



**NORTH DAKOTA
PUBLIC EMPLOYEES
RETIREMENT SYSTEM**

Request for Proposal

Group Medical and Prescription Drug Coverage

Release Date: June 1, 2026

**Proposals Due:
By 5:00 p.m. CST
July 15, 2026**

Key Information

Objective

The state of North Dakota, acting through its North Dakota Public Employees Retirement System (NDPERS), on behalf of the Public Employees Retirement Board is soliciting proposals for the insurance and/or administration of its employee medical and prescription drug and retiree medical insurance plans. Proposals will be accepted from administrative/insurance companies (“Vendors”) that are capable of offering a statewide provider network, utilization management, disease management, wellness program, and pharmacy benefit manager services along with other related services. The contract to be awarded is a multi-year arrangement beginning July 1, 2027, and ending June 30, 2029.

This Request for Proposal (RFP) is requesting proposals for both fully-insured (including modified fully-insured) and self-insured arrangements. Preference will be provided to vendors who propose a modified fully-insured arrangement similar to the current arrangement (See Section I: Funding/No Risk Share for further detail). The NDPERS Board will determine which funding approach it will implement based on the results of the RFP (See Section II of this RFP for further detail). See also Appendix C1 (Fully-Insured Questionnaire), Appendix C2 (Self-Insured Questionnaire Medical), and Appendix C3 (Self-Insured Questionnaire Prescription Drug). Prospective Vendors may choose to bid on both the fully-insured and self-insured arrangements, or they can choose to bid on parts of the business, as described later in this RFP document.

Background

NDPERS is responsible for the administration of the State of North Dakota’s Retirement, Health, Life, Deferred Compensation, FlexComp, Employee Assistance Program (EAP), Retiree Health Insurance Credit, voluntary Dental and voluntary Vision programs. In addition, cities, counties, schools, and other political subdivisions of the state may participate in these plans at their option, if eligible under federal law. Approximately 23,000 active employees and 11,000 retirees are eligible to participate in these plans.

NDPERS reserves the right to select the health plan proposals that best fit its needs and the needs of its eligible employees/retirees. NDPERS has retained Deloitte Consulting LLP (“Deloitte Consulting”) to assist with the RFP process.

Sanford Health Plan (“the Incumbent Vendor”) currently insures the active and retiree medical, and active prescription drug plan under a fully-insured arrangement. OptumRx is the Incumbent Vendor’s pharmacy benefit manager (PBM) partner for the active and pre-Medicare population. The retiree Medicare population’s PBM for the Medicare Part D product is Humana and is not part of this RFP.

In determining which bid, if any, will best serve the interests of eligible employees/retirees and the state, NDPERS and its Board of Trustees will assess the following factors:

1. The economy to be effected [sic].
2. The ease of administration.
3. The adequacy of the coverages.

4. The financial position and experience of the carrier, with special emphasis as to its solvency.
5. The reputation of the carrier and any other information that is available to show past experience with the carrier in matters of claim settlement, underwriting, and services.

Refer to page 27 for additional details about these factors and the sub-criteria that will be considered during the review of the responses.

The evaluation criterion will be weighted as follows:

Criterion	Weight
The economy to be effected.	40%
The ease of administration.	20%
The adequacy of the coverages.	25%
The financial position and experience of the carrier, with special emphasis as to its solvency.	10%
The reputation of the carrier and any other information that is available to show past experience with the carrier in matters of claim settlement, underwriting, and services.	5%

In addition, the NDPERS Board may consider the legislative landscape and the carrier's ability to support any potential compliance requirements.

The successful Vendor of this RFP for fully-insured coverage is eligible to have the initial term of this contract renewed for two additional two-year periods (2029-2031 and 2031-2033) at the option of the NDPERS Board (see Section III in this RFP for renewal conditions).

A self-insured contract (bundled or unbundled with PBM for pharmacy benefits administration) may be awarded for two years with a renewal option for two additional two-year periods at the option of the NDPERS Board.

Proposed Timetable

The timeline below is provided for informational purposes. NDPERS reserves the right to change the dates. Every effort will be made to notify Vendors of changes to the proposed timeline.

2026 timeline

Activity	Date/Time
NDPERS publishes Request for Proposal (RFP)*	June 1, 2026
Vendor provides notice of intent to propose**	June 5, 2026
Virtual Vendor Conference	June 18, 2026 (3:30 pm CST)
Vendor questions (in writing) due to Deloitte	June 22, 2026 (5 pm CST)
Proposals due	Wednesday, July 15, 2026 (5 pm CST)
Finalist presentations (if requested)	September 2026
NDPERS notifies finalist of intent to negotiate	October 2026
Vendor and NDPERS begin implementation	December 2026
Vendor begins providing services	July 1, 2027

RFP Coordinator Contact(s)

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Note:

From the date of issuance until the announcement of the finalist(s), Vendors may contact only the RFP Coordinator(s). All correspondence and questions must be submitted in writing via e-mail to the RFP Coordinator(s) in accordance with the timeline set forth in this RFP. NDPERS personnel are not authorized to discuss this RFP with Vendors; doing so may result in disqualification. Vendors may continue to communicate with NDPERS staff regarding other relevant business matters.

*Password to access protected files may be requested from the RFP Coordinator via email.

**Meeting Link for Virtual Vendor Conference will be provided to vendors that provide notice of intent to participate in RFP

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I. Overview of the NDPERS Program

NDPERS

The North Dakota Public Employees Retirement System is responsible for the administration of the State's retirement, health, life, dental, vision, deferred compensation, flex comp, retiree health insurance credit, and EAP programs.

Pursuant to 54-52-03, N.D.C.C., <https://www.ndlegis.gov/cencode/t54c52.pdf>, NDPERS is managed by a Board of Trustees.

NDPERS is a separate agency created under North Dakota state statute and, while subject to state budgetary controls and procedures as are all state agencies, is not a state agency subject to direct executive control.

Dakota Plan

NDPERS contracts with the Incumbent Vendor to provide fully-insured health care coverage with a risk sharing agreement. The plans provided pursuant to this fully funded arrangement are:

- PPO/Basic – Grandfathered plan
[PPO/Basic Grandfathered Certificate of Insurance](#)
[PPO/Basic Grandfathered Certificate of Insurance - Amendment](#)
- PPO/Basic – Non-grandfathered plan
[PPO/Basic Non-Grandfathered Certificate of Insurance](#)
[PPO/Basic Non-Grandfathered Certificate of Insurance - Amendment](#)
- HDHP/HSA Plan – Non-grandfathered plan
[HDHP Certificate of Insurance](#)
[HDHP Certificate of Insurance - Amendment](#)
- Dakota Retiree Plan
[Dakota Retiree Plan \(Medicare\) Certificate of Insurance](#)

PPO

NDPERS offers a Preferred Provider Organization (“PPO”) plan through Sanford. The PPO plan offers broad access to members with in-network and out-of-network benefits.

Basic Plan

If a PPO health care provider is not available in the member's area, or if the member chooses or is referred to a health care provider not participating in the Preferred Provider Organization, the member will receive the Basic Plan benefits.

High Deductible Health Plan (HDHP)

In addition to the PPO and Basic Plans, NDPERS offers state employees the option to enroll in a High-Deductible Health Plan (HDHP) with a Health Savings Account (HSA). The HDHP/HSA

option has a higher annual deductible and coinsurance costs for medical services. However, the higher out-of-pocket costs are partially offset by an employer contribution to the member's HSA. For the 7/1/25-6/30/27 contract period the NDPERS monthly HSA contributions are: \$119.62 for single coverage and \$289.36 for family coverage. Funds from HSA can be used to pay for out-of-pocket medical expenses as well as some over-the-counter costs for eligible items.

