	\$746.47	\$550.00	\$196.47	\$98.24
	E+1	\$1,492.94	\$1,050.00	\$442.94	\$221.47
	Family	\$1,940.82	\$1,315.00	\$625.82	\$312.91
BLUE SHIELD ACCESS* (BAY AREA RESIDENTS) Premiums are Bay Area Rates	E Only	\$1,016.18	\$550.00	\$466.18	\$233.09
	E+1	\$2,032.36	\$1,050.00	\$982.36	\$491.18
	Family	\$2,642.07	\$1,315.00	\$1,327.07	\$663.54
UNITED HEALTHCARE BAY AREA** Premiums are Bay Area Rates	E Only	\$955.44	\$550.00	\$405.44	\$202.72
	E+1	\$1,910.88	\$1,050.00	\$860.88	\$430.44
	Family	\$2,484.14	\$1,315.00	\$1,169.14	\$584.57
BLUE SHIELD NET VALUE (HMO)** (BAY AREA RESIDENTS) Premiums are Bay Area Rates	E Only	\$1,033.66	\$550.00	\$483.66	\$241.83
	E+1	\$2,067.32	\$1,050.00	\$1,017.32	\$508.66
	Family	\$2,658.04	\$1,315.00	\$1,343.04	\$671.52

To view all other CalPERS medical plans/rates, please visit: [www.calpers.ca.gov](http://www.calpers.ca.gov)

Insurance Stipend = \$150 per month or \$69.23/bi-weekly

The insurance stipend is paid for non-enrollment of medical insurance only.

Employees on stipend may still enroll in dental and vision plans.

\*\* Eligible in only certain areas.

Rates are dependent on region and/or residence address.

DELTA DENTAL	COVERAGE	MONTHLY PREMIUM AMOUNT	County Contribution	Employee Monthly Contribution	Contribution Per Pay Period
Annual max to \$1500 Orthodontia coverage Deductible waived In-network	E Only	\$45.90	\$30.00	\$15.90	\$7.95
	E+1	\$78.70	\$30.00	\$48.70	\$24.35
	FAMILY	\$128.50	\$30.00	\$98.50	\$49.25

MES VISION	COVERAGE	MONTHLY PREMIUM AMOUNT	County Contribution	Employee Monthly Contribution	Contribution Per Pay Period
12 - 24 - 24 \$10 COPAY VISITS \$25 COPAY LENSES \$100 FRAME ALLOWANCE	E Only	\$5.35	\$5.35	\$0.00	\$0.00
	E+1	\$10.70	\$5.35	\$5.35	\$2.68
	FAMILY	\$13.80	\$5.35	\$8.45	\$4.23

**MEDICARE RATES**

MEDICARE PLANS (All Areas) PERS SPONSORED HEALTH PLAN	PLAN CODE	COVERAGE	2016 MONTHLY GROSS PREMIUM	Employee Monthly Contribution	Retiree Contribution (monthly)
PERS Choice Med Supp		E Only	\$366.38	\$366.38	\$0.00
		E+1	\$732.76	\$732.76	\$0.00
		Family	\$1,099.14	\$1,099.14	\$0.00
PERS Select Med Supp		E Only	\$366.38	\$366.38	\$0.00
		E+1	\$732.76	\$732.76	\$0.00
		Family	\$1,099.14	\$1,099.14	\$0.00
PERS Care Med Supp		E Only	\$408.04	\$408.04	\$0.00
		E+1	\$816.08	\$816.08	\$0.00
		Family	\$1,224.12	\$1,224.12	\$0.00
Kaiser CA		E Only	\$297.23	\$297.23	\$0.00
		E+1	\$594.46	\$594.46	\$0.00
		Family	\$891.69	\$891.69	\$0.00
PORAC Med Supp Institutions Association Employees Only		E Only	\$422.00	\$422.00	\$0.00
		E+1	\$881.00	\$881.00	\$0.00
		Family	\$1,408.00	\$1,315.00	\$93.00
United Healthcare		E Only	\$320.98	\$320.98	\$0.00
		E+1	\$641.96	\$641.96	\$0.00
		Family	\$962.94	\$862.94	\$0.00

