

# **Laguna Madre Water District**



**Request for Proposal (RFP # INS-HEALTH-8-2-2022)**

**Employer Sponsored  
Group Health Insurance, Dental, Vision and Group  
Term Life & AD&D**

**Effective Date: October 1, 2022**

**Deadline for Proposals: 2:00 P.M., July 28, 2022**

**Proposal should be clearly marked: RFP # INS-HEALTH-8-02-2022**

Submit to:

Enrique Samaniego,  
Laguna Madre Water District  
Purchasing Department  
105 Port Rd.  
Port Isabel, Texas 78578

*Prepared by: Roger Garza, Insurance Consultant*  
Valley Risk Consulting, Inc., 1200 Fresno, Suite C, McAllen, Texas 78501

## Request for Proposals

Qualified firms interested in responding to this Request for Proposals (RFP) should include information requested in the following paragraphs. Failure to provide the information requested or falsification of any information provided shall result in disqualification of the participant.

Laguna Madre Water District is accepting proposals for:

**RFP # INS-HEALTH-8-02-2022 Employer Sponsored Group Health Insurance, Dental, Vision and Group Term Life & AD&D.**

Proposals are to be mailed or hand delivered to the attention of Enrique Samaniego, Purchasing Department, Laguna Madre Water District, 105 Port Rd., Port Isabel, TX 78578. Please mark your envelope plainly: **“Employer Sponsored Group Health Insurance, Dental, Vision and Group Term Life & AD&D” (RFP # INS-HEALTH-8-02-2022), Due Date: Thursday, July 28, 2022 @ 2:00 p.m.”**

Proposals will be accepted **until 2:00 p.m. on Thursday, July 28, 2022** at which time they will be opened. Proposals will be opened, but not publicly in the Purchasing Office at the above address. Any proposals received late will not be accepted and will be returned unopened. Laguna Madre Water District is not responsible for proposals misplaced or mailed incorrectly.

Please reply using the enclosed forms. **Please submit one (1) original, (4) four copies and one (1) USB of your proposal response.** Questions on this Request for Proposals should be submitted via email to Enrique Samaniego [esamaniego@lmwd.org](mailto:esamaniego@lmwd.org) and Valley Risk Consulting [roger@vrctx.com](mailto:roger@vrctx.com), **no later than 10:00 am Friday, July 15, 2022.**

The awarding of the proposal will take place at a board meeting. The Administration reserves the right to accept, reject any and/or all proposals, waive minor technicalities, or to award the proposal to the most responsible offeror which best serves the interest of the District.

Please fill out, sign, and submit with your proposal response the enclosed IRS Form W-9.

We look forward to hearing from you.

Sincerely,

Enrique Samaniego  
Purchasing Department

Enclosures

## **Executive Summary Notice Request for Proposals (RFP)**

### **General Information:**

1. The purpose of this Executive Notice is to highlight the key requirements of the Request for Proposal (RFP).
2. Laguna Madre Water District is requesting proposals from qualified firms to provide Employer Sponsored Group Health Insurance, Dental, Vision, and Group Term Life & AD&D.
3. All companies submitting proposal must be licensed by the Texas Department of Insurance and be permitted to contract with the State or any of its subdivisions. All insurance carriers must be rated by AM Best Company. Proposers who fall under the guidelines of the Interlocal Cooperation Act, Chapter 791, Title 7, Government Code, will be acceptable.
4. Laguna Madre Water District may award to contract to the bidder who provides goods or services at the best value for the District. In determining the best value for the District, the Water District may consider:
  - (1) the purchase prices.
  - (2) the reputation of the bidder and of the bidder's goods or services.
  - (3) the quality of the bidder's goods or services.
  - (4) the extent to which the goods or services meet the District's needs.
  - (5) the bidder's past relationship with the District.
  - (6) the impact on the ability of the District to comply with laws and rules relating to contracting with historically underutilized businesses and nonprofit organizations employing persons with disabilities.
  - (7) the total long-term cost to the Water District to acquire the bidder's goods or services; and
  - (8) any relevant criteria specifically listed in this request for bids or proposals
5. The contract will be effective as per Insurance Policy, or after the Water District council approval whichever occurs later. The Water District would prefer a one-year contract with the option to renew for two (2) additional (separate) one (1) year terms, if there are no changes in terms and conditions, insurance agent or underwriting company, and the insurance rates do not increase more than 5% per year.
6. Formal communications such as requests for clarifications and/or information concerning this solicitation shall be submitted in writing via email no later than **Friday July 15, 2022 at 10:00am**. Local time and directed to Enrique Samaniego [esamaniego@lmwd.org](mailto:esamaniego@lmwd.org) and Valley Risk Consulting [roger@vrctx.com](mailto:roger@vrctx.com). Any form of contact by an offeror or potential offeror regarding this RFP, at any time during the solicitation process from initial advertisement through award, with the Commissioners or any person employed by the Laguna Madre Water District, other than through the communication channels stipulated in the Request for Proposal, or as subsequently instructed by the Laguna Madre Water District through the solicitation process, will constitute grounds for rejection of their Proposal.
7. Public sector employers are not allowed, under current state law, to execute a document containing a Hold Harmless/Indemnification Clause causing the employer to be responsible for other parties' liability. Therefore, your documents should not contain any such clauses.
8. Since the Laguna Madre Water District is interested in limiting costs associated with the acquisition process, offerors not intending to continue with the RFP are requested to submit a letter requesting they be taken off the mailing list for this solicitation. Laguna Madre Water District reserves the right to reject any or all proposals, waive technicalities and to award the contract in the best interest of the District. Price alone will not be the sole determining criteria in the selection process.
9. Offerors will submit one (1) original, (4) copies and (1) USB clearly marked of their proposal.

