EMPLOYEE BENEFITS RFP

RFP 27-0003

Dental and Vision

Company Name: Hendry County School District

Location: 300 W Cowboy Way, Labelle, FL 33935

Effective Date: January 1st, 2026

NOTICE TO PROPOSERS

The Hendry County School District ("HCSD" or "the District") is requesting an electronic submission that must be received no later than September 25,2026, to Brandynn Marroquin at procurement@hendry-schools.net. Proposals from independent agents, brokers, or consultants will not be considered due to contractual obligations.

To obtain a comprehensive census for all lines of coverage and claims reporting, please send your request in writing, via email, to Brandynn Marroquin at procurement@hendry-schools.net and copy Kimberly Jordan at jordank@hendry-schools.net starting on September 15, 2026

For all communications, including your request for census and claims reporting and questions related to this RFP, your email subject line should read " RFP 27-0003 Dental and Vision".

All questions should be sent in writing, via email to Brandynn Marroquin at procurement@hendry-schools.net and copy Kimberly Jordan at jordank@hendry-schools.net to be received no later than 2:00pm EDT on September 15, 2026.

Proposals must be received on or before 2:00pm EDT on September 25,2026.

No proposal received after the specified time and date will be considered.

Schedule/Project Timeline:

September 4, 2026	RFP 27-0003 Dental and Vision Posted
September 15, 2026	Deadline for Questions 3:00pm
September 25,2026	Response Due by 2:00pm / Bid opening at 2:15pm at the Hendry County School District office at 300 West Cowboy Way LaBelle, FL 33935
October 6, 2026	Insurance Committee meeting to review proposals and

	make recommendations.
October 20, 2026	Board meeting to approve plan designs and proposals. 5:30pm

CONTACT RESTRICTIONS: All prospective Proposers are hereby instructed not to contact the Hendry County School District Board Members, Superintendent, or Hendry County School District staff members other than the noted contact person(s) Brandynn Marroquin, Purchasing Director, or Kimberly Jordan, Human Resources Director, regarding this Request for Proposal or their proposal at any time during the proposal process. Any such contact shall be cause for rejection of your proposal. The District reserves the right to reject any or all proposals, to waive informalities in the proposals, and to re-advertise for proposals. The District also reserves the right to separately accept or reject any item or items of a proposal and to award and/or negotiate a contract in the best interest of the District.

INTRODUCTION

Hendry County School District headquartered in Labelle, FL is soliciting responses from qualified insurance carriers and benefits administrators to provide quotes for dental and vision coverages. Coverage will be offered to eligible employees and, where applicable, their dependents, retirees, and COBRA participants.

Through this Request for proposal, HCSD seeks vendors capable of delivering highquality coverage, competitive pricing, robust administrative support, and a positive employee experience. While cost competitiveness is a key consideration, proposals will be evaluated holistically, with emphasis on benefit design, provider access, enrollment and service capabilities, administrative efficiency, and overall value.

The District reserves the right to request Best and Final Offers and may seek revised pricing, plan designs, rate guarantees, or service enhancements from one or more respondents. HCSD further reserves the right to reject any or all proposals, waive irregularities, and select the proposal(s) deemed to be in the best interest of Hendry County School District and its employees.

Evaluation of proposals may include, but is not limited to, the following considerations:

A. Compliance with RFP requirements and responsiveness to specifications
B. Competitiveness and flexibility of plan design and pricing, including multiyear and/or multiline rate guarantees
C. Strength and stability of dental and vision provider networks and benefit enhancements
D. Enrollment support, employee communication, and multilingual capabilities
E. Administrative services, technology integration, and reporting capabilities
F. Customer service model, account management, and implementation support
G. Availability of valueadded programs and services

OBJECTIVE OF THE RFP:

The objective of this RFP is to identify qualified vendor partners capable of supporting HCSD's commitment to a comprehensive, competitive, and sustainable benefits program that promotes employee wellbeing, financial security, and engagement while maintaining cost discipline and administrative efficiency.

HCSD seeks solutions that enhance benefit value and employee experience, encourage participation, ensure equitable access for a diverse workforce (including multilingual support), and minimize disruption to existing programs. Particular emphasis is placed on longterm rate stability, service consistency, access to in-network providers, operational excellence, and partnership quality.

Through this process, HCSD intends to select vendors that demonstrate the ability to serve as longterm strategic partners, delivering a highquality ancillary benefits program aligned with the needs of a large public school district.

