



# **FRIO COUNTY**

## **REQUEST FOR PROPOSAL**

Fully Insured  
Group Health, Dental, and Life

**Plan Year: 2025 - 2026**

Proposal Due Date:  
June 20, 2025, at 3:00 p.m.

**REQUEST FOR PROPOSAL FOR FRIO COUNTY  
FULLY INSURED GROUP MEDICAL COVERAGE**

## County Information

Group:	Frio County
Current Census:	<b>173</b> Full Time Employees
Medical Premium Rate Structure:	5 tier basis: Employee Only, Employee & Spouse, Employee & Child, Employee & Children, Employee & Family if the county chooses

**Waiting Period:**

The County plan will have a 90-day waiting period for new enrollees. For newly elected officials there will be no waiting period, benefits are effective immediately.

**Employer Contribution:**

The County pays 100% of the cost for employees.

**Retiree Medical Benefits:**

Group Plan

- Pre-65 Retiree Benefits

**REQUEST FOR PROPOSAL FOR FRIO COUNTY  
FULLY INSURED GROUP MEDICAL COVERAGE**

**General Proposal Information**

**Requested Proposals**

The County of Frio is requesting sealed proposals for the following types of Employee Group Insurance coverages:

- 1) Medical
- 2) Dental
- 3) Life and AD&D
- 4) Vision (optional)

Frio County is seeking proposals on group medical benefits for eligible employees and their dependents. Proposals shall include fully insured PPO or HMO group medical plans from carriers qualified to provide these services and/or products for the county's benefit plan. All costs of proposal preparation shall be assumed by the proposer.

Proposed medical plan should duplicate current benefits as closely as possible. Alternate plans may be considered but differences should be fully disclosed. A participating hospital, pharmacy, and physicians must be available in Frio County.

RFP's must be received at the Frio County Auditor's office, 500 E. San Antonio St. #3, Pearsall, Texas 78061 until **3:00 P.M., Friday, June 20, 2025**. Proposals received after the time indicated will be returned unopened. RFP's will be opened and a proposal selected during commissioner's court on Tuesday, June 24, 2025. Individuals may contact Ramiro Trevino, 500 E. San Antonio St. #16, Pearsall, Texas 78061; phone 830-505-2985 or by e-mail [ramrio.trevino@friocounty.org](mailto:ramrio.trevino@friocounty.org) in regards to obtaining RFP Specifications. The County of Frio reserves the right to waive any formalities to reject any or all the proposals. Individuals may submit an RFP on all or part of insurance coverages.

**Period of Contract**

Effective date to be October 1, 2025 with a 12-month rate guarantee.

**Company Eligibility**

All proposals must include the name of the insurance carrier, which should have a current general policyholder rating of "A-" published by AM Best or be registered with the Texas Department of Insurance as a non-profit company or a Pool in accordance with the *Texas Local Government Code* Chapter 172. If a quoting company has a lower rating or is ineligible for a rating, evidence supporting the financial stability and service capabilities of the company should be submitted.

The Insurance Carrier must pay claims in Texas for at least 10,000 employee lives.

## **REQUEST FOR PROPOSAL FOR FRIO COUNTY FULLY INSURED GROUP MEDICAL COVERAGE**

### **Reservation of Rights**

The County reserves the right to reject any and all proposals, in whole or in part, waive any technicalities, and to accept the proposal which in its judgment is in the best interest of the county and its employees.

### **Legal**

All proposers are expected to comply with all federal, state, and local laws and regulations relative to the preparation and submission of insurance proposals.

### **Confidentiality**

The information contained in this RFP is confidential and may be used solely for the purpose of preparing proposals for the County. This includes all information relating to the medical condition of persons covered by county's benefit program. **The contents of proposals shall also remain confidential during the review process.**

### **Reports / Renewal**

The Insurance carrier guarantees to provide complete annual claims information. This information must include paid claims and detailed information on all claims over \$10,000 (in accordance with the Health Insurance Portability and Accountability Act- HIPAA). The Insurance Carrier further agrees to deliver the complete renewal no later than 60 days prior to renewal date.

