



# REQUEST FOR PROPOSAL

## EMPLOYEE BENEFITS CONSULTING SERVICES

### I. INTENT

The City of Cuyahoga Falls, Ohio (hereafter referred to as “City” or “Cuyahoga Falls”) is requesting proposals from qualified providers of employee benefits consulting services to coordinate its health insurance and ancillary products from reputable insurance carriers, finding the desired products at the most competitive prices.

This will be for a one (1) year contract with two or more possible renewals if both parties are satisfied with the agreement.

The firm selected will have best demonstrated their related experience at an acceptable cost for services. The solicitation is not a price determinant competitive sealed bid. The selection criteria shall be used to measure how well each vendor has met the desired requirements and qualifications. The award will be based on evaluation of **all** selection criteria.

### II. BACKGROUND

The City of Cuyahoga Falls employs approximately **400 permanent-full time employees** as well as part-time, temporary and seasonal employees who do not receive health insurance benefits. The City currently has a self-funded health insurance program with a \$250,000 stop loss. The current TPAs are Medical Mutual of Ohio (medical/hospitalization) and CVS Caremark (prescription drug). Currently, the self-insurance fund is maintained by the City with contributions made by both the City and employees. The City has fully-insured vision and dental plans through EyeMed Vision Care and Metlife, respectively, paid for by the City with buy-up options paid by employees. AFSCME members also have AFSCME Care Plan. The City is a party to six (6) collective bargaining agreements. The City maintains a health care committee consisting of representation from all six bargaining units, non-bargaining, and administration. Through consensus, the health care committee can make changes to contributions and plan design to offer suitable benefits while managing costs.

### III. SUBMISSION OF PROPOSALS

One original and four copies (a total of five) of the complete proposal must be received by the Human Resources Department at the City of Cuyahoga Falls by **July 14, 2020 AT 4:30 P.M. EST**. The original and all copies must be submitted in a sealed envelope or package, and must be clearly marked on the outside with the vendor’s name, address, telephone number in the upper left hand corner. The name of the RFP should be clearly written in the lower left hand corner of the package “RFP Employee Benefits Consulting Services, 2020”.

**Vickie M. Steiner, HR Director  
City of Cuyahoga Falls**

**2310 2<sup>nd</sup> Street, 2<sup>nd</sup> Floor  
Cuyahoga Falls, OH 44221**

Proposals received after the stated date and time will not be opened or considered for award. Proposals submitted via fax or email are not acceptable. Materials submitted become the property of City of Cuyahoga Falls and will not be returned.

**IV. SCOPE OF SERVICES**

The City is seeking a consultant that will be expected to work in partnership with the City of Cuyahoga Falls to perform the full range of services related to the design, implementation, maintenance, communication and improvement of the City of Cuyahoga Falls group insurance programs. This includes, but is not limited to:

- a. Assist with annual renewals.
- b. Prepare annual financial budget projections/proposed funding rates (including development of a baseline plan and rate to be used to develop the various rates of the plans offered by City).
- c. Development of annual fund reserves, including incurred but not reported claims, as required by Ohio Revised Code 9.833.
- d. Development and analysis of competitive bids for medical, drug, dental, vision and life insurance benefit plans through a formal Request for Proposal (RFP) process (assumes one per year); also includes assistance with implementation of any change in vendors.
- e. Continuous review and monitoring of benefit plans and recommend changes that improve the City's cost effectiveness and efficiency.
- f. Review plan documentation to ensure compliance with current legislation.
- g. Provide ongoing support/updates on federal and state benefit plan legislation, compliance issues, benefit plan trends and problem solving.
- h. Available for bi-monthly or quarterly meetings.
- i. Assist City with management of the City's Health Care Committee.
- j. Assist City with labor negotiations and/or plan communications relative to health care plans, if requested.
- k. Assist with continued development of disease management and wellness programs.
- l. Develop immediate and long-term strategies for containing healthcare costs.
- m. Provide general problem-solving throughout the plan year.
- n. Assist with the enrollment process for City employees.
- o. Communicate with employees and facilitate meetings and any other duties critical to the formation of a cost-effective and quality health insurance plan.
- p. Provide benchmarking services to obtain comparative data in order to assess the competitiveness of our benefit programs.
- q. Provide technology services and/or access to an online portal/website that Human Resources can access comprehensive research tools, information, news and training models that will help manage human resources and benefits programs (i.e. IBEF, HR.BLR).