The NDPERS Board has approved the option for large political subdivisions to offer the HDHP and for the plan to be the only choice for their employees. However, NDPERS does not administer an HSA on behalf of the political subdivisions. The election to participate must be made by November 15 prior to the January 1 effective date and must be for the full calendar year. As of the date of RFP issuance, there are currently no large political subdivisions participating in the HDHP.

Value-Based Health Care Overlay

NDPERS started a value-based health care arrangement with several large health care providers in North Dakota. See Exhibit 27 for more information on the program.

Coverage Rules: When Coverage Begins & Eligibility

An eligible employee is entitled to coverage the first of the month following the month of employment, provided the employee submits an application for coverage within the first 31 days of employment. Each eligible employee may elect to enroll his/her eligible dependents.

Eligible employees include:

- State employees or employees of participating political subdivisions first employed prior to August 1, 2003, who are at least 18 years of age and whose services are not limited in duration, who are filling an approved and regularly funded position, and who are employed at least 17.5 hours per week and at least five months each year;
- State employees or employees of participating political subdivisions first employed after August 1, 2003, who are employed at least 20 hours per week and at least 20 weeks each year of employment are eligible to receive benefits; and
- A temporary employee employed before August 1, 2007, may elect to participate in the uniform group insurance program by completing the necessary enrollment forms and qualifying under the medical underwriting requirements of the program if such election is made before January 1, 2015, and if the temporary employee is participating in the uniform group insurance program on January 1, 2015. In order for a temporary employee employed after July 31, 2007, to qualify to participate in the uniform group insurance program, the employee must be employed at least twenty hours per week; must be employed at least twenty weeks each year of employment; must make the election to participate before January 1, 2015; and must be participating in the uniform group insurance program as of January 1, 2015. To be eligible to participate in the uniform group insurance program, a temporary employee first employed after December 31, 2014, or any temporary employee not participating in the uniform group insurance program as of January 1, 2015, must meet the definition of a full-time employee under section 4980H(c)(4) of the Internal Revenue Code [26 U.S.C. 4980H(c)(4)].

An Eligible Dependent includes:

- The Spouse of the Subscriber;
- A Dependent Child who is related to the Subscriber as a natural child, a child placed for adoption, a legally adopted child, a child for whom the Subscriber has legal guardianship, a stepchild, or a foster child; and is one of the following: (a) under the age of 26, (b) incapable of self-sustaining employment by reason of a disabling condition and chiefly dependent upon the Certificate holder/Subscriber for support and maintenance. If the Plan so requests, the Subscriber must provide proof of the child's disability within 31 days of the Plan's request. If a person has a disabled dependent that is over the limiting age but was never previously covered by the Plan, they are eligible for coverage if the disability occurred prior to reaching the limiting age of 26. If for any reason, Subscriber drops coverage for a disabled dependent prior to age 26, then wishes to cover the child again, coverage must be added prior to the child turning age 26. If the disabled child has reached age 26, the child must be continuously covered under the Plan in order to maintain eligibility; and
- A Dependent of Dependent (a) Is the natural child of the Subscriber's Dependent child, a child placed with the Subscriber's Dependent Child for adoption, a legally adopted child by the Subscriber's Dependent child, a child for whom the Subscriber's Dependent Child has legal guardianship, a stepchild of the Subscriber's Dependent child, or foster child of the Subscriber's Dependent child. These same definitions apply to dependents of the Dependent child(ren) of the Subscriber's living, covered Spouse; and (b) the Subscriber's Dependent Child must be a Covered Dependent under this Certificate of Coverage for the dependent of the Dependent Child to be eligible; and (c) The Dependent Child must be chiefly dependent on the Subscriber for support [N.D.C.C. §26.1-36-22 (3)(4)].
- Survivors of a first responder who died in the line of duty on or after January 1, 2010, will receive the option to enroll in the NDPERS health insurance without having to pay premium towards the coverage.

Detailed information regarding current eligibility for dependents for the Dakota Plan can be found in the 2025-2027 Certificate of Insurance at:

<https://www.ndpers.nd.gov/sites/www/files/documents/members-additional-information/all-health/shp-coi-gf.pdf>

Pre-Medicare Retiree Eligibility

Prior to July 1, 2015, retirees or surviving spouses who are under age 65 and are receiving a retirement allowance from the North Dakota Public Employees Retirement System, the Highway Patrol Retirement System, the Teachers Insurance and Annuity Association College Retirement Equities Fund (TIAA), the Job Service Retirement Plan, the Teachers' Fund for Retirement (TFFR), or retirees who have accepted a retirement allowance from a participating political subdivision's retirement plan were eligible for benefits. In addition, former legislators are also eligible for this coverage.

Effective July 1, 2015, all new pre-Medicare retirees after that date are eligible for COBRA coverage as long as the retiree was participating in the health plan as an active employee prior to retirement. The pre-Medicare plan is no longer available to retirees who received their first retirement payment on or after July 1, 2015. Pre-Medicare retirees who retired

before that date will continue to be eligible and may participate. Former legislators continue to remain eligible.

The pre-Medicare retiree single rate is 150% of the active member single rate; the rate for a pre-Medicare retiree plus one is twice the pre-Medicare single rate, and the rate for a pre-Medicare retiree plus two or more dependents is two and one-half times the pre-Medicare retiree single rate.

The NDPERS Board can elect to open the Pre-Medicare Retiree eligibility to retirees after July 1, 2015. However, North Dakota law requires that the premium to be charged must be based on the experience of the population and not based on the rates outlined above. At this time, the Board has opted not to re-open the Pre-Medicare Retiree plan.

Dakota Retiree Plan

The Dakota Retiree Plan provides health care coverage as a secondary payer to Medicare. Coverage for Medicare retirees is different than the coverage for Pre-Medicare retirees. The NDPERS Medicare retiree plan mirrors Medicare supplement Plan F. Each eligible retiree may elect to enroll his/her eligible dependents as described in the *Eligibility* section above. The prescription drug benefit for retirees is provided through a group Prescription Drug Plan (PDP/EGWP) on a calendar year basis and is not part of this RFP.

Detailed information regarding current eligibility for dependents for the Dakota Retiree Plan can be found in the Certificate of Insurance at:

<https://www.ndpers.nd.gov/sites/www/files/documents/members-additional-information/all-health/shp-coi-retiree.pdf>

Employer Eligibility Criteria

According to [North Dakota Century Code \(N.D.C.C.\) 54-52.1-03.1](#), political subdivisions may offer the benefits of the NDPERS group health plan to its eligible employees subject to the criteria provided in the Employer Participation Agreement. However, according to the Affordable Care Act (ACA), small employers, defined as 50 employees or less, will not be eligible to participate in the NDPERS group health plan because the plan does not meet the ACA requirements. For employers eligible to join NDPERS, it requires 60-90 days to enroll a new group. Political subdivisions joining the NDPERS health plan at this time will be offered the choice of joining the NDPERS Non-Grandfathered PPO/Basic Plan or the High Deductible Health Plan (HDHP). However, the employer may only select one plan and all eligible employees that elect to participate will be members of that one plan.

Please review the eligibility and coverage information carefully as it explains the rights and responsibilities of both the employer and employee.

<https://ndpers.nd.gov/employers/join-ndpers-plans/health-plan/>

Participating political subdivisions may elect to terminate their participation in the NDPERS group health plan by providing written notice at least 60 days prior to the date of termination and per the provisions of N.D.C.C. 54-52.1-03.1 and N.D.A.C. 71-03-07-07.

54-52.1-03.1. Certain political subdivisions authorized to join uniform group insurance program - Employer contribution.