# Laguna Madre Water District

## Employer Sponsored Group Health Insurance, Dental, Vision, and Group Term Life & AD&D

### **Section 1:**

General Information

General Requirements, Instructions and Conditions

### **Section 2:**

Proposer Questionnaires

Group Health Insurance

Dental Insurance

Term Life & AD&D

Vision Coverage

### **Section 3:**

Water District Forms

Anti-Collusion Certification

W-9

Conflict of Interest

Form 1295 Certificate of Interested Parties

Felony Conviction Notice

### **Section 4:**

Benefit Exhibits Summary of Benefits and Cost.

## Section

# 1

## General Information

### Laguna Madre Water District Employer Sponsored Group Health Insurance, Dental, Vision, and Group Term Life & AD&D

#### GENERAL REQUIREMENTS AND INSTRUCTIONS

##### A. Information

1. The information contained in these specifications is confidential and is to be used only in connection with preparing a proposal for the following insurance services or insurance coverages:

#### **Group Health Insurance**

2. The Laguna Madre Water District reserves the right to accept or reject all or any part of the proposals, waive minor technicalities, and award the proposal to best serve their interest. The Laguna Madre Water District also reserves the right to waive or dispense with any of the formalities contained herein.
3. Proposals are to be submitted on the basis of the specifications contained herein. Alternate proposals will also be considered, provided the alternatives are clearly explained. All deviations from the specifications must be clearly identified and explained.
4. The information contained herein is believed to be accurate and up to date but is not intended to be an express or implied warranty.
5. No telephone or fax proposals will be accepted. Proposals will only be accepted if delivered by U.S. Postal Services, Federal Express, UPS, or hand delivered. The Laguna Madre Water District and Valley Risk Consulting or its representatives will not be responsible for missing, lost, or late mail. Any proposals received after the specified deadline will be returned to the proposer unopened.

##### B. Legal

All parties submitting proposals are expected to comply with federal, state, and local insurance laws and regulations relative to the preparation and submissions of insurance proposals. Specifically, the services to be provided are expected to follow the Americans with Disabilities Act (ADA), Family Medical Leave Act (FMLA), Health Insurance Portability and Accountability Act (HIPAA), insurance laws and insurance regulations. All proposals that are submitted will be presumed to follow all applicable laws.

### C. Communication and Time Frame

1. Requests for information must be in writing via email to Enrique Samaniego, Purchasing Department, [esamaniego@lmwd.org](mailto:esamaniego@lmwd.org) and Valley Risk Consulting [roger@vrctx.com](mailto:roger@vrctx.com) **no later than Friday July 15, 2022 by 10:00am.**
2. Requests from vendors by phone, email or correspondence to the Laguna Madre Water District or the agency's consultant to check the status of the proposal will not be permitted.
3. Copies of all correspondence relevant to this assignment will be distributed to all interested participants.
4. The RFP specifications will be available to interested parties **no later than 4:00pm Tuesday, July 5, 2022, on the Laguna Madre Water District's website [www.lmwd.org](http://www.lmwd.org).**
5. Submittals shall include one (1) *original, four (4) copies and one (1) USB* sealed in an envelope clearly labeled RFP # INS-HEALTH-8-02-2022 "*Employer Sponsored Group Health Insurance, Dental, Vision, and Group Term Life Insurance & AD&D*" by **no later than Thursday July 28, 2022 at 2:00 PM** local time and addressed to:

