LUZERNE COUNTY COMMUNITY COLLEGE
REQUEST FOR PROPOSAL
THIRD PARTY ADMINISTRATION OF MEDICAL INSURANCE

Section I. INTRODUCTION
Luzerne County Community College is seeking proposals from qualified Companies to provide Third Party Administration of Medical Insurance. This document is a Request for Proposal (RFP) for the services described below and does not obligate LCCC to accept responses from eligible Companies. The RFP establishes minimum requirements a Company must meet in order to be eligible for consideration as well as information to be included in the Company’s proposal.

Carefully examine the specifications, conditions and limitations. The selection of the successful Company will be made based on LCCC’s evaluation and determination of the relative ability of each Company to deliver quality service in a cost-effective manner. The following specific criteria will be evaluated and must be addressed in the proposal:

1 Company History and Organization
2 Cost Proposal and Invoicing
3 Insurance
4 References

LCCC is not obligated to accept the lowest proposal and reserves the right to reject any and all proposals or amend the scope of the project. All of the Companies must be duly licensed or otherwise have the ability to perform work in accordance with all governing local authorities and to the satisfaction of those authorities.

Under the Right To Know Law, the College is required to post to the PA Treasury Website all documents (BPO, PO, contract or agreement) for transactions valued at $5,000.00 and above.

Section II. SUBMISSION OF PROPOSALS
Responses to this RFP are due by 3:00 P.M. on Wednesday, December 4, 2013. Late submittals will be rejected. All proposals are to be sealed and addressed to:
Luzerne County Community College
Purchasing Director, Mr. Len Olzinski
1333 S. Prospect Street
Nanticoke, PA  18634
Phone  570-740-0370
Email  lolzinski@luzerne.edu

The proposal submission may be mailed or delivered to the above address. Any questions regarding this RFP may be addressed to John Sedlak, Dean of Human Resources at 570-740-0234 or jsedlak@luzerne.edu

Section III. CONTRACT TERM
The term of this contract shall be for a three (3) year period, commencing on July 1, 2014 and continuing unless terminated by either party with thirty (30) days written notice.

Section IV. SCOPE OF SERVICES
Luzerne County Community College offers a variety of benefits to its employees which include self-funded medical and fully insured dental and vision plans. The College seeks the professional services of a third party administrator which will assist the College in the administration of the plans including but not limited to plan design, underwriting, enrollment, claims administration, stop-loss coverage, state and federal legal compliance, etc. The responsibilities of the third party administrator will be to: assist the College in obtaining the most
competitive pricing/rates in the provision of these benefits; provide the College with analysis of costs, premium, and COBRA calculations; facilitate the preparation and completion of plan documents and summary plan descriptions; assist in the resolution of claims and administrative issues; obtain necessary information required for Form 5500 completion.

V. INSTRUCTIONS
Responding Companies must address the following subjects in their proposal:

1. Company History and Organization
Provide a brief company history. Explain ownership and include brief biographical information regarding the personnel who would be directly responsible for the service.

2. Cost Proposal and Invoicing
Provide fee per enrolled employee per month as described in Section IV.

3. Insurance
The successful bidder shall carry and maintain, with respect to any work or service to be performed at LCCC facilities, insurance written by a responsible insurance carrier, to provide for the following:

   o Workers’ Compensation as required by applicable statute and Employer’s Liability Insurance.
   o Commercial General Liability Insurance in the amount of $1,000,000 listing the College as additional insured
   o Automobile Liability

Include a copy of Certificate of Insurance including limits with the response.

4. References
Provide at least three (3) client references whose facilities are comparable in size and profile to Luzerne County Community College. Include company name, address, contact person and contact number.