## **V. QUALIFICATIONS**

- a. Consultant must be independent from any insurance provider, including income, incentives, or fees from any carriers as a result of contracting with the City of Cuyahoga Falls.
- b. Consultant must have experience working with large public employers.
- c. Consultant must have experience working with both fully insured and self insured programs.
- d. Consultant must have experience in labor negotiations.
- e. Consultant must have broad experience with all benefit options including life, health, vision, dental and wellness programs.
- f. Consultant shall be an Independent Contractor and not considered an employee(s) of City of Cuyahoga Falls.

## **VI. INQUIRY INFORMATION**

Inquiries regarding the scope of services described or the requirements of this RFP are to be made **in writing** to the Human Resources Director. The request must contain the vendor name, contract person and contact information. Inquiries may be emailed to [steinervm@cityofcf.com](mailto:steinervm@cityofcf.com).

## **VII. EVALUATION OF PROPOSALS**

Proposals will be evaluated by the City of Cuyahoga Falls. The following will serve as the basic criteria for the selection of the consultant:

- Understanding of the scope of work and needs of the City, including the ability to explore and help implement methods to reduce health insurance costs while still providing quality and affordable coverage for the City's employees;
- Qualifications and experience of the company;
- Public sector experience;
- The scope of the services offered;
- References; and
- Fee for services

The City of Cuyahoga Falls reserves the right to reject any or all proposals, and exercise its discretion and be the sole judge of the proposal. Prior to selection, oral presentations may be required to clarify the proposal and ensure mutual understanding.

## **VIII. FORMAT AND CONTENT**

The following questions should be addressed in each proposal and referenced as presented below to aid the City in its evaluation process:

## **General Information**

1. What is the experience of your firm, particularly your employee benefits division?
2. What are your company's vision and mission statements?
3. What would your scope of services encompass as health insurance consultant for the City? What other services provided by your firm would be available to the City if you were selected as the consultant?
4. Does your firm have special arrangements with certain insurance carriers? If so, please explain.
5. What is the employee turnover rate within your company?
6. What public entities with a similar number of employees use your company as a health insurance consultant?
7. Please provide at least three references of such public entities (Section IX).
8. Please provide details on how your company significantly improved the health insurance program for one or more of these public entities.
9. Do you have access to health insurance consortiums? If so, please explain.
10. What is your client retention rate and what measures are you taking to increase retention? Why do clients leave your organization?
11. Why should the City select your company as the health insurance consultant?

## **Account Services**

1. If your firm is selected, how would you propose we transition our account?
2. Who would be the individuals assigned to our account, what is their experience and what would their responsibilities entail? How many other accounts are they managing?
3. Does your firm offer the services of an on-staff specialist in clinical/quality issues in wellness, disease management and related areas?
4. What types of methods does your company use for employee communication and training?
5. How is your company involved with the open enrollment process?
6. What innovative ideas have you helped implement for your clients?
7. What would be your process to renegotiate renewals?
8. How do you help your clients comply with laws and regulations?
9. How do you help your clients implement the appropriate health and wellness initiatives?

10. What is the cost to the City of Cuyahoga Falls based upon your firm's submitted proposal? The fee should be a fixed annual amount for consulting services and not based on commission.

