

HUMBOLDT COUNTY OFFICE OF EDUCATION

REQUEST FOR PROPOSALS

EMPLOYEE MEDICAL, DENTAL AND VISION INSURANCE BENEFITS

RFP No.: 2027-001

Issue Date: September 24, 2026

Proposal Due Date and Time: **October 28, 2026**, at 4 pm

Proposed Effective Date: July 1, 2027

I. NOTICE INVITING PROPOSALS

The Humboldt County Office of Education (“HCOE” or “County Office”) is soliciting proposals from qualified insurance carriers, benefit providers, brokers, consultants, administrators, and other qualified entities to provide competitive proposals for employee medical, dental, and vision insurance benefits.

HCOE is seeking proposals that provide high-quality health and welfare benefits for eligible employees and their covered dependents at competitive and sustainable rates. HCOE may consider proposals for the replacement, continuation, redesign, or modification of its existing benefit programs, attached hereto, including proposals that provide comparable or improved benefits, expanded provider access, cost savings, administrative efficiencies, and other advantages to HCOE and its eligible employees.

HCOE reserves the right to accept or reject any or all proposals, waive immaterial irregularities, request additional information or clarification from any proposer, negotiate with one or more proposers, and award all or any portion of the services described in this RFP in the manner HCOE determines to be in its best interests.

II. BACKGROUND AND PURPOSE

The Humboldt County Office of Education provides educational and related services to students and school districts throughout Humboldt County, California. As part of its employee compensation and benefits program, HCOE provides eligible employees with access to medical, dental, and vision insurance benefits. HCOE currently has 378 certificated and classified part-time and full-time employees, of which 342 employees, 31 retirees and 492 dependents currently receive or are eligible for health benefits. As further set forth in Section IV below, a secure file of each employee’s plan and benefit costs is available to qualified proposers subject to confidentiality requirements.

The purpose of this Request for Proposals (“RFP”) is to obtain competitive pricing and benefit proposals for HCOE’s employee medical, dental, and vision benefit programs.

HCOE is interested in evaluating proposals that address one or more of the following objectives:

1. Maintain or improve the quality of benefits available to eligible employees and their dependents;
 2. Obtain competitive premium rates and long-term cost stability;
 3. Provide broad and appropriate provider access;
 4. Minimize disruption to employees and their families;
 5. Provide effective enrollment, billing, customer service, claims, and administrative support;
 6. Offer alternative plan designs, where appropriate;
 7. Identify opportunities for cost containment and administrative efficiencies; and
 8. Provide clear and accurate information to assist HCOE in evaluating available options.
-

III. SCOPE OF SERVICES

HCOE is seeking proposals for the following benefit categories:

A. Medical Insurance

Proposers may submit proposals for medical insurance plans that are comparable to HCOE's current plans or alternative plan designs that provide equivalent or improved benefits.

Medical proposals should include, as applicable:

- Plan descriptions and summaries of benefits;
- Premium rates by coverage tier;
- Deductibles, copayments, coinsurance, and out-of-pocket maximums;
- Provider network information;
- Prescription drug benefits;
- Behavioral and mental health benefits;
- Telehealth services;
- Preventive care benefits;
- Care management and wellness programs;
- Utilization management requirements;
- Customer service and claims administration;
- Enrollment and eligibility administration;
- COBRA or continuation coverage administration, if applicable;
- Reporting capabilities; and
- Any other features or services available to HCOE.

B. Dental Insurance

Proposals for dental coverage should include, as applicable:

- Preventive, basic, and major dental services;
- Orthodontia benefits;
- Annual maximum benefits;
- Deductibles and coinsurance;
- Waiting periods, if any;
- Provider network information;
- Coverage limitations and exclusions;
- Customer service and claims administration;
- Enrollment and eligibility administration; and
- Premium rates by coverage tier.

C. Vision Insurance

Proposals for vision coverage should include, as applicable:

- Routine eye examinations;
- Frames;
- Lenses;
- Contact lenses;
- Lens enhancements;
- Provider network information;
- Frequency limitations;
- Coverage limitations and exclusions;
- Customer service and claims administration;
- Enrollment and eligibility administration; and
- Premium rates by coverage tier.

IV. EMPLOYEE AND DEPENDENT CENSUS INFORMATION

In order to permit proposers to develop accurate pricing and underwriting assumptions, HCOE will provide a confidential census of individuals currently enrolled in, or eligible to enroll in, the applicable benefit programs.

The census information may include, as applicable:

- Employee name;
- Employee date of birth;
- Employee gender;
- Dependent name;

- Dependent date of birth;
- Dependent gender;
- Employee or dependent relationship;
- Coverage tier or coverage category;
- Plan enrollment information; and
- Other information reasonably necessary for the preparation of an accurate proposal.

The census information is being provided solely for purposes of evaluating and preparing a proposal in response to this RFP.

Confidentiality and Use Restrictions

Each proposer receiving census information shall:

1. Maintain the confidentiality and security of all information provided by HCOE;
2. Use the information solely for the purpose of preparing a proposal in response to this RFP;
3. Not sell, disclose, distribute, publish, or otherwise provide the information to any person or entity except employees, underwriters, consultants, reinsurers, or subcontractors with a legitimate need to know the information for purposes of preparing the proposal and who are subject to confidentiality obligations at least as restrictive as those contained herein;
4. Implement reasonable administrative, technical, and physical safeguards designed to protect the information from unauthorized access, use, or disclosure;
5. Promptly notify HCOE of any actual or reasonably suspected unauthorized access, acquisition, use, or disclosure of the information;
6. Comply with all applicable federal and state privacy and information security laws;
7. Return or securely destroy the census information, including all copies and derivative files, upon HCOE's request or upon completion of the proposal process, unless retention is required by applicable law; and
8. Certify, upon request, that the information has been returned or securely destroyed.