SCOPE OF COVERAGE:

HCSD is issuing this Request for Proposal (RFP) to solicit proposals from qualified carriers and vendors for the voluntary lines of coverage: ASO Dental & Fully Insured Vision

Eligible Participants 881 - Active Employees
318 – Retirees (Dental only. No vision)
0 - COBRA

Line of Coverage	Carrier	Current Enrollment	Rate Guarantee
Voluntary Dental (ASO)	Metlife	1,083	12/31/2027 (7% cap 2028)
Voluntary Vision	Metlife	678	12/31/2028

HCSD is seeking proposals for ancillary benefit coverages that match the current plan designs, as well as alternate plan designs outlined below. The intent of this RFP is to identify benefit solutions that provide enhanced coverage, improved value, and a higher overall quality benefits package for employees, while maintaining minimal to no premium increases, where possible.

The District seeks proposals that align benefit levels and plan provisions with current industry standards, balancing affordability with meaningful, competitive coverage. Respondents should clearly distinguish between base plan proposals that align with current designs and any alternate or enhanced plan options being offered. Please include the following 3 plan designs (or as close as possible) in your response.

Option 1: Matching Plan Design – Base Proposal

Option 2: Alternate Plan Design

Dental:

- Increase annual maximum for employees from $1,500 to $2,500
- Include rollover/max carryover feature allowing unused annual maximum dollars to accumulate year-over-year.
- Cover major services at 60% or 80% instead of 50%.
- Waive waiting periods on major services.
- Provide enhanced crown and bridge benefits.
- Increase implant coverage and frequency allowances.
- Provide balance billing protections where available.

Vision:

- Increase frame and contact lens allowance to $150/$200
- Increase out of network reimbursements (network issues)

Option 3: Create a package that includes both Option 1 and Option 2 plans that allows employees to choose the option that best fits their needs.

CARRIER REQUIREMENTS & REQUESTED INFORMATION

In addition to providing the requested proposals, respondents are asked to include the following information to support a comprehensive evaluation of pricing, network access, member experience, administrative capabilities, and overall service delivery.

Pricing & Rate Stability

- Provide details regarding multi-year rate guarantees, renewal rate cap availability, including applicable terms, conditions, and renewal provisions.

Network Access, Provider Analysis & Transparency

- Outline provider search methodologies for all Dental and Vision networks.
- Provide a provider access analysis for resident zip codes, including network penetration and coverage adequacy.
- Include provider disruption reports for all quoted Dental and Vision networks against current, specifically identifying top utilized providers and any potential access changes or terminations (utilize current provider listing provided to notate network status).
- Identify any key or high-volume providers included or excluded from the proposed networks and describe anticipated member impact, if applicable.

Member Experience & Support

- Describe the overall member experience model, including service structure and key performance metrics.
- Outline customer service support, including availability, access channels, and service levels.
- Detail available multilingual member support, specifically Spanish and Creole.
- Explain the escalation process for complex or high-priority member issues.
- Describe ID card issuance, including temporary digital cards and permanent physical ID cards.
- Outline standard claims payment timeframes.

Digital Tools, Portals & Virtual Services

- Provide an overview of the employer and member portal, including functionality and accessibility.
- Describe any virtual services or digital care solutions available to members.

Enrollment, Education & Engagement Support

- Provide employee education materials, communication samples, and engagement tools.
- Describe enrollment support tools and communications available for Open Enrollment and renewal periods.

Value-Added Programs

- Detail all value-added services and programs, including any associated costs.

Administration, Integration & Billing

- Confirm the ability to integrate with the client's benefits administration system (PlanSource) and assume responsibility for file feed setup cost and ongoing maintenance costs, as applicable.
    - Include any blackout periods for file feed setup.
    - Specify the deadline by which the Open Enrollment file must be received in advance of the January 1 effective date.
- Describe integrated administrative solutions, including integrated EOI capabilities.
- Outline available claims integration options.
- Describe self-billing capabilities

Banking and Funding Requirements

The District requires all respondents to clearly outline any banking, funding, premium remittance, ACH, lockbox, or account structure requirements associated with plan implementation and ongoing administration.

Responses should include:

- Any requirement to establish new bank accounts or funding arrangements.

- Required banking relationships, account structures, or custodial accounts.
- ACH and premium remittance requirements.
- Funding schedules and reconciliation processes.
- Administrative responsibilities of the District related to funding and banking.
- Any implementation activities, costs, or operational impacts associated with banking requirements.
- A detailed timeline for establishing required banking arrangements.
- Dedicated implementation support for banking and funding setup.

