# REQUEST FOR PROPOSALS FOR HEALTH INSURANCE AGENT/BROKER

**TO SELECT AN AGENT/BROKER OF RECORD FOR HEALTH, DENTAL, AND LTD INSURANCE FOR THE CITY OF WAUSAU**

Date RFP was issued June 9, 2015

Deadline for submission of proposals: June 24, 2015

Contact Person: Elise Krohn, Senior Human Resource Consultant

# Request for Proposal for Health Insurance Agent/Broker

**Intent:** The CITY OF WAUSAU is requesting proposals for an agent/broker of record to coordinate its health insurance, dental, and Long Term Disability products from reputable insurance carriers, finding the desired products at the most competitive prices. The CITY OF WAUSAU currently offers health insurance and Dental insurance to its employees with the CITY OF WAUSAU covering 88% percent of the health insurance premium for its fulltime employees and 50% of the dental insurance premium for a majority of its fulltime employees.

**Background:** THE CITY OF WAUSAU is located in Marathon County, Wisconsin and has approximately 320 FTEs who work in the areas of police, fire, public works, community development, water utility, transportation, finance and administration. Currently the CITY OF WAUSAU's health insurance policy covers 882 lives, including dependents and the dental policy covers 737 lives, including dependents. The long term disability plan covers 50 employees.

**1. Submission of Proposals**

A. Proposals shall be submitted to ELISE KROHN, SENIOR HUMAN RESOURCE CONSULTANT, CITY OF WAUSAU, 400 GRANT STREET, WAUSAU, WI 54403 by 2:00 p.m. on JUNE 24, 2015

B. Proposals shall be in a sealed envelope plainly marked "**Proposal for Health Insurance Agent/Broker - for the CITY OF WAUSAU," with** your name and address clearly identified. Proposals shall be submitted in the following format and must include the following information.

1. Provide a brief history of your firm, including years in the insurance consulting business, growth of agency, business growth and retention and anything that makes your company unique. Include your company's customer service philosophy and management style.

2. List the name, title, mailing address, telephone number, facsimile number, and e-mail address of the contact person for this proposal.

3. Provide the name(s) of the agent/broker/broker(s) to perform the work for the CITY OF WAUSAU and a brief statement as to why each agent/broker is qualified to provide services to the CITY OF WAUSAU. Identify the area(s) of expertise for each consultant.

4. Confirm that you are an actuary, licensed consultant or broker in Wisconsin; provide documentation.

5. Confirm that you serve as a consultant or agent/broker independently and are not affiliated with any insurance company, third party administrative agency, or provider network.

6. Please describe your vision of the relationship with the CITY OF WAUSAU in being an agent of record and broker for CITY OF WAUSAU.

7. Detail the scope of services your company would offer and how your firm would accomplish the work described.

8. Outline your ability to provide expertise and experience in the areas of health benefit plan analysis and design. Detail your ability to advise municipal government on health care cost containment strategies. Give examples of your work with other companies, similar in size to the CITY OF WAUSAU, and the end result of that effort.

9. List three current clients for whom you provide coordinated services related to health plan and ancillary benefits, analysis and design. For each client, the list must specify the type of work performed by your company, the size of the client's group and the period of time retained as a client. For each client, include the name, title, address, fax number, and phone number of a contact person who the CITY OF WAUSAU may contact as a reference.

10. Do you publish newsletters and other informative publications that are routinely provided to your clients? Have you prepared reviews of topics related to the health and dental insurance fields that are routinely provided to your clients? Provide sample copies.

11. Please describe your working relationship with health insurance carriers. Are there any existing or potential relationships between your firm and insurance carriers and/or vendors who may be considered by the cooperative that could lessen your independence and objectivity because of a perceived or actual conflict of interest?

12. Please indicate any other services, capabilities, designations or experience that differentiates your organization from competition.

13. Please explain your companies training strategy to ensure that the latest and most accurate information is conveyed to your customers.

14. Please describe to what extent you are willing to be involved in resolving problems with claims, etc. between an insured and the insurance carrier.

C. Proposals may not be withdrawn for sixty (60) days from the proposal due date.

D. The CITY OF WAUSAU reserves the right to reject any or all proposals. The CITY OF WAUSAU also reserves the right to exercise its discretion and be the sole judge of the proposal. The CITY OF WAUSAU is not liable for any costs incurred by the agent/broker prior to the issuance of a contract and receipt of all necessary approvals.

Three (3) copies of the proposal shall be submitted with the name and telephone number of the principal person provided.

E. Interpretations, changes, modifications or additions to the Request for Proposal resulting from any inquiries shall be published by addenda to all those receiving the original proposal package. All material submitted becomes the property of the CITY OF WAUSAU and will not be returned.

F. Agent/Broker finalists selected for final evaluation prior to final selection may be required to make an oral presentation of their proposal to the CITY OF WAUSAU and/or its health insurance staff or Personnel Committee. Such presentations provide an opportunity for the potential agent/broker to clarify the proposal to ensure mutual understanding.

G. Agent/Broker requiring any interpretations or clarifications regarding the Request for the Proposal shall direct such questions to ELISE KROHN, SENIOR HUMAN RESOURCES CONSULTANT.

**2. Agent/Broker Compensation**

Please outline and detail how the agent/broker will be compensated, now and in the future. PLEASE note that the CITY OF WAUSAU may require ***complete*** disclosure of any and all fees / commissions / contingent commissions / overrides / bonuses your organization receives each year as a result of your organization's work on its behalf.

**3. Project Management**

Please describe how the CITY OF WAUSAU'S account would be managed by your company. If different people/departments would manage different aspects, please explain.

**4. Selection of Agent / Broker**

Proposals will be evaluated by the CITY OF WAUSAU'S, whom reserves the right to reject any or all proposals received. The following will serve as the basic criteria for the selection of the consultant eventually selected.

A. Understanding of the work required by the project manager as evidenced by the proposal and the ability of the contractor to commence work in a timely manner. Completeness of proposal will be critical.

B. The qualifications of the company.

C. The scope of the services offered.

D. Ability to work with and relationship with and access to major health insurance carriers.

**5. Scope of Services**

**The selected agent/broker will be expected to work in partnership with the CITY OF WAUSAU staff to perform the following services:**

A. Provide recommendation for the proposed benefit components, specifically in the area of design, funding, cost and administration. This will include a review of current and proposed plan features and rate structures.

B. Conduct renewal negotiations with the carrier(s) and vendors and prepare a complete and detailed accounting of all claim costs, provider access fees, administrative expenses, risk charges, etc.

C. Provide general problem-solving throughout the plan year.

D. Any other duties critical to the proper formation of a health insurance plan and its optimal operation and participation.

**Additional Comments**

All information and material returned with proposals shall become part of any contract, which results from this proposal. Any proprietary information submitted for review should be submitted in a separate sealed envelope plainly marked as proprietary information. The CITY OF WAUSAU will disclose this information only to those involved in the selection process.