

**CITY OF ELIZABETHTON, TENNESSEE**  
**Purchasing Department**  
 136 SOUTH SYCAMORE STREET  
 ELIZABETHTON, TN 37643  
 423-542-1505

Date: 10-08-2018

**(This is NOT an Order)**  
**REQUEST FOR BID**

TERMS: \_\_\_\_\_  
 DELIVERY DATE: \_\_\_\_\_

BID # <b>RFP 2018-08</b>
BID OPENING DATE: <b>11-05-2018</b>
BID OPENING TIME: <b>2:00 pm</b>

**ALL QUOTATIONS MUST BE F.O.B. ELIZABETHTON, TENNESSEE**

ITEM NO.	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL
1	1	EA	REQUEST FOR PROPOSAL  HEALTH INSURANCE BROKER SERVICES  SPECIFICATIONS ARE ATTACHED AND ARE AN INTEGRAL PART OF THIS BID.		\$ _____

Person to contact regarding this bid: GREG WORKMAN 423-542-1505/ ANGIE LYONS 423-547-6248

<b>DELIVERY INSTRUCTIONS</b>
<b>CITY OF ELIZABETHTON</b> <b>136 S. Sycamore Street</b> <b>Elizabethton, TN 37643</b>

In submitting the above, the undersigned agrees to sell to the City the material or service at the price shown and further agrees to all terms and conditions contained in this bid agreement. Acceptance of any or all of the above within a reasonable period will constitute a contract between both parties.

\_\_\_\_\_  
 NAME OF FIRM  
 (Purchase Order will be issued to the above vendor)

By \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone \_\_\_\_\_

\_\_\_\_\_  
 DIRECTOR OF PURCHASING



**CITY OF ELIZABETHTON**  
136 S. SYCAMORE ST.  
ELIZABETHTON, TN 37643-3328  
(423) 547-6200

**REQUEST FOR PROPOSAL (2018-08)**

**HEALTH INSURANCE BROKER SERVICES**

**FOR THE CITY OF ELIZABETHTON, TENNESSEE**

**TO SELECT AN AGENT OF RECORD AND BROKER FOR HEALTH  
INSURANCE**

**INVITATION:**

The City of Elizabethton, Tennessee is soliciting proposals from insurance brokers/consultants qualified to perform and interested in providing Employee Benefit brokerage and consulting services for the City of Elizabethton, Tennessee

**SUBMISSION PROCEDURES, REQUIREMENTS:**

One original and five (5) copies of the proposal must be received by the City of Elizabethton prior to 2:00 pm (Eastern Standard Time) November 5, 2018. All copies of the proposal must be under sealed cover and plainly marked. No emailed or faxed proposals will be accepted. Proposals should be delivered or mailed to:

Attn: Greg Workman, Purchasing Director  
Request for Proposal 2018-08  
136 South Sycamore Street, Suite 203  
Elizabethton, Tennessee 37643

**INQUIRIES AND QUESTIONS:**

Inquiries and questions should be submitted by email to Greg Workman, Purchasing Director at [gworkman@cityofelizabethton.org](mailto:gworkman@cityofelizabethton.org) no later than 3:00 pm, Eastern Standard Time, on October 22, 2018. All inquiries and questions that are submitted will be answered and then sent out as an addendum on October 23, 2018 no later than 5:00 pm Eastern Standard Time.

## **BACKGROUND ON CITY OF ELIZABETHTON:**

The City of Elizabethton employs approximately 290 employees. The City of Elizabethton is currently a fully funded health insurance provider to their employees.

## **CITY OF ELIZABETHTON CURRENT PROGRAMS:**

- Health Insurance (Fully insured)
- Optional Dental Insurance
- Long-Term Disability
- Short-Term Disability
- Life Insurance \$50,000 Group and AD & D \$100,000
- Voluntary Life Insurance
- Vision Insurance

## **SCOPE OF SERVICES:**

The City of Elizabethton, Tennessee is requesting proposals from interested brokerage firms for selection as the Agent-of-Record for the City's group benefit program. The proposal is to provide a cross-section of benefit services including, but not limited to:

- Group Life Insurance
- Group Medical/Vision Insurance
- Voluntary Dental Insurance
- Voluntary Supplemental Products (cancer, additional life & disability)

The minimum requirements for the selected broker are:

- Assisting the Human Resources Department in administering all group insurance plans, responding to questions from and providing information to staff, and providing other consulting services during the course of the plan year.
- Assist the City of Elizabethton in complying with laws and regulations related to employee benefits.
- Review claims experience, claim service, and claim administration to ensure maximum benefit to the City of Elizabethton.

- Determine and recommend the most economical funding methods for the benefit programs and strike a balance between cost and comprehensiveness of the programs.
- Develop a solicitation/negotiation strategy and participate with the City of Elizabethton in all negotiations with providers on all issues including those related to premiums, benefit levels, plan design, and special terms and conditions.
- Meet and provide reports to various City of Elizabethton representatives including Finance.
- Assist the City of Elizabethton with the implementation and communication of new programs or changes to existing programs, which will include attending and presenting information at Open Enrollment meetings.
- As requested by the City of Elizabethton, prepare bid specifications and solicit proposals from insurance markets which specialize in group insurance plans as needed. Evaluate bids and bidders, including administration, coverage, claim payment procedures, customer service, networks, reserve establishment policies, financial soundness, and identify the most cost-beneficial package from among the various bidders.
- Interface with insurance carriers as needed to assist the City of Elizabethton in the resolution of problems associated with benefits program.

