



Oklahoma School Property and Casualty Cooperative
Authorized By
Organization of Rural Oklahoma Schools

US Post Office Address: OSPCC
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NOTICE TO VENDORS

OSPCC is seeking proposals for Section 125 Plan Insurance Benefits for school districts of Oklahoma. Proposals are being requested for **Cancer Insurance**. Sealed responses must be addressed to Terri L. Thomas-Attorney at Law, 3139 NW 19th Street, Oklahoma City, OK 73107. All bids must be received by

DATE: February 22, 2012 @3:00 P.M.

Any proposal received later than the specified time, whether delivered in person or mailed, will be disqualified. Faxed or electronically submitted proposals cannot be accepted. Proposal envelopes shall be plainly marked with the name of the proposal and the opening date and time. For additional information please contact **Leeroy Pettyjohn at (580) 920-4572**.

SCOPE OF SERVICES

In order to provide the “best value” to its governmental participants, OSPCC is seeking insurance services for Oklahoma public school districts.

Phase I - Qualifications-The document attached will be used to assess companies and select the most highly qualified provider of services on the basis of demonstrated competence and qualifications.

Phase II – Contract Negotiations - Attempt to negotiate with selected provider a contract at a fair and reasonable price. If satisfactory contract cannot be negotiated with the first selected most highly qualified provider, OSPCC will select the next most highly qualified provider and attempt to negotiate a contract.

The selected vendor(s)' services will be available for OSPCC members to utilize.

SPECIFIC TERMS AND CONDITIONS

1. A vendor of insurance services will be selected on the basis of demonstrated competence and qualifications to perform the services and for a negotiated fair and reasonable price. OSPCC reserves the right to negotiate with the provider selected, to accept or reject any and/or all proposals, to waive any formalities and/or irregularities to the extent permitted by law and to award in the best interest of OSPCC and its members.
2. **Length of Agreement for Professional Services:** The selected vendor shall serve annually as approved by the OSPCC Board. The Board may request that products and vendors be rebid as deemed necessary to best serve the school districts of Oklahoma.
3. No oral statement of any person shall modify or otherwise change, or affect the terms, conditions, or specifications stated in the resulting contract.
4. **Proposal Evaluation Criteria:** OSPCC may consider the following in selecting a vendor for **insurance services**.

Phase I

- Completion of **Qualification Statement**
- Demonstrated competence and qualifications to perform the services
- The proposed services and methodologies meeting the OSPCC's needs and requirements

Phase II

Attempt to negotiate with the first selected, most highly qualified provider an agreement at a fair and reasonable price. If satisfactory contract cannot be negotiated with the first selected most highly qualified provider, OSPCC will select the next most highly qualified provider and attempt to negotiate an agreement at a fair and reasonable price.

Selection Criteria:

1. Reputation of vendor. (10%)
 2. Quality of the vendor's services and prior experience providing insurance to public school districts served by OSPCC. (10%)
 3. The extent to which the services meet the needs of public school districts served by OSPCC. (10%)
 4. Vendor's past relationship with OSPCC and public school districts served by OSPCC. (10%)
 5. Ability to timely pay claims of public school districts served by OSPCC. (10%)
 6. Ability to provide prompt on-site customer and/or risk management assistance. (10%)
 7. Quality of reinsurance available to school districts served by OSPCC. (10%)
 8. Quality of coverage documents available to school districts served by OSPCC. (10%)
 9. Affordability of premiums available to school districts served by OSPCC. (10%)
 10. Overall service to school districts served by OSPCC. (10%)
5. There are already Oklahoma Agents in place to service these accounts. Therefore, these RFP'S are intended for direct negotiations with the insurance companies.

OSPCC Selection Criteria

BID CATEGORY: _____

Company Name	Vendor Reputation	Service Quality	District Needs	Past Relationship	Claims Payment	Customer Service	Reinsurance Quality	Document Quality	Premium Affordability	Overall Service	Total Points Scored
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											

Date: _____

OSPCC Authorized Signature

Date

Approved by OROS

Date

**REQUEST FOR INFORMATION/QUALIFICATION STATEMENT
FOR
INSURANCE TO OKLAHOMA PUBLIC SCHOOL DISTRICTS**

1. GENERAL INFORMATION

Date _____

Firm Name _____

Address _____

City _____ State _____ Zip _____

Contact Person(s) – limited to two persons per firm/application

Contact No. 1

Name _____

Title _____

Telephone _____ Fax _____

Internet/E-mail address _____

Contact No. 2:

