Request for Proposal

Comprehensive Benefit Consulting and Broker Services

RFP #2895-0425

Deadline: Tuesday, March 18, 2025, 10:00 AM CST

For questions, contact Purchasing Division at purchasing@joliet.gov. All questions must be submitted in writing by **Friday, March 7, 2025, 10:00 AM, CST.** Questions submitted after that date and time will not be acknowledged nor answered.

All questions will be answered in the form of an addendum and posted to the City of Joliet's website at https://www.joliet.gov/bids.

I. INTRODUCTION

The City of Joliet invites your firm, among others, to submit a proposal for insurance brokerage services for group health insurance, group life (including AD&D and long term disability), dental, and other plans as they are added or developed. The City's current plan is a self-insured BCBS PPO with excess and aggregate coverage. The group life coverage is through Fort Dearborn Life Insurance. It is necessary that the proposers have working relationships with our current providers. The City's current health plan benefits will remain in effect unchanged until December 31, 2030 for union members and there are 2 alternative plans in place for non-union employees. The City would also like to retain its current BCBS Account Executive who has working knowledge of the City's plan.

The broker selected during this proposal will have the responsibility of negotiating rates/premiums and discounts with BCBS for the plan year commencing 2026. Open Enrollment meetings are scheduled in October/November of each plan year.

PROPOSAL DEADLINE

All proposals are to be submitted by **10:00 AM, CST, on Tuesday, March 18, 2025.** Written responses and all supporting material must be submitted with four (4) original hard copies in a sealed opaque envelope addressed to:

City Of Joliet – Sealed Proposal Enclosed
Office of the City Clerk
150 W. Jefferson Street
Joliet, IL 60432

The outside of the sealed envelope – face of the envelope, **must** include the following:

- 2895-0425 RFP Insurance Broker Services
- March 18, 2025 10:00am RFP Opening
- Name, Address, and Phone Number of Company

Receipt of your submittal in any location other than the Office of the City Clerk at City Hall does not constitute receipt. If you are using a delivery service, the fact that it was signed for by someone at City of Joliet does not constitute receipt. To ensure that your package was received prior to the opening, email cityclerk@joliet.gov or call 815-724-3780 to verify receipt of document.

The City of Joliet will not accept proposals received after the RFP submittal deadline. The City of Joliet shall not be held responsible for the non-opening of proposals not adequately addressed and identified in accordance with these instructions.

ADDENDUM

Questions will be answered in the form of an addendum and emailed to all vendors

registered on the CONSULTING RSS feed at:
https://www.joliet.gov/government/departments/finance/purchasing/bids-proposals/consulting

Those submitting proposals have sole responsibility to seek, obtain, and properly consider addenda. Acknowledgement that addenda have been reviewed shall be indicated on the Request for Proposal Cover Form.

II. THE FOLLOWING GENERAL CONDITIONS GOVERN THE PROPOSAL PROCESS

A. Proposals must address each item in the RFP specifically. Any deviation from the items must be noted.

B. Proposals should include a statement of any areas of possible "conflict of interest" with City of Joliet Elected Officials, administrators, and/or employees.

C. By submitting a proposal, the proposer is indicating that he or she has read, understands and agrees to all points in the proposal.

D. The proposal submitted must be signed by an Officer of the Company, a duly authorized agent of the Company, or other managerial personnel with the authority to obligate the Company to the proposal. Unsigned proposals will be rejected.

E. Any Agent/Broker/Agency submitting a proposal must be licensed and authorized to do business in the State of Illinois.

F. As an Agent/Broker for the City of Joliet, the proposer will be required to carry a minimum of $1 million of Errors & Omissions Coverage. Certificates of Insurance for E&O coverage must be submitted with your proposal.

G. The City of Joliet reserves the right to reject any and all proposals or parts thereof, and to waive technicalities as deemed to be in the best interest of the City.

H. All proposals and related materials become the property of the City of Joliet and may be subject to public inspection in accordance with the State of Illinois Freedom of Information Act (FOIA). Trade secrets or proprietary information submitted shall not be publicly disclosed under the State of Illinois FOIA; however, the Offeror shall invoke the protection of this section prior to or upon submission of the data or other materials and must identify the data or other materials to be protected and state the reasons why protection is necessary. Disposition of materials after award is made shall be stated by the Offeror. Offerors should indicate the portions of their material that is proprietary by listing the page number(s) and reason(s). Do not mark the whole proposal proprietary.