Implementation & Account Management

- Provide a detailed carrier implementation plan, including timeline, milestones, and responsibilities.
- Identify the carrier's main office location and the dedicated account management team that will support Hendry County School District.

Reporting & Data Delivery

- Outline the claims data available, including report types, delivery method, and frequency throughout the plan year.

Financial Strength

- Provide current ratings with AM Best or other industry rating institution. A rating of A- or better is required.

Proposer Acknowledgement Form

- The Proposer Acknowledgment Form is to be completed and submitted with your proposal. Failure to do so may result in your submittal not being considered.

OPEN ENROLLMENT & PLAN ELIGIBLITY:

Open Enrollment: November

Plan year: 1/1/2027 – 12/31/2027

Enrollment Platform: PlanSource

Payroll Platform: Skyward

COBRA Administrator: Medcom

BROKER COMPENSATION:

Agent of Record: Corey McMeeking, Foundation Risk Partners Public Risk

Broker Commission:

- ASO Dental - $1.74 PEPM

- Vision – 5% level commission

GA: Foundation Risk Partners

Credits: Respondents are requested to outline any available credits or allowances that may be applied to support implementation, enrollment, administration, or technology. Proposals should specifically address the following:

- Benefits Administration System Integration & Platform Credits:
  Describe the ability to integrate with the HCSD current technology platforms, PlanSource, including coverage of all costs associated with file feed setup, if applicable.
- Transition, Administrative, and Technology Credits:
  Identify any additional credits or financial allowances available to offset transition, administrative, implementation, enrollment, or technologyrelated expenses. Clearly specify the amount, duration, and permitted use of any such credits.

Exhibits:

A. Current Rates

B. Benefit summaries

C. Claim Data/Utilization (available upon request)

D. Top Dental Providers

E. Top Vision Providers

G. Member Level Census (available upon request)

EVALUATION PROCESS

A. The criteria and evaluation process described below shall be used to determine the Proposer(s) to be selected to provide all products and services.

B. EVALUATION COMMITTEE: Submitted proposals will be reviewed by the Insurance Committee based on the criteria identified herein to identify the Proposer(s) that best meet the needs of the District.

1. The Insurance Committee will evaluate all proposals for each requested line of coverage and will select each plan separately based upon the ability to provide the coverages, benefits, and services specified in the Scope of Coverage. However, bundling lines of coverage is preferable where possible. See the last page of this RFP for the scoring system that will be implemented.

2. Following the scoring evaluation process (Proposer Scoring Form is included below), the Committee will negotiate with each provider whose proposal is selected. The selected provider will be allowed to submit a final proposal which shall include the best and final offer for the coverages, services, and benefits offered for each line.

3. The final offer will contain all information and documents necessary to state the Provider's entire proposal without reference to the original proposal or to any supplements that may have been submitted during negotiations.

4. Based upon the review, the Committee shall provide their recommendation

to the Hendry County School Board for award.

5. The District reserves the right to reject all or some portions of the proposals. In the event the District does so, it shall provide in writing to all Proposers the reasons for its rejection.

Compliance with Florida Statutes

Vendor expressly agrees that it shall comply with the public records law and Retiree coverage law provided:

Chapter 119 – The Respondent shall comply with all provisions of section 119.0701, Florida Statutes relating to the public records which requires, among other things, that the Respondent:

(a) Keep and maintain public records that ordinarily and necessarily would be required Hendry County School Distirct to perform the contracted service.

(b) Provide the public with access to public records on the same terms and conditions that Hendry County School District would provide the records and at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes, or as otherwise provided by law.

(c) Ensure that public records that are exempt or confidential and exempt from public records **disclosure requirements are not disclosed except as authorized by law.**

(d) Meet all requirements for retaining public records and transfer, at no cost, to Hendry County School District all public records in possession of the contractor upon termination of the contract and destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. All records stored electronically must be provided to Hendry County School District in a format that is compatible with the information technology systems of Hendry County School District.

Failure of the Contractor to comply with Public Records Law as provided by Florida Statutes, Chapter 119, shall subject the Agreement to termination for cause by Hendry County School Distirct.

Retiree coverage per Florida Statute 112.0801:

Any state agency, county, municipality, special district, community college, or district school board which provides life, health, accident, hospitalization, or annuity insurance, or all of any kinds of such insurance, for its officers and employees and their dependents upon a group insurance plan or self-insurance plan shall allow all former personnel who have retired prior to October 1, 1987, as well as those who retire on or after such date, and their eligible dependents, the option of continuing to participate in such group insurance plan or self-insurance plan. Retirees and their eligible dependents shall be offered the same health and hospitalization insurance coverage as is offered to active employees at a premium cost of no more than the premium cost applicable to active employees. For the retired employees and their eligible dependents, the cost of any such continued participation in any type of plan or any of the cost thereof may be paid by the employer or by the retired employees.

