



**REQUEST FOR COMPETITIVE  
SEALED PROPOSALS  
FOR  
FULLY FUNDED GROUP HEALTH  
INSURANCE  
CSP NO. 26-005-05-13**



**NOTICE OF INTENT TO RESPOND**

Firms interested in submitting a bid on **CSP NO. 26-005-05-13** as outlined in the specifications, should indicate their intention by signing, dating and returning the form to the email address below prior to **MAY 6, 2026, 12:00 P.M.**, so that they may receive any addendums to the specifications should the need arise.

City of San Juan  
Attn: Lori A. Maldonado, Purchasing Agent  
512 S. Nebraska Avenue, San Juan, Texas 78589  
Phone: (956) 223-2204  
lmaldonado@sjtx.us

Bidder: \_\_\_\_\_  
[Please print or type the full name of your proprietorship, partnership, corporation, or joint venture.\*]

Contact Name: \_\_\_\_\_  
[Please print or type name] [Title]

Address: \_\_\_\_\_  
[Mailing]

\_\_\_\_\_  
[Street, if different]

Telephone: \_\_\_\_\_  
[Print or type telephone number]

Fax: \_\_\_\_\_  
[Print or type telephone number]

Email: \_\_\_\_\_  
[Print or type]

## REQUEST FOR SEALED PROPOSAL

Sealed proposals addressed to Lori A. Maldonado, Purchasing Agent, who can be reached at (956) 223-2204. Any communication regarding this CSP should be emailed to [lmaldonado@sjtx.us](mailto:lmaldonado@sjtx.us) including in the subject line "Fully Funded Group Health Insurance - CSP NO. 26-005-05-13." The City is requesting one (1) original, three (3) copies and (1) USB Electronic of the proposal in a sealed envelope. The envelope should clearly indicate it is a proposal for "Fully Funded Group Health Insurance - CSP NO. 26-005-05-13". Proposals submitted by fax or electronically will not be accepted. **Proposals must be submitted on or before 3:00 p.m., on Wednesday, May 13, 2026, in a sealed envelope with a return address, addressed as follows:**

REQUEST FOR COMPETITIVE SEALED PROPOSALS  
FULLY FUNDED GROUP HEALTH INSURANCE - CSP NO. 26-005-05-13  
ATTN: LORI A. MALDONADO, PURCHASING AGENT  
CITY OF SAN JUAN  
512 S. NEBRASKA AVENUE  
SAN JUAN, TEXAS 78589-2649

Specifications can be obtained by calling the Purchasing Division at (956) 223-2204, by picking them up at the San Juan City Hall, 512 S. Nebraska Ave., San Juan, Texas, 78589 between the hours of 8:30 a.m. – 4:30 p.m., Monday thru Friday, or by downloading them from the City's web-site, [www.sjtx.com](http://www.sjtx.com).

Be advised that if a firm downloads the bidding documents from the web page and is contemplating on the project, the respondent must register with the Purchasing Division so that any changes/ additions via Addendum can be forwarded to the firm. Register with the Purchasing Division by email to [lmaldonado@sjtx.us](mailto:lmaldonado@sjtx.us). Please include the firm's name, address, phone number and fax number, as well as the contact person name and title in your email and "FULLY FUNDED GROUP HEALTH INSURANCE - CSP NO. 26-005-05-13" in the email's subject line.

The City of San Juan reserves the right to refuse and reject any or all proposals and to waive any or all formalities or technicalities or to accept the proposal to be the best and most advantageous to the City, and hold the proposals for a period of 90 days without taking action. Proposals submitted past the aforementioned date and time will not be accepted.

Caution to those submitting bids; those not in the proper form may be rejected.

## SECTION 1. INSTRUCTIONS TO RESPONDENTS

Please read the specifications/requirements thoroughly and ensure that the CSP offered complies with all specifications/requirements noted. Any variation from the specifications/requirements must be clearly indicated on letterhead attached to the proposal. If no exceptions are noted, and you are the successful Respondent, it will be required that the service(s) be provided as specified by the proposal.