### **Continuity of Coverage**

All employees, COBRA participants, and covered dependents on the current plan are to be administered on a "no-loss/ no gain" basis by the insurance coverage. "Actively At Work" provisions must not apply to persons covered under the plan on the October 1, 2025.

In fulfilling the continuity of coverage requirements, full credit must be allowed for all or any part of the major medical deductibles, coinsurance and preexisting conditions satisfied under the current program.

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**Specifications for Frio County Employee Group Insurance**

1. Must match current benefits.
2. A participating Hospital must be available in Frio County.
3. Participating Physicians must be available in Frio County.
4. A participating Pharmacy must be available in Frio County.
5. A list of your current providers must be included in your proposal packets.
6. Deviation for specifications must be identified as an alternate plan.
7. Effective date to be October 1, 2025 with a 12-month rate guarantee.
8. Frio County pay 100% of premium for employee only medical, dental, basic life, and AD&D.

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**About the Insurance Company**

1. Provide insurance carrier's name, location, and contact person.
2. What is the current AM Best rating for your company?
3. Is your company regulated by the Texas Department of Insurance? ☐ Yes ☐ No  
If no, describe the kind of arrangement and guarantee provided to ensure payment of claims if the company becomes insolvent.
4. Please indicate number of covered employee lives and length of time firm has been in business in this capacity.
5. Are there a minimum number of participants required? ☐ Yes ☐ No  
If so, what is that number percentage of eligible employees?
6. Have any lawsuits been filed against your organization related to any of your health care products or administrative services in the last three years? Please describe the nature of any lawsuits, dates, and outcomes.
7. Provide three (3) governmental entity references, including contact name and phone number, for which your company provides group health insurance services. Include groups of similar size if possible.
8. Describe your proposal's wellness programs including all events, programs, nurse related services and condition management efforts.

**Plan Implementation**

9. Do you agree to a no-loss/no-gain takeover of all benefits? ☐ Yes ☐ No
10. Will credit be given for deductible and coinsurance accumulations upon the initial plan takeover? ☐ Yes ☐ No
11. Does your plan include a deductible carryover into a subsequent year? ☐ Yes ☐ No  
What is the carryover period?

**Account and Customer Services**

12. Will our account to be handled by one main contact person or team? Please provide the contact person or team leader's name and contact information.

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13. Is there a toll-free customer service number available to plan participants to verify benefit information, claims questions, and for providing referrals? ☐ Yes ☐ No

**COBRA**

14. Please include the cost for using your company for COBRA services and describe the services provided.

**Deviations**

15. Describe any deviations from the requirements of this RFP. The company providing this proposal is liable for the addition, including the costs, of differences not clearly noted in this question.

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**Census Summary**

Proposals shall be based on the county's current enrollment. Census attached.  
Below is a summary of how many employees are in each tier.

HEALTH	Active	COBRA	Retiree	Total
No Coverage	3	0	0	3
Employee Only	137	0	1	138
Employee & 1 Child (if applicable)	14	0	0	14
Employee & Children	3	0	0	3
Employee & Spouse	4	0	0	4
Employee & Family	1	0	0	1
Total HEALTH	162	0	1	163

DENTAL	Active	COBRA	Retiree	Total
No Coverage	3	0	0	3
Employee Only	122	0	1	123
Employee & 1 Child(ren)	18	0	0	18
Employee & Spouse	14	0	0	14
Employee & Family	5	0	0	5
Total DENTAL	162	0	1	163

LIFE and AD&D	Active	COBRA	Retiree	Total
Employee Only	162	Not Applicable	0	162
Total LIFE	162	0	0	162



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**Employer Contribution Summary**

Listed below are current contribution amounts for each benefit.

