



STATE OF WASHINGTON
HEALTH CARE AUTHORITY

REQUEST FOR PROPOSALS (RFP)

RFP NO. 16-008

NOTE: *If you download this RFP from the Health Care Authority website, you are responsible for sending your name, address, email address, and telephone number to the RFP Coordinator in order for your organization to receive any RFP amendments or bidder questions/agency answers.*

PROJECT TITLE:

PROPOSAL DUE DATE: **March 2, 2016**– 2:00 p.m., *Pacific Standard Time or Pacific Daylight Time*, Olympia, Washington, USA.

Emailed bids will be accepted. Faxed bids will not.

ESTIMATED TIME PERIOD FOR CONTRACT: **January 1, 2017 – December 31, 2021**
The Agency, at its sole discretion, may extend the contract for up to ten (10) additional years in whatever time increments the Agency deems appropriate.

CONSULTANT ELIGIBILITY: This procurement is open to those consultants that satisfy the minimum qualifications stated herein and that are available for work in Washington State.

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 - C. Washington HCA Group Life Bid Template
 - D. Life Enrollment Statistics Unique ID September 2015_FINAL (please email Contracts@hca.wa.gov for this attachment)
 - E. 2015 ReliaStar Group Life Certificate of Coverage and Rates
 - F. Washington HCA Group Life Experience – Jan 2010 through Jun 2015_FINAL
 - G. PEBB Life Supplemental Coverage Payment Flowchart
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1. INTRODUCTION

1.1 PURPOSE AND BACKGROUND

The Washington State Health Care Authority hereafter called "HCA," is initiating this Request for Proposals (RFP) to solicit proposals from firms interested in participating on a project to select a life insurance carrier to insure and administer the Basic, Supplemental, and Accidental Death and Dismemberment life insurance benefits for employees and their dependents in the state of Washington. These insurance programs are sponsored by HCA and the Washington State Public Employees Benefits Board (PEBB). PEBB's underlying goal in procurement is to use innovative purchasing strategies to provide high quality benefits for PEBB members. HCA seeks to be an innovator in healthcare purchasing and an employer of choice within the state of Washington.

HCA intends to award one contract to provide the services described in this RFP.

1.1.1 Background of PEBB Program

HCA is a cabinet-level agency within the executive branch and is governed by chapter 41.05 Revised Code of Washington (RCW). HCA's responsibilities, through PEBB established in the RCW, include the administration of "health care benefit programs for state employees and retirees as well as school district employees and retirees as specifically authorized" by statute. RCW 41.05.065 further defines the type of insurance PEBB administers:

The board shall study all matters connected with the provision of health care coverage, life insurance, liability insurance, accidental death and dismemberment insurance, and disability income insurance or any of, or a combination of, the enumerated types of insurance for employees and their dependents on the best basis possible with relation both to the welfare of the employees and to the state.

At this time, the PEBB Program contracts for medical, dental, long term disability, and life and accidental death and dismemberment insurance for public employees employed at state agencies, higher education institutions, and school districts. Employer groups (such as ports and other political subdivisions) may participate in the PEBB Program upon approval.

The PEBB population includes 261,144 active employees and dependents and another 92,805 retirees and dependents for a total of 354,883 total members as of June 30, 2015. Data about plan participation and experience is attached in Exhibits D and F.

1.1.2 Current Basic Life and Accidental Death and Dismemberment Insurance Plans

The State Employees Insurance Board (SEIB), the entity that preceded PEBB in handling state employee benefit, purchased the Life Insurance policy in 1977 from Northwestern National Life Insurance (NWNL). In the late 1990s, NWNL became ReliaStar Insurance Company, a subsidiary of ING U.S., Inc. In 2014 ING U.S., Inc. changed its name to Voya Financial, Inc. The current carrier has held PEBB's life benefit for thirty-eight years. Basic Life and Accidental Death and Dismemberment (AD&D) insurance is purchased through a participating arrangement with Voya Financial. The plan is considered self-administered with Voya Financial performing enrollment underwriting and final claims processing.

PEBB offers \$25,000 Basic Life insurance and \$5,000 AD&D insurance to eligible employees at no cost. Participating employers pay the premiums on the coverages.

The current plan is funded on a participating basis and the Premium Stabilization Reserve (PSR) is maintained by Voya as part of the administration of the plan. We expect the

balances of this PSR to move with the contract and be subject to any minimum surplus requirements. Minimum timing restrictions may apply. Utilization of these balances has yet to be determined and will depend on the ultimate funding arrangement decided by the state of Washington. No liabilities will be transferred to the new contract. There have not been any deficits in the past on these PSRs. In general, balances in the PSRs are not allowed to drop below an established minimum balance. The current interest rate paid on the PSR is 2.25%.

As of June 30, 2015, there were approximately 128,000 employees participating in the Basic Life insurance and AD&D plans. The total premium paid for 2014 (the last year we have complete payment information for) was \$6,120,592.

Employee Supplemental Life	\$21,812,526
Dependent Basic and Supplemental	\$3,766,174
Voluntary AD&D	\$917,746
Retiree Life	\$1,172,446
Total	\$33,789,484

The chart below explains the current design, eligibility, enrollment, and other aspects of the Basic Life insurance and AD&D plans. Additional details can be found in the plan Exhibit E, Voya ReliaStar Certificate of Coverage and Rates.

<i>Benefit Amounts</i>	Basic Life: \$25,000; Basic AD&D: \$5,000
<i>Who is eligible?</i>	Any state employee, school district employee, and employee of a PEBB-anticipating employer who meets the eligibility criteria of WAC 182-12-114 and maintains the employer contribution toward coverage under WAC 182-12-131.
<i>When Coverage Begins</i>	On the latest of the following dates: <ul style="list-style-type: none"> • The first day of the month following the date you become eligible; or • If you become eligible on the first working day of a month, then insurance coverage begins on the day; or • The first day of the month following the date you complete your Employer Group's waiting period; or • The date you return to active work if you are not actively at work on the date insurance would otherwise start.
<i>Cost</i>	Premiums paid by agency or participating employers. The 2015 Basic Life rate is \$4.02 PEPM. The AD&D portion of the premium cannot be split from the \$4.02 PEPM.
<i>Waiver of Premium</i>	Yes. Employees who become disabled prior to age 60 are eligible to receive Waiver of Premium benefits. There is a 6 month elimination period. The face amount of insurance is reduced to \$3,500 at age 65 and further reduced to \$3,000 at age 70.
<i>Coverage after Retirement</i>	A voluntary supplemental retiree life insurance is offered.
<i>Coverage While on Leave Without Pay</i>	Self-pay option available.
<i>Coverage While on USERRA Leave</i>	Self-pay option available.

<i>Coverage While on FMLA Leave</i>	Yes
<i>When Coverage Ends</i>	<p>On the earliest of the following dates:</p> <ol style="list-style-type: none"> 1. Employees in pay status, coverage will terminate the earliest of the last day of the month in which: <ol style="list-style-type: none"> a. the employee is no longer eligible for insurance coverage under the Group Policy; or b. the employee is eligible for the employer contribution; or c. the employee premiums were withheld; or d. your approved leave under the Family Medical Leave Act ends; or e. you are approved for Waiver of Premium due to total disability by Voya Financial; or f. the date the Group Policy terminates; or g. the date the Policyholder replaces the Life Insurance plan through another insurance carrier, if you are actively at work for the Policyholder on that date; or h. you begin full-time service of the military (land, sea, or air) forces of any country; or i. For ported Life Insurance, the date you attain age 70; or j. For AD&D Insurance, the date your Life Insurance terminates or the date your Life Insurance premiums are waived due to total disability. AD&D Insurance stops at the beginning of the period in which you are eligible to convert your Life Insurance; or k. For Accelerated Death Benefit, the date your Life Insurance terminates. For coverage not ported, the Accelerated Death Benefit stops at the beginning of the period in which you are eligible to convert your Life Insurance. 2. Members not in pay status, coverage will terminate the later of the last day of the month in which: <ol style="list-style-type: none"> a. employee is terminated; or b. the employee is eligible for the employer contribution; or c. employee premiums were withheld; or d. the date the Group Policy terminates; or e. For ported Life Insurance, the date you attain age 70; or f. For AD&D Insurance, the date your Life Insurance terminates or the date your Life Insurance premiums are waived due to total disability. AD&D Insurance stops at the beginning of the period in which you are eligible to convert your Life Insurance; or g. For Accelerated Death Benefit, the date your Life Insurance terminates. For coverage not ported, the Accelerated Death Benefit stops at the beginning of

	<p>the period in which you are eligible to convert your Life Insurance.</p> <p>3. Members ceasing active work, if you cease active work directly or indirectly because of a strike, lockout, or other labor dispute which results in suspension or termination of your compensation, you have the right to continue such Life Insurance by paying the entire premium directly to the HCA. If you elect to pay the entire premium for this continued insurance, termination of such continued insurance shall occur on the earlier of</p> <ul style="list-style-type: none"> a. the last day of the calendar month for which you made a premium payment; or b. your return to active work; or c. the last day of the sixth calendar month following the date of suspension or termination of compensation by your employer; or d. the date the Group Policy ends.
<i>Proof of Good Health</i>	No.

1.1.3 Current Supplemental Life Insurance Coverage

Eligible employees may purchase Supplemental Term Life insurance and Accidental Death and Dismemberment insurance for themselves, and Supplemental Life insurance and Accidental Death and Dismemberment insurance for their spouses (or domestic partners) and their dependents. Premiums are paid by the eligible employee through payroll withholdings remitted to HCA. Premium rates are set annually (except for years when there were multi-year guarantees). The supplemental insurance plans are also purchased through a participating arrangement with Voya Financial, however, please note that separate Premium Stabilization Reserves (PSR) have been established for the employer-paid Basic plans and the employee-paid Supplemental plans.