### PURPOSE

The purpose of these specifications/requirements and proposal documents are to execute a contract for:

### FULLY FUNDED GROUP HEALTH INSURANCE

### INTENT

The service to be furnished under this CSP shall be in accordance with these specifications/requirements. All specifications/requirements shown are minimum. There is no intention to disqualify any Respondent who can meet these specifications.

### SUBMITTAL OF RFP

The City is requesting one (1) original, three (3) copies and (1) USB Electronic of the proposal in a sealed envelope. The envelope should clearly indicate it is a proposal for "Fully Funded Group Health Insurance - CSP NO. 26-005-05-13. Proposals submitted by fax or electronically will not be accepted. **Proposals must be submitted on or before 3:00 p.m., on Wednesday, May 13, 2026, in a sealed envelope with a return address, addressed as follows:**

**REQUEST FOR COMPETITIVE SEALED PROPOSALS  
FULLY FUNDED GROUP HEALTH INSURANCE - CSP NO. 26-005-05-13  
ATTN: LORI A. MALDONADO, PURCHASING AGENT  
CITY OF SAN JUAN  
512 S. NEBRASKA AVENUE  
SAN JUAN, TEXAS 78589-2649**

Submittal of a proposal in response to this Request for Proposals constitutes an offer by the Respondent and if accepted by the City, constitutes a Contract. Proposals which do not comply with these specifications/requirements may be rejected at the option of the City. Proposals must be filed with the City of San Juan, before opening day and hour. No late proposals will be accepted. Proposals cannot be altered or amended after the opening time of the RFP. Any changes made before opening time are to be initialed to guarantee

authenticity. Person signing proposal must show title or authority to bind his/her firm in a contract.

#### SALES TAX

State sales tax must not be included in proposal.

#### SUBSTITUTIONS

No substitutions or cancellations permitted without written approval from the City of San Juan.

#### NO PROPOSAL RESPONSE

If unable to quote, Respondent should return inquiry giving reasons. Failure to comply will obligate the City of San Juan to remove non-responsive Respondents from Respondent's list.

#### VARIATIONS

Any additions, deletions, or variations from the following specifications/requirements must be noted. Any parts not specifically mentioned which are necessary for the service to deliver Fully Insured Group Health Insurance shall be furnished by the successful Respondent.

#### TIME ALLOWED FOR ACTION TAKEN

The City may hold proposals for 90 days after CSP opening without taking action. Respondents shall be required to hold their proposals firm for the same period of time.

#### RIGHT TO REJECT/AWARD

The City of San Juan reserves the right to refuse and reject any or all proposals, and to waive any or all formalities or technicalities, and to ensure awards of contract, as may be deemed to be the best and most advantageous to the City of San Juan.

#### INDEMNIFICATION CLAUSE

Respondent shall agree to indemnify, hold harmless and defend the City, its officers, agents and employees from any and all claims, losses, causes of action and damages, suits and liability of every kind, including all expenses of litigation, court costs, and attorney's fees for injury to or death to any person or for damage to any property arising out of or directly connected with the negligence of the Respondent, its agents, officers and employees, carried out in furtherance of services and/or obligations being offered to the City in relation to this Request for Proposal.

Respondent shall further agree to assist City in defense of claims or litigation brought against the City and related to the services and/or obligations being offered to the City in relation to this Request for Proposal.

## PAYMENT

The City of San Juan will execute payment by mail in accordance with the State of Texas Prompt Payment Act after services have been completed, introduced to the City, and found to meet the City of San Juan specifications/requirements. No other method of payment will be considered.

## ASSIGNMENT

Neither the Respondents' contract nor payment due to an awarded vendor may be assigned to a third party without the written approval of the Purchasing Division for the City of San Juan.

## INTERPRETATIONS

Any questions concerning the project and/or specifications/requirements with regards to this request for competitive sealed proposals shall be directed to the designated individuals, as outlined in the proposals. Such interpretations, which may affect the eventual outcome of this request for proposals, shall be furnished in writing to all prospective Respondents via Addendum. No interpretation shall be considered binding unless provided in writing by the City of San Juan in accordance with paragraph entitled "Addendum." Any questions requesting clarifications and/or additional information shall be submitted by email to [lmaldonado@sjtx.us](mailto:lmaldonado@sjtx.us) before Tuesday, May 6, 2026 at 12:00 p.m.

