

ADVERTISEMENT

The City of Wilson is requesting proposals from interested Administrators qualified to assist in providing quality, affordable Employee Core Benefits including but not limited to, Medical and Prescription Drug, Medicare Supplemental Transition, Dental and Telemedicine plans, as well as employee paid optional Vision and Flexible Spending Account plans, and a third party administrator of COBRA to eligible employees and their families which are essential in the City's attracting and retaining a high performing workforce. **This contract is for an initial one year period and is renewable for additional one year periods upon mutual agreement of both parties. Implementation of this contract is scheduled to begin at the start of the 2021-2022 fiscal year (July 1, 2021) and is renewable at the employer's discretion.**

All qualified Proposals will be evaluated and an award will be made to the firm (s) whose Proposal is deemed to be in the best interest of the City of Wilson, all factors considered. The City of Wilson reserves the unqualified right to reject any or all offers if determined in its best interest.

Sealed Proposals subject to the terms and conditions made a part hereof will be received until **October 30, 2020** @ 2:00 pm in the office of the Purchasing Manager at the City of Wilson Warehouse, 1800 Herring Avenue, Wilson, North Carolina, 27893.

Procedural inquiries:

Ricky Wilson
(252) 399-2405
rvwilson@wilsonnc.org

Technical inquiries:

Agnes Speight
(252) 399-2251
aspeight@wilsonnc.org

REQUEST FOR PROPOSALS 2020-10

TITLE: Core Benefits Programs
(Beginning July 1, 2021)

USING AGENCY: CITY OF WILSON, NORTH CAROLINA

ISSUE DATE:

ISSUING AGENCY: CITY OF WILSON
P.O. BOX 10
1800 HERRING AVENUE E
WILSON, NORTH CAROLINA 27894-0010

IMPORTANT NOTE: Indicate firm name and RFP number on the front of each sealed envelope or package, along with the date for receipt of Proposals specified below.

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SEND ALL RFPS DIRECTLY TO THE ISSUING AGENCY ADDRESS SHOWN ABOVE.

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A RESPONSE SUBMITTED TO THIS REQUEST SIGNIFIES ACCEPTANCE ON THE OFFEROR'S PART OF ALL REQUIREMENTS AND TERMS AND CONDITIONS INCORPORATED WITHIN THIS REQUEST.

Instructions to Offerors (Services)

1. RFPs shall be directed in a sealed envelope to the Purchasing Manager, City of Wilson, Operation Center, and 1800 Herring Avenue, Wilson, North Carolina 27894. RFP proposals will consist of two (2) priced proposals for financial evaluation. **The envelope should be plainly marked with the RFP number, date and time of RFP opening and name of RFP.** It shall be the responsibility of the Offeror to ensure that his/her RFP is received by the Purchasing Manager **by the time stated herein.** Late RFPs will not be considered.
2. RFPs must be valid for a minimum of one hundred and twenty (120) days from date of RFP opening.
3. By signing the RFP proposal, the Offeror proclaims that the proposal is made without any understanding, agreement or connection with any other person, firm or corporation offering a proposal for the same purpose and that his/her proposal is in all respects fair and without collusion or fraud.
4. All RFPs and proposals for furnishing benefits services in accordance with the specifications prescribed by the City of Wilson will continue to be on file in the office of the Purchasing Manager at the Operations Center, 1800 Herring Ave., Wilson, North Carolina, 27893 and are available for inspection during regular working hours.

5. **Non-Discrimination Clause:**

It is specifically agreed as part of the consideration of the signing of this contract, that the parties hereto, their agents, officials, employees, or servants will not discriminate in any manner on the basis of race, color, creed, religion, national origin, or gender with reference to the subject matter of this contract.

Enforcement of this provision, as set out in said ordinances, shall be action for specific performance, injunctive relief, or other remedy as provided by law. This provision shall be binding on the successors and assigns, of the parties hereto with reference to the subject matter of this contract.

The City of Wilson is in compliance with Title VII of the Civil Rights Act of 1964 as amended, and section 122(A) of the State and Local Fiscal Assistance Act of 1972, and hereby issued the declaration that RFP award is contingent upon Offeror's compliance with aforementioned statutes.

General Statute 143-129 governs purchasing in the state. RFPs are awarded according to its provisions.

7. The General Statutes of the State of North Carolina, the Charter of the City of Wilson, and City Ordinances, insofar as they apply to purchasing and competitive bidding, are made a part hereof.