HCOE will require each proposer to execute Attachment F: Confidentiality and Data Protection Agreement before receiving the census information. If you are interested in receiving the census information, please sign the Confidentiality and Data Protection Agreement and submit it to cweber@hcoe.org.

HCOE may provide census information in a password-protected electronic file or through another secure method. HCOE reserves the right to redact or limit information provided if HCOE determines that certain information is not necessary for a proposer to prepare its proposal.

V. CURRENT BENEFIT INFORMATION

HCOE will provide available information regarding its current medical, dental, and vision benefit programs, which may include:

- Current plan summaries and benefit descriptions;
- Current premium rates;
- Enrollment information;
- Coverage tiers;
- Eligibility requirements;
- Contribution structures;
- Plan utilization or experience information, if available and appropriate for release;
- Renewal information; and
- Other information reasonably necessary to evaluate the benefit programs and prepare a proposal.

Proposers are encouraged to identify any additional information they believe is necessary to prepare an accurate proposal. HCOE may, but is not obligated to, provide additional information requested by proposers.

VI. PROPOSAL REQUIREMENTS

Each proposal should include the following information:

A. Proposer Information

Provide:

1. Legal name of the proposer;
2. Business address;
3. Primary contact person;
4. Telephone number and email address;
5. Description of the proposer's business and relevant experience;
6. Identification of the insurance carrier or carriers, if applicable;
7. Identification of all subcontractors or third-party administrators that will provide material services;
8. California licenses, registrations, or other authorizations applicable to the proposed services; and
9. A description of the proposer's experience providing employee benefit programs to California public agencies, educational agencies, or similarly situated employers.

B. Proposed Benefit Plans

For each proposed medical, dental, or vision plan, provide:

1. A complete description of the proposed plan;
2. A summary of benefits;
3. A comparison to HCOE's current benefits, identifying all material differences;

4. All deductibles, copayments, coinsurance requirements, limitations, exclusions, and maximum benefits;
5. Provider network information;
6. Geographic access information relevant to HCOE employees and dependents;
7. Prescription drug information for medical plans;
8. Any wellness, disease management, care coordination, telehealth, or other value-added services;
9. Enrollment and administrative requirements;
10. Customer service information;
11. Claims administration information;
12. Implementation requirements and proposed timeline; and
13. Any assumptions used in developing the proposal.

C. Pricing

Proposers shall provide complete and transparent pricing information, including:

- Monthly premium rates by plan and coverage tier;
- Employee-only rates;
- Employee-plus-one or employee-plus-spouse rates, if applicable;
- Employee-plus-child or employee-plus-children rates, if applicable;
- Family rates;
- Administrative fees;
- Broker, consultant, or commission compensation, if applicable;
- Implementation fees;
- Enrollment fees;
- Technology or platform fees;
- Any other charges payable by HCOE or participating employees.

All pricing shall clearly identify the proposed rate period and the period for which rates are guaranteed.

Proposers shall also identify:

1. The methodology used to develop proposed rates;
2. All underwriting assumptions;
3. Any contingencies or conditions applicable to the quoted rates;
4. Any minimum enrollment requirements;
5. Any participation requirements;
6. Any potential rate adjustments;
7. The proposed renewal methodology; and
8. Any other information necessary to fully understand the financial terms of the proposal.

D. Alternative Proposals

HCOE welcomes alternative proposals that may provide cost savings, improved benefits, enhanced provider access, or other advantages.

Alternative proposals should clearly identify all differences from HCOE's current benefit programs and should include sufficient information to permit an objective comparison of the proposed alternative.

E. Implementation and Transition

Each proposer shall describe its proposed implementation and transition process, including:

- Implementation schedule;
- Assignment of implementation personnel;
- Data transfer requirements;
- Enrollment support;
- Employee communication materials;
- Employee education and open enrollment support;
- Identification card issuance;
- Claims transition procedures, if applicable;
- Customer service transition; and
- Ongoing account management.

F. References

Provide at least three references from current or recent clients of similar size and complexity, preferably including California public agencies, school districts, county offices of education, or other governmental employers.

VII. EVALUATION OF PROPOSALS

HCOE anticipates evaluating proposals based upon factors that may include, but are not limited to:

Evaluation Factor	Considerations
Cost and Financial Value	Premium rates, fees, long-term value, rate guarantees, and overall financial impact
Benefits	Scope and quality of benefits and comparison with existing programs
Provider Access	Geographic accessibility and adequacy of provider networks
Experience and Qualifications	Experience serving California public agencies and similarly situated employers

Evaluation Factor	Considerations
Administrative Services	Enrollment, billing, claims, customer service, reporting, and account management
Implementation	Ability to effectively implement the proposed program within HCOE's required timeline
Employee Impact	Potential disruption, continuity of care, and overall employee experience
Financial Stability	Financial strength and stability of the proposer and applicable insurance carrier
Compliance	Ability to comply with applicable legal, regulatory, privacy, and contractual requirements
Proposal Completeness	Responsiveness, clarity, and completeness of the proposal

HCOE is not required to select the proposer offering the lowest price. The award, if any, will be based upon the proposal or combination of proposals that HCOE determines, in its sole discretion, provides the best overall value and is in the best interests of HCOE.

VIII. RFP SCHEDULE

HCOE anticipates the following schedule:

Event	Date
RFP Issued	September 24, 2026
Deadline for Questions	October 12, 2026
Responses to Questions Issued	October 14, 2026
Proposal Due Date	October 28, 2026
Evaluation of Proposals	October 29 – November 20, 2026
Proposed Effective Date	July 1, 2027

HCOE reserves the right to modify this schedule at any time.

IX. QUESTIONS AND CLARIFICATIONS

All questions concerning this RFP shall be submitted in writing to:

Corey Weber
Humboldt County Office of Education
cweber@hcoe.org

Questions must be received no later than 4 pm on **October 12, 2026**

HCOE may issue written responses or addenda addressing questions received. Proposers are responsible for reviewing all addenda and incorporating applicable information into their proposals.