## STATUTORY REQUIREMENTS

It shall be the responsibility of the successful Respondent to comply with all applicable State and Federal laws, Executive Orders, Municipal Ordinances, and the Rules and Regulations of all authorities having jurisdiction over the work to be performed hereunder and such shall apply to the contract throughout, and that they will be deemed to be included in the contract as though written out in full in the contract documents.

## RIGHT TO WAIVE

The City of San Juan reserves the right to waive or take exception to any part of these specifications/requirements when in the best interest of the City of San Juan.

## HUB CERTIFICATION

State Certified "HUB (Historically Underutilized Businesses) vendor(s) are asked to provide a copy of their certification, if they have not previously done so (information to be emailed to the Purchasing Division at [lmaldonado@sjtx.us](mailto:lmaldonado@sjtx.us)).

### CONFIDENTIAL INFORMATION

Any information deemed to be confidential by the Respondent should be clearly noted on the pages where confidential information is contained; however, the City cannot guarantee that it will not be compelled to disclose all or part of any public record under the Texas Public Information Act, since information deemed to be confidential by the Respondent may not be considered confidential under Texas Law, or pursuant to a court order.

### VERBAL THREATS

Any threats made to any employee of the City, be it verbal or written, to discontinue the providing of item/material/services for whatever reason and/or reasons shall be considered a breach of contract and the City will immediately sever the contract with the vendor on contract.

### MATHEMATICAL ERRORS

In the event that mathematical errors exist in any proposal, unit prices/rates -vs- totals, unit prices/rates will govern.

### PAST PERFORMANCE

Respondents are advised that past performance, as it relates to product and/or service on purchase/service/supply contracts previously held with the City, shall be a factor in the award of this service contract. The City's position on this matter shall be final.

### JURISDICTION

Contract(s) executed as part of this solicitation shall be subject to and governed under the laws of the State of Texas. Any and all obligations and payments are due and performable and payable in Hidalgo County, Texas.

### VENUE

The parties agree that venue for purposes of any and all lawsuits, cause of action, arbitration, and/or any other dispute(s) shall be in Hidalgo County, Texas.

### CONFLICT OF INTEREST

Respondents are advised that they must be in compliance with the below mentioned law:

#### CHAPTER 176 OF THE TEXAS LOCAL GOVERNMENT CODE

Effective January 1, 2006, Chapter 176 of the Texas Local Government Code requires that any vendor or person considering doing business with a local government entity disclose in the Questionnaire Form CIQ, the vendor or person's affiliation or business relationship that might cause a conflict of interest with a local government entity. By law, this questionnaire must be filed with the records administrator of the City of San Juan no later than the 7th

business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code. A person commits an offense if the person violates Section 176,006, Local Government Code. An offense under this section is a Class C misdemeanor.

For more information or to obtain Questionnaire CIQ, go to the Texas Ethics Commission web page at [www.ethics.state.tx.us/forms/CIQ.pdf](http://www.ethics.state.tx.us/forms/CIQ.pdf). If you have any question about compliance, please consult your own legal counsel. Compliance is the individual responsibility of each person or agent of a person who is subject to the filing requirements. Related forms included in RFP packet are to be completed and returned with RFP.

The City of San Juan City Commission and City Manager are as follows:

- Mayor Mario Garza
- Mayor Pro-Tem Jesus "Jesse" Ramirez
- Commissioner Mario Cantu
- Commissioner Gilbert Garza
- Commissioner Marco "Markie" Villegas

City Staff include:

- Ruben Guajardo, City Manager
- Juan Tijerina, Risk Manager
- Maria "Lulu" Beltran, Director of Finance
- Lori A. Maldonado, Purchasing Agent

Appendix A, Conflict of Interest Questionnaire must be completed and returned within an entire completed copy of this RFP. See included example on how the form can be completed.