JESSICA LUNSFORD ACT COMPLIANCE AGREEMENT

Please provide written verification to Hendry County School District that you have cleared all

employees with the sexual offender/predator databases at http://www.floridasexoffender.net and

http://www.nsopr.gov . The Vendor certifies it will comply with the requirements of the Jessica Lunsford Act (Section 1012.465, Florida Statutes) in regards to fingerprinting and level 2 background screenings of all employees and any subcontractors employees who will have access to any District school or property when students may be present, or will have direct contact with any student; or have access to or control of school funds. Vendor's failure to comply with this requirement will constitute a material breach of contract. Vendor is responsible for all costs incurred to comply with this requirement.

By signing the below, vendor agrees to comply with the above screening requirements if selected for

award.

Name: _____

Signature: _____

Date: _____

RFP 27-0003 Dental and Vision

PROPOSER ACKNOWLEDGEMENT FORM

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL

RFP RELEASE DATE: TBD

RFP DEADLINE FOR QUESTIONS: TBD

RFP DUE DATE & TIME: TBD

PROPOSALS RECEIVED AFTER THE ABOVE DATE AND TIME WILL NOT BE CONSIDERED

PROPOSER'S NAME: _____

PROPOSER'S MAILING ADDRESS: _____

CITY/STATE/ZIP:

_____

____

EMAIL:_____

TEL#:_____

ACKNOWLEDGEMENT OF ADDENDA (CIRCLE EACH ADDENDUM)

1 2 3 4 5 6 7 8

If returning as a decline to quote, please state reason(s):

_____

_____

_____

_____

_____

_____

I agree to abide by all conditions of this proposal and certify that I am authorized to sign this on behalf of the Proposer. In submitting a proposal to the Hendry County School District the Proposer offers and agrees that if the proposal is accepted, the Proposer will convey, assign or transfer to the Hendry County School District all rights, title, and interest in and to all causes of action it may now or hereafter acquire under the Antitrust laws if the United States and the State of Florida for price fix relating to the particular commodities or services purchased or acquired by the Hendry County School District. At the School District's discretion, such assignment shall be made and become effective at the time the District tender's final payment to the Proposer.

(Authorized Signature) _____ (Name - Printed or Typed) _____

_____ _____

(Title) (Date)

Attachment A – Public Entities Crime Form

SWORN STATEMENT UNDER SECTION 287.133(3)(a), FLORIDA STATUTES, PUBLIC ENTITY CRIMES

Hendry County School District

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

This sworn statement is submitted by _____ (name of entity) who business address is _____ and Federal Employer ID Number (FEIN), if applicable, is _____. If the entity has no FEIN, you must include the social security number of the individual signing this sworn statement.

My name is _____ and my relationship to the _____ (print name of individual signing) entity above is _____.

I understand that a public entity crime, as defined in Florida Statute 287.133(1)(g) means a finding of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a violation of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.

I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
1. A predecessor or successor of a person convicted of a public entity crime; or
2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the

provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies.)

_____ Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, not any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

_____The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND (Please indicate which additional statement applies.)

_____The person HAS _____ or HAS NOT _____ been placed on the convicted contractor list. (Please describe any action taken by or pending with the Department of Management Services concerning removal from the list.)

_____ _____
Authorized Officer Signature Date

_____
Name

_____
Title

State of _____

County of _____

_____ Appeared in person before me, who is personally known to me or provided the following identification _____, affixed his/her signature in the space provided above on this _____ day of _____, 20____.

NOTARY PUBLIC
My commission expires

Attachment B – Scrutinized Company Certification

Hendry County School District

I hereby swear or affirm that as of the date below this company is not listed on a Scrutinized Companies list created pursuant to 215.4725, 215.473, or 287.135, Florida Statutes. Pursuant to 287.135, Florida Statutes I further affirm that:

1. This company is not participating in a boycott of Israel such that it is not refusing to deal, terminating business activities, or taking other actions to limit commercial relations with Israel, or persons or entities doing business in Israel or in Israeli-controlled territories, in a discriminatory manner.