No oral interpretation or clarification of this RFP shall be binding unless confirmed in writing by HCOE.

X. PROPOSAL SUBMISSION

Proposals must be received by HCOE no later than:

October 16, 2026, at 4 pm.

Proposals shall be submitted electronically to:

cweber@hcoe.org

The subject line shall state:

“Proposal – Employee Medical, Dental and Vision Insurance Benefits – [PROPOSER NAME]”

Late proposals may be rejected.

Proposers are responsible for ensuring that their proposals are received by the deadline.

XI. TERM AND CONTRACT

The anticipated initial term of any resulting agreement will be one year, commencing on or about **July 1, 2027**, unless otherwise agreed by the parties.

Any agreement may include options for renewal or extension upon mutually agreeable terms and subject to any required approvals.

HCOE reserves the right to negotiate the terms and conditions of any resulting agreement with the selected proposer or proposers.

XII. GENERAL TERMS AND CONDITIONS

A. No Obligation to Award

This RFP does not constitute a commitment by HCOE to award a contract or to pay any costs incurred in the preparation or submission of a proposal.

B. Reservation of Rights

HCOE reserves the right to:

1. Reject any or all proposals;
2. Waive any minor or immaterial irregularity or informality;
3. Request clarification or additional information;
4. Negotiate with one or more proposers;
5. Award all or part of the requested services;
6. Award separate contracts for medical, dental, and vision benefits;
7. Cancel, amend, or revise this RFP at any time; and
8. Take any other action that HCOE determines is in its best interests and consistent with applicable law.

C. Costs of Proposal Preparation

All costs incurred in preparing and submitting a proposal, participating in interviews, or otherwise responding to this RFP shall be the sole responsibility of the proposer.

D. Confidentiality

Proposers shall identify any portions of their proposals they contend are confidential or proprietary. Such identification does not guarantee that the information will be withheld from disclosure. HCOE will handle requests for confidential treatment in accordance with applicable law.

E. Compliance with Law

The selected proposer shall comply with all applicable federal, state, and local laws, regulations, and requirements applicable to the services provided.

F. Insurance and Indemnification

The selected proposer will be required to maintain insurance coverage and provide indemnification as specified in the resulting agreement or as otherwise required by HCOE.

XIII. ATTACHMENTS

The following documents may be included with or made available in connection with this RFP:

Attachment A: Current Medical Benefit Plan Information

Attachment B: Current Dental Benefit Plan Information

Attachment C: Current Vision Benefit Plan Information

Attachment D: Employee and Dependent Census Information – Confidential

Attachment E: Current Premium Rate Information

Attachment F: Confidentiality and Data Protection Agreement

Attachment G: Proposal Pricing Form

ATTACHMENT A



North Coast Schools Medical Insurance Group

Plan Comparison July 1, 2026

Plan Type	Oak & Oak PLUS ⁺ PPO Plan		Spruce & Spruce PLUS ⁺ PPO Plan		Pine & Pine PLUS ⁺ PPO HDHP (HSA Compatible)		Maple & Maple PLUS ⁺ PPO Plan	
Medical Benefits	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network
Network	Blue Shield of California PPO		Blue Shield of California PPO		Blue Shield of California PPO		Blue Shield of California PPO	
Lifetime Maximum	Unlimited		Unlimited		Unlimited		Unlimited	
Annual Deductible	Annual Deductible is embedded Annual Deductible applies unless indicated otherwise		Annual Deductible is embedded Annual Deductible applies unless indicated otherwise		Annual Deductible is embedded Annual Deductible applies unless indicated otherwise		Annual Deductible is embedded Annual Deductible applies unless indicated otherwise	
Individual	\$350		\$500		\$1,700		\$5,000	
Family	\$1,050		\$1,500		\$3,400		\$10,000	
Out-of-Pocket Maximum (OOPM)	Allows In Network (INN) OOPM to accrue to Out of Network (OON) OOPM and visa versa. If the OON OOPM is met before the INN OOPM is met the OON OOPM can satisfy the plan's OOPM and benefits would be paid at 100% for both INN and OON services.		Allows In Network (INN) OOPM to accrue to Out of Network (OON) OOPM and visa versa. If the OON OOPM is met before the INN OOPM is met the OON OOPM can satisfy the plan's OOPM and benefits would be paid at 100% for both INN and OON services.		Allows In Network (INN) OOPM to accrue to Out of Network (OON) OOPM and visa versa. If the OON OOPM is met before the INN OOPM is met the OON OOPM can satisfy the plan's OOPM and benefits would be paid at 100% for both INN and OON services.		Allows In Network (INN) OOPM to accrue to Out of Network (OON) OOPM and visa versa. If the OON OOPM is met before the INN OOPM is met the OON OOPM can satisfy the plan's OOPM and benefits would be paid at 100% for both INN and OON services.	
	Individual OOPM is Embedded in the Family OOPM		Individual OOPM is Embedded in the Family OOPM		Individual OOPM is Embedded in the Family OOPM		Individual OOPM is Embedded in the Family OOPM	
Individual	\$2,000		\$3,000		\$7,000		\$6,350	
Family	\$4,000		\$6,000		\$14,000		\$12,700	
Professional								
Primary Care Physician (PCP)	\$20 copay; Deductible waived	30%	\$20 copay; Deductible waived	40%	\$0 copay	30%	\$60 copay, Annual Deductible applies after first 3 visits either PCP or Specialist	PLUS ⁺ \$60 Annual Deductible Applies 50%
Specialist	\$30 / PLUS ⁺ \$20 copay; Deductible waived	30%	\$30 / PLUS ⁺ \$20 copay; Deductible waived	40%	\$0 copay	30%	\$70 copay, Annual Deductible applies after first 3 visits either PCP or Specialist	PLUS ⁺ \$60 Annual Deductible Applies 50%
Physical Therapy	10%	30%; Limited to \$25/visit	20%	40%; Limited to \$25/visit	20%	30%; Limited to \$25/visit	30%	50%; Limited to \$25/visit
Home Health Care	10%	Not Covered	20%	Not Covered	20%	Not Covered	30%	Not Covered
	120-day annual maximum		120-day annual maximum		120-day annual maximum		120-day annual maximum	
Preventive Care								
Baby	\$0 copay; Deductible waived	30%	\$0 copay; Deductible waived	40%	\$0 copay; Deductible waived	30%	\$0 copay; Deductible waived	50%
Adult	\$0 copay; Deductible waived	30%	\$0 copay; Deductible waived	40%	\$0 copay; Deductible waived	30%	\$0 copay; Deductible waived	50%
Hearing Test	20%		20%		20%		20%	
	\$5,000 Maximum; every 24 months		\$5,000 Maximum; every 24 months		\$5,000 Maximum; every 24 months		\$5,000 Maximum; every 24 months	