**Other Local Government Officers of the City of San Juan include the following:**

1. Board and Commission members and appointed members by the Mayor and City Commission;

Conflict of Interest Questionnaire (Form CIQ): A person or business, and their agents, who seek to contract or enter into an agreement with the City, are required by Texas Local Government Code, Chapter 176, to file a conflict-of-interest questionnaire (FORM CIQ) which is found in Appendix A. The form must be filed with the City Secretary no later than seven (7) days after the date the person or business begins contract discussions or

negotiations with the City, or submits an application, response to a request for proposals or bids, correspondence, or other writing related to any potential agreement with the City.

### **DISQUALIFICATION**

The applicant may be disqualified for any of the following reasons:

- The applicant is involved in any litigation against the City of San Juan;
- The applicant is in arrears on any existing contract or has defaulted on a previous contract with the City;
- The applicant is debarred, suspended, or otherwise excluded from or ineligible for participation in State or Federal assistance programs.

### **FORM 1295 CERTIFICATE OF INTERESTED PARTIES**

Certificate of Interested Parties: In 2015, the Texas Legislature adopted House Bill 1295, which added section 2252.908 of the Government Code. The law states that a governmental entity or state agency may not enter into certain contracts with a business entity unless the business entity submits a disclosure of interested parties to the governmental entity or state agency at the time the business entity submits the signed contract to the governmental entity or state agency. The law applies only to a contract of a governmental entity or state agency that either (1) requires an action or vote by the governing body of the entity or agency before the contract may be signed or (2) has a value of at least \$1 million. The disclosure requirement applies to a contract entered into on or after January 1, 2016. Please go to the Texas Ethics Commission webpage ([www.ethics.state.tx.us](http://www.ethics.state.tx.us)) for full instructions and to complete the required steps for creation of Form 1295. Once the form is completed online, printed and signed please return the form with your proposal submission.

### **INSURANCE REQUIREMENTS**

The Respondent agrees to carry adequate General Liability and Automobile Liability Insurance as mandated by state law, as well as, Worker's Compensation insurance as mandated by Preamble 110.110. Respondent further agrees to indemnify and hold the City of San Juan harmless of any and all losses, damages or claims arising out of or in any way connected with any injury or injuries to any employee or employees of the contract and from any claims of any other person or persons for injuries, losses or damages sustained at, around, or in connection with the work, unless the negligence of the City of San Juan and/or servant and agents, is shown to be the sole proximate cause of said injury, loss, or damage. Respondent will be responsible to provide necessary insurance as required by the City of San Juan and mandated by state law in compliance with Section II of the General Specifications when submitting proposal.

<b>Minimum Insurance Requirements</b>	
<b>Type of Coverage</b>	<b>Limits of Liability</b>
Worker's Compensation	Statutory Coverage
Comprehensive General Liability (City Name as additional insured)	\$1,000,000 each occurrence
Bodily Injury & Property Damage Aggregate	\$1,000,000 each occurrence
Comprehensive auto	\$1,000,000 each occurrence

**BUDGET APPROVAL**

For purposes of this project, award will be contingent on approval of budget.

**METHOD OF AWARD**

Respondents are advised that the City of San Juan reserves the right to award this contract to the lowest responsible respondent or the respondent that ranked the highest, therefore providing the best value. Factors and weights to be considered to determine respondent providing the best value are as noted on the specification/requirements.

**FAILURE TO COMPLETE SERVICE**

Respondents are advised that failure to complete the project within the time frame(s) allowed (after award of contract by fax, mail or by telephone order), shall be grounds for termination of contract. In the case of termination, written notice shall be given to the successful vendor and complete contract shall be severed.

**CONTRACT**

The plan is for a one (1) year term beginning October 1, 2026, and ending September 30, 2027, with the option to award for two (2) additional years, as approved by the City Commission. The City reserves the right to terminate the contract if, in the opinion of the City, the successful firm's performance is not acceptable or the City wishes, without cause, to discontinue the contract. Termination of contract will be in written form.