If eligible under federal law, a political subdivision may extend the benefits of the uniform group insurance program under this chapter to its permanent employees, subject to minimum requirements established by the board and a minimum period of participation of sixty months. If the political subdivision withdraws from participation in the uniform group insurance program, before completing sixty months of participation, unless federal or state laws or rules are modified or interpreted in a way that makes participation by the political subdivision in the uniform group insurance program no longer allowable or appropriate, the political subdivision shall make payment to the board in an amount equal to any expenses incurred in the uniform group insurance program that exceed income received on behalf of the political subdivision's employees as determined under rules adopted by the board. The Garrison Diversion Conservancy District, and district health units required to participate in the public employees retirement system under section 54-52-02, shall participate in the uniform group insurance program under the same terms and conditions as state agencies. A retiree who has accepted a retirement allowance from a participating political subdivision's retirement plan may elect to participate in the uniform group under this chapter without meeting minimum requirements at age sixty-five, when the employee's spouse reaches age sixty-five, upon the receipt of a benefit, when the political subdivision joins the uniform group insurance plan if the retiree was a member of the former plan, or when the spouse terminates employment. If a retiree or surviving spouse does not elect to participate at the times specified in this section, the retiree or surviving spouse must meet the minimum requirements established by the board. Each retiree or surviving spouse shall pay directly to the board the premiums in effect for the coverage then being provided. The board may require documentation that the retiree has accepted a retirement allowance from an eligible retirement plan other than the public employees retirement system.

71-03-07-07. Minimum requirements for political subdivisions.

An enrolled political subdivision must extend the benefits of the group insurance program to its eligible employees and paid members of its board, commission, or association subject to minimum requirements established by the retirement board and a minimum period of participation of sixty months. If the political subdivision withdraws from participation before completing sixty months of participation, unless federal or state laws or rules are modified or interpreted in a way that makes participation by the political subdivision in the uniform group insurance program no longer allowable or appropriate, the political subdivision must make payment to the retirement board equal to the expenses incurred on behalf of that political subdivision's employees which exceed the income received by the retirement board on behalf of that political subdivision's employees during the time of participation. For purposes of this section:

1. "Expenses incurred" means:
 - a. Claims incurred by the political subdivision during the enrolled period and paid during or within three months after the enrolled period and includes capitated payments to providers;
 - b. Reasonable administrative expenses as incurred by the public employees retirement system and the claims administrator as set forth in the master contract; and
 - c. The cost of any premium buydown provided.

2. "Income received" means all premiums paid by the political subdivision to the retirement board.

Full payment is due within three months after receipt of notice from the executive director, unless an alternative payment schedule has been approved by the retirement board. A late payment charge must be assessed on all money due on an account at a rate of one and three-fourths percent per month.

Pharmacy Benefit Manager

The prescription drug plan coverage for active and pre-Medicare retirees is bundled with the medical plan provided by Sanford Health Plan. In responding to this RFP, Pharmacy Benefit Manager (PBM) services may be offered as a bundled proposal with the medical insurance for fully-insured or self-insured, or it may be offered as an unbundled ("carve-out"), fully-insured or self-insured option directly by the PBM. This RFP does not include PBM services for the Medicare Part D Plan.

Data Warehouse

The medical records and related data of the employees, retirees, and dependents, obtained as the result of enrollment in the uniform group insurance program, are the property of NDPERS (N.D.C.C. § 54-52.1-12). Currently, the health plan provides raw data, including detailed claims and enrollment data sets, based on a mutually agreed upon format no less than monthly for the data warehouse repository. All vendors are required to submit claims and enrollment data in an agreed upon format.

Reporting Requirements

All monthly reports should be prepared for each plan offered (e.g., Grandfathered PPO, Non-Grandfathered PPO, HDHP, etc.) and should also roll up to quarterly and annual aggregate reports. The selected Vendor must provide NDPERS with data by secure download or other agreed upon medium in an acceptable format to NDPERS and subject to all federal and state laws on confidentiality and open records. NDPERS requires vendors to provide reporting which includes, but is not limited to, the following:

1. Monthly experience report by plan including enrollment split by plan and tier, paid claims, administration fees, etc.
2. Quarterly and annual reporting to include financial/trend analysis, membership and health utilization summary, high dollar claims, prescription drug spending and payment trend, health management and wellness program key indicators, performance standards and guarantee measures and accounting of completed and other ongoing activities such as the about the patient program and healthy pregnancy program.
3. Annual policy accounting statement including claim reserves.
4. Provide biennial close-out report.
5. Annual ACA-required reporting.
6. Other reporting in accordance with regulatory requirements (e.g., CAA, etc.).

In addition to the above plan-wide reporting, the successful Vendor will provide plan-specific reporting as requested for the following:

- PPO/Basic – Grandfathered plan
- PPO/Basic – Non-grandfathered plan
- HDHP/HSA Plan – Non-grandfathered plan
- Dakota Retiree Plan

Also please note N.D.C.C. § 54-52.1-12, which applies to all information the successful Vendor acquires relating to NDPERS.

Funding/No Risk Sharing

Currently, NDPERS contracts with the Incumbent Vendor to provide its health care coverage on a fully-insured basis with a gain-sharing arrangement. The Incumbent Vendor maintains full liability for incurred claims in excess of paid premium (no deficit carryover). If incurred claims plus expenses are less than premiums paid plus interest, all gains are returned to NDPERS. All funds in the account get interest paid each month equal to the rate based on US Treasury Notes quoted by the Wall Street Journal. NDPERS recognizes that different funding arrangements will be necessary to implement a self-insured program. Preference will be provided to vendors who propose a modified fully-insured arrangement similar to the current arrangement.

Performance Standards and Guarantees

The Incumbent Vendor adheres to agreed-upon performance standards and guarantees with a financial incentive/liquidated damages component that is negotiated each biennium as part of the renewal process. The settlement/payment for such incentive/liquidated damages is included in the annual settlement process. See Appendix H for performance standards and guarantees. NDPERS is interested in replicating or enhancing these standards in a future contract. It is a priority for the Board to have a comprehensive set of standards and guarantees relating to this plan.

Current Annual Settlement and Reconciliation

Within 31 days of 12 months after the end of the biennium, NDPERS requires an accounting summary which will result in an initial settlement of the biennium agreement. Within 31 days of 24 months after the end of the biennium a final accounting summary is required, which will result in a final settlement of the biennium agreement. NDPERS recognizes that different settlement arrangements will be necessary to implement a self-insured program.

Current and Desired Plan Designs

In addition to matching the current coverage provisions, the successful Vendor shall include adding any federally required coverage provisions on or after July 1, 2027. The successful Vendor will also need to carry over all accumulator totals from January 1 through June 30 (if applicable). For additional details, refer to the following:

Dakota Plan:

- PPO/Basic – Grandfathered plan [PPO/Basic Grandfathered | NDPERS](#)
- PPO/Basic – Non-grandfathered plan [PPO/Basic Non-Grandfathered | NDPERS](#)
- HDHP/HSA – Non-grandfathered plan [High Deductible Health Plan \(HDHP\) | NDPERS](#)

Please note NDPERS is requesting that the proposer also provide an HSA product as part of this proposal for the HDHP product.

Dakota Retiree Plan: [Dakota Retiree Plan \(Medicare\) | NDPERS](#)

Member Access

PPO benefits are currently available with a PPO-participating provider within North Dakota or its contiguous counties. If a PPO health care provider is not available in the member's area, or if the member chooses or is referred to a health care provider not participating in the PPO, the member will receive the Basic Plan benefits. The copayments, annual deductibles and coinsurance amounts vary between the PPO Plan and Basic Plan.