The current plan is funded on a participating basis and the Premium Stabilization Reserve (PSR) is maintained by Voya as part of the administration of the plan. We expect the balances of this PSR to move with the contract and be subject to any minimum surplus requirements. Minimum timing restrictions may apply. Utilization of these balances has yet to be determined and will depend on the ultimate funding arrangement decided by the state of Washington. No liabilities will be transferred to the new contract. There have not been any deficits in the past on these PSRs. In general, balances in the PSRs are not allowed to drop below an established minimum balance. The current interest rate paid on the PSR is 2.25%.

As of June 30, 2015, there were approximately 60,000 employees participating in the Supplemental Life insurance plans. The total premium paid for 2014 (the last year we have completed payment information for) was as detailed below.

Employee Supplemental Life	\$21,812,526
Dependent Basic and Supplemental	\$3,766,174
Voluntary AD&D	\$917,746
Retiree Life	\$1,172,446
Total	\$27,668,892

The chart below explains the current design, eligibility, enrollment, and other aspects of the Supplemental Life Insurance Coverage plans. Additional details can be found in Exhibit E, Voya ReliaStar Certificate of Coverage and Rates.

<i>Who is eligible?</i>	Any state employee, school district employee, and employee of a PEBB-participating employer who meets the eligibility criteria of WAC 182-12-114 and maintains the employer contribution toward coverage under WAC 182-12-131.
<i>When Coverage Begins</i>	On the latest of the following dates: <ul style="list-style-type: none"> • The first day of the month following the signature date on the Life Insurance Enrollment/Change form for amounts up to the guaranteed issue amount (as described in the Schedule of Benefits section of this certificate) when you submit your Life Insurance Enrollment/Change form to your employer no later than 60 days after your eligibility date. • The first day of the month following the date Voya Financial approves your evidence of insurability, if required. • Coverage begins on the first of the month following the signature date on the Life Insurance Enrollment/Change form, if you enroll in supplemental AD&D or dependent Basic Life after your initial eligibility period. • The date you return to active work if you are not actively at work on the date insurance would otherwise start. • The first of the month following the signature date on the Life Insurance Enrollment/Change form based on your request for a decrease in coverage.
<i>Cost</i>	See rates included in Exhibit E
<i>Accelerated Life Benefit</i>	Yes.
<i>Waiver of Premium for Disability</i>	Yes. Employees who become disabled prior to age 60 are eligible to receive Waiver of Premium benefits. There is a 6 month elimination period. There are no reductions in Supplemental Life insurance amounts.
<i>Coverage after Retirement</i>	None, unless ported or converted.
<i>Portability</i>	Employees may apply to continue their terminated Basic and Supplemental Life Insurance until age 70 if certain conditions are met. They may elect to decrease their coverage continued under the Portability provision; however, they will not be eligible to increase it. Employees must apply to continue their coverage under the portability provision within 31 days (60 days if they are retiring) of the date their insurance terminates due to the following: <ul style="list-style-type: none"> • They retire or terminate employment with the Policyholder, if coverage is in effect for active employees under the Group Policy.

	<ul style="list-style-type: none"> • The Policyholder terminates Basic and Supplemental Life Insurance for employees under the Group Policy and does not replace it with a similar life insurance plan. • They are no longer eligible for life insurance under the Group Policy. • All other continuation under the Group Policy ends. <p>If their amount of insurance reduces due to age or a change in employment status (other than termination of employment), this is not considered a termination of insurance for purposes of ported coverage.</p> <p>Employees may also apply to continue their terminated Basic Dependent and Supplemental Spouse/Registered Domestic Partner Life Insurance at the same time they apply to continue their coverage under the portability provision. Dependent Life Insurance may only be continued if their life insurance is continued. They may elect to decrease dependent coverage continued under the portability provision; however, they will not be eligible to increase it.</p> <p>Your application to continue your and your dependent's life insurance under the portability provision is subject to approval by Voya Financial. If you and your dependents are not approved for portability, you and your insured dependents may still be eligible for conversion.</p>
<p><i>Conversion</i></p>	<p>A. Upon written application and payment of the applicable premium to Voya Financial within 31 days (60 days for persons retiring and their dependents), you or your insured dependents will be entitled, without evidence of insurability, to an individual policy of life insurance (without Waiver of Premium, Accelerated Death, or Accidental Death & Dismemberment Insurance benefits) on the earliest of the following:</p> <ol style="list-style-type: none"> 1. For coverage not continued under the portability provision, the date your or your insured dependents' insurance ends because of termination of your employment or termination of eligibility for insurance under the Group Policy. If your insurance is reduced, you may convert that portion of your insurance reduced under the Group Policy. 2. For ported coverage, the date you reach the termination age under the Group Policy. 3. The date life insurance ends as provided under "Waiver of Premium for Disability." 4. The date the Group Policy ends, provided such date is five years or more after the effective date of your or your insured dependents' insurance. 5. The date a stepchild or child of a domestic partner loses eligibility due to the employee's legal relationship with the spouse/registered domestic partner ending due to divorce, annulment,

	<p>dissolution, termination, or death.</p> <p>6. For dependent life insurance, the last day of the fifth month after you die, if your dependents elect to continue coverage and pay premiums.</p> <p>Note: If you or your insured dependents have been insured for less than five years when the Group Policy ends, you or your insured dependents will not be entitled to an individual policy of life insurance under this Conversion of Life Insurance provision.</p> <p>B. The following conditions and provisions will apply to the individual policy of life insurance:</p> <ol style="list-style-type: none"> 1. The individual policy will, at the option of you or your insured dependents, be on any one of the forms (except term insurance) then customarily issued by Voya Financial at the age and for the amount applied for. <p>If your or your insured dependents' previous coverage included benefits such as Waiver of Premium, Accidental Death & Dismemberment Insurance, or the Accelerated Death Benefit, the new insurance will not include those benefits.</p> <ol style="list-style-type: none"> 2. The premium for the individual policy will be applicable to the class of risk to which you or your insured dependents belong, and to the form and amount of the individual policy at your or your insured dependents' attained age (nearest birthday) on the effective date of the individual policy. 3. The amount of the individual policy will be equal to (or at your option, less than) the amount of your or your insured dependents' life insurance under the Group Policy on whichever of the termination dates listed above is applicable. However, if your or your insured dependents' life insurance ends because of the discontinuance of the Group Policy five years or more after the effective date of the person's insurance, the amount of the individual policy may not exceed the lesser of: <ol style="list-style-type: none"> a. The amount of your or your insured dependents' life insurance when such insurance ends, reduced by any life insurance for which you or your insured dependent may become eligible under any group policy issued or reinstated by ReliaStar Life (or by any other insurer to the Policyholder) within 31 days (60 days for retirees and their dependents) after such cessation; or b. \$3,000. 4. Any individual policy issued shall become effective on the date of expiration of the 31-day period (60 days for retirees and their dependents) during which application may be made. However, if
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	<p>you or your insured dependents die during this 31-/60-day period, ReliaStar Life will pay, whether or not you or your insured dependent made application for an individual policy, the maximum amount of life insurance for which an individual policy could have been issued.</p> <p>In no event, however, will payment be made under these provisions:</p> <ul style="list-style-type: none"> a. If payment is made as specified under the life insurance benefit provisions of the sections titled "Beneficiary" or "Waiver of Premium for Disability," or b. To the extent payment is made as specified under the life insurance benefit provision titled "Accelerated Death Benefit." <p>5. If any individual policy is issued to you in accordance with this Conversion of Life Insurance provision, you shall not thereafter be insured for Supplemental Life Insurance under the Group Policy unless you, at your own expense, furnish satisfactory evidence of insurability to Voya Financial, subject to all other provisions of the Group Policy.</p>
<i>Coverage While on Leave Without Pay</i>	Self-pay option available.
<i>Coverage While on USERRA Leave</i>	Self-pay option available.
<i>Coverage While on FMLA Leave</i>	Yes.
<i>When Coverage Ends</i>	<p>On the earliest of the following dates:</p> <p>1. Employees in pay status, coverage will terminate the earliest of the last day of the month in which:</p> <ul style="list-style-type: none"> a. the employee is no longer eligible for insurance coverage under the Group Policy; or, b. the employee is eligible for the employer contribution; or c. the employee premiums were withheld; or d. your approved leave under the Family and Medical Leave Act ends; or e. you are approved for Waiver of Premium due to total disability by Voya Financial; or f. the date the Group Policy terminates; or g. the date the Policyholder replaces the Life Insurance under this plan with a similar life insurance plan through another insurance carrier, if you are actively at work for the Policyholder on that date; or h. you begin full-time service of the military (land, sea, or air) forces of any country; or

	<p>i. For ported Life Insurance, the date you attain age 70; or</p> <p>j. For AD&D Insurance, the date your Life Insurance terminates or the date your Life Insurance premiums are waived due to total disability. AD&D Insurance stops at the beginning of the period in which you are eligible to convert your Life Insurance; or</p> <p>k. For Accelerated Death Benefit, the date your Life Insurance terminates. For coverage not ported, the Accelerated Death Benefit stops at the beginning of the period in which you are eligible to convert your Life Insurance.</p> <p>2. Members not in pay status, coverage will terminate the later of the last day of the month in which:</p> <p>a. employment is terminated; or</p> <p>b. the employee is eligible for the employer contribution; or</p> <p>c. employee premiums were withheld; or</p> <p>d. the date the Group Policy terminates; or</p> <p>e. For ported Life Insurance, the date you attain age 70; or</p> <p>f. For AD&D Insurance, the date your Life Insurance terminates or the date your Life Insurance premiums are waived due to total disability. AD&D Insurance stops at the beginning of the period in which you are eligible to convert your Life Insurance; or</p> <p>g. For Accelerated Death Benefit, the date your Life Insurance terminates. For coverage not ported, the Accelerated Death Benefit stops at the beginning of the period in which you are eligible to convert your Life Insurance.</p> <p>3. Members ceasing active work, if you cease active work directly or indirectly because of a strike, lockout, or other labor dispute which results in suspension or termination of your compensation, you have the right to continue such Life Insurance by paying the entire premium directly to the HCA. If you elect to pay the entire premium for this continued insurance, termination of such continued insurance shall occur on the earlier of</p> <p>a. the last day of the calendar month for which you made a premium payment; or</p> <p>b. your return to active work; or</p> <p>c. the last day of the sixth calendar month following the date of suspension or termination of compensation by your employer; or</p> <p>d. the date the Group Policy ends.</p>
<i>Proof of Good Health</i>	Depends upon plan purchased. See chart below.