**SECTION II. RFP REQUIREMENTS**

**INTRODUCTION**

The City of San Juan's Department of Risk Management is responsible for the administration of the City's benefits and insurance, including medical, dental, vision, life, accidental death, long term disability, etc. It is the goal of the City to provide competitive and affordable

(according to market standards) benefit plans which are accessible to all eligible employees and employees of intergovernmental agencies including the Economic Development Corporation and San Juan Housing Authority.

### **CLARIFICATION AND INTERPRETATION OF CSP**

The words “must” or “will” or “shall” in this RFP indicate mandatory requirements. Taking exception to any mandatory requirement will be grounds for rejection of the proposal. The City desires to avoid any misunderstanding where it is assumed that a feature is included in the proposal and turns out to be an optional, extra cost feature. As such, any question answered with an indication of compliance will be considered included at no additional cost. Any service that is referred to in the body of this response (does not pertain to attachments and brochures) will be considered included in the basic offer. If you have any questions or require additional information regarding this RFP, please contact Lori A. Maldonado, Purchasing Agent, via email at [lmaldonado@sjtx.us](mailto:lmaldonado@sjtx.us). Deadline to submit questions for clarifications shall be no later than Tuesday, May 5, 2026 at 12:00 p.m.

### **PURPOSE**

The purpose of this CSP is to provide minimum requirements, solicit proposals and gain adequate information from which the City may evaluate the Proposer's products and services as they compare to other providers and as they pertain to the needs of the City's organization as defined in this document.

### **BACKGROUND INFORMATION**

The City is organized into eleven (11) departments and provides a full range of municipal services to its citizens including fire and police protection, municipal court facilities, water/sanitary/sewer utilities, solid waste collection services and residential recycling, the construction of streets, drainage and other infrastructure, recreation activities, public library, planning and other facilities used for various cultural and civil activities.

Currently there are approximately 289 Full-Time Employees who qualify for the City's fully insured plan. The Benefit Insurance Plan Year coincides with the City's fiscal year normally of October 1 – September 30.

### **REQUEST FOR PROPOSALS**

The required contents and limitations for the preparation of the CSP are described in this section. Failure to provide the requested information or adhere to any of the City limitations will result in disqualification of the submitted CSP. A total of one (1) original, three (3) copies and (1) USB Electronic shall be submitted to the address on the cover letter.

### **CONTENTS**

The required contents for the CSP are presented below in the order they should be incorporated into the submitted document.

### LITIGATION SUMMARY

A litigation summary that briefly describes any claims or lawsuits that have been filed within the last ten (10) years against the respondent individual or firm that relates to the services performed by the respondent individual or firm must be submitted. Identify the claim or lawsuit by naming the adverse party, case number, jurisdiction where filed and current status and/or outcome of the claim or lawsuit. **If no summary is given or if a general statement is given that refers the City to inquire with a respondent individual's counsel or firm's counsel, the RFQ, RFB, RFP or CSP may be considered NON-RESPONSIVE and eliminated from consideration.** This statement may be submitted as a separate document, but must be provided at the same time that the RFQ, RFB, RFP or CSP is submitted.

### FIRM QUALIFICATIONS, PERSONNEL AND STAFFING

This section outlines specific instructions for proposal submissions. Proposers not adhering to these instructions shall be disqualified without further consideration.

At the public opening, there will be no disclosure of contents to competing firms, and all proposals will be kept confidential during the negotiation process. Except for trade secrets and confidential information, which the firm identifies as proprietary, all proposals will be open for public inspection after the contract award. All proposals become the property of the City of San Juan.

The City of San Juan requires comprehensive responses to every section within this CSP. Conciseness and clarity of content are emphasized and encouraged. Vague and general proposals will be considered non-responsive and will result in disqualifications. To facilitate the review of the responses, Firms shall follow the described proposal format. The intent of the proposal format requirements is to expedite review and evaluation. It is not the intent to constrain Vendors with regard to content, but to assure that the specific requirements set forth in this CSP are addressed in a uniform manner amenable to review and evaluation. Failure to arrange the proposal as requested, may result in the disqualification of the proposal.

Proposals shall have 1" margins and be single-sided, single spaced, using Times New Roman 12-point font. It is requested that proposals be limited to no more than 50 pages, excluding resumes and any sample documents. All pages of the proposals must be numbered and the proposal must contain an organized, paginated table of contents corresponding to the sections and pages of the proposal.