ATTACHMENT A



Plan Comparison July 1, 2026

Plan Type	Oak & Oak PLUS ⁺		Spruce & Spruce PLUS ⁺ PPO Plan		Pine & Pine PLUS ⁺		Maple & Maple PLUS ⁺ PPO Plan	
	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network
Medical Benefits								
Hospital Services								
Inpatient	10%	\$500/admission then 30%	20%	\$500/admission then 40%	20%	30%	30%	50%
Outpatient	10%	30%	20%	40%	20%	30%	30%	50%
Urgent Care	\$20 copay; Deductible waived	30%	\$20 copay; Deductible waived	40%	\$0 copay	30%	\$60/PCP copay for the first 3 visits, before the deductible	50%
Emergency Room	\$100 copay, then 10% <i>Copay waived if admitted</i>		\$100 copay, then 20% <i>Copay waived if admitted</i>		\$100 copay, then 20% <i>Copay waived if admitted</i>		<i>Note, Maple PLUS⁺ Urgent Care visits are considered in the same manner as any other PCP or Specialist Visit.</i> \$100 copay, then 30% <i>Copay waived if admitted</i>	
Lab & X-Ray								
Diagnostic Lab			20%	40%			30%	50%
X-Ray	10%	30%	20%	40%	20%	30%	30%	50%
Durable Medical Equipment	10%	30%	20%	40%			30%	50%
Maternity								
Office Visits			\$20 copay; Deductible waived	40%			\$60/PCP or \$70/Specialist copay, Annual Deductible applies after first 3 visits	50%
Hospitalization	10%	\$500/admission then 30%	20%	\$500/admission then 40%			30%	50%
Mental Health & Chemical Dependency								
Inpatient			20%	\$500/admission then 40%			30%	50%
Outpatient	\$20 copay; Deductible waived	30%	\$20 copay; Deductible waived	40%	\$0 copay	30%	\$60 copay, Annual Deductible applies after first 3 visits either PCP or Specialist	50%
Teladoc Telehealth Visits								
General Visits	<i>Note: Not Applicable to PLUS⁺ Plans</i> \$10 copay; Deductible waived	N/A	<i>Note: Not Applicable to PLUS⁺ Plans</i> \$10 copay; Deductible waived	N/A	<i>Note: Not Applicable to PLUS⁺ Plans</i> \$0 copay	N/A	<i>Note: Not Applicable to PLUS⁺ Plans</i> \$10 copay; Deductible waived	N/A
Behavioral Health Visits	\$10 copay; Deductible waived	N/A	\$10 copay; Deductible waived	N/A	\$0 copay	N/A	\$10 copay; Deductible waived	N/A

ATTACHMENT A



North Coast Schools Medical Insurance Group

Plan Comparison July 1, 2026

Plan Type	Oak & Oak PLUS ⁺ PPO Plan		Spruce & Spruce PLUS ⁺ PPO Plan		Pine & Pine PLUS ⁺ PPO HDHP (HSA Compatible)		Maple & Maple PLUS ⁺ PPO Plan	
	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network
Medical Benefits								
Chiropractic								
Office Visits	10%	30% limited to \$25/visit	20%	40% limited to \$25/visit	20%	30% limited to \$25/visit	30%	50% limited to \$25/visit
	24 visit annual maximum		24 visit annual maximum		24 visit annual maximum		24 visit annual maximum	
Prescription Drug Benefit	Carved out to CVS/Caremark		Carved out to CVS/Caremark		Carved out to CVS/Caremark		Carved out to CVS/Caremark	
Annual Deductible	Not Applicable		Not Applicable		Integrated; See Medical Deductible		Not Applicable	
Out of Pocket Maximum (OOPM):	The individual OOPM is embedded in the family OOPM		The individual OOPM is embedded in the family OOPM		Integrated; See Medical OOPM		The individual OOPM is embedded in the family OOPM	
Individual Member	\$4,600		\$3,600				\$250	
Family Member / Family	\$4,600 / \$9,200		\$3,600 / \$7,200				\$250 / \$500	
Retail:	Maximum 30-day supply		Maximum 30-day supply		Maximum 30-day supply		Maximum 30-day supply	
	Note, 90-day supply of maintenance prescriptions for discounted copays thru Maintenance Choice program		Note, 90-day supply of maintenance prescriptions for discounted copays thru Maintenance Choice program		Note, 90-day supply of maintenance prescriptions for discounted copays thru Maintenance Choice program		Note, 90-day supply of maintenance prescriptions for discounted copays thru Maintenance Choice program	
Tier 1 (Normally Generic)	\$10	Not Covered	\$10	Not Covered	\$10	Not Covered	\$19	Not Covered
Tier 2 (Normally Preferred)	\$30	Not Covered	\$30	Not Covered	\$30	Not Covered	\$50	Not Covered
Tier 3 (Normally Non-Preferred)	\$40	Not Covered	\$40	Not Covered	\$40	Not Covered	\$75	Not Covered
Mail Order:	Maximum 90-day supply		Maximum 90-day supply		Maximum 90-day supply		Maximum 90-day supply	
Tier 1 (Normally Generic)	\$15	Not Covered	\$15	Not Covered	\$15	Not Covered	\$38	Not Covered
Tier 2 (Normally Preferred)	\$45	Not Covered	\$45	Not Covered	\$45	Not Covered	\$100	Not Covered
Tier 3 (Normally Non-Preferred)	\$80	Not Covered	\$80	Not Covered	\$80	Not Covered	\$150	Not Covered
Specialty Drugs	Prior Authorization may be required; Must be Dispensed by a CVS/Caremark Specialty facility. 0% if enrolled in PrudentRX; Not Covered 30% otherwise		Prior Authorization may be required; Must be Dispensed by a CVS/Caremark Specialty facility. 0% if enrolled in PrudentRX; Not Covered 30% otherwise		Prior Authorization may be required; Must be Dispensed by a CVS/Caremark Specialty facility. 0% if enrolled in PrudentRX; Not Covered 30% up to a \$150 coinsurance per Rx otherwise		Prior Authorization may be required; Must be Dispensed by a CVS/Caremark Specialty facility. 0% if enrolled in PrudentRX; 30% otherwise	
	NOTE: If a Specialty Drug is not on the PrudentRX Specialty Drug list, see Caremark.com, and the normal Tier copay applies.		NOTE: If a Specialty Drug is not on the PrudentRX Specialty Drug list, see Caremark.com, and the normal Tier copay applies.		NOTE: If a Specialty Drug is not on the PrudentRX Specialty Drug list, see Caremark.com, and the normal Tier copay applies.		NOTE: If a Specialty Drug is not on the PrudentRX Specialty Drug list, see Caremark.com, and the normal Tier copay applies.	

Notes & Assumptions

Deductible Definitions:

- Embedded: In a health plan with an embedded deductible no individual on a family plan will pay higher than the individual deductible amount.
- Aggregate: In a health plan with an aggregate deductible, benefits are not covered for any individual on a family plan until the family deductible amount has been met.

Disclaimer: This information is intended as a summary only; benefits may contain limitations and exclusions. Refer to your Summary Plan Description for detailed information.



NORTH COAST SCHOOLS' MEDICAL INSURANCE GROUP

D-2000 PLAN

Group Number: 00481333



Customer Service (888) 600-1600

Monday to Friday | 8am to 8:30pm ET

Welcome to

Workplace benefits

Everyone deserves a Guardian

Every day, Guardian gives 26 million Americans the security they deserve through our insurance and wealth management products and services.

We've partnered with your organization to offer you a range of employee benefits. Inside this pack, you'll find the plans your employer thinks you might benefit from.

Your coverage options



Dental insurance

Taking care of teeth and overall health



Life insurance

Protecting your family's financial future

Know your benefits

Your benefits support your physical and financial wellbeing, to help keep you and your loved ones protected.

With Guardian, you're in good hands. We've been delivering on our promises for over 150 years, and we're looking forward to doing the same for you too.

1

Read through this information.

2

Find out more about your benefits.

3

Talk to your employer if you need help or have any questions.

© Copyright 2020 The Guardian Life Insurance Company of America

This document is a summary of the major features of the insurance coverage that's been agreed to with your employer – it isn't your contract.



Dental insurance

Taking care of your teeth is about more than just covering cavities and cleanings. It also means accounting for more expensive dental work, and your overall health.

With dental insurance, routine preventive care can lead to better overall health. And you'll be able to save money if any extensive dental work is required.

Who is it for?

Everyone should have access to great dental coverage, which is why we offer comprehensive plans that are available through employers as part of your benefit offerings.

What does it cover?

Dental insurance helps to protect your overall oral care. That includes services like preventive cleanings, x-rays, restorative services like fillings, and other more serious forms of oral surgery if you ever need them.

Why should I consider it?

Poor oral health isn't just aesthetic, it's also been linked to conditions including diabetes, heart disease, and strokes. So, while brushing and flossing every day can help keep your teeth clean, nothing should replace regular visits to the dentist.



Staying healthy

Joe visits his dentist for a routine dental cleaning, to take care of his teeth as well as his overall health.

Oral health is about more than just teeth and gums. It's also essential for a range of other health and wellbeing reasons:

Cardiovascular disease: Some research suggests that heart disease, clogged arteries, and strokes may be linked to inflammation and infections from oral bacteria.

Osteoporosis: Weak and brittle bones may be linked to tooth loss.

Diabetes: Research shows that people with gum disease find it more difficult to control their blood sugar levels.

Alzheimer's disease: Worsening oral health is seen as Alzheimer's disease progresses.

Source: An Ounce of Prevention: The link between preventive dental care and better oral health and wellness, Guardian 12th Annual Workplace Benefits Study, 2024

You will receive these benefits if you meet the conditions listed in the policy. *Guardian will never ask you to provide sensitive personal information, including SSN/DOB, nor login via QR codes.



Your dental coverage

PPO plan, you'll have access to one of the largest networks of dentists with two reimbursement levels that give you more control over savings. You will always save money with any dentist in Guardian's network and when they belong to a tier in the Tier 1 reimbursement level you will maximize your savings. Reimbursement for covered services received from a non-contracted dentist will be based on a percentile of the prevailing fee data for the dentist's zip code.