The chart below outlines the different plans and coverage amounts that are currently in force:

Employee Supplemental	
Employee Supplemental Term Life (increments of \$10,000)	Guaranteed Issue amounts of \$250,000 for employees under age 60, and \$100,000 for employees age 60 or older Supplemental Life insurance provides benefits up to \$750,000 with EOI for amounts exceeding guaranteed issue limits
Spousal Supplemental Term Life (Increments of \$5,000)	Spousal Supplemental Term Life provides benefits up to 50% of the employee's Supplemental benefit, with a \$50,000 Guaranteed Issue limit
Dependent Basic Life (covers any dependent and is 100% paid by the employee)	\$2,500
Employee Supplemental AD&D (Increments \$25,000)	Employee Supplemental AD&D provides benefits up to \$250,000 Supplemental AD&D is available regardless of whether employee is enrolled in Supplemental Life insurance.
Spousal Supplemental AD&D	The benefit amount is 50% of the employee's principal sum if there are no dependent children, and 40% of the employee's principal sum if there are dependent children
Dependent Supplemental AD&D	The benefit for each child is 5% of the employee's principal sum or, if there is no spouse, 10% of the employee's principal sum

1.1.4 Current Retiree Basic Life Insurance Coverage

Retirees may port or convert the Supplemental Life insurance they have purchased for themselves and their dependents within 31 days of retirement and may purchase Retiree Basic Life insurance coverage for themselves.

The chart below explains the current design, eligibility, enrollment, and other aspects of the Retiree Basic Life insurance plan.

<i>Who is eligible?</i>	Any retiree of a PEBB-participating employer who meets the eligibility criteria of WAC 182-12-171 and was enrolled in PEBB life insurance as an active employee, and is not on a waiver of premium due to disability.
<i>When Coverage Begins</i>	The employee's insurance starts on the later of the following dates: <ul style="list-style-type: none"> • The date the employee becomes eligible. • The date the employee applies for insurance, if the employee has to pay any part of the premium. A decrease in the amount of your insurance will take effect on the dates you attain the ages specified on the Schedule of Benefits.

<i>Cost</i>	\$7.78 per retiree per month
<i>When Coverage Ends</i>	Your insurance stops on the earliest of the following dates: <ul style="list-style-type: none"> • The last day of the month during which you are no longer eligible for insurance under the Group Policy. • The date the Group Policy stops. • The end of the period for which you paid premiums, if you do not make the next required premium contribution when due.
<i>Proof of Good Health</i>	No for initial eligibility.
<i>Conversion</i>	Yes.
<i>Special Conditions</i>	No Waiver of Life Insurance Premium Disability Benefit, Accelerated Life Benefit or Accidental Death and Dismemberment Insurance is provided under this Plan.

The chart below outlines the Retiree Life insurance coverage amounts:

Retiree Basic Life Insurance	
Retiree Basic Life	Benefit Amount
Pre-65	\$3,000
Age 65-69	\$2,100
Age 70 and over	\$1,800

1.1.5 Known Issues with Current Life Insurance

The current Life Insurance plan design has had minimal changes made to it over the years. The two most significant changes were the increase of the Basic Employee Life from \$5,000 to \$25,000 in 2003 and the elimination of the salary-based Supplemental Life plans in 2012.

Because of the difficulty in making changes to the Life insurance plan while members are actively enrolled, a number of unresolved issues around coverage remain. These are issue which we hope to resolve by procurement.

1.1.5.1 Non-standard Coverage Increments

PEBB closed salary-based plans because of the difficulty in administering these plans and re-enrolled members in the current plans during an open enrollment in November 2012. The current plans are based on standard increments of \$10,000 for employees or \$5,000 for spouses. Employees, however, were not *required* to change their chosen coverage amounts in the re-enrollment. As a result, many non-standard increments of coverage were grandfathered into the plan. A recent survey of coverage increments by the University of Washington (UW) during their WorkDay® payroll implementation project showed 213 different increments of coverage in their population of 85,000 employees and spouses.

In addition, among the non-standard increments, we also have a small population of individuals with more than the \$750,000 maximum allowed insurance amount. These individuals had maximized their coverage under the salary-based plans and were not required to reduce their coverage during the re-enrollment. Again, these non-standard increments of coverage were grandfathered into the plan.

1.1.5.2 Mixed Risk Pooling

The Dependent Basic Life plan is unusual. Because of the structure of the plan, Dependent Basic Life insurance covers both spouses and children for only \$2,500 per dependent. This creates a mixed risk pool of adults and children, although the pricing is based on a composite rate. This plan does not seem to be the optimal design.

1.1.5.3 Continued Coverage for Some Receiving Premium Waiver

Because of system limitations and PEBB's interpretation of RCW 43.43.040, Washington State Patrol Officers who are, or become, totally disabled in the line of duty are maintained in PEBB's systems as "active" employees. Therefore, no matter what the amount of Basic Life coverage was at the time of disability, WSP officers who become disabled in the line of duty must receive the same basic life benefit amount as any other active eligible employee when a claim is filed. Because of current PAY1 system limitations, PEBB continues to pay the in force insurance carrier the applicable premiums for the basic life insurance coverage for such persons whether they are in premium waiver status or not. There were approximately 50 WSP officers on waiver and listed as "active" employees as of June 30, 2015. PEBB hopes to have this situation resolved by the successful bidder on this RFP.

1.1.5.4 Reduced Coverage for Some Receiving Premium Waiver

The increase in the Basic Employee Life insurance amount from \$5,000 to \$25,000 effective 2003 affected employees who received waiver of premium benefits before the change. These members' death benefit will be based on the \$5,000 amount that was in place at the time they were disabled and approved for waiver of premium benefits. That population is small.

1.1.5.5 Transition Options for Current Enrollees on Premium Waiver

HCA is interested in ideas in how the Bidder would manage current enrollees who are on premium waiver.

1.1.6 Known Problems with Demographics of Eligible Population

HCA's PAY1 System is limited in the amount of demographic information it collects and retains.

1.1.6.1 No Records of Race/Ethnicity or Salary Bands

HCA's PAY1 System cannot capture race/ethnicity information for PEBB members. No current information about salary is retained in the system, either. Current enrollment data is captured as completely as our system allows in Exhibit D "Washington HCA Life Enrollment Statistics Unique ID September 2015_FINAL." (please email Contracts@hca.wa.gov for this attachment).

1.1.7 Current Administration of Benefit

Under the current administration process, eligible employees complete paper forms for Supplemental Life coverage and personnel and payroll staff key the coverage choices into one of eight separate payroll systems (which do not directly interface). Each employer retains the paper records of enrollment and beneficiary designation. The "system of record" for the majority of eligible employees is HCA's PAY1 System, but Higher Education (state colleges and universities and community and technical colleges) employees have their own systems of record at their employers. Because of the multiple systems, the administration processes

are complex. Please see the attached Flowchart (Exhibit G) for a visual representation of the processes.

For those under PAY1 (including self-pay for COBRA and some Employer Groups), employees' choices for Supplemental Life coverages are keyed into the PAY1 A.45 screen. PAY1 then calculates the premiums to be deducted from the employee's pay. Depending on the employee, those calculations are used to generate three separate sub-processes:

- For employees under HRMS (many state agencies), the premium amount is sent to HRMS where the deduction is taken from employees' paychecks on the 10th and the 25th of the month. HRMS then sends the deducted amounts via a payment file back to HCA where it is posted to the PAY1 payable file.
- For some Employer Group (school districts, educational service districts, ports, and other political subdivisions) employees, the premium amount is sent as a group bill to the Employer Group. Employer Groups use their internal payroll systems to take deductions from the employees' paychecks and pay HCA the group bill total.
- For Self-Pay subscribers (those on COBRA, LWOP, retirees, etc., and, therefore, not all "employees"), the premium amount is sent as an individual bill to the subscriber. The subscriber pays the bill via Lockbox, Electronic Debit Service, or pension deduction via Department of Retirement Systems.

For Higher Education employees, their choices for Supplemental Life coverages are recorded in the higher education institution's payroll system. The higher education institution then sends the deducted amounts to HCA and HCA passes those payments through to the life insurance carrier. The higher education institution also maintains hard copies of employees' enrollment and beneficiary designation records.

Employer Groups that participate in PEBB benefits maintain hard copies of their employees' enrollment, coverage amounts, and beneficiary designation records.

1.1.8 Known Problems with Current Administration of Benefit

1.1.8.1 Processing Errors and Error Correction

Nearly all administration of the Life Insurance benefit takes place at the employer level, and a recent internal review identified 48 discreet steps in the initial process for enrolling eligible employees in Basic and Supplemental Life insurance. The core of those processes rely on hard copy forms keyed into various payroll systems with the originals retained at the employer. Each of those 48 steps allows for the introduction of errors into the record. Mistakes are made affecting rate type (smoker/nonsmoker), coverage amount, beneficiary designation, and completion of evidence of insurability.

Many of these errors are not discovered until the time of claim and require error correction of various sorts for which we have created Washington Administrative Code (WAC) rules, Administrative Policies, and guidance documentation. We also receive appeals about eligibility and enrollment in the Life product. The PEBB Appeals Committee adjudicates those appeals, so the work hours required to prepare the appeal cases, hear them, and communicate decisions multiply with every error.

1.1.8.2 University of Washington Payroll Modernization Project

Currently, the University of Washington (UW) is in the midst of building and implementing a new payroll system. There are approximately 85,000 PEB members enrolled at UW. This new payroll system is scheduled to go live June 16, 2016, so it will be up and running at the time PEB intends to introduce the life benefit proposed in this RFP. The new system is based on the IBM WorkDay® software platform. A part of the preparation for implementing the new life benefit must involve finding solutions to interface with the

new WorkDay® system. However, the successful bidder must also have plans in place to coordinate implementation and enrollment for the new Life product with UW's current payroll system in case the WorkDay® implementation is delayed or abandoned.

1.2 OBJECTIVES AND SCOPE OF WORK

1.2.1 Plan Funding

Plan funding structure has not yet been decided by PEBB. In order for your bid to be considered complete, you must bid on each of the following possible funding options. Please provide separate rates for the each of the following options.

1. Participating funding design for both the employer-paid and employee-paid coverages;
2. Non-participating funding design for both the employer-paid and employee-paid coverages.

The possibility of choosing a “split funding structure”—i.e., choosing participating funding for the employer-paid plan and non-participating funding for the employee-paid plan or vice versa—does exist. Bidders able to support a split funding structure, whichever one is chosen, without any effect to premiums bid will be awarded five (5) additional points*.

1.2.2 Plan Design

Please calculate premiums based on the following benefit provisions.

Plan Design for the Life Insurance Redesign		
Employer Paid		
Basic Life Plan (Plan A)	\$50,000	Core Cost Proposal Rate
Basic Accidental Death and Dismemberment (AD&D) (Plan B)	\$50,000	Core Cost Proposal Rate
Employee Paid		
Retiree Life (Plan C)	\$5,000 to \$20,000 in \$5,000 increments. No age reduction schedule.	Core Cost Proposal Rate
Employee Supplemental Life (Plan D1)	\$250,000 Guaranteed Issue (GI) in \$10,000 increments up to \$750,000 Max with EOI	
Employee Supplemental Life (Plan D2)	\$500,000 Guarantee Issue (GI) in \$10,000 increments up to \$1,000,000 Max with EOI	
Spouse/Registered Domestic Partner Life (Plan E1a)	Up to 50% of Plan D1 coverage, \$100,000 GI in \$5,000 increments. EOI for amounts over \$100,000.	
Spouse/Registered Domestic Partner Life (Plan E1b)	Up to 50% of Plan D2 coverage, \$100,000 GI in \$5,000 increments. EOI for amounts over \$100,000.	

Child Supplemental Life (Plan F)	\$10,000 Guaranteed Issue (GI) to \$20,000 in \$5,000 increments for dependents 2 weeks to 26 years.	Core Cost Proposal Rate
Employee Supplemental AD&D (Plan G)	\$30,000 Guaranteed Issue (GI) to \$250,000 in \$10,000 increments	
Spouse/ Registered Domestic Partner AD&D (Plan H)	\$30,000 Guaranteed Issue (GI) to \$250,000 in \$10,000 increments	
Child AD&D (Plan I)	\$10,000 Guaranteed Issue (GI) to \$25,000 in \$5,000 increments	

1.2.3 Required Contract Provisions

When Coverage Begins	<p>On the latest of the following dates:</p> <p>The first day of the month following when eligible employees submit their Life Insurance Enrollment no later than 31 days after their eligibility date.</p> <p>The first day of the month following the date the vendor approves their evidence of insurability, if required.</p> <p>Coverage begins on the first of the month following Life Insurance Enrollment/Change form, if eligible employees enroll after their initial eligibility period.</p> <p>The date eligible employees return to active work if eligible employees are not actively at work on the date insurance would otherwise start.</p> <p>The first of the month following the signature date based on their request for a decrease in coverage.</p>
Coverage after Retirement	Only through Employee Paid Retiree Life
Coverage While on Leave Without Pay (LWOP)	Self-pay option available.
Coverage While on USERRA Leave	Self-pay option available.
Coverage While on FMLA Leave	Yes.
Plan Reduction Schedule	No age reduction for any benefit.
Portability (same as inforce benefit)	Yes, with a separate policy that removes from HCA risk pool permanently. Participating employees keep their years of participation for eligibility to port. Carrier requirements for portability may be used prospectively after January 1, 2017.
Conversion (same as inforce benefit)	Yes, with a separate policy that removes from HCA risk pool permanently. Participating employees keep their years of participation for eligibility to port. Carrier requirements for portability may be used prospectively after January 1, 2017.
Accelerated Death Benefit (new)	Yes: up to 75% (\$500k Max) with 24 month prognosis

Transfer of Insurance (same as in force benefit)	Yes: When both spouses are covered employees, and one employee's coverage terminates... any in-force Supplemental Employee Life Insurance may be transferred, without EOI, to the remaining insured employee's Basic Dependent and Supplemental Spouse... [T]ransferred coverage amount may not exceed the maximum limit for Supplemental Spouse.. and must be in increments of \$5,000.... Life coverage in excess of the maximum amounts to be transferred may be converted within 31 days of termination.
Waiver of Premium for Disability (same as in force benefit)	Premiums waived during period of total disability. Employees must become disabled prior to age 60 to be eligible for waiver of premium benefits.
Tobacco Use (new)	Match our definition and add a contract provision that if our Washington Administrative Code (WAC) rules change, the carrier must match our rules. "Tobacco Use Any use of tobacco products within the past two months. Except that tobacco use does not include the religious or ceremonial use of tobacco."
Tobacco Definition (new)	Match our definition and add a contract provision that if our Washington Administrative Code (WAC) Washington Administrative Code (WAC) rules change, the carrier must match our rules. "Tobacco Any product made with or derived from tobacco that is intended for human consumption, including any component, part, or accessory of a tobacco product. This includes at least cigars, cigarettes, chewing tobacco, snuff, and other tobacco products. It does not include U.S Food and Drug Administration (FDA) approved quit aids or e-cigarettes until their tobacco related status is determined by the FDA."
Suicide Exclusion (new)	No. Any death covered.
Periodic Reenrollments (new)	The first open enrollment will be a complete open enrollment with no evidence of insurability for any eligible employee, retiree, and their dependents. This includes all employees, retirees, and dependents currently participating and all employees, retirees, and dependents who are eligible to participate. At least every 5 years thereafter, an open enrollment with required Evidence of Insurability must be offered.
Self-Pay/COBRA Notification and Transitioning (new)	HCA will notify the carrier of separation and carrier must notify and transition subscriber to self-pay.
Language Capability (new)	Availability of customer service and forms in Spanish
Americans with Disabilities Act (new)	All materials, including websites, and operational processes must be compliant.

Beneficiary Assignment Acknowledgement Notice (new)	If a change is made to beneficiary designation, carrier must send acknowledgement letter.
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Please describe any performance guarantees that will be provided for this plan, including specific criteria and amounts at risk for items such as (but not necessarily limited to) implementation, data reporting, claim turnaround time, and claim processing accuracy.

Please describe the standard and any ad hoc reporting that will be provided to Washington HCA to monitor the performance of this plan.

Please describe the reporting of demographic information which could be provided to Washington HCA by systems available to the Bidder. For example, your ability to capture cause of death, age of death, etc. during claims processing and prepare reports on that for Washington HCA.

Please provide detail on the retention assumptions and the target loss ratios used in pricing the Washington HCA group life and AD&D plans. Also, please indicate what target loss ratios will be used for these plans at the first rate renewal.

Please discuss any ways you believe Washington HCA can minimize the total costs of its group term life and AD&D programs.

Please describe any additional services you are offering as part of your proposal, including the additional costs, if any, of providing these services.

1.2.4 Plan Administration

Please assume the plans will be fully administered with full recordkeeping by the carrier beginning on January 1, 2017. The key administrative functions HCA expects the carrier to perform include, but are not limited to: Designate administrative management team including an account executive, claims coordinator, and information systems manager; Manage creation, review, and distribution of communication materials; Provide electronic beneficiary designation as an option to participating employees; Provide online evidence of insurability as an option to participating employees; Provide web-based electronic claims forms as an option to participating employees; Perform annual experience reviews with Washington HCA; Provide online enrollment; Provide billing; Provide PSR accounting and reporting (if participating funding is chosen).

PEBB’s goal for final plan operations is for PEBB to provide an eligibility file to the carrier naming employees eligible to participate and for the carrier to provide premium deduction information to each payroll system for each participating subscriber. Please refer to the “Current Administration of Benefit” section to understand how the processes currently work. Carriers may also offer payment methods other than payroll deduction to subscribers if they wish.

Describe any subcontractor relationships and the scope of services they will provide for the Bidder to fulfill the requirements of this RFP. Preference will be given to proposals that offer services and deliverables through direct contracting between Washington HCA and the Bidder.

Please discuss any ways you believe Washington HCA can minimize the time and resources of its staff in the administration of this plan.

Will you accept beneficiary designations through electronic submission?

Will you accept enrollment records through electronic submission?

Will you accept evidence of insurability through electronic submission?

Please describe the roles of the dedicated and/or designated administrative staff members that will be assigned to the Washington HCA account. For each member, provide a detailed description of their intended duties and an estimate of their time that will be dedicated to Washington HCA activities.

1.2.5 Plan Implementation

Please include a detailed project timeline for implementing the new administration within our complex existing combination of payroll systems and paper-based documentation.

Outline as completely as possible the responsibilities of both HCA and the carrier for implementation work and expected durations of that work. Identify the carrier team that will work with HCA. Assume that, at minimum, a project lead and a technical lead from the carrier will be required for the project. Further, at least one member of the account management team must be available onsite at least one day per week during implementation. For each team member, provide a detailed description of their intended duties and an estimate of their time that will be dedicated to Washington HCA activities.

Please describe implementation credits that will be provided to Washington HCA to help cover the costs of implementing the new program.

Include details about how the implementation project would solve the problems outlined in the "Known Problems with Current Administration of Benefit" section above. We have also included a flowchart of one proposed solution to the payment of premium flow in Exhibit H.

All necessary implementation operations must be finalized in time for PEBB's 2016 Annual Open Enrollment November 1-30, 2016.

1.2.6 Plan Enrollment

A full open enrollment will be offered during PEBB's 2016 Annual Open Enrollment November 1-30, 2016. This first open enrollment will be a complete open enrollment with no evidence of insurability for any eligible employee, retiree, and their dependents. This includes all employees, retirees, and dependents currently participating and all employees, retirees, and dependents who are eligible to participate. Already participating enrollees must be able to "match" their current coverage to the nearest \$10,000 increment without evidence of insurability.

There must be follow-up outreach during December 2016 to participating members who fail to properly respond to the request to enroll.

After January 1, 2017, carrier requirements for undergoing evidence of insurability may be used. At least every 5 years an open enrollment with required evidence of insurability must be offered.

1.2.7 Communications Strategies

PEBB communicates with its members in a number of different ways, including

- Benefit Fairs
- Newsletters
- Email
- Employee Guide
- Retiree Guide
- Certificates of Coverage

- Direct mail with PEBB logo
- FUZE, a proprietary web-based inquiry system
- ListSerts
- Websites
- Retiree Packets
- COBRA enrollment packets
- Leave Without Pay (LWOP) packets
- Forms from carriers

PEBB members, however, tend to ignore a large percentage of the communications we send out. We also have a community of “anti-spammers” who complain if they receive what they consider to be too many mailings from us or any of our vendors. Privacy is a huge concern for these members and they will complain, not just to us, but to their state legislators and the Governor’s Office if they feel that their address has been disclosed to a vendor without their permission. Both of these situations may inhibit and constrain the efforts to communicate the new enrollment in a Life Insurance product.

The communications culture described above will also require PEB and the vendor to complete a follow-up enrollment check during December 2016. Outreach will be required to anyone who currently has Life Insurance coverage and make them aware that their coverage will be changing January 1, 2017.

PEBB Communications staff will expect to review, edit, and approve all communications that are sent to PEBB members as well as collaterals for benefit fairs and other outreach. The review period should begin as soon as possible after the contract is awarded to avoid the yearly review process that PEB undertakes for the other plan materials during the run up to Open Enrollment.

PEBB Portfolio Management staff also review and approve the Life Certificate of Coverage each year before publication. Typically, this review takes place in late July and August, so that the vendor may file the approved Certificate with the Office of the Insurance Commissioner in September. Please review the attached 2015 Certificate of Coverage (Exhibit E) for an idea of the information that PEB expects to be included in the Certificate of Coverage.

1.2.7 Rate Guarantee

Washington HCA desires to have at least a five year rate guarantee. Describe the parameters of your rate guarantee.

1.3 MINIMUM QUALIFICATIONS

Minimum qualifications include:

- Licensed to do business in the State of Washington or provide a commitment that it will become licensed in Washington within thirty (30) calendar days of being selected as the Apparently Successful Contractor.
- 5 years experience
- Experience with large case insurance needs
- Experience working with public sector/government entities

1.4 FUNDING

Any contract awarded as a result of this procurement is contingent upon the availability of funding.

1.5 PERIOD OF PERFORMANCE

The period of performance of any contract resulting from this RFP is tentatively scheduled to begin on or about January 1, 2017 and to end on December 31, 2017. Amendments extending the period of performance, if any, shall be at the sole discretion of the HCA.

HCA reserves the right to extend the contract for ten additional years in whatever time increments HCA deems appropriate.

1.6 CONTRACTING WITH CURRENT OR FORMER STATE EMPLOYEES

Specific restrictions apply to contracting with current or former state employees pursuant to chapter 42.52 of the Revised Code of Washington. Proposers should familiarize themselves with the requirements prior to submitting a proposal that includes current or former state employees.

1.7 DEFINITIONS

Definitions for the purposes of this RFP include:

Apparent Successful Contractor – The consultant selected as the entity to perform the anticipated services, subject to completion of contract negotiations and execution of a written contract.

Consultant – Individual or company interested in the RFP and that may or does submit a proposal in order to attain a contract with the AGENCY.

Contractor – Individual or company whose proposal has been accepted by HCA and is awarded a fully executed, written contract.

HCA – The Health Care Authority is the agency of the state of Washington that is issuing this RFP.

Proposal – A formal offer submitted in response to this solicitation.

Proposer – Individual or company that submits a proposal in order to attain a contract with HCA.

Request for Proposals (RFP) – Formal procurement document in which a service or need is identified but no specific method to achieve it has been chosen. The purpose of an RFP is to permit the consultant community to suggest various approaches to meet the need at a given price.

1.8 ADA

HCA complies with the Americans with Disabilities Act (ADA). Consultants may contact the RFP Coordinator to receive this Request for Proposals in Braille or on tape.

2. GENERAL INFORMATION FOR CONSULTANTS

2.1. RFP COORDINATOR

The RFP Coordinator is the sole point of contact in HCA for this procurement. All communication between the Consultant and HCA upon release of this RFP shall be with the RFP Coordinator, as follows:

Name	Kimberly French
Email Address	kimberly.french@hca.wa.gov
Phone Number	(360) 725-1114

Any other communication will be considered unofficial and non-binding on HCA. Consultants are to rely on written statements issued by the RFP Coordinator. Communication directed to parties other than the RFP Coordinator may result in disqualification of the Consultant.

2.2. ESTIMATED SCHEDULE OF PROCUREMENT ACTIVITIES

Issue Request for Proposals	February 10, 2016
Question period	February 10, 2016 – February 17, 2016, 2:00 p.m. (PST)
Answers posted	February 19, 2016, 2:00 p.m. (PST)
Complaints due (see section 2.7)	February 23, 2016, 2:00 p.m. (PST)
Proposals due	March 3, 2016, 2:00 p.m. (PST)
Evaluate proposals	March 4, 2016 – March 9, 2016
Announce “Apparent Successful Contractor” and send notification via email to unsuccessful proposers	No later than March 10, 2016
Hold debriefing conferences (if requested) (see section 4.5)	March 11, 2016 – March 18, 2016
Protest period (see section 4.6)	March 21, 2016 – March 25, 2016
Negotiate contract	March 28, 2016 – April 22, 2016
Begin contract work	April 25, 2016

HCA reserves the right to revise the above schedule.

2.3 SUBMISSION OF PROPOSALS

ELECTRONIC PROPOSALS:

The proposal must be **received by the RFP Coordinator** no later than 2:00 p.m., Pacific Standard Time, in Olympia, Washington, on **March 3, 2016**.

Proposals must be submitted electronically as an attachment to an email to the RFP Coordinator, at the email address listed in Section 2.1. Attachments to email shall be in Microsoft Word format or PDF. Zipped files cannot be received by HCA and cannot be used for submission of proposals. The cover submittal letter and the Certifications and Assurances form must have a scanned signature of the individual within the organization authorized to bind the Consultant to the offer. HCA does not assume responsibility for problems with Consultant's email. If HCA email is not working, appropriate allowances will be made.

Proposals may not be transmitted using facsimile transmission.

Consultants should allow sufficient time to ensure timely receipt of the proposal by the RFP Coordinator. Late proposals will not be accepted and will be automatically disqualified from further consideration, unless HCA email is found to be at fault. All proposals and any accompanying documentation become the property of HCA and will not be returned.

2.4 PROPRIETARY INFORMATION/PUBLIC DISCLOSURE

Proposals submitted in response to this competitive procurement shall become the property of HCA. All proposals received shall remain confidential until the Apparent Successful Contractor is announced; thereafter, the proposals shall be deemed public records as defined in Chapter 42.56 of the Revised Code of Washington (RCW).

Any information in the proposal that the Consultant desires to claim as proprietary and exempt from disclosure under the provisions of Chapter 42.56 RCW, or other state or federal law that provides for the nondisclosure of your document, must be clearly designated. The information must be clearly identified and the particular exemption from disclosure upon which the Consultant is making the claim must be cited. Each page containing the information claimed to be exempt from disclosure must be clearly identified by the words "Proprietary Information" printed on the lower right hand corner of the page. Marking the entire proposal exempt from disclosure or as Proprietary Information will not be honored.

If a public records request is made for the information that the Consultant has marked as "Proprietary Information," HCA will notify the Consultant of the request and of the date that the records will be released to the requester unless the Consultant obtains a court order enjoining that disclosure. If the Consultant fails to obtain the court order enjoining disclosure, HCA will release the requested information on the date specified. If a Consultant obtains a court order from a court of competent jurisdiction enjoining disclosure pursuant to Chapter 42.56 RCW, or other state or federal law that provides for nondisclosure, HCA shall maintain the confidentiality of the Consultant's information per the court order.

A charge will be made for copying and shipping, as outlined in RCW 42.56. No fee shall be charged for inspection of contract files, but twenty-four (24) hours' notice to the RFP Coordinator is required. All requests for information should be directed to the RFP Coordinator.

2.5 REVISIONS TO THE RFP

In the event it becomes necessary to revise any part of this RFP, addenda will be provided via email to all individuals, who have made the RFP Coordinator aware of their interest. Addenda will also be published on Washington's Electronic Bid System (WEBS). The website can be located at <https://fortress.wa.gov/ga/webs/>. For this purpose, the published questions and answers and any other pertinent information shall be provided as an addendum to the RFP and will be placed on the website.

HCA also reserves the right to cancel or to reissue the RFP in whole or in part, prior to execution of a contract.

2.6 ACCEPTANCE PERIOD

Proposals must provide 60 days for acceptance by HCA from the due date for receipt of proposals.

2.7 COMPLAINT PROCESS

Vendors may submit a complaint to HCA based on any of the following:

- a) The solicitation unnecessarily restricts competition;
- b) The solicitation evaluation or scoring process is unfair; or
- c) The solicitation requirements are inadequate or insufficient to prepare a response.

A complaint may be submitted to HCA at any time prior to 5 days before the bid response deadline. The complaint must meet the following requirements:

- a) The complaint must be in writing;
- b) The complaint must be sent to the RFP coordinator in a timely manner;
- c) The complaint should clearly articulate the basis for the complaint; and
- d) The complaint should include a proposed remedy.

The RFP coordinator will respond to the complaint in writing. The response to the complaint and any changes to the solicitation will be posted on WEBS. The Director of HCA will be notified of all complaints and will be provided a copy of HCA'S response. The complaint may not be raised again during the protest period. HCA'S action or inaction in response to the complaint will be final. There will be no appeal process

2.8 RESPONSIVENESS

All proposals will be reviewed by the RFP Coordinator to determine compliance with administrative requirements and instructions specified in this RFP. The Consultant is specifically notified that failure to comply with any part of the RFP may result in rejection of the proposal as non-responsive.

Compliance with the RFP includes submittal of all required documents and information as well as providing a bid meeting the minimum plan design coverages requested. Any deviations from core cost or design elements (designated as a "Core Cost Proposal Rate" in section 1.2.2 and all contract provisions listed in section 1.2.3 of this RFP) will be deemed nonresponsive.

HCA also reserves the right at its sole discretion to waive minor administrative irregularities.

2.9 MOST FAVORABLE TERMS

HCA reserves the right to make an award without further discussion of the proposal submitted. Therefore, the proposal should be submitted initially on the most favorable terms which the Consultant can propose. There will be no best and final offer procedure. HCA does reserve the right to contact a Consultant for clarification of its proposal.

The Apparent Successful Contractor should be prepared to accept this RFP for incorporation into a contract resulting from this RFP. Contract negotiations may incorporate some, or all, of the Consultant's proposal. It is understood that the proposal will become a part of the official procurement file on this matter without obligation to HCA.

2.10 CONTRACT TERMS & CONDITIONS

The apparent successful contractor will be expected to enter into a contract which will contain both special terms and conditions unique to this contract and general terms and conditions that are part of all HCA contracts. The special terms and conditions will be negotiated by the parties after the announcement of the apparently successful contractor. The general terms and conditions are

attached as Exhibit B for review by a bidder during the procurement process. In no event is a Consultant to submit its own standard contract terms and conditions in response to this solicitation. Instead, the Consultant may submit exceptions to the general terms and conditions in Exhibit B as allowed in the Certifications and Assurances form, Exhibit A to this solicitation. All exceptions to the general terms and conditions must be submitted as an attachment to Exhibit A, Certifications and Assurances form. HCA will review requested exceptions and accept or reject the same at its sole discretion. (Please note that during contract negotiations the parties will identify additional necessary definitions for inclusion in the final contract.)

2.11 COSTS TO PROPOSE

HCA will not be liable for any costs incurred by the Consultant in preparation of a proposal submitted in response to this RFP, in conduct of a presentation, or any other activities related to responding to this RFP.

2.12 NO OBLIGATION TO CONTRACT

This RFP does not obligate the state of Washington or HCA to contract for services specified herein.

2.13 REJECTION OF PROPOSALS

HCA reserves the right at its sole discretion to reject any and all proposals received without penalty and not to issue a contract as a result of this RFP.

2.14 COMMITMENT OF FUNDS

The Director of HCA or his delegate is the only individual who may legally commit HCA to the expenditures of funds for a contract resulting from this RFP. No cost chargeable to the proposed contract may be incurred before receipt of a fully executed contract.

2.15 ELECTRONIC PAYMENT

The state of Washington prefers to utilize electronic payment in its transactions. The successful contractor will be provided a form to complete with the contract to authorize such payment method.

2.16 INSURANCE COVERAGE

The Contractor is to furnish HCA with a certificate(s) of insurance executed by a duly authorized representative of each insurer, showing compliance with the insurance requirements set forth below.

The Contractor shall, at its own expense, obtain and keep in force insurance coverage which shall be maintained in full force and effect during the term of the contract. The Contractor shall furnish evidence in the form of a Certificate of Insurance that insurance shall be provided, and a copy shall be forwarded to HCA within fifteen (15) days of the contract effective date.

Liability Insurance

- 1) Commercial General Liability Insurance: Contractor shall maintain commercial general liability (CGL) insurance and, if necessary, commercial umbrella insurance, with a limit of not less than \$1,000,000 per each occurrence. If CGL insurance contains aggregate limits, the General Aggregate limit shall be at least twice the "each occurrence" limit. CGL insurance shall have products-completed operations aggregate limit of at least two times the "each occurrence" limit. CGL insurance shall be written on ISO occurrence from CG 00 01 (or a substitute form providing equivalent coverage). All insurance shall cover liability assumed under an insured contract (including the tort liability of another assumed in a business contract), and contain separation of insureds (cross liability) condition.

Additionally, the Contractor is responsible for ensuring that any subcontractors provide adequate insurance coverage for the activities arising out of subcontracts.

- 2) **Business Auto Policy:** As applicable, the Contractor shall maintain business auto liability and, if necessary, commercial umbrella liability insurance with a limit not less than \$1,000,000 per accident. Such insurance shall cover liability arising out of "Any Auto." Business auto coverage shall be written on ISO form CA 00 01, 1990 or later edition, or substitute liability form providing equivalent coverage.

Employers Liability ("Stop Gap") Insurance: In addition, the Contractor shall buy employers liability insurance and, if necessary, commercial umbrella liability insurance with limits not less than \$1,000,000 each accident for bodily injury by accident or \$1,000,000 each employee for bodily injury by disease.

Additional Provisions

Above insurance policy shall include the following provisions:

1. **Additional Insured.** The state of Washington, Health Care Authority, its elected and appointed officials, agents and employees shall be named as an additional insured on all general liability, excess, umbrella and property insurance policies. All insurance provided in compliance with this contract shall be primary as to any other insurance or self-insurance programs afforded to or maintained by the state.
2. **Cancellation.** State of Washington, Health Care Authority, shall be provided written notice before cancellation or non-renewal of any insurance referred to therein, in accord with the following specifications. Insurers subject to 48.18 RCW (Admitted and Regulation by the Insurance Commissioner): The insurer shall give the state 45 days advance notice of cancellation or non-renewal. If cancellation is due to non-payment of premium, the state shall be given 10 days advance notice of cancellation. Insurers subject to 48.15 RCW (Surplus lines): The state shall be given 20 days advance notice of cancellation. If cancellation is due to non-payment of premium, the state shall be given 10 days advance notice of cancellation.
3. **Identification.** Policy must reference the state's contract number and the agency name.
4. **Insurance Carrier Rating.** All insurance and bonds should be issued by companies admitted to do business within the state of Washington and have a rating of A-, Class VII or better in the most recently published edition of Best's Reports. Any exception shall be reviewed and approved by Health Care Authority's Risk Manager, or the Risk Manager for the state of Washington, before the contract is accepted or work may begin. If an insurer is not admitted, all insurance policies and procedures for issuing the insurance policies must comply with Chapter 48.15 RCW and 284-15 WAC
5. **Excess Coverage.** By requiring insurance herein, the state does not represent that coverage and limits will be adequate to protect Contractor, and such coverage and limits shall not limit Contractor's liability under the indemnities and reimbursements granted to the state in this contract.

Workers' Compensation Coverage

The Contractor will at all times comply with all applicable workers' compensation, occupational disease, and occupational health and safety laws, statutes, and regulations to the full extent applicable. The state will not be held responsive in any way for claims filed by the Contractor or their employees for services performed under the terms of this contract.

3. PROPOSAL CONTENTS

ELECTRONIC PROPOSALS:

Proposals must be written in English and submitted electronically to the RFP Coordinator in the order noted below:

1. Letter of Submittal, including signed Certifications and Assurances (Exhibit A to this RFP)
2. Technical Proposal
3. Management Proposal
4. Cost Proposal

Proposals must provide information in the same order as presented in this document with the same headings. This will not only be helpful to the evaluators of the proposal, but should assist the Consultant in preparing a thorough response.

Items marked “mandatory” must be included as part of the proposal for the proposal to be considered responsive, however, these items are not scored. Items marked “scored” are those that are awarded points as part of the evaluation conducted by the evaluation team.

3.1 LETTER OF SUBMITTAL (MANDATORY)

The Letter of Submittal and the attached Certifications and Assurances form (Exhibit A to this RFP) must be signed and dated by a person authorized to legally bind the Consultant to a contractual relationship, e.g., the President or Executive Director if a corporation, the managing partner if a partnership, or the proprietor if a sole proprietorship. Along with introductory remarks, the Letter of Submittal is to include by attachment the following information about the Consultant and any proposed subcontractors:

1. Name, address, principal place of business, telephone number, and fax number/email address of legal entity or individual with whom contract would be written.
2. Name, address, and telephone number of each principal officer (President, Vice President, Treasurer, Chairperson of the Board of Directors, etc.)
3. Legal status of the Consultant (sole proprietorship, partnership, corporation, etc.) and the year the entity was organized to do business as the entity now substantially exists.
4. Federal Employer Tax Identification number or Social Security number and the Washington Uniform Business Identification (UBI) number issued by the state of Washington Department of Revenue. If the Consultant does not have a UBI number, the Consultant must state that it will become licensed in Washington within thirty (30) calendar days of being selected as the Apparently Successful Contractor.
5. Location of the facility from which the Consultant would operate.
6. Identify any state employees or former state employees employed or on the firm’s governing board as of the date of the proposal. Include their position and responsibilities within the Consultant’s organization. If following a review of this information, it is determined by HCA that a conflict of interest exists, the Consultant may be disqualified from further consideration for the award of a contract.

3.2 TECHNICAL PROPOSAL (SCORED)

The Technical Proposal must contain a comprehensive description of services including the following elements:

- A. Project Approach/Methodology** – Include a complete description of the Consultant’s proposed approach and methodology for the project. This section should convey Consultant’s understanding of the proposed project.
- B. Quality of Work Plan** - Include all project requirements and the proposed tasks, services, activities, etc. necessary to accomplish the scope of the project defined in this RFP. This section of the technical proposal must contain sufficient detail to convey to members of the evaluation team the Consultant’s knowledge of the subjects and skills necessary to successfully complete the project. Include any required involvement of HCA staff. The Consultant may also present any creative approaches that might be appropriate and may provide any pertinent supporting documentation.
- C. Project Schedule** - Include a project schedule indicating when the elements of the work will be completed. Project schedule must ensure that any deliverables requested are met.
- D. Project Deliverables** – Fully describe deliverables to be submitted under the proposed contract. Deliverables must support the requirements set forth in Section 1.2, Objectives and Scope of Work.

3.3 MANAGEMENT PROPOSAL

A. Project Management (SCORED)

- 1. **Project Team Structure/Internal Controls** - Provide a description of the proposed project team structure and internal controls to be used during the course of the project, including any subcontractors. Provide an organizational chart of your firm indicating lines of authority for personnel involved in performance of this potential contract and relationships of this staff to other programs or functions of the firm. This chart must also show lines of authority to the next senior level of management. Include who within the firm will have prime responsibility and final authority for the work.
- 2. **Staff Qualifications/Experience** - Identify staff, including subcontractors, who will be assigned to the potential contract, indicating the responsibilities and qualifications of such personnel, and include the amount of time each will be assigned to the project. Provide resumes' for the named staff, which include information on the individual’s particular skills related to this project, education, experience, significant accomplishments and any other pertinent information. The Consultant must commit that staff identified in its proposal will actually perform the assigned work. Any staff substitution must have the prior approval of the HCA.

B. Experience of the Consultant (SCORED)

- 1. Indicate the experience the Consultant and any subcontractors have in the following areas associated with
 - a. Public sector groups of 50,000 or more employees
 - b. Group term life insurance plans for US states
 - c. Group term life insurance plans for US states
- 2. Indicate other relevant experience that indicates the qualifications of the Consultant, and any subcontractors, for the performance of the potential contract.
- 3. Include a list of contracts the Consultant has had during the last five years that relate to the Consultant’s ability to perform the services needed under this RFP. List contract reference numbers, contract period of performance, contact persons, telephone numbers, and fax numbers/email addresses.

C. Related Information (MANDATORY)

1. If the Consultant or any subcontractor contracted with the state of Washington during the past 24 months, indicate the name of the agency, the contract number and project description and/or other information available to identify the contract.
2. If the Consultant's staff or subcontractor's staff was an employee of the state of Washington during the past 24 months, or is currently a Washington State employee, identify the individual by name, the agency previously or currently employed by, job title or position held and separation date.
3. If the Consultant has had a contract terminated for default in the last five years, describe such incident. Termination for default is defined as notice to stop performance due to the Consultant's non-performance or poor performance and the issue of performance was either (a) not litigated due to inaction on the part of the Proposer, or (b) litigated and such litigation determined that the Proposer was in default.
4. Submit full details of the terms for default including the other party's name, address, and phone number. Present the Consultant's position on the matter. HCA will evaluate the facts and may, at its sole discretion, reject the proposal on the grounds of the past experience. If no such termination for default has been experienced by the Consultant in the past five years, so indicate.

D. References (MANDATORY)

List names, addresses, telephone numbers, and fax numbers/email addresses of three (3) business references for the Consultant and three (3) business references for the lead staff person for whom work has been accomplished and briefly describe the type of service provided. Do not include current HCA staff as references. By submitting a proposal in response to this Work Request, the vendor and team members grant permission to HCA to contact these references and others, who from HCA'S perspective, may have pertinent information. HCA may or may not, at HCA'S discretion, contact references. HCA may evaluate references at HCA'S discretion.

E. OMWBE Certification (OPTIONAL AND NOT SCORED)

Include proof of certification issued by the Washington State Office of Minority and Womens Business Enterprises (OMWBE) if certified minority-owned firm and/or women-owned firm(s) will be participating on this project. For information: <http://www.omwbe.wa.gov>.

3.4 COST PROPOSAL

The evaluation process is designed to award this procurement not necessarily to the Consultant of least cost, but rather to the Consultant whose proposal best meets the requirements of this RFP. However, Consultants are encouraged to submit proposals which are consistent with state government efforts to conserve state resources.

A. Identification of Costs (SCORED)

Costs are to be submitted using Exhibit C, Washington HCA Group Life Bid Template.

B. Computation

The score for the cost proposal will be computed by using the following formulas where 100% represents the lowest cost bid received from all the bidders for that particular Plan. Anyone who equals 200% or more will be awarded zero (0) points.

Core Cost Proposal Rate Comparison

15 points (maximum)

Plan A (5)	Plan B (5)	Plan C (3)	Plan F (2)
Plan A	Participating (P) 100% = 5 pts.		Non Participating (NP) 100% = 5 pts.
All other bidders will get a proportion of 5 points based on their bid's relative relationship with the lowest bid rate (which is considered the 100% bid rate).			
Example:			
P			NP
110% = 5 - (10% of 5) = 4.5 pts.			110% = 5 - (10% of 5) = 4.5 pts.
125% = 5 - (25% of 5) = 3.75 pts.			125% = 5 - (25% of 5) = 3.75 pts.
200% = 5 - (100% of 5) = 0 pts.			200% = 5 - (100% of 5) = 0 pts.
Final score is the average of Participating and Non Participating points (P+NP/2)			
Plan B	Participating (P) 100% = 5 pts.		Non Participating (NP) 100% = 5 pts.
All other bidders will get a proportion of 5 points based on their bid's relative relationship with the lowest bid rate (which is considered the 100% bid rate).			
Example:			
P			NP
110% = 5 - (10% of 5) = 4.5 pts.			110% = 5 - (10% of 5) = 4.5 pts.
125% = 5 - (25% of 5) = 3.75 pts.			125% = 5 - (25% of 5) = 3.75 pts.
200% = 5 - (100% of 5) = 0 pts.			200% = 5 - (100% of 5) = 0 pts.
Final score is the average of Participating and Non Participating points (P+NP/2)			
Plan C	Participating (P) 100% = 3 pts.		Non Participating (NP) 100% = 3 pts.
All other bidders will get a proportion of 3 points based on their bid's relative relationship with the lowest bid rate (which is considered the 100% bid rate).			
Example:			
P			NP
110% = 3 - (10% of 3) = 2.7 pts.			110% = 3 - (10% of 3) = 2.7 pts.
125% = 3 - (25% of 3) = 2.25 pts.			125% = 3 - (25% of 3) = 2.25 pts.
200% = 3 - (100% of 3) = 0 pts.			200% = 3 - (100% of 3) = 0 pts.
Final score is the average of Participating and Non Participating points (P+NP/2)			

Plan G	Participating (P) 100% = 2 pts.	Non Participating (NP) 100% = 2 pts.
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All other bidders will get a proportion of 2 points based on their bid's relative relationship with the lowest bid rate (which is considered the 100% bid rate).

Example:

P	NP
110% = 2 - (10% of 2) = 1.8 pts.	110% = 2 - (10% of 2) = 1.8 pts.
125% = 2 - (25% of 2) = 1.5 pts.	125% = 2 - (25% of 2) = 1.5 pts.
200% = 2 - (100% of 2) = 0 pts.	200% = 2 - (100% of 2) = 0 pts.

Final score is the average of Participating and Non Participating points (P+NP/2)

Plan H	Participating (P) 100% = 2 pts.	Non Participating (NP) 100% = 2 pts.
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All other bidders will get a proportion of 2 points based on their bid's relative relationship with the lowest bid rate (which is considered the 100% bid rate).

Example:

P	NP
110% = 2 - (10% of 2) = 1.8 pts.	110% = 2 - (10% of 2) = 1.8 pts.
125% = 2 - (25% of 2) = 1.5 pts.	125% = 2 - (25% of 2) = 1.5 pts.
200% = 2 - (100% of 2) = 0 pts.	200% = 2 - (100% of 2) = 0 pts.

Final score is the average of Participating and Non Participating points (P+NP/2)

Plan I	Participating (P) 100% = 2 pts.	Non Participating (NP) 100% = 2 pts.
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All other bidders will get a proportion of 2 points based on their bid's relative relationship with the lowest bid rate (which is considered the 100% bid rate).

Example:

P	NP
110% = 2 - (10% of 2) = 1.8 pts.	110% = 2 - (10% of 2) = 1.8 pts.
125% = 2 - (25% of 2) = 1.5 pts.	125% = 2 - (25% of 2) = 1.5 pts.
200% = 2 - (100% of 2) = 0 pts.	200% = 2 - (100% of 2) = 0 pts.

Final score is the average of Participating and Non Participating points (P+NP/2)

Rate Guarantee

15 points (maximum)

No guarantee = 0 pts.	6 years = 11 pts.
1 year = 2 pts.	7 years = 12 pts.
2 years = 4 pts.	8 years = 13 pts.
3 years = 6 pts.	9 years = 14 pts.
4 years = 8 pts.	10 years = 15 pts.
5 years = 10 pts.	

Implementation Credits

5 points (maximum)

Highest Credit = 5 pts.

Example:

\$1,000,000 = 5 pts.

\$500,000.00 = 5 x (\$500,000/\$1,000,000) = 2.5 pts.

All other bidders will get a proportion of 5 points based on their bid's relative relationship with the highest implementation credit.

Target Loss Ratio

25 points (maximum)

Participating (P)

Non Participating (NP)

Lowest percent Target Loss Ratio = 25 pts.

Lowest percent Target Loss Ratio = 25 pts.

Example:

Plan A plus Plan B, divided by 2 = X (A+B/2=X)

Plan A plus Plan B, divided by 2 = Y (A+B/2=Y)

Final score: X plus Y, divided by 2 (X+Y/2)

All other bidders will get a proportion of 25 points based on their bid's relative relationship with the lowest Target Loss Ratio.

4. EVALUATION AND CONTRACT AWARD

4.1 EVALUATION PROCEDURE

Responsive proposals will be evaluated strictly in accordance with the requirements stated in this solicitation and any addenda issued. The evaluation of proposals shall be accomplished by an evaluation team(s), to be designated by HCA, which will determine the ranking of the proposals.

HCA, at its sole discretion, may elect to select the top-scoring firms as finalists for an oral presentation.

The RFP Coordinator may contact the Consultant for clarification of any portion of the Consultant's proposal.

4.2 EVALUATION WEIGHTING AND SCORING

The following weighting and points will be assigned to the proposal for evaluation purposes:

Technical Proposal 50 points

Project Approach/Methodology 15 points (maximum)

- Ability to provide requested plan features
- Preference for proposals that offer services and deliverables through direct contracting between Washington HCA and the Bidder

Quality of Work Plan 10 points (maximum)

- Customer service, including regular (approximately weekly) dedicated onsite local support

Project Schedule 10 points (maximum)

- Implementation process, timetable and credits
- Dedicated, weekly onsite support implementation personnel

Project Deliverables 15 points (maximum)

- Demonstrated ability to administer a case of Washington HCA's complexity and size
- Ability to simplify Washington HCA's administrative functions
- Reporting capabilities
- Performance guarantees

Management Proposal 20 points

Project Team Structure and

Internal Controls 10 points (maximum)

- Secure IT systems

Staff Qualifications/Company Experience 5 points (maximum)

- Financial stability, ratings and reputation

Experience of the Consultant 5 points (maximum)

Cost Proposal 70 points

Includes the following:

- Core cost proposal rates comparison (A, B, C, F) 15 points (maximum)
- Other rates comparison (D, E, G, H, I) 10 points (maximum)
- Rate guarantee 15 points (maximum)
- Implementation credit 5 points (maximum)
- Target loss ratio for basic life and AD&D 25 points (maximum)

TOTAL

140 POINTS

* Five (5) additional points awarded for support of a split funding structure.

HCA reserves the right to award the contract to the Consultant whose proposal is deemed to be in the best interest of HCA and the state of Washington.

4.3 ORAL PRESENTATIONS MAY BE REQUIRED

HCA may after evaluating the written proposals elect to schedule oral presentations of the finalists. Should oral presentations become necessary, HCA will contact the top-scoring firm(s) from the written evaluation to schedule a date, time and location. Commitments made by the Consultant at the oral interview, if any, will be considered binding.

The scores from the written evaluation and the oral presentation combined together will determine the apparent successful contractor.

4.4 NOTIFICATION TO PROPOSERS

HCA will notify the Apparently Successful Contractor of their selection in writing upon completion of the evaluation process. Individuals or firms whose proposals were not selected for further negotiation or award will be notified separately by email.

4.5 DEBRIEFING OF UNSUCCESSFUL PROPOSERS

Any Consultant who has submitted a proposal and been notified that they were not selected for contract award may request a debriefing. The request for a debriefing conference must be received by the RFP Coordinator within three (3) business days after the Unsuccessful Consultant Notification is emailed or faxed to the Consultant. Debriefing requests must be received by the RFP Coordinator no later than 5:00 PM, local time, in Olympia, Washington on the third business day following the transmittal of the Unsuccessful Consultant Notification. The debriefing must be held within three (3) business days of the request.

Discussion at the debriefing conference will be limited to the following:

- Evaluation and scoring of the firm's proposal;
- Critique of the proposal based on the evaluation;
- Review of proposer's final score in comparison with other final scores without identifying the other firms.

Comparisons between proposals or evaluations of the other proposals will not be allowed. Debriefing conferences may be conducted in person or on the telephone and will be scheduled for a maximum of 30 minutes.

4.6 PROTEST PROCEDURE

Protests may be made only by Consultants who submitted a response to this solicitation document and who have participated in a debriefing conference. Upon completing the debriefing conference, the Consultant is allowed five (5) business days to file a protest of the acquisition with the RFP Coordinator. Protests must be received by the RFP Coordinator no later than 4:30 PM, local time, in Olympia, Washington on the third business day following the debriefing. Protests may be submitted by email or facsimile, but must then be followed by the document with an original signature.

Consultants protesting this procurement shall follow the procedures described below. Protests that do not follow these procedures shall not be considered. This protest procedure constitutes the sole administrative remedy available to Consultants under this procurement.

All protests must be in writing, addressed to the RFP Coordinator, and signed by the protesting party or an authorized Agent. The protest must state the RFP number, the grounds for the protest with

specific facts and complete statements of the action(s) being protested. A description of the relief or corrective action being requested should also be included.

Only protests stipulating an issue of fact concerning the following subjects shall be considered:

- A matter of bias, discrimination or conflict of interest on the part of an evaluator;
- Errors in computing the score;
- Non-compliance with procedures described in the procurement document or HCA policy.

Protests not based on procedural matters will not be considered. Protests will be rejected as without merit if they address issues such as: 1) an evaluator's professional judgment on the quality of a proposal, or 2) HCA's assessment of its own and/or other agencies needs or requirements.

Upon receipt of a protest, a protest review will be held by HCA. The HCA Director or an employee delegated by the Director who was not involved in the procurement will consider the record and all available facts and issue a decision within five (5) business days of receipt of the protest. If additional time is required, the protesting party will be notified of the delay.

In the event a protest may affect the interest of another Consultant that also submitted a proposal, such Consultant will be given an opportunity to submit its views and any relevant information on the protest to the RFP Coordinator.

The final determination of the protest shall:

- Find the protest lacking in merit and uphold HCA's action; or
- Find only technical or harmless errors in HCA's acquisition process and determine HCA to be in substantial compliance and reject the protest; or
- Find merit in the protest and provide HCA options which may include:
 - Correct the errors and re-evaluate all proposals, and/or
 - Reissue the solicitation document and begin a new process, or
 - Make other findings and determine other courses of action as appropriate.

If HCA determines that the protest is without merit, HCA will enter into a contract with the apparently successful contractor. If the protest is determined to have merit, one of the alternatives noted in the preceding paragraph will be taken.

5. RFP EXHIBITS

- Exhibit A Certifications and Assurances
- Exhibit B Service Contract Format including General Terms and Conditions (GT&Cs)
- Exhibit C Washington HCA Group Life Bid Template
- Exhibit D Life Enrollment Statistics Unique ID September 2015_FINAL (please email Contracts@hca.wa.gov for this attachment)
- Exhibit E 2015 ReliaStar Group Life Certificate of Coverage and Rates
- Exhibit F Washington HCA Group Life Experience – Jan 2010 through Jun 2015_FINAL
- Exhibit G PEBB Life Supplemental Coverage Payment Flowchart
- Exhibit H Proposed PEBB Life Supplemental Coverage Payment Flowchart

CERTIFICATIONS AND ASSURANCES

I/we make the following certifications and assurances as a required element of the proposal to which it is attached, understanding that the truthfulness of the facts affirmed here and the continuing compliance with these requirements are conditions precedent to the award or continuation of the related contract:

1. I/we declare that all answers and statements made in the proposal are true and correct.
2. The prices and/or cost data have been determined independently, without consultation, communication, or agreement with others for the purpose of restricting competition. However, I/we may freely join with other persons or organizations for the purpose of presenting a single proposal.
3. The attached proposal is a firm offer for a period of 60 days following receipt, and it may be accepted by HCA without further negotiation (except where obviously required by lack of certainty in key terms) at any time within the 60-day period.
4. In preparing this proposal, I/we have not been assisted by any current or former employee of the state of Washington whose duties relate (or did relate) to this proposal or prospective contract, and who was assisting in other than his or her official, public capacity. If there are exceptions to these assurances, I/we have described them in full detail on a separate page attached to this document.
5. I/we understand that HCA will not reimburse me/us for any costs incurred in the preparation of this proposal. All proposals become the property of HCA, and I/we claim no proprietary right to the ideas, writings, items, or samples, unless so stated in this proposal.
6. Unless otherwise required by law, the prices and/or cost data which have been submitted have not been knowingly disclosed by the Proposer and will not knowingly be disclosed by him/her prior to opening, directly or indirectly, to any other Proposer or to any competitor.
7. I/we agree that submission of the attached proposal constitutes acceptance of the solicitation contents and the attached sample contract and general terms and conditions. If there are any exceptions to these terms, I/we have described those exceptions in detail on a page attached to this document.
8. No attempt has been made or will be made by the Proposer to induce any other person or firm to submit or not to submit a proposal for the purpose of restricting competition.
9. I/we grant HCA the right to contact references and other, who may have pertinent information regarding the ability of the Consultant and the lead staff person to perform the services contemplated by this RFP.
10. If any staff member(s) who will perform work on this contract has retired from the State of Washington under the provisions of the 2008 Early Retirement Factors legislation, his/her name(s) is noted on a separately attached page.

We (circle one) **are / are not** submitting proposed Contract exceptions. (See Section 2.12, Contract and General Terms and Conditions.) If Contract exceptions are being submitted, I/we have attached them to this form.

On behalf of the Consultant submitting this proposal, my name below attests to the accuracy of the above statement. We are submitting a scanned signature of this form with our proposal.

Signature of Proposer

Title

Date