July 9, 2019

Financial Services
Mr. Ron Y. Steiger, Chief Financial Officer

SUBJECT: AWARD REQUEST FOR PROPOSALS NO. RFP-18-057-

MT - GROUP TERM LIFE INSURANCE AND FLEXIBLE

**BENEFITS PROGRAM** 

COMMITTEE: FISCAL ACCOUNTABILITY & GOVERNMENT RELATIONS

**LINK TO STRATEGIC** 

FRAMEWORK: EFFECTIVE AND SUSTAINABLE BUSINESS PRACTICES

Procurement Management Services, at the request of the Office of Risk and Benefits Management, released the above-referenced solicitation. The purpose of this Request for Proposal ("RFP") is to identify qualified individuals and agencies to provide Group Term Life Insurance and Flexible Benefits for Miami-Dade County Public Schools employees, dependents and retirees. This RFP was advertised on the Procurement Management Services' and DemandStar websites. The solicitation was shared with District offices for additional community outreach, including but not limited to social media, local newspapers, local radio stations and prior bid forecasting lists.

The initial term of the bid shall be for a period of five (5) years, commencing January 1, 2020 through December 31, 2024, and may, by mutual agreement between The School Board of Miami-Dade County, Florida, and the successful bidders, be extended for one (1) additional two (2) year period. At the time of contract extension, additional vendors may be added and/or removed, at the discretion of the District.

Strategies were employed to increase SBE/MBE (Small/Micro Business Enterprise) participation. The Goal Setting Committee recommended that this solicitation be open with 5 points SBE/MBE.

M-DCPS OEO staff verified the Small, Micro, Veteran and/or M/WBE certification status.

E-150

At the regularly scheduled bid opening of April 23, 2019, responses from the following proposers were received:

	Life &	Disability	Dental	Vision	Hospital	Group	ID	Pet
	AD&D				Income	Legal	Theft	Insurance
Aetna			✓	<b>✓</b>	✓			
ARAG						✓		
Avesis				<b>\</b>				
Cigna	✓	<b>✓</b>	✓	<b>✓</b>	✓			
Crum & Forster Pet Insurance Group (ASPCA)								<b>√</b>
CyberScout							✓	
CyberScout (via MetLife Hyatt Legal)							✓	
Davis Vision				✓				
Delta Dental			✓					
EyeMed Vision Care, LLC				✓				
The Hartford "Hartford"	✓	<b>✓</b>			✓			
ID Watchdog							✓	
InfoArmor							✓	
Legal Access "LegalEASE"						✓	✓	
Legal Shield						✓	✓	
Metlife	✓	✓	✓	<b>✓</b>	✓			
Metlife "Hyatt Legal"						✓		
Nationwide								✓
The Standard	✓	✓						
UnitedHealthcare			✓	✓				
US Legal Services						✓	✓	

The Selection Committee meetings were held on June 7, 2019, June 17, 2019 and June 28, 2019. All committee meeting dates were advertised through Citizen's Information.

The Committee reviewed all received proposals and comprehensive analyses assembled by staff from the Office of Risk and Benefits Management and the District's Employee Benefits Consulting Firm of Aon. This item will outline each program for which the District sought and received proposals and will identify those companies which the committee determined best met the District's needs, based upon the criteria contained in RFP# 18-057-MT, as well, as School Board Policy 6320, Purchasing – Policy.

## **Group Term Life**

The committee reviewed the information received from the proposers that provided proposals for Core Life Insurance and Accidental Death and Dismemberment (AD&D), Dependent Life, Voluntary (Optional) Life Insurance, Accidental Death and Dismemberment (AD&D) and Blanket Accident Policy for Police Officers. The Committee voted unanimously to select Metropolitan Life Insurance Company (MetLife) as the District's Group Life Insurance carrier, effective January 1, 2020 for a five (5) year period with the ability to be extended for one (1) additional two (2) year period as stipulated in the RFP subject to successful negotiations.

# • Core Life Insurance and Accidental Death and Dismemberment (AD&D)

The Board provides benefit eligible employees Board-paid core term life insurance and AD&D at one or two times their annual salary in accordance with their respective union or employee association contract. Employees may also purchase optional life insurance and AD&D plus dependent term life insurance at their own expense. Life insurance is also offered to retirees at their own expense.

The proposal received from MetLife provides a five-year rate guarantee. Basic life monthly premium for active employees is \$0.123/\$1,000 and Basic AD&D monthly premium is \$.010/\$1,000.

