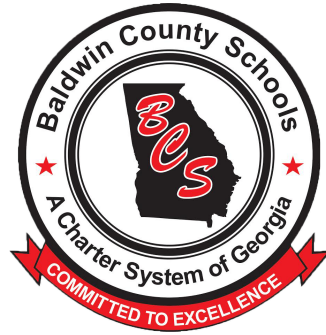


Baldwin County School District
110 N ABC Street
Milledgeville, Ga. 31061
(478)453-4176 Phone
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Request for Information

#022-2022

Request for Information (RFI) for
Broker/ Third Party Administrator Services

PERTINENT DATES

July 11, 2022	Request for Proposal Issued
July 18, 2022	Requests for Questions Due
July 25, 2022	Response to Questions Due
July 26, 2022	Proposal Due by 3:00 PM

Baldwin County School District

REQUEST FOR INFORMATION

#022-2022

Broker / Third Party Administrator

Invitation and Overview of Project

The Baldwin County School District (the "District") seeks to solicit offers from qualified Brokers/Third Party Administrators to assist the district with strategically planning, designing and negotiating the best coverage and cost for selective employee benefit programs. The district has approximately 689 fully benefited eligible employees, with approximately 73% participating in the benefit program. The district is constantly competing to recruit and retain the best employees possible. Our leadership is looking to ensure we have financially competitive and affordable benefit programs to offer our employees.

Currently, the Baldwin County School District offers its employee Group Health Plans through the state of Georgia, State Health Benefit Plan. Medical insurance benefits will not be open for solicitation, however, customer support to employees for SHBP will be required as part of this solicitation. The district also offers its employees flexible benefits through the State of Georgia, GABREEZE benefits plan. The flexible benefits will be open for solicitation. The flexible benefits include dental insurance, vision insurance, short term disability insurance, long term disability insurance, life insurance, spousal life insurance, dependent life insurance, specified illness and accident insurance, legal insurance, health care spending accounts, dependent care savings accounts and long term care accounts. As part of this solicitation, the district would like a proposal submitted that would include the management of 274 retiree life insurance policies with CIGNA life insurance.

This is a request for proposals to administer the district's benefit products designed to mirror and enhance the benefits currently offered.

Details of Proposal Submissions

Sealed proposals, subject to the conditions made a part hereof, will be accepted until 3:00 pm am on Tuesday, July 26, 2022 for furnishing services described herein. Late proposals will not be considered for award. Proposals may be mailed, sent by private carrier or delivered in person during normal business hours, 7:30AM- 4:30PM Monday through Thursday and 8:00am - 4:00pm on Fridays. Six (6) copies of the proposal must be received from each bidder (1 original, 5 copies). Electronically submitted (email/fax) proposals will not be accepted. A tentative timeline is provided below:

any and all proposals, and is not bound to the lowest bidder. The right is reserved to accept the response that the district determines to be in the best interest of the employees of the district. Information must be submitted in accordance with the requirements of the RFI. Failure to include any required information may cause rejection of the proposal.

Finalist(s) Presentation(s)

During the evaluation process, the district may, at its discretion, request any one or all brokers/third party administrators to make oral presentations for the purpose of clarification or to amplify the materials presented in any part of the proposal. However, brokers/third party administrators are cautioned that the Baldwin County School District is not required to request clarification; therefore, all proposals should be complete and reflect the most favorable terms available from the broker/third party administrator. Not all bidders may be asked to make such oral presentations.

Contract Period

The success proposer will assist the district in transitioning from the current agreement with GABREEZE to ensure that employees do not experience a lapse in coverage or any penalties associated with this change. Any contract resulting from this proposal shall be determined based on the ability to transition from GABREEZE, but no later than January 1, 2023. This may require a new enrollment period for flexible benefits.