## SECTION III. CURRENT AND REQUESTED COVERAGES

### Current Coverage

Medical & Pharmacy – Humana has provided fully funded medical coverage since October 1, 2019. Currently, employees are offered one medical plan paid at 100% by the City on the first date of employment as follows:

- Coinsurance Par 80%

- Coinsurance NonPar 50%
- Individual Annual Par Deductible \$500
- Individual Annual NonPar Deductible \$1,500
- Family Annual Par Deductible \$1,000
- Family Annual NonPar Deductible \$3,000
- Individual Annual Par OOP Limit \$7,900
- Individual Annual NonPar OOP Limit \$23,700
- Family Annual Par OOP Limit \$15,800
- Family Annual NonPar OOP Limit \$47,400
- PCP OV Copay \$30
- Specialist OV Copay \$45
- Hospital Emergency Copay \$350
- Urgent Care Copay \$75
- Lifetime Maximum Benefit UNLIMITED
- Phy/Occup/Cogn/Speech/Hear/Chiro Therapy Limit Visits 30
- Skilled Nursing Day Limits 60
- Injection Copay \$5
- Specialty Drug Admin Office/Home/Clinic \$50
- RX Copay Tier 1 \$10 • RX Copay Tier 2 \$40
- RX Copay Tier 3 \$70
- RX Coinsurance % Tier 4 25%
- RX Deductible \$0
- RX Mail Order Copay Tier 1 \$25
- RX Mail Order Copay Tier 2 \$100
- RX Mail Order Copay Tier 3 \$175
- RX Mail Order Coinsurance % Tier 4 25%

The City contribution is \$528.40 per employee only per month. The current rate schedule includes the below. We anticipate the contributions and rates will be similar for 2026,

- Employee Only - \$528.40
- Employee & Child(ren) - \$956.37
- Employee & Spouse - \$1,278.65
- Employee & Family - \$1,759.44

**Coverages and Services Requested**  
**Medical & Pharmacy**

The City is interested in maintaining the SAME plan design. No alternative options need to be provided.

- If provider cannot present the SAME plan design, any deviations shall be clearly identified in the proposal.
- Please provide only a PPO network option.
- Please provide a detailed pharmacy disruption report to show any exclusions or tier level disruption for current Pharmacy Drug List found in Appendix C.
- Please provide a detailed network report for Hidalgo and Cameron County.
- Please include a GEO access report for two (2) providers in ten (10) miles for PCP, specialist, outpatient imaging, OBGYN and Hospitals for current census.
- The City desires for the respondent to submit proposals on behalf of the current Agent of Record, Jeffrey Everitt, Jeff Everitt & Associates, Inc. only.

#### SECTION IV. EVALUATION PROCESS AND PROPOSAL FORMAT

##### Supporting Documents and Bid Package (Appendix C)

Interested parties will need to contact Lori A. Maldonado via email to receive the full CSP package that includes claims information, rate sheets, questionnaires and required forms. All information will be sent to interested parties via a secure email.

**CITY OF SAN JUAN  
LORI A. MALDONADO  
PURCHASING AGENT  
lmaldonado@sjtx.us  
512 S. NEBRASKA AVENUE  
SAN JUAN, TEXAS 78589-2649  
Tel: (956) 223-2204**

##### Overview

Each proposal received will be analyzed and evaluated by selected City personnel and current Agent of Record.

### Evaluation Criteria

The City reserves the right for the Agent of Record to contact references to discuss the performance of Proposers based on the following criteria:

- Experience working with cities – 15 points
- Experience of staff assigned to the City – 10 points
- Multi-year rate guarantees and/or rate caps – 15 points
- Plan design and contract language – 20 points
- Cost – 15 points
- Management reporting and services offered – 10 points
- Completed questionnaires and rate sheets – 15 points

### Best and Final Offer (BAFO)

The City reserves the right to return to the Proposer(s) remaining in the competitive range to request a BAFO proposal based on one or more components of the initial proposal.