**IX. REFERENCES**

The undersigned employee benefits consultant has contracted with the following governmental agencies for work of a similar nature:

	Location & Type	Agency	Date(s)	\$ Value
1.				
2.				
3.				
4.				
5.				

\_\_\_\_\_  
Company

\_\_\_\_\_  
Signature Print Name and Title

**NOTE: NO PROPOSAL WILL BE CONSIDERED UNLESS THE ABOVE IS COMPLETED.**

## **X. POLICY REQUIREMENTS**

### **EQUAL EMPLOYMENT OPPORTUNITY**

During the performance of this contract, the CONTRACTOR agrees as follows:

1. The CONTRACTOR will not discriminate against any employee or applicant for employment because of race, creed, color, sex, national origin or handicap status. The CONTRACTOR will take affirmative action to ensure that applicants are employed and that employees are treated during employment without regard to their race, creed, color, sex, national origin or handicap status. Such action shall include, but not be limited to the following: Employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship.
2. The CONTRACTOR agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provision of this nondiscrimination clause.
3. The CONTRACTOR will, in all applications or advertisements for employees placed by or on behalf of the CONTRACTOR, state that all qualified applicants will receive consideration for employment without regard to race, creed, color, sex, national origin or handicap status.
4. The CONTRACTOR will cause the foregoing provisions to be inserted in all subcontractors for any work covered by this Contract so that such provisions will be binding upon each subcontractor, provided that foregoing provisions shall not apply to contractors or subcontracts for standard commercial supplies or raw materials.

### **EMPLOYERS AWARDED CITY CONTRACTS TO MAINTAIN DRUG FREE WORKPLACE (181.07)**

1. No contract awarded through the process of competitive bidding, other than contracts pursuant to Ohio R.C. 125.04, shall be awarded to any bidder who does not certify that the following requirements have been met:
  - a. A statement has been published and provided to employees notifying them that the manufacture, use, possession or distribution of drugs in the work place is prohibited, as well as a specification of the disciplinary action that may be taken against employees who violate that prohibition.
  - b. Any employee convicted of violating a criminal drug statute occurring in the work place is required to notify the employer of said conviction within five days after such conviction.
  - c. Notice has been published specifying the sanctions for or requiring satisfactory participation in a drug abuse assistance or rehabilitation program by an employee convicted of violating a criminal drug statute occurring in the work place.
  - d. A program has been implemented for the distribution of information on drug abuse awareness and the availability of counseling and referral services.
2. The Board of Control may, for good cause shown, grant an extension of time for compliance of the above requirements.

3. The Drug control Coordinator be and hereby is directed to provide information and assistance necessary to facilitate compliance with the provisions of this section.

(Ord. 12-1990. Passed 1-22-90)

## **SEXUAL HARASSMENT POLICY**

1. Employees of the City of Cuyahoga Falls have a right to work in an environment free of sexual harassment. The City will not tolerate any form of sexual harassment or any offensive conduct that has the effect of severely interfering with an employee's work performance or creating a pervasive intimidating, hostile, offensive work environment. Examples of sexual harassment include, but are not limited to, unwanted sexual advances; implicit or explicit demands for sexual favors in exchange for favorable treatment or continued employment; repeated sexual jokes, flirtations, advances or propositions; verbal abuse of a sexual nature; graphic, verbal commentary about an individual's body, sexual prowess or sexual deficiencies; leering; whistling; touching; pinching; assault; coerced sexual acts; suggestive insulting, obscene comments or gestures; and display in the work place of sexually suggestive objects or pictures.
2. It is the policy of the City of Cuyahoga Falls that any form of sexual harassment is unacceptable, either within the workplace or at City-sponsored events, whether on or off property owned by the City, and is subject to appropriate disciplinary action.
3. The City encourages individuals who believe they are being harassed to clearly and promptly notify the offender that his or her behavior is unwelcome. This procedure is not a required first step for reporting sexual harassment. An individual should notify their supervisor if for any reason an individual does not wish to approach the offender directly or if such discussion does not successfully end the harassment.
4. Additionally, any employee who observes harassment of any type is to report it to his or her supervisor.
5. All employees are expected to cooperate with an investigation of any type of harassment. Failure to do so may lead to discipline. False information provided in the course of any investigation may also lead to discipline.
6. The City will not retaliate against an individual who makes a report of sexual harassment, nor permit any employee to do so. Retaliation is a very serious violation of this policy and should be reported immediately. Any individual found to have retaliated against an individual for reporting sexual harassment, or against anyone participating in the investigation of a complaint, will be subject to appropriate disciplinary action.