The district will have the option to continue services under the same terms and conditions set forth herein for an additional 3 plan years. The contract will be subject to termination for cause or convenience by the district with written notice thirty (30) days prior to the effective date. The Contractor will give the district written notice of its intention to terminate the contract, or not to renew the contract, at least sixty (60) days prior to the proposed termination date or renewal date of the contract.

E-Verify Compliance

By submission of this proposal, the potential contractor certifies that it and any subcontractors comply with the requirements of federal and state laws.

Background

The district currently offers an optional flexible benefit program for its employees including the following plans with premiums paid employee contributions via payroll deduction utilizing pre-tax and post-tax deduction codes for designated dependents:

- Dental Insurance
- Vision Insurance
- Short-term Disability
- Long-term Disability
- Specified Illness and Accident Insurance

Life Insurance
 Spousal Life Insurance
 Dependent Life Insurance
 Health Care Spending Accounts
 Dependant Care Savings Accounts
 Legal Insurance
 Long Term Care
 Retiree Life Insurance (CIGNA/New York Life Insurance Company)
 Retirement Savings Plans

The district's benefits plan year is January 1st to December 31st. Employees participate in an annual open enrollment process in October of the preceding year. The district's retiree life insurance is currently administered by CIGNA, recently purchased by New York Life Insurance Company. It is a self-insured plan that includes life insurance policies maximum amount of to \$21,000. Flexible optional benefits are available to full-time employees.

Scope of Services

The district requires either a Third Party Administrator or a Georgia licensed Broker who is independent and is not solely affiliated with one insurance company, or one provider network. The brokerage firm/third party administrator must have experience (no less than 15 years) in providing brokerage/third party administrative services in the public sector with groups having at least 500 plus employees. Please highlight experience working with self insured plans.

Broker - Advice and assistance reviewing the various components of our benefits program including selection of a Broker/Third Party Administrator on a continuing basis to ensure that those plans are in compliance with federal and all current legal requirements. Recommend alternative benefit designs or delivery systems as dictated by emerging plan costs or benefit practices.

Audit resulting contracts for accuracy of coverage, terms and conditions.

Assist with reviewing and reaffirming or changing the goals and objectives of the benefit design.

Annual benefits renewals, including negotiation of changes in contracts.

When employee benefits are marketed, prepare bid specifications, identify appropriate markets, analyze proposals submitted, make recommendations, and assist in negotiation of contracts, preferably multi-year.

Annual reviews of selected employee benefit package for quality of benefits provided,

cost effectiveness, competitiveness and plan administration.

Monitor ongoing contracts, including provider plan administration, provider compliance with a contract, and incurred claims.

Monitor and provide information on employee benefits and issues, trends proposed or new legislation, and changes in tax laws specific to employee benefits.

Advise and assist in establishment, review, and maintenance of appropriate contribution amounts for various coverage classes (employee coverage, family coverage, spousal coverage, dependent coverage, etc.)

Provide reports upon request on the financial and claims experience, condition, and progress of plans. These reports are to be accessible to assigned district staff by electronic means (Excel). Be available to meet with the Benefits staff and district management as needed. Participate when requested in communications and actions with the insurance and healthcare reimbursement carriers; and with boards or other independent bodies.

Assist in the design of employee benefits communications. Participate in Benefit Fairs and annual enrollment process.

Provide a key contact person to be available to answer questions and resolve issues that arise during the year regarding employee benefits, contract administration, and service provisions.

Evaluate various insurance products submitted by carriers.

Assist in implementation of Employee Wellness Program with proposed incentives and measurable objectives.

Broker - Provide information on employee benefit issues, trends, and proposed or new legislation. Including completing and filing year end reporting for the calendar year until end of contract.

Provide information on employee benefit issues and trends, new legislation, and governmental mandates such as FMLA, COBRA, HIPAA, ADA, ACA, USERRA, etc.

Provide open enrollment support including, but not limited to, developing timeline, assisting with the development of open enrollment materials, coordinating and participating in open enrollment meetings as reasonably requested

Oversee and manage the retiree life insurance plans with CIGNA to include billing and processing payments in conjunction with the full time active employee benefit plans.