**Laguna Madre Water District  
Attn: Enrique Samaniego,  
Purchasing Department  
105 Port Rd  
Port Isabel, TX. 78578**

6. Agreement effective date will be determined by the Commissioners' of the Laguna Madre Water District.

### D. Proposals

1. Proposals must be clearly explained and identified. All costs, including optional programs, must be clearly stated, and summarized. Exceptions to or deviations from the specifications **must** be explicitly identified.
2. Multiple proposals from the same carrier/insurance company will not be accepted. Carriers/insurance companies may submit an attached list of agent/agencies requesting consideration.
3. Each party submitting a proposal is asked to screen their designated proposals for correctness and compliance with the specifications. They shall include an inventory list of products submitted attached to each proposal.
4. Proposal is to be based on duplication of the existing Plan of Benefits. Any deviations must be clearly identified and explained. All proposals will be assumed to have been submitted without any deviations unless clearly noted.
5. The amount of agent's commission and service work to be provided by the agent is to be included as part of the submitted proposal.
6. The contents of the proposals shall be kept confidential during the process of negotiations. After the insurance agreement is awarded, all proposals will be available for public inspection.
7. Please specify on proposal response if additional discounts will apply if bundle of benefits are chosen from the same carrier/insurance company, (E.G. Health+Dental+Vision+Life Insurance).

# Laguna Madre Water District

## Employer Sponsored Group Health Insurance, Dental, Vision, and Group Term Life & AD&D

### E. Disqualification and Rejection of Proposals

Failure to comply with the requirements or the procedures set forth herein, or to satisfy the insurance and servicing criteria as set forth in the specifications, may result in disqualification. It is not intended that exceptions to the specifications will, in and of themselves, result in disqualification.

### F. Selection of Vendor

Laguna Madre Water District reserves the right to reject any or all of the proposals, in whole or in part; to waive any informality in any proposal, and to accept the proposal which, in its discretion, is in their best interest of the District. The insurance consulting firm, Valley Risk Consulting, will review Proposals for completeness and for compliance with bid specifications. Eligible vendors should be available for questions and answers by telephone or personal appearance at the Consultant's or Water District Staff's request. The Commissioners' of the Laguna Madre Water District will make the final decision of award.

### G. Terms of Agreements

The Laguna Madre Water District is seeking a contract for a primary term to commence upon award by the Commissioners' of Laguna Madre Water District for an initial one-year term with the option to renew the agreement for two (2) additional one (1) year terms. **The agreement will not commence prior to October 1, 2022.**

The Laguna Madre Water District reserves the right to terminate the agreement at the expiration of the budget period, during the term of the agreement or at the end of the one-year anniversary date on a sixty (60) days' notice. The agreement will be for current revenues only in accordance with Local Government Code Section 271.903 to terminate the agreement

The agreement is to contain cancellation provision that provides for sixty (60) days' notice of cancellation (except for non-payment) and sixty (60) days' notice for non-renewal or material change.

The Laguna Madre Water District reserves the right to terminate the agreement at any time for any or no reason.

#### Authorized Signature

All proposal forms must be signed by persons who have legal authority to bind the insurer and administrator to the services that are proposed.

### H. Enrollment

The selected Provider will be expected to provide knowledgeable licensed agents to explain benefit provisions during enrollment meetings to be conducted during the month of enrollment. The selected Providers will also be responsible for providing enrollment materials prior to the employee benefit enrollment meetings. The selected provider must provide a plan for non-contact enrollment, such as Virtual Enrollment.

### **Group Health Insurance**

Laguna Madre Water District currently provides medical benefits through a fully funded benefit program. The District's current group insurance carrier is Blue Cross/Blue Shield of Texas (BCBSTX).

# Laguna Madre Water District

Employer Sponsored Group Health Insurance, Dental, Vision, and Group Term Life & AD&D and Supplemental Life Insurance

## **CONDITIONS:**

1. At completion of enrollment, Laguna Madre Water District is to be provided with a census list that includes age, benefit amount and premium for both employee and dependent, if applicable.
2. Renewal rates must be explicitly explained and received by Laguna Madre Water District sixty (60) days prior to the renewal date of October 1st.
3. The Insurance Company must have an A.M. Best rating of A- or better.
4. Tentative effective date is dependent on award date.
5. Under the provisions of the Patient Protection and Affordable Care Act (PPACA), Laguna Madre Water District elected to remain grandfathered, therefore, all the provisions under the Act apply.



**Laguna Madre Water District**  
Employer Sponsored Group Health Insurance, Dental, Vision,  
and Group Term Life & AD&D

Description of Plan **must** be in the labeled format below and include the following:

- Section A – Questionnaire (Attached)
- Section B - Schedule of Rates
- Section C - Complete Description of Benefits
- Section D - Complete Description of All Limitations & Exclusions
- Section E - Signed Conflict of Interest Questionnaire (Attached)
- Section F – Completed and signed Anti-Collusion Certification Form (Attached)
- Section G – Completed and signed W-9 Form (Attached)
- Section H – Completed and signed Form 1295 Certificate of Interested Parties (Attached)

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Company Name

---

Address

---

Agent Name

---

Authorized Signature

---

Type Signatory's Name and Title

---

Telephone Number

---

Fax Number

**Section**

**2**

# Proposer Questionnaire

## Insurance Carrier Information

**Please indicate which insurance products you are submitting:**

- Group Health Insurance                       Dental
- Vision     Group Term Life & AD&D

1. Describe the Carrier submitting the proposal:

- a Name of Carrier: \_\_\_\_\_
- b Current Business Address: \_\_\_\_\_
- c Mailing Address: \_\_\_\_\_
- d Contact Person: \_\_\_\_\_
- e Telephone Number: \_\_\_\_\_

2 Will your firm provide insurance coverage for employees, spouses of employees, employees, and their children and family coverage based on employee selection/designation?                       Yes                       No

3 Will the carrier provide a clear statement of what procedures will not be covered and what procedures will be covered and their resulting deductibles?                       Yes                       No

4 Are all ancillary products (Group Dental, Vision, and Group Term Life & AD&D) included as part of your submission?                       Yes                       No

If not, what products are you submitting?  
\_\_\_\_\_  
\_\_\_\_\_

5 Will the carrier provide specifications on COBRA and will provide a Conversion of Benefits for separating employees provided the conversion does not add to the overall cost of those employees and dependents insured remaining in the program?                       Yes                       No

6 The District’s Medical plan is “Grandfathered”. Will your proposal reflect that?                       Yes                       No

7 Will agent compensation be Sponsored outside the plan premiums?                       Yes                       No

8 Will employees have access to your company website to review pending claims?                       Yes                       No

9 Will your firm be providing virtual enrollment?  Yes  No  
 If not, please describe what non-contact enrollments your firm will provide:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10 If agent services are used, describe services to be performed by Agent. If multiple agents/agencies, the servicing agent should be selected by the carrier/company. Include name, address, and copy of agents E&O Insurance Certificate.  
 \_\_\_\_\_  
 \_\_\_\_\_

11 **Reporting Services (List any additional cost, if any):**

(a). Will Actuarial services be available?  Yes  No  
 (b). Will your firm provide ACA reporting requirements under IRC sections 6055/6056?  Yes  No  
 (c). Is there a cost associated with that service? If yes, describe:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Agent Information – Provide the following information for each agent. Greatest consideration will be given to proposals submitted through one (1) firm/agency and that include all the minimum requested benefits. The LMWD reserves the right to award benefits as a package to one firm/agency. Only those benefits and value-added services specifically listed will be considered.

Annual percentage rate for commission: \_\_\_\_\_

Provide copy of agent’s Errors & Omissions Insurance Certificate (\$1,000,000) & Agent’s current license.

**Name, Mailing Address, Contact Number for agent:**

\_\_\_\_\_  
**Proposer Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Agent Name:** \_\_\_\_\_  
**Agent Address:** \_\_\_\_\_ **Email/Telephone:** \_\_\_\_\_

**Implementation of House Bill 1295 Certificate of Interested Parties (Form 1295):**

In 2015, the Texas Legislature adopted [House Bill 1295](#), which added section 2252.908 of the Government Code. The law states that a governmental entity or state agency may not enter into certain contracts with a business entity unless the business entity submits a disclosure of interested parties to the governmental entity or state agency at the time the business entity submits the signed contract to the governmental entity or state agency. The law applies only to a contract of a governmental entity or state agency that either (1) requires an action or vote by the governing body of the entity or agency before the contract may be signed or (2) has a value of at least \$1 million. The disclosure requirement applies to a contract entered into on or after January 1, 2016.

