



REQUEST FOR PROPOSALS: TABLE OF CONTENTS

REQUEST FOR PROPOSALS: EMPLOYEE BENEFITS BROKER SERVICES	2
1. GENERAL INFORMATION	2
1.1 Key Dates	2
1.2 Current Benefits Plan Basics	3
1.3 Preparation Costs	3
2. RULES GOVERNING PROPOSALS	3
2.1 Contact and Confidentiality	3
2.2 Disposition of Proposals	3
2.3 Modification or Withdrawal of Proposals	3
2.4 Late Submissions	3
2.5 Acceptance/Rejection of Submittal	4
2.6 Proposal Evaluation	4
2.7 Oral Interviews	4
2.8 Final Broker Selection	4
3. MINIMUM QUALIFICATIONS	4
4. PROPOSAL GUIDELINES	5
5. RFP QUESTIONS	5
5.1 Firm History and Culture	5
5.2 Advisor Background and Experience	5
5.3 Strategic Planning	5
5.4 Clients	6
5.5 Advisor Team, Programs and Qualifications	6
5.6 Services	6
5.7 Our Health Plan Strategy	6
5.8 Compensation	7
5.9 Additional Information	7
Vendor Declaration	8
Non-Collusion Affidavit	9
Contractor E-Verify Affidavit	10



RFP #2024-10-11

The City of Calhoun 2026 Insurance Benefits Broker Services

10/11/2024

REQUEST FOR PROPOSALS: EMPLOYEE BENEFITS BROKER SERVICES

The City of Calhoun is seeking written proposals for a healthcare brokerage firm to provide Employee Benefits Broker services related to **The City of Calhoun Employee Benefits Program**. The current health plan will be renewed on 7/1/2025. The selected broker/firm will be named as Agent of Record for the appropriate policies.

Proposal Submission Deadline: The deadline for receipt of proposals is **Thursday, November 14, 2024 at 4:00 PM**. Proposal submissions shall include all information necessary to respond to the questions in this Request for Proposals, as well as all required documents as shown in the last three pages of this RFP. **FAXED OR EMAILED PROPOSALS WILL NOT BE ACCEPTED.**

Time and Place for Submission of Proposals: Bidders are responsible for the actual delivery of proposals during normal business hours to **The City of Calhoun, Attention: Margaret Boyd, Director of Purchasing, 700 West Line Street, Calhoun, GA 30701**. The original proposal and supporting documents in a hard copy along with one (1) digital copy (on a USB flash drive or similar) must be submitted in a sealed clearly marked envelope. Submissions will not be publicly opened, but their receipt will be recorded as received as of the due date and time. The content of all proposals will be kept confidential until after the selection is made.

Proposal Identification: The outside of the sealed envelope shall include the wording: **Benefits Broker Services Proposal Due Date: Thursday, November 12, 2024, at 4:00 p.m. Attn: Margaret Boyd**

Questions: All questions concerning this RFP shall be directed to **Brooke Land, Human Resources Director, or Margaret Boyd, Director of Purchasing** in writing. (Email is preferable.) The email address for questions is bland@calnet-ga.net or maboyd@calnet-ga.net Questions must be received no later than **Tuesday, October 29, 2024, at 4:00 p.m.** **The City of Calhoun's** responses to questions that are considered appropriate to the RFP will be posted as an addendum online no later than **Friday, November 1, 2024, at 4:00 p.m.**

1. GENERAL INFORMATION

1.1. Key Dates

The following table outlines key dates and events in this *City of Calhoun* RFP process.

October 11, 2024	RFP is available
October 29, 2024	Deadline for questions (4:00 p.m.)
November 14, 2024	Submittal DUE to The City of Calhoun office (4:00 p.m.)
First Week of December	Invitation to Interview with selected Respondents
January 7, 2025	Broker selection completed/AOR process begins
January 7, 2025	2025 / 2026 health plan review
January 13, 2025	Mayor & Council Recommendation and Approval



RFP #2024-10-11

The City of Calhoun 2026 Insurance Benefits Broker Services

The **City of Calhoun** reserves the right to reject any or all proposals. The **City of Calhoun** reserves the right to extend the submission deadline, or any other deadline or date indicated in the RFP if an extension would be in the best interest of The **City of Calhoun**.