Your Dental Plan	PPO	
	Tier 1	Tier 2
Your Network is DentalGuard Preferred Network	In-Network	Out-of-Network
Calendar year deductible	<i>Tier 1</i>	<i>Tier 2</i>
Individual	\$0	\$0
Family limit	Not Applicable (applies to all levels)	
Waived for	Not Applicable	Not Applicable
Charges covered for you (co-insurance)	<i>Tier 1</i>	<i>Tier 2</i>
Preventive Care	100%	100%
Basic Care	90%	90%
Major Care	50%	50%
Orthodontia	70%	70%
Annual Maximum Benefit	\$2000 (applies to all levels)	
Lifetime Orthodontia Maximum	\$1500 (applies to all levels)	
Dependent Age Limits	26 (applies to all levels)	



Your dental coverage

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filling material. **When Orthodontia coverage is for “Child(ren)” only, the dependent limiting age and the orthodontia limiting age may differ. Please review your certificate of benefits to confirm the age limit specific to orthodontic treatment. For Orthodontia to be covered, the orthodontic appliance must be placed prior to the orthodontia age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age, then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for “Adults and Child(ren)” this limitation does not apply.** *General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.

Manage Your Benefits:

Go to www.Guardianlife.com to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date.

Find A Dentist:

Visit www.Guardianlife.com
Click on “Find A Provider”; You will need to know your plan, which can be found on the first page of your dental benefit summary.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00481333

Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date. Please note, self-serve options over the phone or online at Guardian Anytime are not available until the case is fully implemented, please wait to speak to a live agent when calling the Guardian Helpline.

EXCLUSIONS AND LIMITATIONS

- Important Information about Guardian’s DentalGuard Indemnity and DentalGuard Preferred Network PPO plans: This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments (unless they are expressly provided for), any treatments to the extent benefits are payable by any other payor or for which

no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # DG7-P et al.

DentalGuard Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides DENTAL insurance only.
Policy Form # GP-1-DG2000, et al, GP-1-DEN-16



**NORTH COAST SCHOOLS' MEDICAL INSURANCE
GROUP**

D-3000 PLAN

Group Number: 00481333



Customer Service (888) 600-1600

Monday to Friday | 8am to 8:30pm ET

Welcome to

Workplace benefits

Everyone deserves a Guardian

Every day, Guardian gives 26 million Americans the security they deserve through our insurance and wealth management products and services.

We've partnered with your organization to offer you a range of employee benefits. Inside this pack, you'll find the plans your employer thinks you might benefit from.

Your coverage options



**Dental
insurance**

Taking care of teeth and overall health



**Life
insurance**

Protecting your family's financial future

Know your benefits

Your benefits support your physical and financial wellbeing, to help keep you and your loved ones protected.

With Guardian, you're in good hands. We've been delivering on our promises for over 150 years, and we're looking forward to doing the same for you too.

1

Read through this information.

2

Find out more about your benefits.

3

Talk to your employer if you need help or have any questions.

© Copyright 2020 The Guardian Life Insurance Company of America

This document is a summary of the major features of the insurance coverage that's been agreed to with your employer – it isn't your contract.



Dental insurance

Taking care of your teeth is about more than just covering cavities and cleanings. It also means accounting for more expensive dental work, and your overall health.

With dental insurance, routine preventive care can lead to better overall health. And you'll be able to save money if any extensive dental work is required.

Who is it for?

Everyone should have access to great dental coverage, which is why we offer comprehensive plans that are available through employers as part of your benefit offerings.

What does it cover?

Dental insurance helps to protect your overall oral care. That includes services like preventive cleanings, x-rays, restorative services like fillings, and other more serious forms of oral surgery if you ever need them.

Why should I consider it?

Poor oral health isn't just aesthetic, it's also been linked to conditions including diabetes, heart disease, and strokes. So, while brushing and flossing every day can help keep your teeth clean, nothing should replace regular visits to the dentist.



Staying healthy

Joe visits his dentist for a routine dental cleaning, to take care of his teeth as well as his overall health.

Oral health is about more than just teeth and gums. It's also essential for a range of other health and wellbeing reasons:

Cardiovascular disease: Some research suggests that heart disease, clogged arteries, and strokes may be linked to inflammation and infections from oral bacteria.

Osteoporosis: Weak and brittle bones may be linked to tooth loss.

Diabetes: Research shows that people with gum disease find it more difficult to control their blood sugar levels.

Alzheimer's disease: Worsening oral health is seen as Alzheimer's disease progresses.

Source: An Ounce of Prevention: The link between preventive dental care and better oral health and wellness, Guardian 12th Annual Workplace Benefits Study, 2024

You will receive these benefits if you meet the conditions listed in the policy. *Guardian will never ask you to provide sensitive personal information, including SSN/DOB, nor login via QR codes.



Your dental coverage

PPO plan, you'll have access to one of the largest networks of dentists with two reimbursement levels that give you more control over savings. You will always save money with any dentist in Guardian's network and when they belong to a tier in the Tier 1 reimbursement level you will maximize your savings. Reimbursement for covered services received from a non-contracted dentist will be based on a percentile of the prevailing fee data for the dentist's zip code.

Your Dental Plan	PPO	
	Tier 1	Tier 2
Your Network is DentalGuard Preferred Network	In-Network	Out-of-Network
Calendar year deductible	<i>Tier 1</i>	<i>Tier 2</i>
Individual	\$0	\$0
Family limit	Not Applicable (applies to all levels)	
Waived for	Not Applicable	Not Applicable
Charges covered for you (co-insurance)	<i>Tier 1</i>	<i>Tier 2</i>
Preventive Care	100%	100%
Basic Care	90%	90%
Major Care	75%	75%
Orthodontia	75%	75%
Annual Maximum Benefit	\$3000 (applies to all levels)	
Lifetime Orthodontia Maximum	\$2500 (applies to all levels)	
Dependent Age Limits	26 (applies to all levels)	



Your dental coverage

A Sample of Services Covered by Your Plan:

		PPO	
		<i>Plan pays (on average)</i>	
Preventive Care	Cleaning (prophylaxis)	Tier 1	Tier 2
	Frequency:	100%	100%
	Fluoride Treatments	3 per calendar year (applies to all levels)	100%
	Limits:	100%	100%
	Oral Exams	Under Age 19 (applies to all levels)	100%
	Frequency:	100%	100%
Basic Care	Sealants (per tooth)	3 per calendar year (applies to all levels)	
	X-rays	100%	100%
	Anesthesia*	100%	100%
	Fillings†	90%	90%
	Inlays, Onlays, Veneers**	90%	90%
	Perio Surgery	90%	90%
	Periodontal Maintenance	90%	90%
	Frequency:	3 per calendar year (applies to all levels)	
	Repair & Maintenance of Crowns, Bridges & Dentures	90%	90%
	Root Canal	90%	90%
	Scaling & Root Planing (per quadrant)	90%	90%
	Simple Extractions	90%	90%
	Single Crowns	90%	90%
	Surgical Extractions	90%	90%
Major Care	Bridges and Dentures	75%	75%
	Dental Implants	75%	75%
Orthodontia	Orthodontia	75%	75%
	Limits:	Adults & Child(ren) (applies to all levels)	

Guardian's Preferred Provider Organization consists of Dentists in the DentalGuard Preferred ("DGP") network. These tiers represent specific benefit levels as described in Your Schedule of Benefits. Network access varies by geographic location and zip code. Please visit www.Guardianlife.com to confirm your Dentist's tiered participation.



Your dental coverage

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filling material. **When Orthodontia coverage is for “Child(ren)” only, the dependent limiting age and the orthodontia limiting age may differ. Please review your certificate of benefits to confirm the age limit specific to orthodontic treatment. For Orthodontia to be covered, the orthodontic appliance must be placed prior to the orthodontia age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age, then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for “Adults and Child(ren)” this limitation does not apply.** *General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.

Manage Your Benefits:

Go to www.Guardianlife.com to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date.

Find A Dentist:

Visit www.Guardianlife.com
Click on “Find A Provider”; You will need to know your plan, which can be found on the first page of your dental benefit summary.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00481333

Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date. Please note, self-serve options over the phone or online at Guardian Anytime are not available until the case is fully implemented, please wait to speak to a live agent when calling the Guardian Helpline.

EXCLUSIONS AND LIMITATIONS

- Important Information about Guardian’s DentalGuard Indemnity and DentalGuard Preferred Network PPO plans: This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments (unless they are expressly provided for), any treatments to the extent benefits are payable by any other payor or for which

no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # DG7-P et al.

DentalGuard Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides DENTAL insurance only.
Policy Form # GP-1-DG2000, et al, GP-1-DEN-16

ATTACHMENT C



Make Eye Health a Priority with VSP!

Your health comes first with VSP and NORTH COAST SCHOOLS MEDICAL INSURANCE GROUP - Plan C. Take a look at your VSP vision care coverage.



VSP members save an annual average of

\$471*

More Ways to Save

Extra **\$20** to spend on
Featured Frame Brands†

bebe Calvin Klein COLE HAAN
DRAGON FLEXON LONGCHAMP
and more

Up to **40%** Savings on
lens enhancements‡

See all brands and offers
at vsp.com/offers.

Routine eye exams have saved lives.

Did you know an eye exam is the only non-invasive way to view blood vessels in your body? Your VSP® network eye doctor can detect signs of over 270 health conditions during an eye exam.**

Savings you'll love.

See and look your best without breaking the bank. VSP members get exclusive savings on popular frame brands and contact lenses, and they get additional discounts on things like LASIK, and more.

The choice is yours!



With thousands of choices, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

Shop online and connect your benefits.



Save up to \$250 on Featured Frame Brands when you shop on Eyeconic®, the VSP online eyewear store.

Getting started is easy!

Let your plan do the most it can. When you create an account on vsp.com, you can view your in-network coverage details, find a VSP network doctor that is right for you, and discover extra savings to maximize your benefits.

Enroll through your employer today.
Questions?

vsp.com or **800.877.7195**



Scan QR code or visit vsp.com to learn more.

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. †Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

**Based on state and national averages for eye exams and most commonly purchased brands. This represents the average savings for a VSP member with a full-service plan at an in-network provider. Your actual savings will depend on the eyewear you choose, the plan available to you, the eye doctor you visit, your copays, your premium, and whether it is deducted from your paycheck pre-tax. Source: VSP book-of-business paid claims data for Aug-Jan of each prior year. **Full Picture of Eye Health, American Optometric Association, 2020. +Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington. Premier Edge™ is not available for some members in the state of Texas.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on vsp.com. Visionworks and Eyeconic are VSP-affiliated companies.

©2025 Vision Service Plan. All rights reserved.

VSP, Eyeconic, and WellVision Exam are registered trademarks, and VSP LightCare™ and VSP Premier Edge are trademarks of Vision Service Plan. All other brands or marks are the property of their respective owners. 102898 VCCM

Classification: Restricted

Your VSP Vision Benefits Summary

Prioritize your health and your budget with a VSP plan through NORTH COAST SCHOOLS MEDICAL INSURANCE GROUP - Plan C.

Provider Network:
VSP Signature



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP DOCTOR			
WELLVISION EXAM	- Focuses on your eyes and overall wellness - Routine retinal screening	\$15 for exam and glasses Up to \$39	Every 12 months
ESSENTIAL MEDICAL EYE CARE	- Retinal imaging for members with diabetes covered-in-full - Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. - Coordination with your medical coverage may apply. Ask your VSP network doctor for details.	\$20 per exam	Available as needed
PRESCRIPTION GLASSES			
FRAME*	\$150 Featured Frame Brands allowance \$130 frame allowance 20% savings on the amount over your allowance \$70 Walmart/Sam's Club/Costco frame allowance	Combined with exam	Every 12 months
LENSES	Single vision, lined bifocal, and lined trifocal lenses	Combined with exam	Every 12 months
LENS ENHANCEMENTS	- Standard progressive lenses - Premium progressive lenses - Custom progressive lenses - Anti-glare coating - Tints/Light-reactive lenses - Impact-resistant lenses - UV protection - Average savings of 40% on other lens enhancements	\$0 \$40 \$40 \$30 \$0 \$10 \$0	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	\$130 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation)	\$0	Every 12 months
VSP LIGHTCARE™+	\$130 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts	Combined with exam	Every 12 months
ADDITIONAL SAVINGS	Glasses and Sunglasses - Discover all current eyewear offers and savings at vsp.com/offers. 30% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% savings from a VSP provider within 12 months of your last WellVision Exam.		
	Laser Vision Correction Average of 15% off the regular price; discounts available at contracted facilities.		
	Exclusive Member Extras for VSP Members - Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers. - Save up to 60% on digital hearing aids with TruHearing®. Visit vsp.com/offers/special-offers/hearing-aids for details. - Enjoy everyday savings on health, wellness, and more with VSP Simple Values.		