TERMS AND CONDITIONS

- 1) **DEFAULT AND PERFORMANCE BOND**: In case of default by the contractor, the City of Wilson may procure the articles or services from other sources and hold the contractor responsible for any excess cost occasioned thereby. The City of Wilson reserves the right to require performance bond or other acceptable alternative guarantees from successful bidder without expense to the City of Wilson.
- 2) **GOVERNMENTAL RESTRICTIONS**: In the event any Governmental restrictions are imposed which necessitate alternation of the material, quality, workmanship or performance of the items prior to delivery, it shall be the responsibility of the contractor to notify, in writing, the issuing purchasing office at once, indicating the specific regulation, which required such alternations. The City of Wilson reserves the right to accept any such alternations, including any price adjustments occasioned thereby, or to cancel the contract.
- 3) **AVAILABILITY OF FUNDS**: Any and all payments to the contractor are dependent upon and subject to the availability of funds to the City for the purpose set forth in this agreement. This agreement has been preaudited in the manner required by the Local Government Budget and Fiscal Control Act.
- 4) **TAXES**: Any applicable taxes shall be invoiced as a separate item. The City is not exempt from local or North Carolina sales tax.
- 5) **SITUS**: The place of this contract, its situs and forum, shall be North Carolina, where all matters, whether sounding in contract or tort, relating to its validity, construction, interpretation and enforcement shall be determined.
- 6) **GOVERNING LAWS**: This contract is made under and shall be governed and construed in accordance with the laws of the State of North Carolina.
- 7) **INSPECTION AT CONTRACTOR'S SITE**: The City of Wilson reserves the right to inspect, at a reasonable time, the equipment/item, plant or other facilities of a prospective contractor prior to contract award, and during the contract term as necessary for the City of Wilson's determination that such equipment/item, plant or other facilities conform with the specifications/requirements and are adequate and suitable for the proper and effective performance of the contract. Contractor will cover the cost of a visit and a witness test, if necessary, of a City representative at the contractor's manufacturing facility.
- 8) **PAYMENT TERMS**: Payment terms are Net 30 after receipt of correct invoice or acceptance of goods, whichever is later.
- 9) **AFFIRMATIVE ACTIVE**: The contractor will take affirmative action in complying with all Federal and State requirements concerning fair employment and employment of the handicapped, and concerning the treatment of all employees without regard to discrimination by reason of race, color, religion, sex, national origin or physical handicap.
- 10) **CONDITION AND PACKAGING**: Unless otherwise provided by special terms and conditions or specifications, it is understood and agreed that any item offered or shipped has not been sold or

used for any purpose and shall be in first class condition. All containers/packaging shall be suitable for handling, storage or shipment.

- 11) **STANDARDS**: All manufactured items and/or fabricated assemblies subject to operation under pressure, operation by connection to an electric source, or operation involving a connection to a manufactured natural, or LP gas source shall be constructed and approved in a manner acceptable to the appropriate state inspector which customarily requires the label or reexamination listing or identification marking of the appropriated safety standard organization; such as the American Society of Mechanical Engineers for pressure vessels; the Underwriter's Laboratories and / or National Electrical Manufacturers' Association of electrically operated assemblies; or the American Gas Association for gas operated assemblies, where such approvals of listings have been established for the type of device offered and furnished. Further, all items furnished shall meet all requirements of the Occupational Safety and Health Act (OSHA), and state and federal requirements relating to clean air, and water pollution.
- 12) **PATENT**: The contractor shall hold and save the City of Wilson, its officers, agents and employees, harmless from liability of any kind, including costs and expenses, on account of any copyrighted material, patented or unpatented invention, articles, device or appliance manufactured or used in the performance of this contract, including used by the government.
- 13) **ADVERTISING**: Contractor agrees not to use the existence of this contract, the name of the City of Wilson as part of any commercial advertisement.
- 14) **ACCESS TO PERSONS AND RECORDS**: An independent auditor shall have access to persons and records as a result of all contracts or grants entered into by the City of Wilson in accordance with General Statute 147-64.7.
- 15) **ASSIGNMENT**: No assignment of the contractor's obligations or the contractor's right to receive payment hereunder shall be permitted. However, upon written request approved by the issuing purchasing authority and solely as a convenience to the contractor, the City of Wilson may:
 - a) Forward the contractor's payment check directly to any person or entity designated by the contractor, and
 - b) Include any person or entity designated by contractor as a joint payee on the contractor's payment check. In no event shall such approval and action obligate the City of Wilson to anyone other than the contractor and the contractor shall remain responsible for fulfillment of all contract obligations.
- 16) **INSURANCE**:

COVERAGE – During the term of the contract, the contractor at its sole cost and expense shall provide commercial benefits of such type and with such terms and limits as may be reasonably associated with the contract. As a minimum, the contractor shall provide and maintain the following coverage and limits:

 - a) **Worker's Compensation** – The contractor shall provide and maintain Worker's Compensation Insurance, as required by the laws of North Carolina, as well as employer's liability coverage with minimum limits of \$150,000.00, covering all contractors' employees who are engaged in any work under the contract. If any work is sublet, the contractor shall

require the subcontractor to provide the same coverage for any of his employees engaged in any work under the contract.

- b) Commercial General Liability – General Liability Coverage on a Comprehensive Broad Form on an occurrence basis in the minimum amount of \$500,000.00 Combined Single Limit. (Defense cost shall be in excess of the limit of the liability).
- c) Automobile – Automobile Liability Insurance, to include liability coverage, covering all owned, hired, and non-owned vehicles, used in connection with the contract. The minimum combined single limit shall be \$150,000.00 uninsured/under insured motorist; and \$1,000.00 medical payment.

REQUIREMENTS: Providing and maintaining adequate benefits coverage is a material obligation of the contractor and is of the essence of this contract. All such benefits shall meet all laws of the State of North Carolina. Such benefits coverage shall be obtained from companies that are authorized to provide such coverage and that are authorized by the Commissioner of Benefits to do business in North Carolina. The contractor shall at all times comply with terms of such benefits policies, and all requirements of the insurer under any such benefits policy, except as they may conflict with existing North Carolina laws or this contract. The limits of coverage under each benefits policy maintained by the contractor shall not be interpreted as limiting the contractor's liability and obligations under the contract.

- 17) **CANCELLATION (TERM CONTRACTS ONLY):** All contract obligations shall prevail for at least 180 days after the effective date of the contract. After that period, in addition to the provisions of the paragraph entitled Price Adjustments, for the protection of both parties, this contract may be canceled in whole or in part by either party giving 30 days prior notice in writing to the other party. Such notice of cancellation, as required herein, shall be transmitted via U.S. Mail, Certified and Return Receipt Requested. The 30 days' notice for cancellation shall begin on the day the return receipt is signed and dated.
- 18) **QUANTITIES (TERM CONTRACT ONLY):** The award of a term contract neither implies nor guarantees any minimum or maximum purchases thereunder.
- 19) **PRICE ADJUSTMENTS (TERM CONTRACT ONLY):** Any price changes, downward or upward, which might be permitted during the contract period, must be general, either by reason of market change or on the part of the contractor to other customers.
 - a) Notification: Any notification must be given to the Purchasing Department, in writing, concerning any proposed price adjustments. Such notification shall be accompanied by copy of manufacture's official notice or other acceptable evidence that the change is general in nature.
 - b) Decreases: The City of Wilson shall receive full proportionate benefit immediately at any time during the contract period.
 - c) Increases: All prices shall be firm against increase for 180 days from the effective date of the contract. After this period, a request for increase may be submitted with the City of Wilson shall occur not later than 15 days after the receipt by the City of Wilson of a properly documented request for price increase. Any increases accepted shall become

effective not later than 30 days after the expiration of the original 15 days reserved to evaluate the request for increase.

- d) Invoices: It is understood and agreed that orders will be shipped at the established contract prices in effect on dates orders are placed. Invoicing at variance with this provision will subject the contract to cancellation. Applicable North Carolina sales tax shall be invoiced as a separate item.

20) E-VERIFY-Contractor understands that E-Verify is the federal E-Verify program operated by the United States Department of Homeland Security and other federal agencies, or any successor or equivalent program used to verify the work of authorization of newly hired employees pursuant to federal law in accordance with NCGS 64-25 et seq. Contractor is aware of and in compliance with the requirements of E-Verify and Article 2 of Chapter 64 of the North Carolina General Statutes. To the best of Contractor's knowledge, any subcontractors employed by it as a part of this contract are in compliance with the requirements of E-Verify and Article 2 of Chapter 64 of the North Carolina General Statute.