Although discussions and BAFOs may take place, Proposers are encouraged to provide their best offer/proposal initially and not anticipate discussions to make their best offer/proposal.

The City reserves the right to bundle coverage's and/or services with the same company, or choose a different company for each service requested. Each coverage/service must stand alone and cannot be contingent on securing other lines of coverage. Proposals contingent on securing multiple lines of coverage may result in a disqualification. If there is a financial advantage to choosing more than one coverage/ service with Proposer's firm, proposal should clearly outline these advantages but the original price needs to include an unbundled price.

### Proposal Submission Format

The original signed proposal, three (3) copies, (1) USB electronic format and organized in the following format using Section numbers:

#### Section I – Appendix A Forms

- A. Proposer Profile
- B. Conflict of Interest Questionnaire
- C. W-9 Form

**Section II – Appendix B Forms**

- A. Signed and Completed General Questionnaire**
- B. Signed and Completed Medical/Pharmacy Questionnaire**

**Section III – Carrier Proposal and Supporting Documents**

- A. Carrier Full Proposal**
- B. Network Reports and GEO Access Report for Primary Care, Specialist and Hospitals 2 in 10 miles radius**
- C. Service Contracts and Benefit Summaries**
- D. Organization Marketing/Communication/Background Information**

**CONFLICT OF INTEREST QUESTIONNAIRE**  
**For vendor doing business with local governmental entity**

**FORM CIQ**

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

**OFFICE USE ONLY**

Date Received

**1 Name of vendor who has a business relationship with local governmental entity.**

**2**  Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

**3 Name of local government officer about whom the information is being disclosed.**

\_\_\_\_\_

Name of Officer

**4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.**

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes       No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

Yes       No

**5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.**

**6**

Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7

\_\_\_\_\_  
Signature of vendor doing business with the governmental entity

\_\_\_\_\_  
Date

**CONFLICT OF INTEREST QUESTIONNAIRE**  
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A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes       No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

Yes       No

5

**Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.**

6

Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7

\_\_\_\_\_

Signature of vendor doing business with the governmental entity

\_\_\_\_\_

Date

**CONFLICT OF INTEREST QUESTIONNAIRE**  
**For vendor doing business with local governmental entity**

A complete copy of Chapter 176 of the Local Government Code may be found at <http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm>. For easy reference, below are some of the sections cited on this form.

**Local Government Code § 176.001(1-a):** "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

- (A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;
- (B) a transaction conducted at a price and subject to terms available to the public; or
- (C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

**Local Government Code § 176.003(a)(2)(A) and (B):**

(a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

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(2) the vendor:

- (A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that
  - (i) a contract between the local governmental entity and vendor has been executed; or
  - (ii) the local governmental entity is considering entering into a contract with the vendor;
- (B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than \$100 in the 12-month period preceding the date the officer becomes aware that:
  - (i) a contract between the local governmental entity and vendor has been executed; or
  - (ii) the local governmental entity is considering entering into a contract with the vendor.

**Local Government Code § 176.006(a) and (a-1)**

(a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

- (1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);
  - (2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or
  - (3) has a family relationship with a local government officer of that local governmental entity.
- (a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:
- (2) the date that the vendor:
    - (A) begins discussions or negotiations to enter into a contract with the local governmental entity; or
    - (B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or
  - (3) the date the vendor becomes aware:
    - (A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);
    - (B) that the vendor has given one or more gifts described by Subsection (a); or (C) of a family relationship with a local government officer.

**Appendix A**  
**Proposer Profile**

THIS FORM MUST BE RETURNED IN SECTION I OF YOUR POPOSAL SUBMISSION

**1. Proposer Profile**

Name of Firm:

Address:

City, State, Zip Code:

Contact Name:

Phone No.:

Fax No.:

Email:

Have you done business with City of San Juan before?

Federal Identification Number:

**2. Current References**

Three (3) Current City References of similar employee size:

**Reference 1**

City Name:

Address:

Contact Person:

Title:

Phone No.:

Email:

Years of Service to this Client:

Type of Product/Service(s) used by Client:

**Reference 2**

City Name:

Address:

Contact Person:

Title:

Phone No.:

Email:

Years of Service to this Client:

Type of Product/Service(s) used by Client:

**Reference 3**

City Name:

Address:

Contact Person:

Title:

Phone No.:

Email:

Years of Service to this Client:

Type of Product/Service(s) used by Client:

Please provide an additional sheet if more references are available.