GET MORE AT PREFERRED IN-NETWORK LOCATIONS

With so many in-network choices, VSP makes it easy to maximize your benefits. Choose from our large doctor network including private practice and retail locations. Plus, you can shop eyewear online at Eyeconic®. Log in to vsp.com to find an in-network doctor.

ATTACHMENT D

**EMPLOYEE AND DEPENDENT CENSUS INFORMATION -
Confidential**

**Please submit the signed Confidentiality and Data Protection
Acknowledgement (Attachment F) to Corey Weber at
cweber@hcoe.org to receive a link to this data.**

ATTACHMENT E

North Coast Schools Medical Insurance Group

2026-2027 Program Rates

2026/2027 Medical Plan Rates (Active)				
Plan	Employee Only	Employee + Spouse/Partner	Employee + Child/ren	Employee + Family
Oak	\$ 1,458	\$ 2,477	\$ 2,026	\$ 3,037
Spruce	\$ 1,144	\$ 1,943	\$ 1,590	\$ 2,382
Pine	\$ 806	\$ 1,368	\$1,119	\$ 1,676
Maple	\$ 1,025	\$ 1,740	\$ 1,423	\$ 2,133

2026/2027 Medical Plan Rates (Retiree)			
Retiree Rates are per person.			
Plan	Retiree, Spouse/Partner, Dep. Child > 26 (No Medicare)	Retiree, Spouse/Partner, Dep. Child > 26 (Medicare)	Dependent Child of Retiree < 26
Oak	\$ 2,055	\$ 1,966	\$ 1,040
Spruce	\$ 1,601	\$ 1,553	\$ 807
Pine	\$ 1,098	\$ 1,050	\$ 843
Maple	\$ 1,432	\$ 1,176	\$ 941

2026/2027 Dental Plan Rates				
Plan	Premium	Calendar Year Maximum	Orthodontics	Prosthodontics
D-1500	\$ 97.00	\$ 1,500.00	None	50%/50%
D-2000	\$ 120.00	\$ 2,000.00	\$1,500 Lifetime Maximum 70% Guardian/30% Member Children and Adults	50%/50%
D-3000	\$ 131.00	\$ 3,000.00	\$2,500 Lifetime Maximum 75% Guardian/25% Member Children and Adults	75%/25%

2026/2027 Vision Plan Rates					
Plan	Premium	Copay	Exam Frequency	Lens Frequency	Frame Frequency
A	\$ 20.00	\$ 15.00	12 months	24 months	24 months
B	\$ 21.00	\$ 15.00	12 months	12 months	24 months
C	\$ 26.00	\$ 15.00	12 months	12 months	12 months

ATTACHMENT F
CONFIDENTIALITY AND DATA PROTECTION
ACKNOWLEDGMENT

The undersigned proposer acknowledges that, in connection with its response to the Humboldt County Office of Education's Request for Proposals for Employee Medical, Dental and Vision Insurance Benefits, it may receive confidential employee and dependent information.

The proposer agrees that all census and related information provided by HCOE shall be used solely for the purpose of evaluating the requested insurance and benefit programs and preparing a proposal. The proposer shall maintain the confidentiality and security of such information and shall not disclose it to any third party except to individuals or entities with a legitimate need to know the information for purposes of preparing the proposal and who are bound by appropriate confidentiality and security obligations.

The proposer shall maintain reasonable administrative, technical, and physical safeguards designed to protect the information against unauthorized access, acquisition, use, disclosure, alteration, or destruction. The proposer shall promptly notify HCOE of any actual or reasonably suspected unauthorized access, use, or disclosure of the information.

Upon completion of the RFP process, or earlier upon HCOE's request, the proposer shall securely return or destroy all census information and copies thereof, except to the extent retention is required by applicable law.

The undersigned represents that he or she is authorized to execute this acknowledgment on behalf of the proposer.

Proposer: _____

By: _____

Name: _____

Title: _____

Date: _____

ATTACHMENT G

PROPOSAL PRICING FORM

Medical Insurance

Proposed Plan	Employee Only	Employee + One	Employee + Child(ren)	Family	Rate Guarantee Period
Plan 1	\$	\$	\$	\$	
Plan 2	\$	\$	\$	\$	
Plan 3	\$	\$	\$	\$	

Dental Insurance

Proposed Plan	Employee Only	Employee + One	Employee + Child(ren)	Family	Rate Guarantee Period
Plan 1	\$	\$	\$	\$	
Plan 2	\$	\$	\$	\$	

Vision Insurance

Proposed Plan	Employee Only	Employee + One	Employee + Child(ren)	Family	Rate Guarantee Period
Plan 1	\$	\$	\$	\$	
Plan 2	\$	\$	\$	\$	

Additional Fees and Compensation

Please identify all additional fees, commissions, administrative charges, implementation costs, consulting fees, broker compensation, or other compensation associated with the proposed services:

I certify that the pricing provided in this proposal is complete and includes all costs and charges applicable to the proposed services except as specifically identified above.

Proposer: _____

Authorized Representative: _____

Title: _____

Date: _____