21) IRAN DIVESTMENT ACT CERTIFICATION – Contractor certifies that, as of the date listed (2017), it is not on the Final Divestment List as created by the State Treasurer pursuant to N.C.G.S. Chapter 147 Article 6E. In compliance with the requirements of the Iran Divestment Act and N.C.G.S. Chapter 147 Article 6E, Contractor shall not utilize in the performance of the contract any subcontractor that is identified on the Final Divestment List.

22) EVALUATION OF BID: All qualified proposals/bids will be evaluated and award made to the firm(s) whose proposal/bid is deemed to be in the best interest of the City of Wilson, all factors considered. The City of Wilson reserves the right to reject any and all offers if determined in its best interest.

23) BID/PROPOSAL PUBLIC RECORD: All proposals/bids received become the property of the City of Wilson and information included therein or attached thereto shall become public record upon their delivery to the city. Submission of a bid/proposal in response to a request constitutes acceptance of all terms and conditions and requirements contained in the request.

24) RECOMMENDATION OF AWARD: The recommendation of award by city council represents a preliminary determination and not a legally binding acceptance of the bid or proposal until the city has executed a written agreement in a form agreeable by an authorized city official.

25) VENDOR REGISTRATION: All vendors (new, current or potential) must register with our Vendor Registration system through Vendor Registry at the following link.
<https://vrapp.vendorregistry.com/Vendor/Register/Index/city-of-wilson-nc-vendor-registration>

NORTH CAROLINA
COUNTY OF _____

AFFIDAVIT

1. I am over the age of 18 years old and of sound and competent mind.
2. I am a knowledgeable representative of _____, hereinafter the "Company."
3. If the Company has less than 25 eligible employees, it is not required to participate in the E-Verify process.
4. If the Company has more than 25 eligible employees, the Company is required to participate in the E-Verify process as written in Article 2 of Chapter 64 of the North Carolina General Statutes.
5. If the Company has more than 25 eligible employees, the Company has retained all verification records as required in Article 2 of Chapter 64 of the North Carolina General Statutes.
6. The Company will make those records available for review if requested by the City of _____ in response to any awarded contract.
7. If the Company has more than 25 eligible employees, the Company has complied with all applicable requirements of Article 2 of Chapter 64 of the North Carolina General Statutes.
8. I have personal knowledge of all facts attested herein.
9. Affiant further saith not.

This the ____ day of _____, 2020

COMPANY: _____

Signature

Name, Title

NORTH CAROLINA
COUNTY OF _____

The person whose name appearing above appeared before me on the date listed above and displayed sufficient proof of identification and signed above affirming the statements contained herein.

Notary Signature

[Stamp]

Notary Printed Name

My

Commission

Expires:

A RESPONSE SUBMITTED TO THIS REQUEST SIGNIFIES ACCEPTANCE ON THE OFFEROR'S PART OF ALL REQUIREMENTS AND TERMS AND CONDITIONS INCORPORATED WITHIN THIS REQUEST.

SCOPE OF WORK

The City of Wilson currently provides the following core benefits:

Request for Proposals for:

Medical / Health Insurance

Prescription Drug Plan

Medicare Supplement Transitions

Dental Insurance

Telemedicine

Vision Insurance

Flexible Spending Accounts – Medical & Dependent Care

COBRA Administration

The City of Wilson is interested in receiving proposals for the above listed core benefit products. **In addition, offerors are encouraged to submit a proposal that includes additional services to those listed above that the offeror feels will be of benefit to the City of Wilson.** Any or all of these products may be offered to our full-time and permanent part-time active employees of the City on a 100% voluntary basis, i.e. the employee will be responsible on a city designated basis for medical, prescription, and dental plans; the employee will be responsible for 100% of the premium designated by the City, with the City providing payroll deduction and remittance of premium for vision plans and flexible spending accounts.. **Award(s) may be made to one offeror for all category of core benefits.**

PROPOSAL REQUIREMENTS

In order for a proposal to be considered it must include, at a minimum, the Questionnaire included in this RFP as well as the following information:

- 1) A consulting rate guarantee of no less than 2 years
- 2) A full description of the product provisions and benefits, including whether the policy premiums will fall under Sec. 125 of the Internal Revenue Code or not.
- 3) The underwriting basis for the quote, i.e. minimum participation requirements, if any; type of rating, smoker, non-smoker, generic, etc.
- 4) Enrollment procedures and requirements
- 5) Sample marketing materials for each product
- 6) Sample policy for each product
- 7) Administrative tools from provider
- 8) Any additional costs/fees associated with any of the above names services.