## Dependent Life

The Board offers employees the opportunity of purchasing dependent life insurance for eligible Spouse/Domestic Partner and/or Child(ren).

The proposal received from MetLife provides a five-year rate guarantee. Dependent life monthly premium for active employees is age banded.

Voluntary Life Insurance and Accidental Death and Dismemberment (AD&D)
 Benefit eligible employees and retirees may purchase voluntary group term life insurance in \$10,000 increments from a basic \$10,000 up to \$100,000. The proposal received from MetLife provides a five-year rate guarantee.

### Life Insurance

Monthly premiums for Active and Part-time employees are \$0.20/\$1,000. Monthly premiums for Retirees are \$0.518/\$1,000.

## AD&D

Monthly premiums for Active and PT employee coverage are \$0.013/\$1,000. Monthly premiums for Active and PT employee dependent coverage are \$0.026/\$1,000. Monthly premiums for Retiree coverage are \$0.013/\$1,000. Monthly premiums for Retiree dependent coverage are \$0.026/\$1,000.

#### Eligible UTD Part-Time Employees

Benefit eligible UTD part-time employees who satisfy the requirements outlined in the UTD labor contract shall be eligible for a term life insurance policy of \$5,000. The proposal received from MetLife provides a five-year rate guarantee. The monthly premium for this coverage is \$0.123/\$1,000.

## • Eligible AFSCME Part-Time Employees

Benefit eligible AFSCME part-time employees who satisfy the requirements outlined in the AFSCME labor contract shall be eligible for a term life insurance policy of \$10,000. The proposal received from MetLife provides a five-year rate guarantee. The monthly premium for this coverage is \$0.123/\$1,000.

# • Blanket Accident Policy for Police Officers

The Board provides blanket accident policies for its police officers in compliance with Section 112.19, Florida Statutes, Law Enforcement, Correctional, and Correctional Probation Officers; Death Benefits. The proposal received from MetLife provides a five-year rate guarantee at a monthly premium of \$.009/\$1,000 coverage.

### Dental

The committee reviewed the submitted proposals and voted unanimously to allow Delta Dental, MetLife and UnitedHealthcare to make oral presentations on Monday, June 17, 2019.

During the oral presentations, committee members heard overviews of the companies' proposals. The committee then voted to direct Procurement Management Services to seek best and final terms and pricing from all three companies to be considered at the next meeting of the committee.

The committee met on June 28, 2019, and discussed all three proposals (Delta Dental, MetLife and UnitedHealthcare). A consensus recommendation was made to select Delta Dental and UnitedHealthcare as the District's Dental providers for both the Dental Health Maintenance Organization (DHMO) and Preferred Provider Organization (PPO) Dental products. The specifics of the pricing and terms provided through this solicitation are as follows:

	High	PPO		Standard PPO			High (	онмо	Standar	d DHMO
<del></del>	Delta	UHC		Delta	UHC		Delta	UHC	Delta	UHC
Coverage Tier	Monthly Premium Rates for Calendar Year 2020									
Employee Only/Retiree Only	\$31.37	\$38.40		\$19.46	\$17.51		\$13.05	\$9.87	\$8.06	\$7.52
Employee+Family/Retiree+Family	\$93.82	\$114.51		\$59.61	\$53.64		\$33.32	\$25.37	\$20.53	\$19.27
	Monthly Premium Rates for Calendar Year 2021									
Employee Only/Retiree Only	\$31.37	\$38.40		\$19.46	\$17.51		\$13.05	\$9.87	\$8.06	\$7.52
Employee+Family/Retiree+Family	\$93.82	\$114.51		\$59.61	\$53.64		\$33.32	\$25.37	\$20.53	\$19.27
	Monthly Premium Rates for Calendar Year 2022									
Employee Only/Retiree Only	\$31.37	\$38.40		\$19.46	\$17.51		\$13.05	\$9.87	\$8.06	\$7.52
Employee+Family/Retiree+Family	\$93.82	\$114.51		\$59.61	\$53.64		\$33.32	\$25.37	\$20.53	\$19.27
				Monthly Pre	mium Rates	for	Calendar Y	ear 2023		
Employee Only/Retiree Only	\$31.37	\$40.32		\$19.46	\$18.39		\$13.05	\$9.87	\$8.06	\$7.52
Employee+Family/Retiree+Family	\$93.82	\$120.24		\$59.61	\$56.32		\$33.32	\$25.37	\$20.53	\$19.27
	Monthly Premium Rates for Calendar Year 2024									
Employee Only/Retiree Only	\$31.37	\$40.32		\$19.46	\$18.39		\$13.05	\$9.87	\$8.06	\$7.52
Employee+Family/Retiree+Family	\$93.82	\$120.24		\$59.61	\$56.32		\$33.32	\$25.37	\$20.53	\$19.27