Directory

The current provider directory is available through the Incumbent Vendor's website at: <https://www3.viiaad.com/shp/public/>. Vendors must be able to provide a comparable network to the existing provider networks to provide appropriate access on a statewide basis.

Disease and Other Health Management Programs

The incumbent vendor provides disease management and health improvement programs for eligible members. The list below includes examples of programs currently offered:

- Coronary Heart Disease
- Diabetes
- Hypertension
- Immunizations
- ADHD
- Colorectal Cancer
- Asthma

Vendors are expected to offer comprehensive, high-quality case/disease management programs, including rare and chronic diseases, for the plans offered to both actives and retirees.

Wellness Programs

NDPERS offers a variety of wellness programs for eligible members and employers. The list below provides more details on some of the programs currently offered:

Wellness Program Incentives:

- Fitness Center & Virtual Wellness Access for NDPERS Dakota Retiree Plan Members – Covered Medicare retirees are eligible for Fitness Center & Virtual Wellness access. This program provides its members with fitness options and healthy aging resources. This includes access to a no-cost or low-cost fitness membership through a participating fitness center and home fitness options. See Exhibit 25. The current vendor provides the service through Silver and Fit.
- Covered employees and/or spouses are each eligible to receive up to \$250 in incentives per year through participation. All covered retirees and/or spouses are also eligible for this incentive. Each participant must complete an annual health risk

assessment through the Incumbent Vendor's online wellness tool. Two programs are currently available to achieve the \$250 benefit (See Exhibit 17). The programs are:

- 1) Online Wellness Tool (Platform used by the incumbent vendor is WebMD) – participants utilize the online wellness tool to take steps towards better health goals, including tracking activity and performing challenges to receive points for their participation. The points are then redeemed towards various gift cards or fitness related prizes - see Exhibit 1.
- 2) Fitness Center Reimbursement – participants who utilize a qualified health club facility 12 days per month will be reimbursed \$20 per month towards their membership fee - see Exhibit 2.

- The successful Vendor will be required to carry-over wellness incentive balances (if applicable).

Employer Based Wellness Program:

- The employer-based wellness program provides that employers who do not have an onsite wellness program pay premiums to NDPERS that are 1% higher. These funds are retained by NDPERS for administration. The program is given its authority in N.D.C.C. § 54-52.1-14. The goals for the program are to:
 - ✓ have 100% of participating employers supporting a wellness message at their worksite
 - ✓ help NDPERS members gain a greater understanding of wellness
 - ✓ create a better quality of life for NDPERS membership
 - ✓ contain health care costs
- Employers that participate in the NDPERS Group Health Insurance Plan have the opportunity to enroll in the employer-based wellness program on an annual basis. For the wellness year July 1, 2025, to June 30, 2026, there are 168 of 217 employers participating. The wellness plan year is from July 1 to June 30. See the following for more details:

<https://ndpers.nd.gov/employers/employer-resources/employer-based-wellness/>

Employer Based Wellness Benefit Funding Program:

The NDPERS Wellness Benefit Funding Program is available to employer groups that participate in the NDPERS group health plan and have been approved for the Employer Based Wellness Program. The Wellness Funding Program, in conjunction with the Wellness Program, encourages employers to commit to promoting wellness planning and programming at their work sites. The funding program provides funding assistance to employers that develop and sponsor onsite wellness programs for their employees. Benefits are available to eligible employers once each fiscal year of the biennium. For details, visit <https://ndpers.nd.gov/employers/employer-resources/employer-based-wellness/>. The successful Vendor will administer the reimbursement program to employers. NDPERS will deposit with the Vendor necessary funds for paying such reimbursements as approved by NDPERS. In addition, one member of the Vendor's wellness team will serve on the funding program committee that reviews employer

applications for funding and determines their approval/denial based upon Board approved provisions.

Additional Wellness Related Services & Programs:

- **Wellness Consultants** – the successful Vendor must provide a dedicated staff member(s) to assist employees and employers with their wellness initiatives. Examples of services provided include:

To members:

- ✓ Assist with online wellness tool issues and questions.
- ✓ Assist with Fitness Center Reimbursement issues.
- ✓ Develop various challenges for participants to do through online wellness tool, preference is quarterly challenges (4 per year)
- ✓ Conduct monthly webinars regarding wellness topic for employees to attend
- ✓ Prepare monthly wellness newsletter for employees –See Exhibit 13
- ✓ Health coaching.
- ✓ Offer supplemental programs as available (current programs include “Exercise is Medicine” and “Center for Lifestyle Medicine”)
- ✓ Annual notice to retirees regarding amount of taxable benefits.

To employers:

- ✓ Conduct monthly coordinator calls/webinars with employer wellness coordinators. – see Exhibit 15
- ✓ Prepare and distribute a monthly wellness newsletter for coordinators. – see Exhibit 14
- ✓ Conduct coordinator workshops each summer for wellness coordinators to attend, including virtual options and recorded version for later viewing. – see Exhibit 19
- ✓ Coordinate the awarding of up to 12,000 points (towards \$250 maximum) on the online tool for an employee’s participation in the employer sponsored wellness program activities. – see Exhibit 11
- ✓ Coordinate and promote Walk at Work Day/Month – see Exhibit 12
- ✓ Report monthly on employee wellness redemptions for tax reporting purposes.

Member Education Presentations on Wellness Topics – The Incumbent Vendor provides member education consultants that travel statewide to worksites and conduct presentations for employees on various wellness related topics. These presentations are also provided through virtual options. In addition, this team is available to assist with member and/or employer issues related to the online wellness tool and employer funding

request evaluations. There are currently 20 different topics provided. See Exhibit 16 for an example.

Other Added Value Programs:

- Healthy Pregnancy Program – a program designed to provide support to pregnant members. See <https://www.sanfordhealthplan.org/ndpers/healthy-pregnancy-program> for details.
- Diabetes Management – The About the Patient diabetes program is offered to covered members with a diabetes diagnosis to support drug adherence. The program is coordinated with the North Dakota Pharmacy Association. See <https://www.aboutthepatient.net/patients/diabetes-info/ndpers-program-info/> for details.
- Diabetes Prevention Program (DPP) – NDPERS members have access to group and individual diabetes prevention programs. Change Your Weigh is an evidence-based program where participants meet in a group with a trained coach to focus on strategies to lose weight, increase physical activity and decrease their risk of developing type 2 diabetes. Positively Me is individual health coaching focused on reducing risk of developing type 2 diabetes and is offered through our online wellness partnership with WebMD Health Services. The Incumbent Vendor also provides the CDC Diabetes Prevention Program virtually to all members. See <https://www.sanfordhealthplan.com/members/wellness/diabetes-prevention> for details.

The successful Vendor will also need to perform the following administrative services in support of these added value programs:

- Healthy Pregnancy Program
 - ✓ Enrollment services (telephonic and online options)
 - ✓ Host website with details of the program
 - ✓ Provider member communications
 - ✓ Administer a deductible waiver for participants
 - ✓ Administer free prenatal vitamins for participants
 - ✓ Provide RN Case Managers for periodic calls to participants
 - ✓ RN Case Manager to administer risk assessment upon initial enrollment
 - ✓ Send pregnancy information/tips to participants via text
 - ✓ Provide pregnancy and childbirth information online
 - ✓ Integrate the program with the broader Dakota Wellness Benefit program
 - ✓ Send a welcome "gift" to each participant (e.g. baby book, bib)
 - ✓ Provide quarterly participation reporting to NDPERS
- Diabetes Management – The About the Patient diabetes program
 - ✓ Provide a monthly file to NDPERS of members with diabetes related claims.
 - ✓ Intake a file of members with reimbursable claims on a regular basis.
 - ✓ Work with Pharmacy Association to coordinate payments to members.
 - ✓ Provide guidance to NDPERS on allowable reimbursements/eligible expenses

- At the direction of NDPERS, make payments for the NDPERS Wellness Funding Program. – see <https://ndpers.nd.gov/employers/employer-resources/employer-based-wellness/wellness-benefit-funding-program/> for details.