MS7015

**SAN BENITO COUNTY EMPLOYEE and RETIREE HEALTH RATES 2016\***

DSA

**CALPERS HEALTH PLANS**

NAME OF PERS SPONSORED HEALTH PLAN	COVERAGE	2016 MONTHLY GROSS PREMIUM	COUNTY CONTRIBUTION	EMPLOYEE CONTRIBUTION (Monthly)	PER PAY PERIOD (Bi-monthly)
PERS CHOICE (PPO)	E Only	\$795.57	\$795.57	\$0.00	\$0.00
	E+1	\$1,591.14	\$1,274.07	\$317.07	\$158.54
	Family	\$2,068.48	\$1,491.91	\$576.57	\$288.29
PERS SELECT (PPO)	E Only	\$727.47	\$727.47	\$0.00	\$0.00
	E+1	\$1,454.94	\$1,274.07	\$180.87	\$90.44
	Family	\$1,891.42	\$1,491.91	\$399.51	\$199.76
PERS CARE (PPO)	E Only	\$886.15	\$795.57	\$90.58	\$45.29
	E+1	\$1,772.30	\$1,274.07	\$498.23	\$249.12
	Family	\$2,303.99	\$1,491.91	\$812.08	\$406.04
ANTHEM TRADITIONAL (HMO)	E Only	\$864.91	\$795.57	\$169.34	\$84.67
	E+1	\$1,929.82	\$1,274.07	\$655.75	\$327.88
	Family	\$2,508.77	\$1,491.91	\$1,016.86	\$508.43
PORAC DSA ONLY	E Only	\$699.00	\$699.00	\$0.00	\$0.00
	E+1	\$1,399.00	\$1,274.07	\$124.93	\$62.47
	Family	\$1,789.00	\$1,491.91	\$297.09	\$148.55
KAISER PERMANENTE (HMO)** HMO AVAILABLE TO BAY AREA RESIDENTS ONLY Premiums are Bay Area Rates	E Only	\$746.47	\$746.47	\$0.00	\$0.00
	E+1	\$1,492.94	\$1,274.07	\$218.87	\$109.44
	Family	\$1,940.82	\$1,491.91	\$448.91	\$224.46
BLUE SHIELD ACCESS+** (BAY AREA RESIDENTS) Premiums are Bay Area Rates	E Only	\$1,016.13	\$795.57	\$220.61	\$110.31
	E+1	\$2,032.36	\$1,274.07	\$758.29	\$379.15
	Family	\$2,642.07	\$1,491.91	\$1,150.16	\$575.08
UNITED HEALTHCARE BAY AREA** Premiums are Bay Area Rates	E Only	\$955.44	\$795.57	\$159.87	\$79.94
	E+1	\$1,910.88	\$1,274.07	\$636.81	\$318.41
	Family	\$2,484.14	\$1,491.91	\$992.23	\$496.12
BLUE SHIELD NET VALUE (HMO)** (BAY AREA RESIDENTS) Premiums are Bay Area Rates	E Only	\$1,033.66	\$795.57	\$238.29	\$119.15
	E+1	\$2,067.72	\$1,274.07	\$753.65	\$376.83
	Family	\$2,688.04	\$1,491.91	\$1,196.13	\$598.07

To view all other CalPers medical plans/rates, please visit: [www.calpers.ca.gov](http://www.calpers.ca.gov)  
 Insurance Stipend = \$150 per month or \$69.23/bi-weekly  
 The insurance stipend is paid for non-enrollment of medical insurance only.  
 Employees on stipend may still enroll in dental and vision plans.  
 \*\* Eligible in only certain areas.  
 Rates are dependent on region and/or residence address.

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	FAMILY	\$128.50	\$30.00	\$98.50	\$49.25
MES VISION	COVERAGE	MONTHLY PREMIUM AMOUNT	County Contribution	Employee Monthly Contribution	Contribution per Pay Period
12 - 24 - 24 \$10 COPAY VISITS \$25 COPAY LENSES \$100 FRAME ALLOWANCE	E Only	\$5.35	\$5.35	\$0.00	\$0.00
	E+1	\$10.70	\$5.35	\$5.35	\$2.68
	Family	\$13.80	\$5.35	\$8.45	\$4.23

**MEDICARE RATES**

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PERS Choice Med Supp		E Only	\$366.38	\$366.38	\$0.00
		E+1	\$732.76	\$732.76	\$0.00
		Family	\$1,099.14	\$1,099.14	\$0.00
PERS Select Med Supp		E Only	\$366.38	\$366.38	\$0.00
		E+1	\$732.76	\$732.76	\$0.00
		Family	\$1,099.14	\$1,099.14	\$0.00
PERS Care Med Supp		E Only	\$408.04	\$408.04	\$0.00
		E+1	\$816.08	\$816.08	\$0.00
		Family	\$1,224.12	\$1,224.12	\$0.00
Kaiser CA		E Only	\$297.23	\$297.23	\$0.00
		E+1	\$594.46	\$594.46	\$0.00
		Family	\$891.69	\$891.69	\$0.00
PORAC Med Supp DSA ONLY		E Only	\$422.00	\$422.00	\$0.00
		E+1	\$881.00	\$881.00	\$0.00
		Family	\$1,408.00	\$1,408.00	\$0.00
United Healthcare		E Only	\$320.98	\$320.98	\$0.00
		E+1	\$641.96	\$641.96	\$0.00
		Family	\$962.94	\$962.94	\$0.00

06/28/15