1.2. Current Benefits Plan Basics

The **City of Calhoun** currently sponsors a fully insured employee benefits (health) plan comprised of ~234 lives enrolled in medical coverage, ~152 lives enrolled in dental coverage, and ~123 lives enrolled in vision coverage. There are 290 FT employees that are eligible for enrollment. The plan renews annually on 7/1.

- Current Medical Carrier is United Healthcare.
- The health plan is currently available to qualified employees as a two-tier structure. (EE, FAM)

1.3. Preparation Costs

The **City of Calhoun** shall not be responsible for proposal preparation costs, nor for the cost, including attorney fees, associated with any administrative, judicial, or other type of challenge to the determination of the selected proposer and/or award of the contract and/or rejection of the proposal. By submitting a proposal, each respondent agrees to be bound in this respect and waives all claims to such costs and fees.

2. RULES GOVERNING PROPOSALS

2.1. Contact & Confidentiality

From the date this RFP is issued until final selection of a broker, potential vendors must have no communication, other than the submission of technical questions as outlined in this document, with any employee or elected official of the City of Calhoun regarding this procurement. Any unauthorized contact will disqualify the proposer from further consideration.

2.2. Disposition of Proposals

All materials submitted in response to the RFP shall become the property of The **City of Calhoun**.

2.3. Modification or Withdrawal of Proposals

Modifications to submitted proposals will not be accepted by The **City of Calhoun**. Proposals may be withdrawn with email request only prior to **Thursday, November 14, 2024, at 4:00 PM**.

2.4. Late Submissions

Proposals that are not received prior to the due date and time specified in this Request for Proposals will not be considered.



2.5. Acceptance/Rejection of Submittal

The *City of Calhoun* reserves the right to reject any or all responses to this RFP, to waive minor irregularities in any proposal or in the RFP procedures, and to accept any proposal presented which meets or exceeds these specifications and which is deemed to be in the best interests of **The City of Calhoun**. However, the requirements for timelines shall not be waived.

2.6. Proposal Evaluation

A benefits review team representing **The City of Calhoun** will perform the evaluation of all proposals. Following this written evaluation process, the team may ask some respondents to complete a follow up Q&A interview either in person or virtual. The purpose of the interview is to allow those firms expansion and discuss their written responses. All proposals that pass the pre-evaluation review will undergo an evaluation process conducted by a selection committee and will be evaluated according to, but not necessarily limited to, the following:

- a. Your firm's indicated ability to provide a level of service sufficient to meet the City's needs, as stated in your response and answers to the Broker Proposal Questions. 50%
- b. Extent and success of previous work your firm has provided to organizations similar in nature and size to the City of Calhoun. 20%
- c. Qualifications/experience of key personnel to be assigned to the project. 20%
- d. Adherence to the RFP requirements, including: completion of all required forms; provisions of all requested information; and adequacy of responses. The proposal itself as an example of your firm's work product. 10%

2.7. Oral Interviews

Oral interviews, either in person or virtual, may be required by **The City of Calhoun** for the purpose of allowing **The City of Calhoun** to broaden their understanding of certain selected respondents.

2.8. Final Broker Selection

The final selection of the successful respondent is scheduled to be completed by **Monday, January 13, 2025**. The successful respondent will assume their responsibilities upon approval of the Mayor and Council after completion of scoring, agent of Record process, and execution of appropriate contracts & agreements.

3. MINIMUM QUALIFICATIONS

All healthcare brokerage firms submitting a proposal must:

- a. be licensed to do business in all states as appropriate (Georgia),
- b. have the expertise, licenses, and resources to provide Employee Benefit Advisor services for **The City of Calhoun's** current and future operations,
- c. consistently maintain and allocate sufficient staffing resources to provide timely service for **The City of Calhoun's** employee Benefit Advisor service needs,
- d. Successful bidder will be required to furnish a certificate demonstrating an in-force General Liability insurance policy in an amount of not less than \$1,000,000 per occurrence as well as E&O Liability coverage of a minimum of \$1,000,000 in order to



RFP #2024-10-11

The City of Calhoun 2026 Insurance Benefits Broker Services

protect the City. **Certificates are to be submitted with proposal** and must be maintained throughout the term of the contract.