Advise and assist the district with required benefit plan communications to employees annually, as regulatory changes occur, and as other changes require. Participate in wellness fairs and the annual enrollment process.

Provide such other services as requested by the District for which the consultant has the technical capability and capacity to render.

Attend meetings of the Baldwin County School District, Baldwin County Board of Commissioners or with other staff as requested.

Provide such other services as requested by the district for which the consultant has the technical capability and capacity to render.

Conditions to be accepted if any work is subcontracted. The proponent assumes full responsibility, including insurance and bonding requirements, for the quality and quantity of all work performed.

Perform other related consultation services as needed or requested.

Additional Services

The Broker/ Third Party Administrator may be required to provide additional services at any time throughout the contract which are, at the sole discretion of the District, over and above those included in the resulting contract. Fees for additional services shall be negotiated between the parties, however, they shall not be greater than those usual and customary fees charged for the same or similar services.

Vendor Proposal Requirements

The proposal response must clearly demonstrate the required qualifications, expertise, competence, and capability of the vendor. Please provide a concise description of your firm's ability to provide the services required in the Scope of Services of this document. Costs incurred by firms responding to this RFI are solely their responsibility.

Vendors are required to prepare their proposals in accordance with the instructions outlined in this part and elsewhere in this RFI. In order to be eligible for consideration, the submitted proposal must include all of the following:

Section 1. Envelope

1. Cover letter stating intentions of the proposal
2. Table of Contents
3. Complete answers of all questions listed under SECTION I

4. A sample service agreement that includes a comprehensive listing of all services available as a result of the proposal
5. A sample copy of your HIPAA Business Associate Agreement

Section 2. Envelope

6. Cost and Fee Information including full disclosure of all fees and verification that all services provided therein are included in the final proposal cost.
7. Fully disclose all commissions, bonuses, or similar financial benefits earned from third parties as a direct or indirect result of the proposed agreement.

Third Party Administrator - Advice and assistance reviewing the various components of our benefits program to ensure that those plans are in compliance with federal and all current legal requirements, including the Affordable Care Act (ACA). Recommend alternative benefit designs or delivery systems as dictated by emerging plan costs or benefit practices.

Support the district in the selection of expanded voluntary retirement savings plans.

Process various requests from voluntary retirement savings plans including loan requests, hardship withdrawals, etc.

SECTION 1

Include the answers to the following questions (address by number) in Section I submission.

Account Services

1. Describe your organizational structure (i.e. publicly held corporation, partnership, etc.). How long has your organization been providing administrative services for health and welfare plans?
2. Broker - Confirm that you are a licensed broker in the state of Georgia and provide documentation. Confirm that you serve as a broker, independently, and are not affiliated with any insurance company, third party administrative agency or provider network.
3. Any professional certifications or licenses that may be required will be the sole cost and responsibility of the successful proponent.
4. Provide the amount of professional liability or errors and omissions insurance currently carried by your company. Indicate if you have had any claims filed against you for errors and omissions in the last five years and provide a short description of such claims.
5. Briefly describe your company's organization, philosophy, management, and a brief company history. Describe your contractual relationships, if any, with organizations

necessary to your proposal's implementation (i.e. actuarial, data information services).

6. How many clients does your organization presently have? Typically, how many clients does each account manager handle?

7. What is your average client size?

8. How many public sector clients do you manage? How many self-insured clients?

9. What is your average response time to questions posed from your clients? How do you handle follow-up to outstanding items? What is your preferred method of communicating with your clients (i.e. voicemail, e-mail, or fax)?

10. Please describe the organizational structure of the account managers who would provide services to the District. Include a brief professional history for each individual and how they are qualified to provide services to the District.

11. Briefly describe the level of service and support provided by your account managers on a day-to-day basis.

12. What steps does your organization take to ensure that each account manager is educated on current market trends and legislative developments. How is this information communicated to your clients?

