

REQUEST FOR PROPOSAL (RFP)
GROUP HEALTH INSURANCE AND ANCILLARY BENEFITS
COUNTY OF IRON, MISSOURI

RFP NUMBER: 08-2026

RELEASE DATE: June 4th, 2026

SUBMISSION DEADLINE: August 5th, 2026, at 4:00 PM

1. Administrative Guidelines & Timeline

The County of Iron is accepting sealed proposals from qualified insurance carriers or licensed brokers to provide comprehensive Group Health Insurance.

1.1 Procurement Timeline

RFP Release Date (June 4th, 2026)

Vendor Questions Due (June 25th, 2026, at 2:00 PM)

County Response to Questions (July 9th, 2026)

Proposal Submission Deadline (August 5th, 2026, by 4:00 PM)

Target Contract Award Date (August 27th, 2026)

Open Enrollment (November 1st, 2026)

Plan Implementation Effective Date (December 1st, 2026)

1.2 Submission Instructions

- Format: Provide 3 original and 1 signed copy in a sealed envelope, alongside one encrypted USB drive containing the electronic copy.
- Labeling: The envelope must be clearly marked: "RFP 08-2026 Group Health Insurance – [Vendor Name]".
- Delivery Address: Attention: Marsha Womble/Iron County Clerk, P.O. Box 42, 250 South Main Street, Ironton, MO 63650

2. County Profile & Current Plan Overview

- ***County must provide transparent background data to help insurers accurately evaluate your risk pooling.***
- County Background: The County of Iron employs approximately 45-55 full-time benefits-eligible employees.

- Current Structure: The County currently offers a Fully Insured model.
- Employee Census Data: **(Exhibits attached separately via secure link)**. Includes age, gender, coverage tier (Single, Employee + Spouse, Employee + Child(ren), Family), and zip codes.
- Current Offerings: **The County currently provides one Traditional PPO Plan and one High-Deductible Health Plan (HDHP) paired with an HSA.**

3. Scope of Services & Plan Requirements

- The selected vendor must deliver a turnkey insurance solution that prioritizes minimal disruption to current employee provider networks.
- Network Accessibility: Bidders must offer a comprehensive local and national provider network (PPO/HMO) to ensure county staff do not lose access to regional healthcare systems.
- No-Loss/No-Gain Takeover: The selected carrier must agree to a no-loss/no-gain takeover rule, ensuring continuity of treatment for employees currently undergoing critical medical care.
- Ancillary Coverage Options (Optional/Bundled): The County requests alternate proposals for Voluntary Dental and Vision coverage to review alongside the primary medical block. Options for Short Term/Long Term disability insurance.
- Account Management: The carrier must assign a dedicated Account Manager to oversee the county account, handle complex billing reconciliations, and provide professional customer service.
- Implementation Assistance: The vendor is required to provide on-site enrollment assistance and educational booklets or digital toolkits during the open enrollment window.

4. Questionnaire for Proposers

Vendors must answer all questions sequentially to be deemed responsive.

4.1 Company Qualifications & Financial Stability

- Provide your firm's legal name, corporate address, and a brief history of your county or municipal health plan experience.
- Detail your financial rating stability as evaluated by A.M. Best, Moody's, or Standard & Poor's over the last three years.
- List any open, pending, or settled material litigation against your firm involving claims administration or regulatory compliance over the last 5 years.

4.2 Network & Clinical Continuity

- Provide a detailed analysis of your network's disruption rate against our provided provider list. What percentage of our current doctors are in-network?
- Explain your policy regarding 4th-quarter deductible carryovers or credits for maximum out-of-pocket limits if the transition occurs mid-year.
- Outline your pre-authorization process for ongoing treatments like chemotherapy, physical therapy, or advanced prescription therapies.

4.3 Cost Transparency & Disclosures (For Brokers/Intermediaries)

- **Broker Disclosures:** If responding as a broker, outline your total compensation structure. Disclose any base commissions, override incentives, contingent commissions, or administrative stipends paid by carriers.
- Are the medical and prescription drug rates quoted guaranteed for a minimum of 12 months?
- Outline any administrative fees, setup charges, or material costs (e.g., printing ID cards/booklets) that are excluded from the core premium rate.

5. Evaluation & Selection Criteria

The County Commission will grade proposals using a structured matrix totaling 100 points. Awards will not be based solely on the lowest bid; overall value, network coverage, and local support are highly weighted.

Evaluation Weights

1. Premium Rates & Cost Stability = 35 points
2. Network Strength & Access = 30 points
3. Plan Design & Benefit Richness = 20 points
4. Admin Capabilities & References = 15 points

6. Proposal Response Checklist

A complete submission package must contain the following documents in the sequence listed below:

- **Cover Letter:** Signed by an authorized corporate officer willing to bind the company to the terms of the proposal.
- **Executive Summary:** A narrative summarizing the proposed plan designs and key strengths.
- **Completed Questionnaire:** Detailed responses to all items listed in Section 4

- **Rate & Premium Schedules:** Itemized cost tables clearly broken down by tier structure.
- **Network Performance Directory:** Proof of local network adequacy matching local regional hospital systems.
- **Deviations Log:** A written summary explicitly noting any deviations or exceptions taken to the County's requested specifications.
- **References:** Minimum of three public sector or county clients currently using your services.