2. This Company does not appear on the Scrutinized Companies with Activities in Sudan List where the State Board of Administration has established the following criteria:

   a. Have a material business relationship with the government of Sudan or a government-created project involving oil related, mineral extraction, or power generation activities, or

   b. Have a material business relationship involving the supply of military equipment, or

   c. Impart minimal benefit to disadvantaged citizens that are typically located in the geographic periphery of Sudan, or

   d. Have been complicit in the genocidal campaign in Darfur.

3. This Company does not appear on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List where the State Board of Administration has established the following criteria:

   a. Have a material business relationship with the government of Iran or a government created project involving oil related or mineral extraction activities, or

   b. Have made material investments with the effect of significantly enhancing Iran‘s petroleum sector.

4. This Company is not engaged in business operations in Cuba or Syria.

_____

Name of Company

_____ _____

Authorized Officer Signature Date

_____

Name

_____

Title

ATTACHMENT C

FOREIGN COUNTRY OF CONCERN ATTESTATION (PUR 1355)

This form must be completed by an officer or representative of an entity submitting a bid, proposal, or reply to, or entering into, renewing, or extending, a contract with a Government Entity which would grant the entity access to an individual's Personal Identifying Information. Capitalized terms used herein have the definitions ascribed in Rule 60A-1.020, F. A. C.

_____ (name of vendor) is not owned by the government of a Foreign Country of Concern, is not organized under the laws of nor has its Principal Place of Business in a Foreign Country of Concern, and the government of a Foreign Country of Concern does not have a Controlling Interest in the entity.

Under penalties of perjury, I declare that I have read the foregoing statement and that the facts stated in it are true.

Printed Name: _____

Title: _____

Signature: _____ Date: _____

ATTACHMENT D

Vendor Affidavit Regarding the Use of Coercion for Labor and Services

Vendor Name: _____

Address: _____

Phone Number: _____

Authorized Representative's Name: _____

Authorized Representative's Title: _____

Email Address: _____

Section 787.06(13), Florida Statutes requires all nongovernment entities (such as Vendor) executing, renewing, or extending a contract with a governmental entity (such as the School Board of Hendry County, Florida) to provide an affidavit signed by an officer or representative of Vendor under penalty of perjury that Vendor does not use coercion for labor or services as defined in that statute.

As the person authorized to sign on behalf of Vendor, I certify that the company identified above does not:

- Use or threaten to use physical force against any person;
- Restrain, isolate, or confine or threaten to restrain, isolate, or confine any person without lawful authority and against her or his will;
- Use lending or other credit methods to establish a debt by any person when labor or services are pledged as a security for the debt, if the value of the labor services as reasonably assessed is not applied toward the liquidation of the debt, the length and nature of the labor or services are not respectively limited and defined;
- Destroy, conceal, remove, confiscate, withhold, or possess any actual or purported passport, visa or other immigration document, or any other actual or purported government identification document, of any person;
- Cause or threaten to cause financial harm to any person;
- Entice or lure any person by fraud or deceit; or
- Provide a controlled substance as outlined in Schedule I or Schedule II of s.893.03 to any person for the purpose of exploitation of that person.

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

_____

Signature of Authorized Representative

Attachment E – Debarment Form

Hendry County School District

This certification is required by the Department of Education regulations implementing Executive Order 12549, Debarment and Suspension, 34 CFR Part 85, for all lower tier transactions meeting the threshold and tier requirements stated at Section 85.110.

1. By signing and submitting this bid/proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this bid is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," " person," "primary covered transaction," "principal," "bid," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this bid issubmitted for assistance in obtaining a copy of those regulations.5. The prospective lower tier participant agrees by submitting this bid that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.6. The prospective lower tier participant further agrees by submitting this bid that it will include the clause titled Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Covered Transactions, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may but is not required to, check the No Procurement List.8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

CERTIFICATION: The prospective lower tier participant certifies by submission of this bid/proposal that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by and Federal department or agency. Where the prospective lower tier participant is unable to certify any of the statements in this certification, such prospective participant must attach an explanation.

Bidder Signature: _____

Bidder Name: _____ Bidder Title: _____

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PROPOSER SCORING FORM

Evaluation Criteria will be Rated on a Scale of 1 - 5 with 1 being the least and 5 being the greatest.

Evaluation Criteria	Weight	Score	Comments
1. Plan Design & Coverage Options **a.** Competitiveness of Benefits **b.** Range of Benefits	30%		
2. **Cost & Affordability** (Price Competitiveness)	30%		
3. **Network & Accessibility** a. Provider Network Size b. Geographic Coverage c. Local Access to In-Network Providers	30%		
5. Experience & Reputation	10%		
Total Score			