THE SCHOOL DISTRICT OF LEE COUNTY DEPARTMENT OF PROCUREMENT SERVICES 2855 COLONIAL BLVD. FORT MYERS, FLORIDA 33966	Allstate Benefits (American Heritage Life Insurance Company) Attn: Kerry Flack 1776 American Heritage Life Drive Jacksonville, FL 32224	Bay Bridge Administrators, LLC Attn: Robert Cozby 1101 S Capital of Texas Highway Suite E200 Austin, TX 78716	Colonial Life & Accident Insurance Company Attn: Steven Johnson 1200 Colonial Life Boulevard Columbia, SC 29210	Metlife 4010 W. Boy Scout Blvd, Suite 950 Tampa, FL
Group Cancer and Specified Diseases	Phone: (904) 992-1776	Phone: (512) 3299-5069	Phone: (803) 678-6442	Phone: (813) 673-3525
RFP R177286CN	Fax:	Fax: (512) 375-9359	Fax: (806) 678-6969	Fax: (800) 578-6576
OPENING DATE: February 7, 2017 2:00 PM EST	Email: kerry.flack@allstate.com	Email: robertc@bbadmin.com	Email: proposalcenter@coloniallife.com	Email: tremus@metlife.com
ITEM DESCRIPTION	MONTHLY RATE	MONTHLY RATE	MONTHLY RATE	
Rate Guarantee (yes or no)	9.30.2017	9.30.2022	9.30.2017	
TIERS		BBA will give 5 year rate if County commits to 5 years		
Employee Only	Low Plan-\$10.93, Current Plan- \$19.00, High Plan-\$27.83	\$19.19 W/Optional IC Rider + \$2.61	\$12.45 - Level 2, \$21.15 - Level 3	
Family	Low Plan-\$18.35, Current Plan- \$32.10, High Plan-\$47.28	\$40.29 W/Optional IC Rider + \$5.84	\$20.70 - Level 2 \$35.10 - Level 3	
Required Submittal Checklist	Yes	Yes	Yes	
Attachment A - Proposal Response Form	Yes	Yes	Yes	
Attachment B - Reference Form	Yes (2)	Yes (3)	Yes (3)	N
Attachment C - Insurance Requirements Form	Yes	Yes	Yes	0
Current Certificate of Insurance	Yes	No - Subsituted other doc	Yes]
Attachment D - Addenda Acknowledgement Form	Yes	Yes	Yes	В
Attachment E - Debarment Form	Yes	Yes	Yes	
Attachment F - Drug Free Workplace Certificate	Yes	Yes	Yes	D
Attachment G - Public Entity Crimes Form (notarized)	Yes	Yes	Yes	
Attachment H - Conflict of Interest (notarized)	Yes	Yes	Yes	
Attachment I - Waiver of Trade Secret	Yes	Yes	Yes]
Attachment J - Beneficial Interest and Discloser of Ownership Affidavit (notarized)	Yes	Yes	Yes	
Corporate Overview	Yes	Yes	Yes	
One original, 9 copies and 9 electronic versions	Yes	Yes	Yes	
Copy of State of Florida Group Cancer and Specified Diseases Insurance License	Yes	Yes	Yes	

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Printout of Most recent AM Best Rating from AM Best website OR 3 years of most recent independently audited fiancial statements (sealed)	Yes	Yes	Yes	N
Samples of Communications	Yes	Yes	Yes	0
Implementation Timeline	Yes	Yes	Yes	
Sample Administrative Agreement	Yes	Yes	Yes	В
Policy Exclusions	Yes	Yes	Yes	
Sample Policy/Certificate	Yes	Yes	Yes	D
Compensation for Services Form	Yes	Yes	Yes	
Proposer Contract	Yes	Yes	Yes	

IT IS RECOMMENDED THIS BID BE AWARDED TO_Allstate Benefits__ HAVING SUBMITTED THE BEST RESPONSE MEETING SPECIFICATIONS.

24 Vendor(s) Were Notified of RFP

_____ Vendor(s) Submitted Non-Responsive RFPs

______Vendor(s) Submitted Responsive RFPs

1_ Vendor(s) Returned a No Bid

20 _Vendor(s) Did Not Respond

CAROLYN M. NOBLE PROCUREMENT AGENT

ATTN: SCHOOL DISTRICT PERSONNEL. BID NUMBER, ITEM NUMBER & DESCRIPTION MUST BE ENTERED ON REQUISITION(S).

Group Cancer and Specified Dise RFP #R177268CN Evaluation Committ Scoring of Intervie April 25, 2017	RANK	
Allstate	516	1

24 Vendor(s) Were Notified of RFP

O Vendor(s) Submitted Non-Resposive RFPs

____3___Vendor(s) Submitted Responsive RFPs

____1__ Vendor(s) Returned a No Bid

20 _Vendor(s) Did Not Respond

APPROVED BY: _____ DATE: 04/25/17/2017

Group Cancer and Specified Dise RFP #R177268CN Evaluation Committ Scoring of Written Pro March 22, 2017	RANK	
Allstate	501	1
Bay Ridge Administration	394	2
Colonial Life	323	3

24	Vendor(s)	Were	Notified	of RF	P
				•	•

Cole		
APPROVED BY:	DATE:	03/22/2017

O___Vendor(s) Submitted Non-Respnsive RFPs

³ Vendor(s) Submitted Responsive RFPs

___1__ Vendor(s) Returned a No Bid

²⁰ Vendor(s) Did Not Respond