	Amount Employer Pays	Amount Employee Pays	Amount Retiree Pays
<b>Health:</b>			
Employee Only:	\$ <u>813.26</u>	\$ <u>0</u>	\$ <u>406.63</u>
Employee + 1 Child:	\$ <u>813.26</u>	\$ <u>266.66</u>	\$ <u>1079.92</u>
Employee + Children	\$ <u>813.26</u>	\$ <u>947.58</u>	\$ <u>1760.84</u>
Employee + Spouse	\$ <u>813.26</u>	\$ <u>894.46</u>	\$ <u>1707.72</u>
Employee + Family	\$ <u>813.26</u>	\$ <u>1360.74</u>	\$ <u>2174.00</u>
<b>Dental:</b>			
Employee Only:	\$ <u>20.22</u>	\$ <u>0</u>	\$ <u>10.11</u>
Employee + 1 Child:	\$ <u>20.22</u>	\$ <u>18.28</u>	\$ <u>38.50</u>
Employee + Children	\$ <u>20.22</u>	\$ <u>18.28</u>	\$ <u>38.50</u>
Employee + Spouse	\$ <u>20.22</u>	\$ <u>25.06</u>	\$ <u>45.28</u>
Employee + Family	\$ <u>20.22</u>	\$ <u>44.26</u>	\$ <u>64.48</u>
<b>Vision:</b>			
Employee Only:	\$ <u>0</u>	\$ <u>4.58</u>	\$ <u>4.58</u>
Employee + Child(ren)	\$ <u>0</u>	\$ <u>9.18</u>	\$ <u>9.18</u>
Employee + Spouse	\$ <u>0</u>	\$ <u>8.72</u>	\$ <u>8.72</u>
Employee + Family	\$ <u>0</u>	\$ <u>13.52</u>	\$ <u>13.52</u>

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**Employer Contribution Summary (Cont.)**

	Amount Employer Pays	Amount Employee Pays	Amount Retiree Pays
<b>Life:</b>			
Basic Term Life & AD&D:	\$ <u>5.10</u>	\$ <u>0</u>	\$ <u>0</u>
Spouse + Child(ren):	\$ <u>2.00</u>		

Current Term Life Benefit Plan: Please duplicate current benefits as closely as possible.  
Alternate plans may be considered

Term Life Volume per covered person

Basic Life	\$ <u>15,000</u>
AD&D	\$ <u>15,000</u>

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Voluntary Dependent

Volume – Spouse	\$ <u>5,000</u>
Volume – Child(ren)	\$ <u>2,500</u>

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**Rate Submission Form**

Proposer must fill out this form.

MEDICAL	RATES PER MONTH
Employee Only	\$
Employee & 1 Child (if applicable)	\$
Employee & Children	\$
Employee & Spouse	\$
Employee & Family	\$
Broker commission included?	<input type="checkbox"/> Yes* <input type="checkbox"/> No

\*Rates shown above include an approximate broker commission of \$\_\_\_\_\_Annually.

DENTAL	RATES PER MONTH
Employee Only	\$
Employee & Family	\$
Broker commission included?	<input type="checkbox"/> Yes* <input type="checkbox"/> No

\*Rates shown above include an approximate broker commission of \$\_\_\_\_\_Annually.

LIFE	RATES PER MONTH
Volume Amount Quoted:	\$
Term Life per \$1000	\$
AD&D per \$1000	\$
Broker commission included?	<input type="checkbox"/> Yes* <input type="checkbox"/> No

\*Rates shown above include an approximate broker commission of \$\_\_\_\_\_Annually.

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Print name of authorized person: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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Signature of authorized person: \_\_\_\_\_ Date: \_\_\_\_\_

**Proposals to be in no later than Friday, June 20, 2025 at 3:00 p.m.**

**Mail proposals to:**

Frio County Auditor  
Crystal Marquez  
500 E. San Antonio St., #3  
Pearsall, TX 78061.