13. Describe how your firm ensures that vendors, third-party administrators and other service providers meet the HIPAA privacy and security requirements and how your firm assists clients in meeting the applicable requirements.

Data Analysis and Strategic Planning

14. Describe your organization's involvement in the annual renewal process. Include information regarding process timeframes, providing plan recommendations, negotiation of rates and vendor selection including TPA if your firm uses this type of service. Include how your company's experience and expertise would benefit the District.

16. Describe how your organization strives to streamline benefit administration for your clients. Include any services you provide for automation of the benefit process (i.e. electronic capabilities – internet enrollment, web site for the Baldwin County School District employees to view their benefits, outsourcing options). Attach any associated costs for these services on a separate fee schedule.

17. Detail how you develop a benefit communication strategy with your clients. Include what tools or resources you have available to assist your clients in effectively communicating and educating

plan participants not only on the specific plan details but also the value of the benefits offered?

18. Please provide a project plan including deliverables for the first year. Within your project plan describe how you propose to build an understanding of the direction and priorities of the Baldwin County School District and how you would utilize this information to anticipate our needs in relation to benefits and plan development and in turn develop a strategic benefit plan.

19. What educational resources does your organization provide to assist your clients in educating and training their benefit staff and educating plan participants?

20. Please specify any services that would fall outside the scope (i.e. require outsourcing) of your proposed service plan, but would be available to the Baldwin County School District for an additional fee. Are there services that fall outside of the scope of the proposed service plan for which the cost would be paid by vendors or other parties-in-interest?

21. Provide any additional information regarding your organization or services that you feel would be beneficial in helping the District to select a benefits broker/third party administrator.

SECTION 2.

Include the answers to the following questions (address by number) in Section II submission.

Cost Proposal

The cost proposal should outline and detail the fees for benefit third party administrative services as set forth in this RFI. Disclose all charges to be assessed to the District for the Scope of Services. Include in your cost proposal a projected schedule of payment terms (i.e., monthly, quarterly, etc.).

If your firm works on a fee-only basis, include the proposed fixed annual fee along with a detailed description of the number of hours your firm believes necessary to complete the Scope of Services. Identify any services that would not be included in the fixed annual fee and the associated cost for those services.

In lieu of a fee-only basis, describe any other proposed fee structure on which you would be willing to provide consulting services, including how the compensation is determined and calculated. Itemize any service levels for which there would be an additional fee and describe how additional fees are calculated.

References

Request for Information must list four (4) references for whom similar work has been performed during the past three (3) years.

(1) CLIENT NAME

Address (Street) Address (City, St, Zip)

Contact Name

Telephone

E-Mail

(2) CLIENT NAME

Address (Street) Address (City, St, Zip)

Contact Name

Telephone

E-Mail

(3) CLIENT NAME

Address (Street) Address (City, St, Zip)

Contact Name

Telephone

E-Mail

(4) CLIENT NAME

Address (Street) Address (City, St, Zip)

Contact Name

Telephone

E-Mail

Criteria for Evaluation

1. All proposals will be evaluated according to, but not necessarily limited to, the following:
2. The proposal's Plan of Services as required in Scope of Services and Section I and Section II requirements.
3. Extent and success of previous work provided to organizations similar in nature and size to those required herein.
4. References provided verifying the required experience and level of service needed by the District.
5. The proposal itself as an example of the potential vendor's work.
6. Qualifications/experience of key personnel to be assigned to the project.
7. All required forms completed and returned as part of the proposal package

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.O.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of The Baldwin County School District has registered with, is authorized to use and uses the federal work authorization program commonly known as E Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.O.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.O.A, § 13-10-91(b), Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

Date of Authorization

Name of Contractor

Name of Project

Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, ____201_ in _____ (city),____ (state),

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF , 201 _____,

NOTARY PUBLIC

My Commission Expires: