

**Cologne Academy
General Specifications
Medical Insurance**

You are invited to submit your proposal for group health insurance based on the information contained in this Request for Proposal for Cologne Academy (“CA”).

General Provisions: All proposals must comply with all of the following specifications.

1. Request for proposals. CA is requesting proposals for group insurance coverage for active employees. For this purpose, “group insurance coverage” means benefit coverage provided to a group through an entity authorized under section 43A.316 or 123A.21, subdivision 7; or chapter 61A, 62A, 62C, or 62D to do business in the state.
2. Bid Delivery. **Sealed proposals** will be accepted. Please print at least three paper copies of the completed bid response and deliver them to the Academy’s address, return receipt requested, via registered or certified mail, or by professional courier.

Once sealed bids are opened, you agree upon request to send an electronic copy to CA via email.

3. Agent of Record. The agent of record for CA, and commissions payable, are described below:

North Risk Partners
Adam Olson, Risk Advisor and Partner
2010 Centre Pointe Blvd
Mendota Heights, MN 55120

Commission - 4%

CA reserves the right to reject any bids received after the date set forth above, delivered to the wrong party or parties, or delivered in a form other than as specified herein.

4. Starting date. Benefits under this program will commence on a chosen date.
5. Coverage. CA is seeking **quotes based on the current policies** (see attached summaries of three current plans). In addition to bidding on existing benefits, CA requests a bid for a “Minimum Value” plan (i.e. a plan designed to offer the lowest-cost self-only option that meets minimum value). We are also accepting quotes for any Private Exchange plans you have available to North Risk Partners.
6. Terms. It is the intent of CA to select an insurance carrier and to remain with the carrier on a long-term basis. CA desires a reasonable rate for coverages. Any proposed increase must occur sixty days in advance of the anniversary date with a cover letter explaining the amount and the purpose of the increase.
7. Deviations. Each carrier is requested to adhere to specifications in order that CA may have uniform proposals to compare. Any deviations or modifications should be noted on the Proposal Sheet.

8. Qualified Carriers. If identical proposals are received, the agents and agencies will be evaluated. For this reason, agents submitting proposals must include information regarding the agent of record, the agency and the financial stability of the companies represented. If necessary, agents may be interviewed by an evaluation panel. CA expects the agent to act as an intermediary between CA and the insurer in matters including rates, claims and audits. CA also expects the agent to perform other duties customarily handled by insurance agents and agreed upon by both CA and the Agent. The Company shall have a claim representative easily accessible to employees.
9. Premiums. Premiums will be submitted monthly. Current premiums and CA contribution levels are included on the attached benefit summary.
10. Eligibility. Benefit eligible employees are those who work more than 32 hours per week. New hire employees are eligible to participate in benefits on the first day of the month following their employment.
11. Master Policy. A master policy must be issued to CA. It shall also be the responsibility of the carrier to supply brochures describing coverage and provider directories, if applicable for all employees, explaining the plan and to furnish additional brochures and directories as requested by CA. A specimen policy must be included with each proposal submitted.
12. Administration. Each carrier must submit an outline of administration and accounting detail procedures and forms required. Adequate forms to provide for charges dealing with individual employees shall be furnished as requested by CA. It is expected that the carrier will furnish an annual report of premium collected (either policy or calendar year) and claims paid for the group as a whole within 90 days following the end of the relevant year and three months prior to renewal to include the last 12 months claims and premium experience.
13. License. The insurance company must be authorized to transact business in the State of Minnesota and otherwise comply with all the requirements of the Commissioner of Insurance of the State of Minnesota. The successful carrier will comply with all Federal and State laws, including COBRA and HIPPA.
14. Transition. The successful proposer shall issue a policy which will become effective the moment present coverages terminate on June 30, 2023. Claims existing as of this moment of transition shall be covered according to the conditions of the previous contract. Benefits arising from claims incurred subsequent to the policy inception shall be covered under the new contract. A standard provision shall apply so that an employee shall not experience a gain or loss due to a transition from one carrier to another.

Cologne Academy
Medical Insurance Proposal

Name of Insurance Company _____

Authorized Signature _____

Name of Agency _____

Authorized Signature _____

Agency Phone Number _____

Agency Address _____

Date _____

Insurer Information:

1. Year insurance company was established _____
2. Financial ratings of insurer:
Moody's _____
AM Best's _____
Standard & Poor's _____

Administration of Contract

1. From which office will our account be serviced?
2. Do our members work directly with benefit specialists or with an 800 number?
3. Describe your process for handling customer complaints.
4. Will your service team working with our group have any special training for the needs and requirements of charter schools?
5. Describe your ongoing enrollment procedures.
6. Provide examples of education materials provided to members.
7. Will you offer on-line access to enrollment, information and services? Please describe.

Administration of claims

1. Provide statistics in regards to your claims timeliness and accuracy.
2. Does your customer service team have on-line access to real-time claim information?
3. Provide examples of group level reporting.

Plan Administration

1. Provider access is important. Do you have an on-line provider network for members to review and how often is this updated?
2. Do you offer mail order prescriptions and do you have a program that allows local pharmacies to be included?
3. What is your current claims trend?
4. Do you offer EAP to all members?
5. Can you guarantee ID cards delivered within 45 days of renewal confirmation?
6. Do you offer a wellness program for employees to take advantage of?
7. Do you require any type of care or drug that requires a specific provider other than your general network? (such as bariatric surgery)
8. Please describe your formulary access. Does it have a generic feature or limitations?