## Vision

The committee met on June 17, 2019, to discuss and score received proposals. The committee then voted to direct Procurement Management Services to seek best and final terms and pricing from the top five ranked proposers (Aetna, Cigna, Davis Vision, EyeMed Vision Care, LLC, and UnitedHealthcare). At the June 28, 2019 meeting, a consensus recommendation was made to select EyeMed Vision Care, LLC. The specific terms and pricing for this coverage are as follows:

EyeMed Vision Care, LLC – Vision coverage (four-year rate guarantee) with monthly premiums as follows:

Employee Only \$ 5.60
Employee & Family \$13.99

## Long Term/Short Term Disability

The committee reviewed the information received from the companies, which provided proposals for Short-Term and Long-Term Disability coverage. At the June 28, 2019 meeting, committee members voted unanimously to select Standard Insurance Company effective January 1, 2020, for a five (5) year period with the ability to be extended for one (1) additional two (2) year period as stipulated in the RFP subject to successful negotiations. The specific terms and monthly premiums for this coverage (five-year rate guarantee) are as follows:

Short Term Disability Rate

Board Paid \$0.185/\$10 of benefit Upgrade \$0.097/\$10 of benefit

Rate

<u>Long Term Disability</u> \$0.651/\$100 of base salary

#### Hospital Indemnity

The committee reviewed the information received from the companies, which provided proposals for Hospital Indemnity Coverage. At the June 17, 2019 meeting, committee members voted unanimously to select Metropolitan Life Insurance Company as the District's Hospital Indemnity provider (five-year guarantee), effective January 1, 2020 for a five (5) year period with the ability to be extended for one (1) additional two (2) year period as stipulated in the RFP subject to successful negotiations.

The specific terms and pricing for this coverage are as follows:

Coverage Tier	CY 2020-2024 Monthly Rates
\$50/ Day Benefit	
Active Employee Only	\$1.81
Active Employee + Family	\$4.57
\$150/ Day Benefit	
Active Employee Only	\$5.37
Active Employee + Family	\$13.55
\$50/ Day Benefit	
Retiree Only	\$7.30
Retiree + Family	\$16.17
\$150/ Day Benefit	
Retiree Only	\$21.36
Retiree + Family	\$47.27
AFSCME PT \$350/ Day Benefit	
Employee	\$14.58

## **Group Legal**

The committee reviewed the information received from the companies, which provided proposals for Group Legal coverage. At the June 28, 2019 meeting, committee members voted unanimously to select ARAG and Metropolitan Life Insurance Company (Hyatt Legal) as the District's Group Legal providers, effective January 1, 2020 for a five (5) year period with the ability to be extended for one (1) additional two (2) year period as stipulated in the RFP subject to successful negotiations. The specific terms and monthly premiums for this coverage are as follows (five-year rate guarantee):

#### **ARAG**

<u>Group Legal Plan</u>

Employee & Family \$14.76

MetLife

Hyatt Legal Plan

Employee & Family \$14.30

### **ID Theft**

The committee reviewed the information received from the companies, which provided proposals for ID Theft coverage. At the June 28, 2019 meeting, committee members voted unanimously to select ID Watchdog as the District's ID Theft provider, effective January 1, 2020, for a five (5) year period with the ability to be extended for one (1) additional two (2) year period as stipulated in the RFP subject to successful negotiations.

The specific terms and monthly premium for this coverage are as follows (five-year rate guarantee):

ID Watchdog

Employee Only: \$5.60 Employee & Family: \$9.40

### Pet Insurance

The committee reviewed the information received from the companies, which provided proposals for Pet Insurance. At the June 17, 2019 meeting, committee members voted unanimously to reject all proposals received. Based on the review of the committee, employees would be able to obtain similar or better pricing terms and coverage by purchasing individual policies as opposed to the Board sponsoring a group policy.

**RECOMMENDED:** That The School Board of Miami-Dade County, Florida:

- 1. AWARD REQUEST FOR PROPOSALS NO. RFP-18-057-MT GROUP TERM LIFE INSURANCE AND FLEXIBLE BENEFITS PROGRAM, to identify qualified individuals and agencies to provide Group Term Life Insurance and Flexible Benefits for Miami-Dade County Public Schools employees, dependents and retirees, with initial effective date of January 1, 2020 through December 31, 2024, and may, by mutual agreement, be extended for one (1) additional two (2) year period subject to successful negotiations:
  - a. Core Life Insurance and AD&D; Voluntary Life and AD&D; and Blanket Accident Policy for Police Officers:

METROPOLITAN LIFE INSURANCE COMPANY (METLIFE) 200 PARK AVENUE

NEW YORK, NY 10166

OWNER/OFFICER: MICHAEL PRINCE, SR. ACCOUNT EXECUTIVE

at the following monthly premiums per \$1,000 coverage:

Life Insurance	MetLife
Guarantee Period for Rates (Monthly Premium)	1/1/20 - 12/31/24
	Per \$1,000 Volume
Core Board Paid Life	\$0.123
Core Board Paid AD&D	\$0.010

Core Buy-up (Optional Life)	Per \$1,000 Volume
<25	\$0.040
25-29	\$0.049
30-34	\$0.065
35-39	\$0.073
40-44	\$0.081
45-49	\$0.121
50-54	\$0.186
55-59	\$0.348
60-64	\$0.534
65-69	\$1.028
70-74	\$1.668
75+	\$1.668

Optional Core Dependent (Spouse)	Per \$1,000 Volume
<34	\$0.338
35-44	\$0.381
45-54	\$0.423
55-59	\$0.635
60-64	\$0.973
65-69	\$1.819
70-74	\$2.792
+75	\$5.373

Optional Core Dependent Life (Child)	Per \$1,000 Volume
<34	\$0.198
35-44	\$0.214
45-54	\$0.091
55-59	\$0.076
60-64	\$0.042
65-69	\$0.030
70-74	\$0.030

Core Buy-up (Optional AD&D)	Per \$1,000 Volume
Composite	\$0.020
Voluntary Life	\$0.200/\$1,000
Voluntary AD&D-Employee	\$0.013/\$1,000
Voluntary AD&D-Family	\$0.026/\$1,000

Retirees	
Voluntary Life Plan	\$0.518/\$1,000
Voluntary AD&D-Employee	\$0.013/\$1,000
Voluntary AD&D-Family	\$0.026/\$1,000
\$2k, \$5k, or \$10k Retiree Life Plan	\$4.485
Option \$2k	\$8.964
Option \$5k	\$22.428
Option \$10k	\$44.856

Core Part-Time Basic Life \$10k	\$0.123/\$1,000
Core Part-Time Basic Life \$5k	\$0.123/\$1,000
Occupational AD&D	Per \$1,000 Volume
Blanket Accident Policy (Enforcement Officers)	\$0.009

## b. Dental Coverage:

i. DELTA DENTAL INSURANCE COMPANY 5200 BLUE LAGOON DRIVE, SUITE 110 MIAMI, FL 33126

OWNER/OFFICER: MICHAEL MANER, VP, SALES

# SUBCONTRACTOR:

JNICK MANAGEMENT GROUP, INC. MBE/MWBE 2425 NW 43<sup>RD</sup> STREET MIAMI, FL 33142 AFRICAN AMERICAN

ii. UNITED HEALTHCARE SERVICES, INC. 3100 SW 145 AVENUE, SUITE 200 MIRAMAR, FL 33027 OWNER/OFFICER: GINA CICCIA, VP OF FLORIDA PUBLIC & LABOR SALES

# Delta Dental and UnitedHealthcare at the following monthly premiums:

	High	PPO		Standard PPO			High (	онмо	Standar	d DHMO
	Delta	UHC		Delta	UHC		Delta	UHC	Delta	UHC
Coverage Tier	Monthly Premium Rates for Calendar Year 2020									
Employee Only/Retiree Only	\$31.37	\$38.40		\$19.46	\$17.51		\$13.05	\$9.87	\$8.06	\$7.52
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			ı	Monthly Pre	mium Rates	s for	Calendar Y	ear 2021	_	
Employee Only/Retiree Only	\$31.37	\$38.40		\$19.46	\$17.51		\$13.05	\$9.87	\$8.06	\$7.52
Employee+Family/Retiree+Family	\$93.82	\$114.51		\$59.61	\$53.64		\$33.32	\$25.37	\$20.53	\$19.27
	Monthly Premium Rates for Calendar Year 2022									
Employee Only/Retiree Only	\$31.37	\$38.40		\$19.46	\$17.51		\$13.05	\$9.87	\$8.06	\$7.52
Employee+Family/Retiree+Family	\$93.82	\$114.51		\$59.61	\$53.64		\$33.32	\$25.37	\$20.53	\$19.27
				Monthly Pre	mium Rates	s for	Calendar Y	ear 2023		
Employee Only/Retiree Only	\$31.37	\$40.32		\$19.46	\$18.39		\$13.05	\$9.87	\$8.06	\$7.52
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Employee+Family/Retiree+Family	\$93.82	\$120.24		\$59.61	\$56.32		\$33.32	\$25.37	\$20.53	\$19.27