**SCHEDULE FOR THE REQUEST FOR PROPOSAL:**

- |   |                   |
|---|-------------------|
| • RFP distributed                                     | October 8, 2018   |
| • Responses to RFP due                                | November 5, 2018  |
| • Appropriate committee review responses              | November 26, 2018 |
| • Conduct interviews with selected broker/consultants | December 3, 2018  |
| • Select broker/consultant                            | January 11, 2019  |

**FINAL EVALUATION AND SELECTION:**

Based on a review of the written response, the City of Elizabethton will select a short list of candidates who will be asked to make an oral presentation to be arranged at a mutually convenient time at City Hall, located at 136 South Sycamore Street, Elizabethton Tennessee. This presentation is expected to confirm proposal representations; supplement information

obtained through the proposal process and give the City of Elizabethton the opportunity to meet the individuals who would be assigned to our account.

Each selected finalist will be evaluated with consideration given to how they best meet the needs of the City of Elizabethton and the basis of capabilities described in their written proposal and oral presentation. The organization that best matches the City of Elizabethton's objectives will be selected.

## **QUESTIONS**

### **COMPANY OVERVIEW**

1. Briefly describe your organization, including number of locations and employees.
2. Briefly describe your organization's history.
3. What are your organization's core values?
4. Provide your organization's Dun & Bradstreet number.
5. Provide your most recent audited financial statements, and if applicable, those of your parent company, along with your annual report.
6. Describe how your organization complies with Sarbanes-Oxley.
7. Provide proof your company carries Errors and Omission (E&O) insurance coverage.
8. Please indicate if you had any claims filed against you for Errors and Omissions in the last five (5) years and provide a short description of such claims.
9. Provide certification of ISO accreditation.
10. Describe your organization's policy around maintaining client records in a HIPAA secure environment.
11. Describe your organization's policy and/or practices with using diverse suppliers.

### **THE TEAM**

12. Provide a brief overview of your firm and how it differs from your competitors.
13. Provide the name and contact information of the primary contact, as well as other key consulting staff who will be assigned to our account. Describe their relevant work experience, credentials, and the role they will play on our account.

## **EXPERIENCE AND REFERENCES**

14. What is your client retention rate?
15. What size clients does your organization generally support?
16. Provide at least three (3) references of equivalent clients (similar employee size, industry, geographical dispersion, complexity, and or programs offered). Include the contact name, address, phone number, email, and the number of years you have provided consulting services to the client.
17. Describe your firm's relationship to insurance underwriters, wholesalers, reinsurance companies, and other insurance activity.
18. How many government agency clients do you personally have? Typically, how many clients does each broker manage?

## **BROKERAGE AND CONSULTING SERVICES**

19. Please provide an overview of your Brokerage and Consulting Services related to our health and welfare plans.
20. Describe how you propose to transition our account to your organization, should your organization be selected.
21. Describe your services for program renewals and marketing, including Request for Proposal (RFP), Proposal Analysis, Carrier Selection and Implementation.
22. How do you monitor the performance of carriers and vendors?
23. Describe how your firm can support us in evaluating and/or selecting a private exchange solution.
24. What can we expect for the day-to-day servicing of our account?

25. Describe how your organization tracks objectives and activities associated with our organization.
26. Provide an overview of your reporting and analytics capabilities.
27. Describe any services you offer around employee focus groups and/or employee surveys.

## **SUBJECT MATTER EXPERTISE**

28. What type of Subject Matter Experts do you have and what type of services do they provide?
29. What types of communication strategies can your organization provide to engage our employees, educate their families and drive action?
30. What type of Human Resources consulting, and expertise can your organization provide?
31. Does your organization offer compensation consulting?
32. Describe your organization's services to directly assist our organization in maintaining compliance with Federal regulations related to health and welfare plans.
33. Describe how your organization will provide strategic and actionable support around Health Care Reform.
34. Describe your organization's resources and/or approach to wellness and health outcomes regarding both an individual's health and our organization's cost.
35. How does your organization update clients on Human Resources and benefit trends, regulations and best practices?

## **ADDITIONAL SERVICES AND EXPERTISE**

36. Please provide an overview of additional services and expertise you have available to control our health care cost and manage our programs.

## **OUTSOURCING AND PARTNERSHIP SERVICES**

37. What services do you provide through integrated partner solutions?

## **FEES AND SERVICE LEVEL AGREEMENTS**

38. What is your overall philosophy regarding compensation arrangements?

39. Please describe your company's philosophy on contingency fees.

40. Describe in detail your fee structure. This should include method of payment (i.e. received from carriers), type of payment (i.e. % of premium, flat rate per employee), proposed amount and any service or rate guarantees. Also include a breakdown of fees for additional services that are not included in your regular fee structure.

41. Provide any additional information regarding your organization or services that you feel would be beneficial in the helping the City of Elizabethton select a benefit broker.

Should any questions exist pertaining to this request, please direct them to the Office of Risk Management at 423-547-6248.

Proposals should be submitted on or before Monday November 5, 2018 at 2:00 pm to:

City of Elizabethton

Attn: Greg Workman, Purchasing Director (RFP 2018-08)

136 South Sycamore Street, Suite 203

Elizabethton, Tennessee 37643

Thank you for your interest in the City of Elizabethton.