## **WEAPONS IN THE WORKPLACE POLICY**

1. As a result of the General Assembly passing Am. Sub. House Bill 12 regarding "concealed carry" of firearms, the City of Cuyahoga Falls, Ohio, has adopted a policy. Each Bidder must review the policy and file the certification that is included in this bid packet. The policy can be accessed at the City's website, [www.cityofcf.com](http://www.cityofcf.com), under the headings Departments and then Law or a copy can be obtained from the office of the Director of Public Service located on the 2<sup>nd</sup> floor of City Hall, 2310 Second Street, Cuyahoga Falls, Ohio.

## **FINDINGS OF RECOVERY BY AUDITOR OF THE STATE**

1. Ohio law (ORC section 9.24) prohibits any state agency or political subdivision from awarding a contract for goods, services, or construction to any person against whom a finding for recovery has been issued by the Auditor of State, if that finding is unresolved. While there are additional criteria, the statute limits this prohibition to contracts that are paid in whole or in part with state funds and which exceed \$25,000.
2. The Auditor of State has established a database pursuant to ORC 9.24 in order to list all persons who have unresolved findings for recovery, dating back to January 1, 2001. Before entering into a public contract described above, a state agency or political subdivision is required to verify that the person does not appear in this database.
3. Each bidder shall log on to <http://www.auditor.state.oh.us/> and provide a copy of a certified search of unresolved findings with your bid.



**DRUG-FREE CERTIFICATION**

I, \_\_\_\_\_ certify that  
(Company Official)

\_\_\_\_\_ has posted in the workplace and distributed  
(Company)  
to all employees our Drug-Free Workplace Policy Statement, a copy of which is attached hereto.

I further certify that \_\_\_\_\_ has made information on alcohol  
(Employer)  
and drug abuse awareness available to all employees and will provide information on the  
availability of counseling and referral services to any employee requesting such information.

\_\_\_\_\_  
(Official Signature and Title)

State of Ohio        )  
County of Summit   )ss  
                          )

Sworn to before me and subscribed in my presence this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

[Seal]

In accordance with City of Cuyahoga Falls Ordinance No. 12-1990, passed January 22, 1990:

**DRUG FREE WORKPLACE POLICY STATEMENT**

\_\_\_\_\_ hereby notifies all employees of our policy  
(Employer)  
regarding drugs in the workplace.

Without exception, the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance while in the workplace is strictly prohibited.

\_\_\_\_\_ requires that as a condition of employment,  
(Employer)  
any employee convicted of a drug violation occurring in the workplace must notify his or her employer within five (5) days after conviction.

Any employee found in violation of this policy is subject to appropriate personnel action, up to and including termination of employment. Continued employment may be conditioned upon successful completion of an acceptable drug rehabilitation program.

