

BID NOTICE

Ralls County Commission will be accepting sealed bids for Group Health and Life Insurance until November 7th, 2022, at 10:00 a.m. Bid packets may be acquired from the County Clerk's Office or the Ralls County website (www.rallscountymo.net)

Intent: It is the intent of these specifications to describe the County's requirements for Group Health and Life Insurance. Any items which are not specifically mentioned and are necessary or are regularly furnished in order to provide a complete service shall be furnished by the successful bidder at the bid price.

Conditions: Successful bidder must be able to initiate service on January 1st, 2023, at 12:01 a.m. They must also be able to guarantee rates for 12 months from this date. A written confirmation of coverage at a guaranteed rate must be presented to the County Clerk by November 7th, 2022.

Submission of bids: Bids must be received in the office of the County Clerk by 10:00 a.m., November 7th, 2022. Only sealed bids marked "**Group Health and Life Insurance Bid - Do Not Open**" will be considered. Bids received late will be rejected and will remain unopened.

Bidders must use the Bid Form provided for that purpose in submitting bids, give unit prices, extend totals, complete the questionnaire, and sign the bid.

Failure to comply with any of the above instructions and general conditions of bidding may disqualify the bidder at the discretion of the County Clerk and the County Commissioners.

Sealed bids are to be submitted by 10 am on November 7th, 2022, to the Ralls County Commissioners office.

Submit Bid to:

Ralls County Commission
PO Box 400
New London, MO 63459

Ralls County Commission reserves the right to reject any and all bids and to accept the best bid, which meets the County's needs.

2022 BID FORM

ONLY FIRM QUOTES WILL BE ACCEPTED

Plan I:

Company Name:

Broker Name:

| | \$1,000 Deductible | \$1,500 Deductible | \$2,000 Deductible | \$3,000 Deductible | \$5,000 Deductible |
|--|--------------------|--------------------|--------------------|--------------------|--------------------|
| Premium: | | | | | |
| Employee w/drug card | | | | | |
| Employee w/o drug card | | | | | |
| Family w/ drug card | | | | | |
| Family w/o drug card | | | | | |
| Employee & Spouse w/drug card | | | | | |
| Employee & Spouse w/o drug card | | | | | |
| Employee & Children w/drug card | | | | | |
| Employee & Children w/o drug card | | | | | |
| | | | | | |
| Maximum Annual Out-of-Pocket Expense: | | | | | |
| Employee- In Network/Out Network | / | | | | |
| Family- In Network/Out Network | / | | | | |
| Employee & Spouse- In Network/Out Network | / | | | | |
| Employee & Children- In Network/Out Network | / | | | | |

| | | | | | |
|---|--|--|--|--|--|
| | | | | | |
| Prescription Drug Co-Pay: | | | | | |
| Generic | | | | | |
| Preferred | | | | | |
| Non-Preferred | | | | | |
| | | | | | |
| Participating Physician Office Visit Co-Pay: | | | | | |
| | | | | | |
| Participating Emergency Room Co-Pay: | | | | | |
| | | | | | |
| Coinsurance Level: | | | | | |
| % from Network Provider | | | | | |
| % from Non-Network Provider | | | | | |
| | | | | | |
| Accident Benefit: | | | | | |
| | | | | | |
| Ambulance Benefit: | | | | | |
| | | | | | |
| Maximum Benefit: | | | | | |

| | | | | | |
|---|--|--|--|--|--|
| | | | | | |
| Are any of the following services covered or offered? | | | | | |
| Dental Care | | | | | |
| Vision Care | | | | | |
| Mental Health | | | | | |
| Chemical Dependency | | | | | |
| Preventive Health Screenings | | | | | |
| Maternity Benefits | | | | | |
| Wellness Benefits | | | | | |
| Other | | | | | |
| | | | | | |
| Life Insurance Amount | | | | | |
| Employee | | | | | |
| Spouse | | | | | |
| Child | | | | | |
| | | | | | |
| Enrollment Fee: | | | | | |
| | | | | | |
| Administration Fee: | | | | | |
| | | | | | |
| Amount or % Broker's Fee: | | | | | |

Signature of Bidding Broker

Date