RFP 24MCO621
Best and Final Offer Request – Finalist Presentation Invitation
July 18, 2024

Midland County has completed its evaluation of RFP 24MCO621. At this time, you have been selected as a finalist for the following lines of coverage:

- **Medical**
- **Pharmacy**
- **Stop Loss**
- **COBRA**
- **Dental**
- **ACA**
- **FSA**

A response to this request should include pricing and rate guarantees. In addition, please provide the following:

- Overview of offering
- Differentiators to the market
- Member experience
- Completed, Signed, and Notarized Company Bid Affidavit on page 3 of this notice, as the one you provided in your original bid response was incomplete. Please note that if this document is not returned as completed, signed, and notarized, your bid response will be considered null and void.

Stop Loss:

- Confirm and describe any rate cap
- Confirm no new laser provision is included
- Confirm Stop Loss is firm and final in this response
- Provide a physical proposal or copy of the contract

Pharmacy:

- Provide a completed Reprice analysis that was shared within the initial RFP.
- Consider improvement in Specialty OED or provide a Specialty OED for Brands and Specialty OED for Generics

ACA / FSA

- Can ACA and FSA be included with medical at no cost

Please submit your response by **12:00PM** on **July 23, 2024** to pur103@co.midland.tx.us.

Finalist presentations will be held virtually between July 24th – July 26th. The following date and time slot has been selected for you below. Zoom meeting room information will be sent out by July 23rd, 2024.

Thursday, July 25, 2024

2:30pm – 4:15pm

These times are strictly set and will not be able to start early or end late. You may join the meeting room 5 minutes before your start time to set up any visuals as needed and request to share your screen from the moderator. Introductions will not be given from the County during meetings to allow vendors to have the full amount of time.

REQUIRED FORM
COMPANY AFFIDAVIT

The affiant, _____states with respect to this submission to County:

I (we) hereby certify that if the contract is awarded to our firm that no member or members of the governing body, elected official or officials, employee or employees of said County, or any person representing or purporting to represent the County, or any family member including spouse, parents, or children of said group, has received or has been promised, directly or indirectly, any financial benefit, by way of fee, commission, finder's fee or any other financial benefit on account of the act of awarding and/or executing a contract.

I hereby certify that I have full authority to bind the company and that I have personally reviewed the information contained in the RFP and this submission, and all attachments and appendices, and do hereby attest to the accuracy of all information contained in this submission, including all attachments and exhibits.

I acknowledge that any misrepresentation will result in immediate disqualification from any consideration in the submission process.

I further recognize that County reserves the right to make its award for any reason considered advantageous to the County. The company selected may be without respect to price or other factors.

Signature _____ Date _____

Name _____ Phone _____

Title _____

Firm Name _____
Type of business organization (corporation, LLC, partnership, proprietorship)

Address _____

County, State, Zip _____

Notary Seal Below