Any employee seeking information on drug or alcohol abuse awareness and the availability of counseling and referral services should contact:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Phone)

**SEXUAL HARASSMENT CERTIFICATION**

I, \_\_\_\_\_ hereby certify that  
(Company Official)

\_\_\_\_\_ has received, reviewed, and distributed the  
(Company)

City of Cuyahoga Falls' policy regarding Sexual Harassment to all employees who will be working or involved with this project. I further certify that \_\_\_\_\_  
(Company)

will indemnify the City of Cuyahoga Falls in any action brought against it alleging that an employee of \_\_\_\_\_ engaged in any conduct prohibited by the  
(Company)

City's Sexual Harassment Policy while working or otherwise involved with this particular Project.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

State of Ohio            )  
                                  )ss  
County of \_\_\_\_\_ )

Sworn to before me and subscribed in my presence this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

[Seal]





## **CERTIFICATION OF COMPLIANCE WITH O.R.C. 3517.13**

The following certificates are required pursuant to Ohio's Campaign Finance Reform law.

One of the following two certificates shall be completed by any individual, partnership, unincorporated business, association, professional association, estate, trust, corporation, or business trust that has been awarded a contract by the City of Cuyahoga Falls.

It shall be the Contractor's responsibility to determine which of the two certificates applies and if compliance with R.C. 3517.13 has been achieved.

**CERTIFICATION OF COMPLIANCE WITH O.R.C. 3517.13**

The City of Cuyahoga Falls has entered into a contract for goods and/or services with \_\_\_\_\_ . The undersigned authorized representative of \_\_\_\_\_ certifies on behalf of \_\_\_\_\_ that all of the following persons, if applicable, are in compliance with division (I) of Ohio Revised Code Section 3517.13 with respect to all public officials who had the authority to award that contract and all public officials who may authorize or receive goods or services under that contract:

- A. the individual;
- B. each partner or owner of the partnership or other unincorporated business;
- C. each shareholder of the association;
- D. each administrator of the estate;
- E. each executor of the estate;
- F. each trustee of the trust;
- G. each spouse of any person identified in (A)-(F) above;
- H. each child seven years of age to seventeen years of age of any person identified in (A)-(G) above;
- I. any combination of persons identified in (A) – (H) above.

The undersigned certifies such compliance on and since the date that the contract was executed by all parties necessary for a valid contract with the City. This certification shall be a part of the above-referenced contact between the City and \_\_\_\_\_.

ON BEHALF OF COMPANY:

DATE SIGNED:

\_\_\_\_\_

\_\_\_\_\_

Note: This form is to be used by an individual, partnership, or other unincorporated business, association, including without limitation, a professional association organized under Chapter 1785 of the Revised Code, estate or trust. If you are unsure if this form applies to you or if you are in compliance with R.C. 3517.13 you may want to contact an attorney.

*Knowingly making a false statement on this certification is considered a felony of the fifth degree and any such falsification will act as a rescission of this contract.*

**CERTIFICATION OF COMPLIANCE WITH O.R.C. 3517.13**

The City of Cuyahoga Falls has entered into a contract for goods and/or services with \_\_\_\_\_ (“Company”), an Ohio corporation. The undersigned authorized representative of Company certifies on behalf of the Company that all of the following persons, if applicable, are in compliance with division (J) of Ohio Revised Code Section 3517.13 with respect to all public officials who had the authority to award that contract and all public officials who may authorize or receive goods or services under that contract:

- A. each owner of more than twenty percent of the corporation or business trust;
- B. each spouse of each owner of more than twenty percent of the corporation or business trust;
- C. each child of seven years of age to seventeen years of age of each owner of more than twenty percent of the corporation or business trust;
- D. any combination of persons identified in (A) – (C) of this indented list.

The undersigned certifies such compliance on and since the date that the contract was executed by all parties necessary for a valid contract with the City. This certification shall be a part of the above-referenced contact between the City and Company.

ON BEHALF OF COMPANY:

DATE SIGNED:

\_\_\_\_\_

\_\_\_\_\_

Note: This form is to be used by a corporation or business trust, except a professional association organized under Chapter 1785 of the Revised Code. If you are unsure if this form applies to you or if you are in compliance with R.C. 3517.13 you may want to contact an attorney.

*Knowingly making a false statement on this certification is considered a felony of the fifth degree and any such falsification will act as a rescission of this contract.*