Infertility Benefit

NDPERS provides infertility benefits with a \$500 deductible and a \$20,000 lifetime maximum. The successful Vendor will be required to accept transition files for members who have accumulated benefits towards the deductible and lifetime maximum to carryover the benefits without interruption or restarting the lifetime maximum.

Employee Assistance Program (EAP)

The mission of the Employee Assistance Program (EAP) is to provide confidential, accessible counseling and referral services to individual employees in order to restore and strengthen the health and productivity of employees and the workplace. The EAP is available to employees and their immediate family members. For more information regarding the current EAP, refer to the website: <https://www.ndpers.nd.gov/active-members/insurance-plans/ndpers-employee-assistance-program-eap>

The successful Vendor is expected to cooperate as needed and as requested by NDPERS. NDPERS is not seeking proposals for this service as part of this RFP.

Enrollment/Premium Administration

NDPERS will submit enrollments, billing and/or premium remittance via a centralized electronic system. NDPERS will collect enrollment/eligibility information which will be provided to the successful Vendor on a data file that follows the HIPAA 834 file specifications. The indicative data provided on the 834 enrollment/eligibility file is to be loaded onto the successful Vendor's database and used for ID cards and all transactions/communications related to the member's participation in the plan. Premium payment information will be provided on a data file that follows the HIPAA 820 file specifications. Files will be transmitted using a secure file transmission process. The successful Vendor must be able to receive this data in that format and media.

COBRA Administration

NDPERS provides COBRA continuation for terminated/retired employees in compliance with federal regulations. NDPERS administers this program. The successful Vendor is expected to cooperate as needed to ensure seamless administration and member service. NDPERS is not seeking proposals for this service as part of this RFP.

Workers' Compensation Program

If benefits or compensation are available, in whole or in part, under provisions of a state workers' compensation act, laws of the United States or any state or political subdivision thereof, the benefits under the Dakota Plan will be reduced by and coordinated with such benefits or compensation available.

COBRA Notification

Upon enrollment under the NDPERS Benefit Plan, the successful Vendor will provide written notice to covered employees and their covered spouses of their applicable continuation rights pursuant to the Consolidated Omnibus Budget Reconciliation Act (“COBRA”) or under State law pursuant to N.D.C.C. §26.1-36-23, if applicable.

Out-of-Area Coverage

If a member receives care from a non-participating health care provider within the state of North Dakota, benefit payments are reduced by a certain percentage and the member is responsible for the payment reduction. If a member receives care from a non-participating health care provider outside the state of North Dakota, the allowance for covered services will be an amount within a general range of payments made and judged to be reasonable by the Vendor if the plan is fully insured. If the plan is self-insured the allowance for covered services will be an amount determined by the board. The benefits available under the Dakota Plan and Dakota Retiree Plan are also available to members traveling or living outside of the United States (subject to certain requirements such as preauthorization and prior approval). Detailed information regarding eligibility and out of area benefit levels can be found in the 2025-2027 Certificate of Insurance at <https://www.ndpers.nd.gov/sites/www/files/documents/members-additional-information/all-health/shp-coi-gf.pdf>

Annual Enrollment

Dakota Plan annual open enrollment typically takes place in October/November of each year. Employees may enroll in coverage or make changes in coverage during this period. Annual open enrollment is not applicable to pre-Medicare or Medicare retirees.

Current and Historical Monthly Rates and Employee Contributions

The contributions for single or family coverage for state employees are currently paid at 100% by the State, although this practice may change in the future. Please note that for the state, a single composite rate is used instead of the single/family rate. The contributions for employees of participating political subdivisions are at the discretion of the subdivision and subject to the minimum contribution requirements of NDPERS. The contributions for temporary employees are either at their own expense or their employer may pay any portion of the premium subject to its budget authority.

In the case of a temporary employee who is an applicable taxpayer as defined in section 36B(c)(1)(A) of the Internal Revenue Code [26 U.S.C. 36B(c)(1)(A)], the temporary employee's required contribution for medical and hospital benefits self-only coverage may not exceed the maximum employee required contribution specified under section 36B(c)(2)(C) of the Internal Revenue Code [26 U.S.C. 36B(c)(2)(C)], and the employer shall pay any difference between the maximum employee required contribution for medical and hospital benefits for self-only coverage and the cost of the premiums in effect for this coverage.

The chart in Exhibit E20 shows the current total monthly rates for NDPERS members.

II. RFP Objectives and Vendor Responsibilities

RFP Objectives

North Dakota Public Employees Retirement System (“NDPERS”) is soliciting proposals for the insurance and/or administration of its employee/retiree medical and prescription drug insurance plan. Proposals will be accepted from administrative/insurance companies (“Vendors”) that are capable of offering a statewide provider network, utilization management, disease management, wellness program, and pharmacy benefit manager services along with other related services. The contract to be awarded is a multi-year arrangement beginning July 1, 2027, and ending June 30, 2029.

The board may establish a self-insured plan only if it is determined to be in the best interest of the state and the state’s eligible employees.

Successful Vendor Responsibilities

The successful Vendor must demonstrate the ability to develop and manage a health care provider network, provide claims processing services, utilization management, medical management, disease management, wellness program, dedicated account service and support, dedicated member/customer service, data/management reporting, billing, appeals process, and other administrative services. Additionally, the successful Vendor should be able to proactively manage any implications and potential changes to the plan as a result of legislative and/or regulatory requirements. The successful Vendor should also adjudicate and resolve Medicare Secondary Payer demands (see Exhibit E8).

In addition, the successful Vendor is expected to conduct ongoing performance review meetings with NDPERS regarding plan financial performance, provider contracting issues, progress related to network goals and new network development, patient satisfaction, new or emerging legal issues, and other relevant and timely operational issues that may affect the plan.

Additional details regarding expected health plan administrator duties can be found in Appendix G. Vendors must review these sections carefully to confirm the ability to replicate the current contract benefits. A proposed contract must be provided alongside all proposals. Note, any deviations to the minimum contract requirements (laid out in appendix A) must be detailed in Appendix F.

The proposed effective date of the program is July 1, 2027. Vendors will have the opportunity to demonstrate capabilities in these areas by responding to the questionnaires provided in this RFP and potentially with additional finalist questions and presentations.

Request for Proposal (RFP) Requested Scope

This RFP includes seven (7) options to respond:

1. Fully-insured medical and pharmacy proposal
2. Self-insured medical and pharmacy proposal
3. Fully-insured medical proposal only
4. Self-insured medical proposal only
5. Fully-insured pharmacy proposal only
6. Self-insured pharmacy proposal only

7. Stop loss insurance for all self-insured options (this must be accompanied by a health plan proposal that will be covered by stop loss insurance)

Vendors may choose the option(s) they will submit proposals for.

Special Self-Insurance Requirements for a Self-Insured Plan

The following provisions relate to oversight of the North Dakota Insurance Commissioner over NDPERS and its vendors under a self-insured arrangement:

26.1-36.6-03. Self-insurance health plans - Requirements.