Proposers may not contact the insurance marketplace nor discuss our account with underwriters or current vendors until we have made our final broker selection and award. Any such contact will disqualify the proposer from further consideration.

4. PROPOSAL GUIDELINES

The proposal shall be submitted using the following guidelines:

- a. Respond to questions (see Section 5 – RFP Questions) as directly as possible along with any supporting information you feel will be pertinent to these questions.
- b. Complete, sign, and return the Vendor Declaration, Non-Collusion Affidavit, and Contractor Affidavit Form (pages 8, 9, and 10).
- c. Submit via hand delivery, USPS, or other delivery service to ensure the proposal is received no later than the due date and time specified.

Our final broker selection will be made based on our evaluation of the criteria outlined in this request.

Submission of a proposal will be construed to imply agreement in advance to the services outlined. Brochures, photos, annual reports, or any other appropriate printed material may be included in your proposal. The proposal package should be kept as brief as possible, with the subject areas clearly defined.

5. RFP QUESTIONS

1. Firm History and Culture

- a. Provide a brief history of your firm.
- b. Describe the ownership structure of your firm.
- c. What can you provide about how your firm supports a culture of providing enriched benefits at lower costs to current clients and their members?

2. Advisor Background and Experience

- a. Describe your background as a Broker and Benefits Advisor.
- b. Describe attributes that make you a valuable strategic partner to **The City of Calhoun**
- c. For three clients (preferably municipal or public sector), please provide brief summaries of how you enriched benefits while lowering costs, including how you selected the strategies and partners, how you enabled successful implementation, and how you monitored performance and made ongoing improvements.
- d. Please share any industry awards, recognitions and/or certifications.



3. Strategic planning

- a. Describe your organization's involvement in the annual renewal process. Include information regarding process timeframes, negotiation of rates and vendor selection.
- b. Please provide your standard template project plan that covers the architecting, underwriting, and implementing phases for clients seeking to enrich benefits while lowering costs.

4. Clients

- a. What percentage of **your** clients are fully insured vs. level-funded vs. self-funded? What percentage of your **firm's** clients are fully insured vs. level-funded vs. self-funded?
- b. Describe at least two innovative strategic solutions you have implemented for clients that highlight your benefits consulting expertise.
- c. Describe your internal mechanism for ensuring customer satisfaction with your services.
- d. Provide contact names, email addresses, and phone numbers of 3-5 client references.
- e. How many public sector clients do you presently manage?

5. Advisor Team, Programs and Qualifications

- a. Provide an overview of a typical team that would be assigned to a client like **The City of Calhoun**. If you have a predetermined team, provide highlights outlining qualifications and experience. Provide a summary of roles and distribution of responsibilities.
- b. Please describe all the administrative and health plan software or tools that you or your team use to support the ongoing and active management of your employer group clients.
- c. Describe, if you have one, your approach to the ongoing training of your staff.

6. Services

- a. Provide an overview of your account support and administration services, including enrollment coordination, proactive member communication and ongoing support for **The City of Calhoun** employees.
- b. Describe your use of technology to support online employee services and education.
- c. Will a Benefits Administration platform/portal be provided with your services? If so which one(s) do you recommend? Will there be an additional fee for this Benefits Administration platform and if so, how much?
- d. Will you prepare/produce an employee 'benefits booklet' and provide as a PDF document? Will there be a fee and if so, how much?
- e. Does your firm provide in-person and on-site OE (Open Enrollment) assistance?
- f. Will you assign a dedicated Account Manager (but not exclusive to only our account) to **The City of Calhoun**? If so, please provide that person's credentials.
- g. Does your proposal include an ACA Compliance audit? Will there be a fee and if so, how much?
- h. Does your firm manage and submit all required ACA / Federal reporting for plan sponsor clients? Will there be a fee and if so, how much?
- i. Describe any additional service options that may be of interest to **The City of Calhoun**.
- j. Describe the firm's view on the role wellness plans have on controlling healthcare costs.
- k. Detail the wellness plan services your company provides.



RFP #2024-10-11

The City of Calhoun 2026 Insurance Benefits Broker Services

7. Our Health Plan Strategy

- a. Provide two past scenarios that demonstrate your approach to serving plan member needs and providing healthcare services at a fair cost?
- b. How do you operate as Fiduciary and Steward of our health plan dollars like they are yours?