COST OF PROPOSAL

Any and all costs associated with the offeror's response are the responsibility of the offeror and not of the City of Wilson.

ORAL PRESENTATIONS

An oral presentation may be requested by the City of Wilson for the sole purpose of clarification of the Proposal. Any and all costs associated with the offeror's presentation will be the responsibility of the offeror and not of the City of Wilson.

QUESTIONNAIRE

Please respond to each of the following questions in your proposal response. Your responses should be complete, concise (2-3 sentences maximum for questions that require an explanation), and address the specific questions being asked. Do not make references to or include other preprinted materials, unless specifically requested. Do not merge the cells provided in the table.

A. General

1. Where is your primary place of business? Please provide primary and secondary name and contact information of responsible person for questions concerning this proposal. Describe the account management services and team that will be responsible for the City account.
2. Is your organization affiliated with another company? If so, describe the “affiliate relationship”.
3. What differentiates you from your competitors?
4. How many clients do you have as of January 1, 2020? How many of these clients are public entities? How many in the State of North Carolina?
5. What is the total number of employee lives represented by your client base?
6. Who is your largest client? How many employee lives does this client have?
7. Does your organization have a disaster recovery plan in writing and available for clients in case of fire, flood, system failure, or hacking? Please describe.
8. Please provide a copy of your most recent audited annual report or financial statement.
9. How many employees dedicated to your core benefit plans does your company have?
10. Provide your rating for the past two years by the following firms:
 - A.M. Best
 - Moody’s
 - Fitch
11. What services are available on-line and what fees are associated:
 - a) City of Wilson Benefit Staff for management of the Plan.
 - b) City of Wilson employees enrolled in the plan for customer service.
12. Please provide a detailed transition/implementation plan for a July 1, 2021 effective date. Identify tasks, responsibility (City or Vendor) and target dates.
13. Please include a sample policy document.
14. Please describe if there are features of your policy that are selected at the employer level, versus the employee level.
15. What carriers have you dealt with regarding core benefits?

B. Marketing & Enrollment

16. Will you commit to [timely] providing all enrollment materials to the City of Wilson for prior approval?

17. If the CITY requires an onsite representative to handle employee issues regarding all core products, please provide any additional costs in the quoted fees and explain here. Would you be able to provide such representation?
18. Will your representative be able to participate in open enrollment and new employee orientation meetings? If so, what costs are associated with this?
19. Each successful offeror must provide a sufficient number of representatives to properly enroll all eligible employees who wish to enroll during the initial open enrollment period and at each annual open enrollment period. Please indicate your agreement.
20. Will you offer ongoing assistance in promoting the program after implementation? Please list requirements for perpetual reenrollment (i.e. number of new hires per month, etc.)
21. Do you provide Employee Benefit Summaries and Benefit Statements? What costs are associated?
22. Can employees make life event coverage changes outside of the annual open enrollment? If yes, how is this accomplished?
23. Successful vendor must provide the CITY with multilingual enrollers and materials as needed. Please indicate your agreement.
24. Can enrollment materials be customized for our CITY? If yes, who pays for these materials?
25. Is there a full-time enrollment account manager and/or trainer on staff? Please describe your enrollment training program and provide a sample enrollment training manual.
26. Are you committed to annual on-site reenrollments of our group for all eligible employees?
27. Is enrollment (with medical underwriting) available at any time?
28. Provide a sample of all standard communication materials that will be provided to the City of Wilson for annual enrollment and use throughout the year.
29. What is your company's policy for plan evaluations, implementations, audits, benchmarking, and ongoing service for the medical and prescription plans and stop loss carrier?
30. Please explain how you typically handle benefit renewal evaluations, medical underwriting analysis, plan designs, and stop loss analysis.
31. How does your company handle marketing and negotiation, plan design analysis, benchmarking, implementation, auditing, and service of additional coverages as requested (dental, vision, FSA, HAS, etc.)?
32. Do you offer an enrollment portal for employees, retirees, and administrative capacity for Human Resources? If so, what cost is associated?

