



# Bulloch County 2023 Benefits Broker Services RFP

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2/16/2023

## REQUEST FOR PROPOSALS: EMPLOYEE BENEFITS BROKER SERVICES

**Bulloch County Board of Commissioners ("Bulloch County")** is seeking written proposals for a healthcare brokerage firm to provide Employee Benefits Broker services related to **Bulloch County Employee Benefits Program**. The health plan renews on 7/1/2023 and selected broker shall analyze all aspects of current plan design, spend, vendors, and make recommendations to **Bulloch County** for the new 2023/2024 plan year that begins on 7/1/2023. 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 **3:00 p.m. on March 3, 2023**. 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 **Bulloch County Board of Commissioners, Attention: Faye Bragg, Purchasing Manager, 115 North Main Street, Statesboro, Georgia 30458**. The original proposal and supporting documents 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: March 3, 2023 @ 3:00 p.m.; Attn: Faye Bragg, Purchasing Manager.**

**Questions:** All questions concerning this RFP shall be directed to Cindy Mallett, Human Resources Director, in writing. (Email is preferable.) The email address for questions is **hr@bullochcounty.net**. Questions must be received no later than February 22, 2023, at 4:00 p.m. **Bulloch County's** responses to questions that are considered appropriate to the RFP will be posted online ([www.bullochcounty.net](http://www.bullochcounty.net)) no later than February 24, 2023, at 4:00 p.m.

## 1. GENERAL INFORMATION

### 1.1. Key Dates

The following table outlines key dates and events in this **Bulloch County** RFP process.

02/16/2023	RFP is available
02/22/2023	Deadline for questions (4:00 p.m.)
03/03/2023	Deadline for receipt of Proposals to <b>Bulloch County</b> office (3:00 p.m.)
03/17/2023	Follow up Q&A with selected respondents
04/04/2023	Broker selection completed/AOR process begins
07/01/2023	2023 / 2024 health plan renews



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**Bulloch County** reserves the right to reject any or all proposals. **Bulloch County** 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 **Bulloch County**.

## 1.2. Current Benefits Plan Basics

**Bulloch County** currently sponsors a partially self-funded employee benefits (health + dental) plan comprised of ~362 enrolled employees and ~774 total members. There are ~440 FT employees that are eligible for enrollment. The plan renews on 7/1.

A recent 12-month breakdown of the five cost centers for this plan:

- Administrative - \$162,000
- Stop Loss Premium - \$656,000
- Medical Claims Paid - \$3,120,000
- Rx Claims Paid - \$1,650,000
- Dental Claims Paid - \$230,000

Current TPA is 90 Degree Benefits. Current Medical Network is IBG. Current PBM is Optum.

Other benefits include a Vision Plan and a FLEX plan.

The health plan is available to qualified employees as an Employee Only option and a Family option.

## 1.3. Preparation Costs

**Bulloch County** 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 Bulloch County 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 **Bulloch County**.



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## 2.3. Modification or Withdrawal of Proposals

Modifications to submitted proposals will not be accepted by **Bulloch County**. Proposals may be withdrawn with email request only prior to 3/3/2023 at 3:00 p.m. EST.

## 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

**Bulloch County** 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 **Bulloch County**. However, the requirements for timelines shall not be waived.

## 2.6. Proposal Evaluation

A benefits review team representing **Bulloch County** 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 via webinar. The purpose of the interview is to allow those firms expansion and discussion of their written responses.

## 2.7. Oral Interviews

Oral interviews, either in person or via webinar, may be required by **Bulloch County** for the purpose of allowing **Bulloch County** 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 04/04/2023. The successful respondent will assume their responsibilities upon approval of the Board of Commissioners and after completion of 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 **Bulloch County's** current and future operations,
- c. consistently maintain and allocate sufficient staffing resources to provide timely service for **Bulloch County's** Employee Benefit Advisor service needs,
- d. maintain staff that are qualified and available to provide specialized technical expertise in various disciplines, as necessary.



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- e. 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 \$5,000,000 in order to protect the County. **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, however, 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 **Bulloch County**.
- 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.



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## 3. Strategic planning

- a. Please describe your approach to strategic planning of taking your existing clients through an unfavorable or unexpectedly high renewal.
- 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. Do you or your firm have healthcare provider organizations as current clients? If so, please list all healthcare provider clients in the following states: **Georgia, Alabama, Florida, South Carolina.**
- c. Describe at least two innovative strategic solutions you have implemented for clients that highlight your benefits consulting expertise.
- d. Describe your internal mechanism for ensuring customer satisfaction with your services.
- e. Provide contact names, email addresses, and phone numbers of two client references.

## 5. Advisor Team, Programs and Qualifications

- a. Provide an overview of a typical team that would be assigned to a client like **Bulloch County**. 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 **Bulloch County** 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 assistance?
- f. Will you assign a dedicated Account Manager (but not exclusive to only our account) to **Bulloch County**? 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 **Bulloch County**.



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## 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. How much agency revenue do you expect your firm to receive for typical full-service broker services over a 1-year period for a group the size of **Bulloch County** as described above in section 1.2?
- b. Is revenue/commission from Stop Loss expected to be a part of the above amount?
- c. Describe how your firm expects to be compensated for the services outlined in this proposal.
- d. If you do take direct payments from employers/plan sponsors, what percentage of your benefits revenue is fee-based and what percentage is commission-or bonus-based across your entire book of business?
- e. State your philosophy of compensation disclosure.

## 9. Additional Information

- a. Please share any additional information as you would like. If you attach any materials, please include an outline describing the separate materials.



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## 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 60 days.

That this bid may be withdrawn by requesting such withdrawal in writing at any time prior to 3/3/2023 at 3:00 p.m., but may not be withdrawn after such date and time for a period of 60 days.

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

That by submission of this bid the vendor acknowledges that Bulloch County 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 \_\_\_\_\_





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## 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 Bulloch County or any of their employees as to quantity, quality or price in the prospective contract; or any discussion between vendors and any official of Bulloch County 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 \_\_\_\_\_



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## 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 Bulloch County, 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 Bulloch County, 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 Bulloch County, Georgia at the time the subcontractor(s) is retained to perform such service. Call 1(888)464-4218 with questions.

\_\_\_\_\_  
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

**Bulloch County 2023 Benefits Broker Services**

\_\_\_\_\_  
Name of Project

Bulloch County, Georgia  
\_\_\_\_\_  
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).