## c. Vision Coverage:

EYEMED VISION CARE, LLC 4000 LUXOTTICA PLACE MASON, OH 45040

OWNER/OFFICER: MATTHEW MACDONALD, SR. VICE

**PRESIDENT** 

EyeMed Vision Care, LLC at the following monthly premiums as follows (four-year rate guarantee):

Employee Only \$ 5.60 Employee & Family \$13.99 d. Short-Term Disability (STD) and Long-Term Disability (LTD):

STANDARD INSURANCE COMPANY 4350 W. CYPRESS STREET, SUITE 920 TAMPA, FL 33607

OWNER/OFFICER: GRAEME QUEEN, 2ND VP, STRATEGIC

ACCT. SERVICES

### SUBCONTRACTOR:

QUINLAN DISABILITY MANAGEMENT, INC. SBE/MWBE dba QUINLAN MEDICAL MANAGEMENT 600 SANDTREE DRIVE, SUITE 210C PALM BEACH GARDENS, FL 33403 WOMAN OWNED

Standard Insurance Company with monthly premium as follows (five-year rate guarantee):

STD Rate

Board Paid \$0.185/\$10 of benefit Upgrade \$0.097/\$10 of benefit

<u>Rate</u>

LTD \$0.651/\$100 of base salary

e. Hospital Income Coverage:

METROPOLITAN LIFE INSURANCE COMPANY (METLIFE) 200 PARK AVENUE NEW YORK, NY 10166

OWNER/OFFICER: MICHAEL PRINCE, SR. ACCOUNT

EXECUTIVE

Metropolitan Life Insurance Company with monthly premiums as follows (five-year rate guarantee):

Coverage Tier	CY 2020-2024 Monthly Rates
\$50/ Day Benefit	
Active Employee Only	\$1.81
Active Employee + Family	\$4.57
\$150/ Day Benefit	
Active Employee Only	\$5.37
Active Employee + Family	\$13.55

\$50/ Day Benefit	
Retiree Only	\$7.30
Retiree + Family	\$16.17
\$150/ Day Benefit	
Retiree Only	\$21.36
Retiree + Family	\$47.27
AFSCME PT \$350/ Day Benefit	
Employee	\$14.58

# f. Group Legal (five-year rate guarantee):

i. ARAG INSURANCE COMPANY
 500 GRAND AVENUE, SUITE 100
 DES MOINES, IA 50309
 OWNER/OFFICER: ANN COSIMANO, GENERAL COUNSEL

**ARAG** 

Group Legal Plan

Employee & Family \$14.76

ii. METROPOLITAN LIFE INSURANCE COMPANY (METLIFE)
 200 PARK AVENUE
 NEW YORK, NY 10166
 OWNER/OFFICER: MICHAEL PRINCE, SR. ACCOUNT EXECUTIVE

#### SUBCONTRACTOR:

HYATT LEGAL PLANS OF FLORIDA, INC. 1111 SUPERIOR AVENUE, SUITE 800 CLEVELAND, OH 44114 OWNER/OFFICER: ROGER ELDER, ASST. VP & GENERAL COUNSEL

MetLife
Hyatt Legal Plan
Employee & Family \$14.30

g. Identity Theft Protection:

IDENTITY REHAB CORPORATION
DBA ID WATCHDOG
1560 BROADWAY, SUITE 2090
DENVER, CO 80202
OWNER/OFFICER: ASSAD LAZARUS, SR. VP – GENERAL
MANAGER

ID Watchdog with monthly premiums as follows (five-year rate guarantee):

**ID Watchdog** 

Employee Only: \$5.60 Employee & Family: \$9.40

- 2. **REJECT** all proposals received for Pet Insurance Coverage.
- 3. **AUTHORIZE** Procurement Management Services to award the contract to provide Group Term Life Insurance and Flexible Benefits Program, subject to the availability of funding, for the initial contract term, and for each subsequent extension period. Board authorization of this recommendation does not guarantee any estimated quantities will be purchased.

RYS:mgf