The Texas Ethics Commission was required to adopt rules necessary to implement that law, prescribe the disclosure of interested parties form, and post a copy of the form on the commission's website. The commission adopted the Certificate of Interested Parties form (Form 1295) on October 5, 2015. The commission also adopted new rules (Chapter 46) on November 30, 2015, to implement the law. The commission does not have any additional authority to enforce or interpret [House Bill 1295](#).

**Filing Process:**

By January 1, 2016, the commission will make available on its website a new filing application that must be used to file Form 1295. A business entity must use the application to enter the required information on Form 1295 and print a copy of the completed form, which will include a certification of filing that will contain a unique certification number. An authorized agent of the business entity must sign the printed copy of the form and have the form notarized. The completed Form 1295 with the certification of filing must be filed with the governmental body or state agency with which the business entity is entering into the contract.

The governmental entity or state agency must notify the commission, using the commission's filing application, of the receipt of the filed Form 1295 with the certification of filing not later than the 30th day after the date the contract binds all parties to the contract. The commission will post the completed Form 1295 to its website within seven business days after receiving notice from the governmental entity or state agency.

Information regarding how to use the filing application will be available on this site by January 1, 2016. A sample Form 1295 is included in this procurement document to make prospective vendors aware of this requirement. Vendors are NOT required to complete the enclosed form and include it in their response. Complete instructions and important information can be located from the following link:

[https://www.ethics.state.tx.us/whatsnew/elf\\_info\\_form1295.htm](https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm)

# CERTIFICATE OF INTERESTED PARTIES

# FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY
<b>1 Name of business entity filing form, and the District, state and country of the business entity's place of business.</b>	
<b>2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.</b>	

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the goods or services to be provided under the contract.**

4 Name of Interested Party	District, State, Country (place of business)	Nature of Interest (check applicable)	
		Controlling	Intermediary

**5 Check only if there is NO Interested Party.**

**6 AFFIDAVIT** I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

\_\_\_\_\_

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
 Signature of officer administering oath                      Printed name of officer administering oath                      Title of officer administering oath

**CONFLICT OF INTEREST QUESTIONNAIRE -**

**FORM CIQ**

**For vendor or other person doing business with local governmental entity**

**This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.**

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local government entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. *See* Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

**1** Name of vendor who has a business relationship with local governmental entity.

**2**  Check this box if you are filing an update to a previously filed questionnaire.

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7<sup>th</sup> business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

**3** Name of local government officer about whom the information in this section is being disclosed.

\_\_\_\_\_  
Name of Officer

This section, (item 3 including subparts A, B, C & D), must be completed for each officer with whom the vendor has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes                       No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

Yes                       No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of one percent or more?

Yes                       No

D. Describe each employment or business and family relationship with the local government officer named in this section.

**4**  I have no Conflict of Interest to disclose.

**5**

\_\_\_\_\_  
Signature of vendor doing business with the governmental entity

\_\_\_\_\_  
Date

**ADD ADDITIONAL PAGES AS NECESSARY**



## FELONY CONVICTION NOTIFICATION

State of Texas Legislative Senate Bill No. 1, Section 44.034, Notification of Criminal History, Subsection (a), states “a person or business entity that enters into a contract with a school Water District must give advance notice to the Water District if the person, owner or operator of the business entity has been convicted of a felony. The notice must include a general description of the conduct resulting in the conviction of a felony.”

Subsection (b) states “a school Water District may terminate a contract with a person or business entity if the Water District determines that the person or business entity failed to give notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction. The Water District must compensate the person or business entity for services performed before the termination of the contract.”

**THIS NOTICE IS NOT REQUIRED OF A PUBLICLY HELD CORPORATION, BUT THE COMPANY REPRESENTATIVE MUST CHECK OFF A SELECTION BELOW (A, B, OR C)**

I, the undersigned agent for the firm named below, certify that the information concerning notification of felony convictions has been reviewed by me and the following information furnished is true to the best of my knowledge.

**VENDOR NAME:** \_\_\_\_\_

**AUTHORIZED COMPANY OFFICIAL’S NAME (PRINTED) AND SIGNATURE:**

\_\_\_\_\_

**DATE:** \_\_\_\_\_

**\*\*\*\*\* PLEASE CHECK OFF A SELECTION BELOW\*\*\*\*\***

- ( ) A. My firm is a publicly held corporation, therefore, this reporting requirement is not applicable.
- ( ) B. My firm is not owned and/or operated by anyone who has been convicted of a felony.
- ( ) C. My firm is owned or operated by the following individual(s) who has/have been convicted of a felony:  
Name of Felon: \_\_\_\_\_

Details of Convictions(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Available on Website**