The following policy provisions apply to a self-insurance health plan or to the administrative services only or third-party administrator, and are subject to the jurisdiction of the commissioner: 26.1-36-03, 26.1-36 -03.1, 26.1-3 -05, 26.1- 36-10, 26.1-36 12, 26.1-36-12.4, 26.1-36-12.6, 26.1-13, 26.1-36-14, 26.1-36-17, 26.1-36-18, 26.1-36-19, 26.1-36-23, 26.1-36 -29, 26.1-36-37.1, 26.1-36-38, 26.1- 36-39, 26.1-36-41, 26.1-36 44, and 26.1- 36 -46

All self-insured arrangements must comply with the above and other applicable direction from the North Dakota Insurance Commissioner.

Pharmacy Benefit Manager (PBM) Requirement

North Dakota Century Code chapter 54-52.1 includes specific provisions for pharmacy benefits disclosures. Proposals are expected to comply with the law.

If you are unable to comply with the provisions described in North Dakota Century Code chapter 54-52.1, you may still submit a proposal that specifies which provisions you are unable to comply with, why you are unable to comply, additional costs associated with compliance, and a recommended approach to meeting the intent of the law.

The requirements are:

54-52.1-04.16. Prescription drug coverage - Performance audits.

1. *Except for Medicare part D, prescription drug coverage, the board may not enter or renew a contract for prescription drug coverage unless the contract authorizes the board during the term of the contract to conduct a performance audit of the prescription drug coverage and any related pharmacy benefits management services. The contract must provide:*
 - a. *The board must have full access to data regarding: (1) The total dollars paid to the pharmacy benefits manager by the carrier and the board; (2) The total amount of dollars paid to the pharmacy benefits manager by the carrier which were not subsequently paid to a licensed pharmacy in the state; and (3) Payments made to all pharmacy providers.*
 - b. *The board must have full access to data regarding the average reimbursement, by drug ingredient cost, dispensing fee, and any other fee paid by a pharmacy benefits*

manager to licensed pharmacies with which the pharmacy benefits manager shares common ownership or control or is affiliated.

c. The board must have full access to data regarding the average reimbursement, by drug ingredient cost, dispensing fee, and any other fee paid by a pharmacy benefits manager to pharmacies licensed in the state.

d. The board must have full access to data regarding any direct and indirect fees, charges, or recoupment, or any kind of assessments imposed by the pharmacy benefits manager on pharmacies licensed with which the pharmacy benefits manager shares common ownership or control or is affiliated.

e. The board must have full access to data regarding any direct and indirect fees, charges, or recoupment, or any kind of assessments imposed by the pharmacy benefits manager, on pharmacies licensed in the state.

f. The contract must provide that all drug rebates, financial incentives, fees, and discounts must be disclosed to the board.

- 2. The board shall use an independent auditor who has no conflict of interest with the carrier, pharmacy benefits manager, or board. The board's auditor, the insurance department, and the employee benefits programs committee may access any information the board may access under this section. All information accessed by the board, board's auditor, insurance department, or employee benefits programs committee which is trade secret is a confidential record. This subsection does not limit the information required to be disclosed to the board under subsection 1.*
- 3. Except for Medicare part D, if the board contracts directly with a pharmacy benefits manager or provides prescription drug coverage through a self-insurance plan, the contract must provide the pharmacy benefits manager shall disclose to the board and the board's auditor all rebates and any other fees that provide the pharmacy benefits manager with sources of income under the contract, including under related contracts the pharmacy benefits manager has with third parties, such as drug manufacturers.*
- 4. Anything the board has access to under this section, the insurance department and employee benefits programs committee has access to.*

PBM Transparency Preference

North Dakota statutes provide a preference for proposals with PBM efforts that meet the following requirements:

54-52.1-04.15. Health insurance benefits coverage – Prescription drug coverage - Transparency - Audits - Confidentiality.

1. *If the prescription drug coverage component of a health insurance benefits coverage contract received in response to a request for bids under section 54-52.1-04 utilizes the services of a pharmacy benefits manager, either contracted directly with a pharmacy benefits manager or indirectly through the health insurer, in addition to the factors set forth under section 54-52.1-04 the board shall consider and give preference to an insurer's contract that:*
 - a. *Provides the board or the board's auditor with a copy of the insurer's current contract with the pharmacy benefits management company which controls the prescriptions drug coverage offered as part of the health insurance benefits coverage, and if the contract is revised or a new contract is entered, requires the insurer to provide the board with the revision or new contract within thirty days of the change.*
 - b. *Provides the board with monthly claims data and information on all programs being implemented or modified, including prior authorization, step therapy, mandatory use of generic drugs, or quantity limits.*
 - c. *Describes the extent to which the board may customize the benefit plan design, including copayments, coinsurance, deductibles, and out-of-pocket limits; the drugs that are covered; the formulary; and the member programs implemented.*
 - d. *Describes the audit rights of the board.*
2. *The board may conduct annual audits to the extent permitted under the contract terms agreed to under subsection 1. The audits must include:*
 - a. *A review of a complete set of electronic prescription coverage claims data reflecting all submitted claims, including information fields identified by the board.*
 - b. *A review of a list of all programs that have been implemented or modified during the audit period under subsection 1, and in connection with each program the auditor shall report on the cost, the cost savings or avoidance, member disruption, the process for and number of overrides or approvals and disapprovals, and clinical outcomes.*
 - c. *Recommendations for proposed changes to the prescription drug benefit programs to decrease costs and improve plan beneficiaries' health care treatment.*
3. *Information provided to the board under the contract provisions required under this section are confidential; however, the board may disclose the information to retained experts and the information retains its confidential status in the possession of these experts.*
4. *The board may retain an auditor of the board's choice which is not a competitor of the pharmacy benefits manager; a pharmaceutical manufacturer representative; or any retail, mail, or specialty drug pharmacy representative or vendor.*

III. Proposal Content

Proposal Contents

By submission of a proposal, Vendor warrants that the information provided is true, correct, and reliable for purposes of evaluation for potential contract award. The submission of inaccurate or misleading information may be grounds for disqualification from the award. The contents of the proposal and any subsequent clarifications submitted by the successful Vendors will become part of the contractual obligation and incorporated by reference into the ensuing contract.

By submitting your proposal, you agree:

- Proposals submitted in response to this request will be considered the only submission; revised proposals will not be allowed after the proposal return date and time, unless requested by NDPERS or approved by the NDPERS Board.
- All proposals answer all applicable questions fully in the attached questionnaire(s).
- All proposals become the property of NDPERS and will not be returned to the offering Vendor. Also, all information provided is an open record under North Dakota law unless specifically exempted by law.
- You are prepared to make finalist presentations and allow site visits.

Term of Contract

The North Dakota Public Employees Retirement System is governed by North Dakota State statutes, which includes a requirement to solicit bids for medical benefits coverage for a specified term for a fully-insured or self-insured arrangement. The term of the contract shall be for an initial two-year period with the option to renew for an additional two two-year periods, if statutory requirements are satisfied.

Pursuant to North Dakota law a renewal of a self-insured or fully insured contract(s) will be subject to the following:

N.D.C.C. § 54-52.1-05. Provisions of contract - Term of contract.