C. Payroll and Information Technology

33. Provide an overview of how the payroll deduction premium collection will work, including files to be transmitted, format and file transmittal.
34. What payroll deduction options are available? Bi-weekly, monthly, etc.?
35. How often will you require eligibility reports to be sent to you? When sending eligibility, do you require a full file of eligibility each time, or do you require one full file, with changes only to follow? Can you accept either process?
36. Is there any other reporting required by the City of Wilson? If yes, please describe.
37. Are you able to accept an employee ID number in-lieu of a social security number for transaction files?
38. In the payroll process, can you accept transmission of an employee ID Number in-lieu of employee social security number?
39. Please provide detailed specifications of ALL the files, both incoming and outgoing, that you will require to administer this program. Include the purpose of each file, frequency, file format, and record layout. If necessary, are you willing to make modifications to the specifications to meet the City's system requirements? Include security standards you have in place.
40. City of Wilson payroll deductions are remitted at the beginning of each month for the previous month's premium. Please indicate your agreement.

D. Customer Service and Call Center

41. Will a dedicated customer service staff be provided to the City? If yes, how many representatives will be provided?
42. What are your non-English speaking capabilities?
43. Can you accommodate the hearing impaired?
44. Please provide a sample of your performance standards for customer service during the last 24 months.
45. What is the average answer time and abandonment rate?
46. What is the process for handling escalated calls/problems?
47. Please confirm that customer service reps will not refer employees back to the City regarding any customer service/claim issue, as the City will not take part in program administration. How will you ensure that this will not occur?
48. Describe the process for recording and fulfilling benefits materials/forms requests.
49. What is your average turnaround time to fulfill materials/kit requests?

50. What is your average turnaround time for written inquiries? Voice-mail inquiries? E-mail inquiries?
51. Describe any ongoing retiree administration and support your company could provide, as well as the cost.
52. Describe any ongoing, day-to-day enrollment, and claims issue resolution and administration provided by your company, along with any costs associated.
53. Describe your company's commitment to outstanding customer service. Do you have a policy in place?
54. What is your policy regarding accessibility and quick resolution of issues?

E. Claims

55. Describe the process when an employee calls to discuss a claim. To whom will the employee be directed? What is the average response time for claim inquiries and customer service calls? How is response time measured?
56. Is the claims department separate from Customer Service? If yes, please describe the claims department. Include hours of operation, staffing, average length of experience of staff and training.
57. What is your claims processing accuracy? Financial payment accuracy?
58. Describe the claims review with strategies for campaigns and programs to control costs and maintain employee satisfaction.

F. Administration

59. Who is the administrator of each plan you are proposing?
60. Describe your Client reporting capabilities in detail. Provide examples of all of your standard reports and indicate the frequency of these reports.
61. Are you able to customize reports for all the benefits at client requests? Are there any additional costs? Describe the accessibility to these for Human Resources and a typical turnaround timeframe.
62. What types of periodic meetings (including but not limited to in person, remote, wellness events, Employee Fairs) do you provide? Please specify costs.
63. Describe the resource and support availability for transition of retirees to post-65 Medical Supplement plans.
64. What wellness program strategies have you put in place previously? Describe the design, implementation, and administration support/resource.
65. Do you provide coordination of wellness vendors and assistance with annual Employee Fairs? What wellness vendors do you utilize?

66. What types of benchmarking surveys with customized reports for each benefit plan do you provide? What cost is associated with this service?
67. Describe any ongoing compliance reviews and consulting (HIPPS, FSA, ACA, COBRA, etc.) and any additional cost associated.
68. Describe any training resources and consulting, to include but not limited to compliance, safety/risk, wellness, etc., available to Human Resources. What costs are associated with these resources?
69. Describe the Telemedicine resource you utilize and the administration in detail.
70. What design, administration, and analysis of employee surveys have you provided previously? Please provide a sample. If requested, what cost is associated?

G. Eligibility

71. Which family members are eligible for coverage? Are there age or other limitations?

H. Applications

72. Please attach sample enrollment options.
73. Describe the design and production of employee and retiree collateral materials for enrollment and education.
74. What assistance do you usually provide with enrollment meetings?

I. Coverage & Benefits

75. What wellness services do you provide? What costs and fees are associated?
76. How is the creation and maintenance of benefits information handled?

J. Pricing

77. Please provide monthly premiums for the core benefit policies you are quoting. Make sure to include rates for other optional riders as well as any other plan alternative plan you are proposing for the City. Will you provide a rate guarantee for new hires and employees *on leave during the enrollment period? If so, for how long?*
78. **A RESPONSE SUBMITTED TO THIS REQUEST SIGNIFIES ACCEPTANCE ON THE OFFEROR'S PART OF ALL REQUIREMENTS AND TERMS AND CONDITIONS INCORPORATED WITHIN THIS REQUEST.**