**Appendix B**  
**Questionnaire**

THIS FORM MUST BE RETURNED IN SECTION II OF YOUR POPOSAL SUBMISSION

**General Questionnaire**

1. Provide your A.M. Best Company rating.
2. Does your proposal include rate caps/guarantees for more than 1 year?
  - a. If so, what is the percentage cap amount and length of guarantee?
3. Are rates in your proposals firm? Firm proposals will receive favorable consideration.
4. Does your proposal include all the services and requirements described within this RFP?
  - a. If not, please indicate which services and requirements are not included.
5. Please list your provider network and name for medical/pharmacy coverage included in your proposal.
6. Approximately how many insured are located in the client's county?
7. Please include a GEO Access report and any other network report available that might influence the client in selecting your proposal.
8. Please list any hospitals and/or healthcare systems in the client's county and surrounding counties that are not included in your proposed network. If any hospital and/or healthcare system is not listed, it will be assumed by the client that they are included within your proposed network and are not eligible to charge the client's employees and their dependents an out of network charge and/or balanced bill. Misrepresentation of your proposed network is grounds for disqualification of any vender's entire proposal.
9. Is there any additional cost to provide ID cards and/or any other printed material that is requested by the client?
  - a. If so, please provide the dollar amount and detailed description of the material.
10. Does your proposal include online administration for the client's staff and designated agents and/or consultants at no cost?
  - a. If so, please list the resources and online administrative capabilities available to the client.

- b. If an additional cost is required, please include the dollar amount.
11. Does your proposal include online access and personal administration for the client's employees and dependents at no cost?
    - a. If so, please list the resources that will be available to the client's employees and their dependents.
    - b. If an additional cost is required, please include the dollar amount.
  12. Does your proposal include access to unlimited detailed claims information upon request by the client or Agent of Record.
    - a. Please list the data that will be available to the client/agent of record.
    - b. Please list the average amount of time needed to generate reports.
  13. What is your enrollment processing time and proposed timeline for the client should your proposal be selected?
    - a. Please provide a date that all the required information will need to be submitted for employees to be active and recognized by healthcare professionals on January 1, 2024.
  14. Please describe your customer service department including hours of operations, telephone/online access, hold and abandon rate, bilingual representatives, etc.
  15. Please explain your billing process to include any pro-rated premiums/coverage to include for new hires.

**Name of Company or Firm:** \_\_\_\_\_  
**By:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Medical/Pharmacy Questionnaire**

1. What is your processing time for new employee enrollments and mailed ID cards to employee's home address (this is for the processing time of new enrollments/hires throughout the plan year)?
2. Does your proposal include COBRA administration at any additional cost?

- a. If so, please list the detailed dollar amount and requirements.
  - b. If so, please list any other lines of coverage that are eligible for COBRA administration that are not placed with your company.
3. Please describe your case management program and how it coordinates with your utilization review.
  4. If your medical proposal includes an integrated pharmacy plan, how often are Pharmacy Drug List changed throughout the year? How are these changes communicated to the members?
  5. Does your definition of a primary care physician include family practice physician, pediatric physician, internal medicine physician and OBGYN?
    - a. If not, please identify which physician classification is not considered.
  6. Does your proposal guarantee claim processing accuracy?

**Wellness**

1. Does your proposal include an integrated wellness program and/or resources?
  - a. If so, please list the dollar amount and a detailed list of resources.
2. Do you offer any employee or employer incentive programs?
  - a. If so, please provide a detailed description of the incentives and any premium discounts available.
3. Do you offer any onsite wellness fairs, biometric screenings, flu shots and/or employee wellness training and consulting?
  - a. If so, please list the detailed dollar amount for each service listed above.
  - b. Please list any additional fees, if any that will be associated with the data integration.

**Name of Company or Firm:** \_\_\_\_\_

**By:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_