8. Compensation

- a. Describe how your firm expects to be compensated for the services outlined in this proposal.
- b. State your philosophy of compensation disclosure.
- c. Provide a sample contract and cost chart.

9. Additional Information

- a. What make your organization unique from other organizations that may submit proposals for the City's consideration?
- b. Provide any additional information regarding your organization or services that you feel would be beneficial in helping the city select a benefit broker.



VENDOR DECLARATION

The vendor understands, agrees and warrants:

That the vendor has carefully read and fully understands the full scope of the specifications.

That the vendor has the capability to successfully undertake and complete the responsibilities and obligations in said specifications.

That this bid shall be valid for 120 days.

That this bid may be withdrawn by requesting such withdrawal in writing at any time prior to **Thursday, November 14, 2024, at 4:00 PM** but may not be withdrawn after such date and time for a period of 120 days.

That **The City of Calhoun** reserves the right to reject any or all bids and to accept that bid which will, in its opinion, best serve the public interest. Pierce County reserves the right to waive any technicalities or informalities in the bidding.

That by submission of this bid the vendor acknowledges that **The City of Calhoun** has the right to make any inquiry or investigation it deems appropriate to substantiate or supplement information supplied by the vendor.

If a partnership, a general partner must sign.

If a corporation the authorized corporate officer(s) must sign and the corporate seal must be affixed to this proposal.

VENDOR:

Name Title

Name Title

AFFIX CORPORATE SEAL (if applicable)

Subscribed and sworn to before me this _____ day of _____ 20____.

NOTARY PUBLIC _____



RFP #2024-10-11

The City of Calhoun 2026 Insurance Benefits Broker Services

NON-COLLUSION AFFIDAVIT

The following affidavit is to accompany the proposal:

STATE OF: _____

COUNTY OF: _____

Owner, Partner or Officer of Firm: _____

Company Name, Address, County and State: _____

The undersigned, being of lawful age, being first duly sworn, on oath says that he/she is the agent authorized by the vendor to submit the attached proposal. In making such representation, affiant further states for himself/herself and on behalf of vendor, that they have not been a party to any collusion among vendors in restraint of competition by agreement to submit a bid or proposal at a fixed price or to refrain from proposing; or with any office of **The City of Calhoun** or any of their employees as to quantity, quality or price in the prospective contract; or any discussion between vendors and any official of The City of Calhoun or any of their employees concerning exchange of money or other things of value for special consideration in submitting a sealed bid for:

FIRM NAME _____

SIGNATURE _____

TITLE _____

Subscribed and sworn to before me this ____ day of _____ 20__.

NOTARY PUBLIC _____



RFP #2024-10-11

The City of Calhoun 2026 Insurance Benefits Broker Services

CONTRACTOR E-VERIFY AFFIDAVIT

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm, or corporation which is contracting with **The City of Calhoun**, Georgia has registered with and is participating in a federal work authorization program* [any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99- 603], in accordance with the applicability provisions and deadlines established in O.C.G.A. § 13-10-91.

The undersigned further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services pursuant to this contract with **The City of Calhoun**, Georgia, contractor will secure from such subcontractor(s) similar verification of compliance with O.C.G.A. § 13-10-91 on the Subcontractor Affidavit provided in Georgia Department of Labor Rule 300-10-01-.08 or a substantially similar form. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to The City of Calhoun, Georgia at the time the subcontractor(s) is retained to perform such service.

EEV/Basic Pilot Program* E-verify Company ID#

Date of Authorization

Company Name

By: _____ Authorized _____ Officer _____
or Agent (Contractor Name) Date

Title of Authorized Officer or Agent of Contractor

Printed Name of Authorized Officer or Agent

Name of Project:
2026 Benefits Broker Services

The City of Calhoun
Name of Public Employer

SUBSCRIBED AND SWORN BEFORE ME ON THIS
THE _____ DAY OF _____, 20____.

Notary Public
My Commission Expires:

* As of the effective date of O.C.G.A. § 13-10-91, the applicable federal work authorization program is the "EEV/Basic Pilot Program" operated by the U.S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).