Name _____

Title _____

Telephone _____ Fax _____

Internet/E-mail address _____

Type of organization:

_____ Sole proprietorship (individual)

_____ Partnership

_____ Professional corporation

_____ Corporation

_____ Joint venture

_____ Other _____

2. QUALIFICATION STATEMENT

In a 100 word or less statement, please describe what makes your firm uniquely qualified to perform **Insurance Services**, including any superior qualities:

3. APPLICATION SIGNATURE:

The information contained herein is true and accurate to the best of my knowledge. By signing below, the firm agrees to allow OSPCC to check references. The signature below certifies that this bid has been completed with no consultation, collaboration or conversation with other firms competing on the same project.

NAME (Please print or type) TITLE

DATE

SIGNATURE of FIRM'S CONTACT PERSON

OSPCC Cancer Plan Proposals

The following questionnaire is a part of the RFP. The information provided herein will be used for evaluating the qualifications of the Firm to perform the services to be done. The questionnaire must be filled out accurately and completely. Any errors, omissions, or misrepresentation of the information may be considered as a basis for the rejection of the proposal, and may be grounds for the cancellation of any agreement executed as a result of the Request for Proposals.

Firm Name :	
Does your policy contain any minimum participation or minimum enrollment requirements?	
Do you allow family members to continue coverage if the employee terminates coverage or employment?	
Do you offer guaranteed issue for active employees?	
Is the plan portable for terminating or retiring employees and their families? If yes, are the same rates and benefits used? If no, explain.	
Are there any fees associated with portability?	
Is the plan guaranteed renewable?	
Is there a conversion provision for dependents that are no longer eligible (i.e. reaching limiting age)?	
What are your medical/qualifying questions, if any, for employees?	
What are your medical/qualifying questions, if any, for dependent spouse coverage?	
What are your medical/qualifying questions, if any, for dependent children?	
What are your issue ages for: (maximum and minimum) Employee	
Spouse	
Child	
Are any of your products discounted for non-tobacco use? Please specify how you treat smoking/tobacco use status.	
Are there any health screening benefits available?	
At what age does coverage end for an employee? Spouse? Dependent children?	
Are there any waiting periods or elimination before an insured is eligible for benefits?	

Plan Provision	Benefits
Wellness Benefit <ul style="list-style-type: none"> • Mammogram • Flexible Sigmoidoscopy • Pap Smear • Chest X-Ray • Hemocult Stool Specimen • Prostate Screen 	
Positive Diagnosis Test	
First Diagnosis Benefit	
Second and Third Surgical Opinions	
Non-Local Transportation	
Adult Companion Lodging and Transportation	
Ambulance	
Surgery	
Donor Bone Marrow and Stem Cell Transplant	
Bone Marrow and Peripheral Stem Cell Transplant	
Anesthesia	
Ambulatory Surgical Center	
Radiation Therapy, Radioactive Isotopes Therapy, Chemotherapy, Immunotherapy	
Drugs and Medicine	
Outpatient Anti-Nausea	
Miscellaneous Therapy Charges	
Self-Administered Drugs	
Colony-Stimulating Factors	
Blood, Plasma, and Platelets	
Physician's Attendance	
Private Duty Nursing	
Skin Cancer	
Breast Prosthesis	
Artificial Limb or Prosthesis	
Physical or Speech Therapy	
Extended Benefits	
Extended Care Facility	
At Home Nursing	

Plan Provisions	Benefits
New or Experimental Treatment	
Hospice Care	
Government or Charity Hospital	
Hairpiece	
Rental or Purchase of Durable Goods	
Hospital Confinement	
Grace Period	
Guarantee Renewability	
Waiver of Premium	
Other Covered Benefits	

Indicate below the proposed monthly premium for providing Group Cancer:

Employee Only	
Employee/Family	

I, the undersigned, hereby certify that I am a representative of the below named firm, and am duly authorized to execute contracts on behalf of the firm. I further hereby certify that all of the information presented in answer to the questions contained in this Proposal/Questionnaire is complete and accurate to the best of my knowledge. I understand that if the OSPCC awards a Contract to my firm that the information and commitments made within the questionnaire will become an effective part of the Contract.

Name of Firm

(Signature of Authorized Agent)

Title

Date