1. *Each uniform group insurance contract entered by the board must be consistent with the provisions of this chapter, must be signed for the state of North Dakota by the chairman of the board, and must include the following:*
 - a. *As many optional coverages as deemed feasible and advantageous by the board.*
 - b. *A detailed statement of benefits offered, including maximum limitations and exclusions, and such other provisions as the board may deem necessary or desirable.*
2. *The initial term or the renewal term of a uniform group insurance contract through a contract for insurance, health maintenance organization, or self-insurance health plan for hospital benefits coverage, medical benefits coverage, or prescription drug benefits coverage may not exceed two years.*

- a. *The board may renew a contract subject to this subsection without soliciting a bid under section 54-52.1-04 if the board determines the carrier's performance under the existing contract meets the board's expectations, the proposed premium renewal amount does not exceed the board's expectations, and renewal best serves the interests of the state and the state's eligible employees.*
- b. *In making a determination under this subsection, the board shall:*
 - (1) *Use the services of a consultant to concurrently and independently prepare a renewal estimate the board shall consider in determining the reasonableness of the proposed premium renewal amount.*
 - (2) *Review the carrier's performance measures, including payment accuracy, claim processing time, member service center metrics, wellness or other special program participation levels, and any other measures the board determines relevant to making the determination and shall consider these measures in determining the board's satisfaction with the carrier's performance.*
 - (3) *Consider any additional information the board determines relevant to making the determination.*
- c. *The board may determine the carrier's performance under the existing contract does not meet the board's expectations, the proposed premium renewal amount exceeds the board's expectations, or renewal does not best serve the interests of the state or the state's eligible employees and the board therefore may decide to solicit a bid under section 54-52.1-04. 54-52.1-05.1.*

Minimum Requirements

Minimum requirements are in the response template in Appendix B; please review and respond as part of your submission.

Response Check List

This RFP allows seven (7) ways to offer services which include:

1. Fully-insured medical and pharmacy proposal
2. Self-insured medical and pharmacy proposal
3. Fully-insured medical proposal
4. Self-insured medical proposal
5. Fully-insured pharmacy proposal
6. Self-insured pharmacy proposal
7. Stop loss insurance for all self-insured options (this must be accompanied by a health plan proposal that will be covered by stop loss insurance)

The following table indicates the submission requirements based on the proposal type.

Proposed Services

Required Proposal Content	1. Fully Insured Medical & Rx	2. Self-insured Medical & Rx	3. Fully-Insured Medical Only	4. Self-insured Medical Only	5. Fully-Insured Rx Only	6. Self-Insured Rx Only	7. Stop Loss
Transmittal Letter	x	x	x	x	x	x	x
Executive Summary	x	x	x	x	x	x	x
Proposed Contract (Appendix A)	x	x	x	x	x	x	x
B-Response Template	x	x	x	x	x	x	x
C1 – Fully-Insured Questionnaire	x		x		x		
C2 - Self-insured Questionnaire (Medical)		x		x			
C3 – Self-insured Questionnaire (Pharmacy)		x				x	
D1 - Fully-Insured Cost Proposal	x		x		x		
D2 - Self-insured Medical Cost Proposal		x		x			
D3 – Self-Insured Pharmacy Cost Proposal		x				x	
D4 – Stop Loss Cost Proposal		x		x			x
D5 – Cost Proposal – Plan Design Changes	x	x	x	x			
E1 – Medical Network Access	x	x	x	x			
E2 – Prescription Drug Network & Formulary Match	x	x			x	x	
F - Deviations	x	x	x	x	x	x	x
G - Services to be performed	x	x	x	x	x	x	
H – Performance Guarantees	x	x	x	x	x	x	
I - Suggested changes (optional)	x	x	x	x	x	x	
J - Confidential Information	x	x	x	x	x	x	x

Submission Instructions for Multiple Proposal Options

Vendors electing to submit multiple proposal options are only required to submit one copy of the completed proposal forms and are not required to duplicate submissions under each proposal option.

Please note that the self-insured questionnaires are not identical to the fully-insured questionnaires. Completing only a fully-insured questionnaire or only a self-insured questionnaire is insufficient to be considered for both options.

IV. Proposal Review and Evaluation

Rights of NDPERS

This RFP does not obligate NDPERS to complete the proposed project. NDPERS reserves the right to cancel the solicitation if it is considered to be in its best interest. Costs incurred for developing a proposal are the sole responsibility of the Vendor. NDPERS also reserves the right to:

1. Reject any and all proposals received in response to this RFP.
2. Amend and re-issue this RFP.
3. Select proposals for contract award or for negotiations other than those with the lowest cost.
4. Select proposals for contract award or for negotiations with more than one Vendor.
5. Consider a late modification of a proposal if the proposal itself was submitted on time, if the modifications were requested by the State, and if the modifications make the terms of the proposal more favorable to the State.
6. Determine that a deficiency is not substantive and waive the deficiency as immaterial. However, waiver of the deficiency shall in no way modify the RFP documents or relieve the Vendor from full compliance with the terms of the contract if the Vendor is awarded the contract.
7. Negotiate any aspect of the proposal with any Vendor and negotiate with more than one Vendor at the same time.
8. Use any or all ideas presented in any proposal received in response to this RFP, unless the Vendor presents a positive statement of objection in the proposal. Objections will be considered as valid only relative to proprietary information of the Vendor and so designated in the proposal. Exceptions to this are ideas that were known to NDPERS before submission of such proposal or properly became known to NDPERS thereafter through other sources or through acceptance of the proposal.

Selection Advisory Team

A review team made up of NDPERS staff and its consultant(s) will evaluate all proposals. The NDPERS Board will make the final decision on the award. NDPERS reserves the right to alter the composition of this selection team and its responsibilities.

Proposal Review and Evaluation Criteria

Proposals will initially be reviewed and evaluated by the selection team. The cost proposal will be reviewed independently to ensure that it is complete and submitted in the format requested. In reviewing the proposals, the requirements in N.D.C.C. § 54-52.1-04 and N.D.C.C. § 54-52.1-04.15 will be considered.

Phase I – Preliminary Review Criteria

Proposals will initially be evaluated to determine if they comply with the following review criteria:

- Completeness of proposal, including minimum Vendor requirements, as outlined in Appendix B, proposal content, and submission in the format designated in the RFP.
- Completeness and quality of responses to questionnaire(s) provided.
- Extensive statewide provider networks which offers access to key population areas within the State.

Phase II – Evaluation Criteria

Proposals that have met the review criteria listed above will then be reviewed based on factors including but not limited to.

- **The economy to be effected**

In analyzing this criterion, the following factors will be considered:

- Overall Pricing
- The effect on the economy of North Dakota
- Value proposition of different insurance arrangements – analysis of modified fully insured vs self-insured options
- The proposal of a modified fully-insured arrangement similar to the current arrangement.
- Multi-year guaranteed premiums/fees

- **The ease of administration**

In analyzing this criterion, the following factors will be considered:

- The Vendor's infrastructure
- The Vendor's staffing
- The Vendor's ability to operate a transition between Vendors if applicable
- The alignment of the goals and objectives of the Vendor with those of NDPERS and the State of North Dakota

- **The Adequacy of the coverages**

In analyzing this criterion, the following factors will be considered:

- The Vendors ability to match the current benefits offered by NDPERS
- The Vendors proposed deviations from the contractual requirements provided
- The disruption a Vendor would cause to NDPERS' members

- **The financial position of the carrier, with special emphasis on the solvency of the carrier.**

In analyzing this criterion, the following factors will be considered:

- Rating agency ratings of the Vendor
- The financial stability of the Vendor

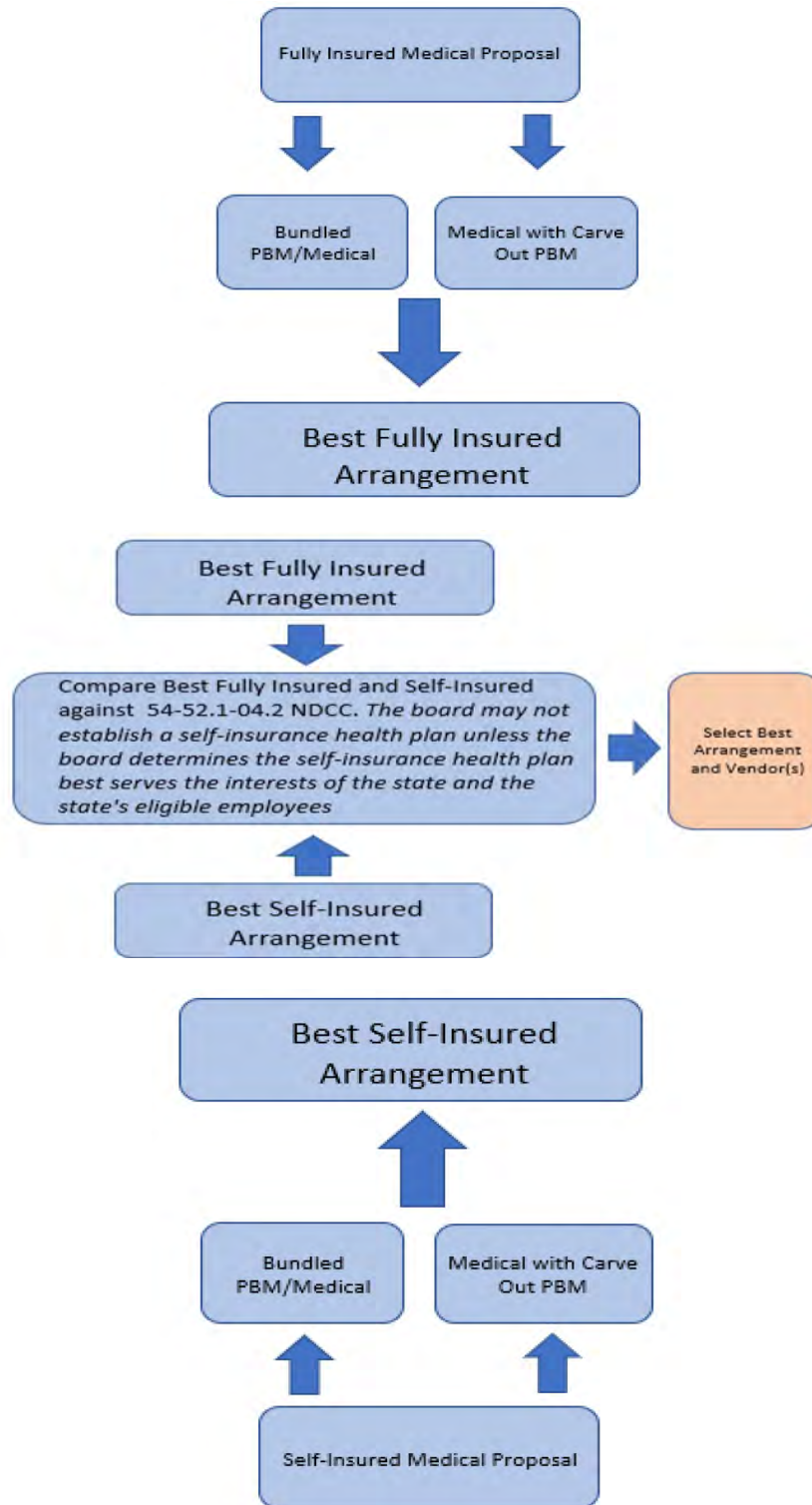
- **The Reputation of the carrier and any other information available tending to show past experience with the carrier in matters of claim settlement, underwriting, and services.**

In analyzing this criterion, the following factors will be considered:

- References
- Information from the Insurance Department about the Vendor
- Member satisfaction information about the Vendor
- Performance standards proposed by the Vendor

Phase III. Board Evaluation and Decision

1. The Board will consider the Selection Advisory Team evaluation of proposals.
2. The Board may elect to interview the vendors.
3. The Board may also consider additional information.
4. The Board will review the fully-insured and self-insured proposals as demonstrated below, and make an award to the Vendor that best serves the interest of the state and its eligible employees.



V. Proposal Submission

Instructions

All proposals should be submitted simply and economically providing a direct, concise delineation of the Vendor's proposal and qualifications adhering to the proposal format guidelines outlined below. Vendors should also refer to Appendix B for a list of minimum requirements and general requirements.

- Proposals should be typed or printed on 8.5" x 11" paper.
- All proposals must include a transmittal letter/statement which includes the following:
 - An acknowledgement of receipt of the group health RFP specifications and any addenda and a statement that the proposal conforms to the RFP minimum requirements. This letter must include the title and signature of a Duly Authorized Officer of the company.
 - Any deviations from the specifications must be clearly identified in Appendix F. Failure to note deviations may exclude the proposal from further consideration. If you do not identify and explain deviations, your proposal will be deemed a certification that you will comply in every respect with the requirements and contractual language set forth in this RFP.
- All proposals must include a table of contents and follow the required content listed below:
- All pages of proposals must have consecutive page numbers.
- Proposals must respond to RFP minimum requirements (Appendix B).
- Responses to questions must include a restatement of the question (number and text as identified in the RFP) with the response immediately following.
- Appendices and other supplemental information provided with your proposal must be clearly identified.
- Cost proposal must be submitted in a separate, sealed envelope and clearly marked, "Cost Proposal". Insured rates and/or administrative fees and/or pharmacy rates and/or stop loss premiums quoted must be all-inclusive. NDPERS will not be billed any additional amounts for services, including commissions or brokerage fees.
- N.D.C.C. § 54-52.1-10 (Exemption From State Premium Tax) provides that "All premiums, consideration for annuities, policy fees, and membership fees collected under this chapter are exempt from the tax payable pursuant to section 26.1-03-17". Thus, Offeror's responses should not reflect any amounts for premium taxes.

Proposal Submission and Contact Information

Proposals should be submitted in two parts, with the cost proposal separately from the qualitative proposal (cost proposal includes Appendices D1-D5).

All electronic and hard copy proposals must be received no later than July 15, 2026 at 5 pm CST. Late proposals will not be considered unless approved by the Board. Proposals will be sent to two parties, as described below:

Vendors should submit one proposal including all proposed coverage/administration options. Vendors are required to submit one (1) original and ten (10) paper copies of the qualitative proposals along with one (1) unredacted electronic copy labeled "ORIGINAL" (on a USB flash drive), as well as one (1) electronic, editable, PDF redacted copy of the qualitative proposal labeled "REDACTED" on a separate USB flash drive (note that the electronic redacted copies may not be a picture) to:

North Dakota PERS
1600 East Century Ave, Suite 2
PO Box 1657
Bismarck, ND 58503

A full electronic copy of the qualitative proposal and cost proposal must be emailed to Deloitte Consulting. All appendices submitted with the RFP must be provided in Word or Excel format. Supplemental material may be included in PDF format.

Ford Edgerton
Deloitte Consulting LLP
213.553.1428
fedgerton@deloitte.com

Ari Helfand
Deloitte Consulting LLP
312.486.3644
arhelfand@deloitte.com

PLEASE NOTE: As indicated above, cost proposals should only be submitted to Deloitte Consulting. Cost proposals should follow the Confidential/Proprietary Information instructions in Appendix J. Any provisions of the Vendor's proposal that are desired to be confidential must be identified specifically on each page of the proposal and included in the table provided in Appendix J.

From the date of issuance until the announcement of the finalist, Vendors should only contact the Deloitte RFP coordinator(s), Ford Edgerton and Ari Helfand. All correspondence and questions must be submitted in writing via e-mail to Deloitte Consulting in accordance with the timeline set forth in this RFP. NDPERS personnel are not authorized to discuss this RFP with vendor; doing so may result in disqualification. Vendors may continue to communicate with NDPERS staff regarding other relevant business matters.