I. The City anticipates making a decision on the consulting/brokerage services by April 25, 2025.

III. SCOPE OF SERVICES

The City of Joliet is seeking a broker/consultant to perform the full range of services related to the design, implementation, maintenance, communication, and improvement of the City's group health, dental, life insurance programs, and related insurance plans. Specific responsibilities include, but are not limited to:

1. Assist the City 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.
2. Analyze claims experience on a quarterly basis. This includes a detailed breakdown on prescription drugs and other claim categories.
3. Resolve discrepancies in the Plan documents.
4. Resolve claim disputes.
5. Negotiate on the City's behalf with providers if certain claims are not covered.
6. Provide updates on legal and regulatory issues as they relate to benefits.
7. Assist with compliance and regulatory issues
8. Represent the City in all negotiations with vendors to secure the lowest possible rates and maximum discount levels.
9. Attend City Meetings, Insurance Committee meetings, Open Enrollment Meetings and various other informational meetings throughout the year.
10. Recommend cost containment strategies, including ways to implement, on all benefit plans.
11. Provide verification of claims accuracy.
12. Prepare specifications, seek quotes, analyze quotes and make recommendations for placement of existing and any new benefits.
13. Secure timely quotes from vendors.
14. Facilitate the successful transition of any coverage or administrative services due to a change in the administrator or service provider.
15. Provide training and support for administrative staff in all areas of benefit administration.
16. Assist the City with the implementation and communication of new programs or changes to existing programs, which will include attending and presenting information at open enrollment meetings.
17. Plan and implement an effective wellness program that includes an annual health fair for City employees.
18. Provide consulting and technical support, as available, to implement Online Benefits Open enrollment services to employees.

IV. RFP Schedule

Action	Date
RFP Issued	February 21, 2025
Proposals Due	March 18, 2025
City Review and Analysis	March 19 - April 4, 2025

Interviews w/Selected Brokers	April 9 - April 18, 2025
City Council Approval	May 20, 2025
Effective Date of Broker Agreement	July 1, 2025

V. CONTRACT LENGTH

The minimum contract period shall be from July 1, 2025, through June 30, 2026, however, pricing options will be considered for additional years and written notice of intent to renew shall not be required. Issuance of a purchase order shall constitute exercise of the renewal option.

VI. SELECTION PROCESS

The contract award will be made after the selection of one (1) respondent's proposal with implementation of services to follow. The City intends to evaluate the proposed services based upon the data presented in response to the RFP and the firm's ability to begin providing services beginning on July 1, 2025. The proposals will be reviewed based on qualifications, specific experience, scope of services, references, and pricing, and then rated according to which company best meets the City's requirements. Those firms whose proposals most closely meet the needs of the City will be required to attend an interview with the City of Joliet Staff. Failure to attend this meeting, if selected, may give cause to have your proposal declared non-responsive, at the City's discretion.

VII. KEY CONSIDERATIONS & EVALUATION CRITERIA

The RFP responses will be evaluated based upon the following:

- Perceived ability of the broker to negotiate a benefits program that meets the needs of the City of Joliet.
- Broker's demonstrated expertise in negotiating benefit plans on behalf of clients similar to the City of Joliet.
- Broker's knowledge and /or technical support related to the implementation of an Online Benefits Open Enrollment process.
- Broker's and other assigned staff's availability and accessibility, including the location of the office that will be servicing the City's account.
- The experience, professional credentials and references of those persons who will actually be servicing the City's account.
- Broker's conceptual approach and ideas related to service, as well as how you will manage the City's account.
- Broker's ability to provide proactive support to the City's Benefit function, including dissemination of current general and legal updates as well as time sensitive insurance carrier information.

PLEASE NOTE: The applicant SHALL NOT make any attempt to contact or discuss with any employee, Director or Council Member at the City of Joliet, or the Evaluation Committee, anything related to this RFP *prior* to the award of this contract by the City Council. Failure to abide by this requirement shall cause such applicant to be eliminated from consideration. The only exception to this will be questions asked of the Purchasing/Contracts Administrator regarding this RFP. Additionally, after the proposal opening, if a Contractor is contacted by a member of the Evaluation Committee to schedule a meeting to negotiate terms and conditions and to elaborate further on their proposal, this conversation is allowed as said meeting as long as at least two members of the Evaluation Committee are present.

Selection Criteria

Criteria	**Scale**
Provider qualifications & experience	40
Scope of services & references	30
Cost of Services	30
Total	100

PLAN INFORMATION

The City of Joliet has a self-insured plan that is effective until 12/31/2030 as follows:

PPO – self-insured administered by BCBS
Dental – self-insured administered by BCBS
Vision – self-insured administered by BCBS

Other benefit plans are in effect:

Life – fully-insured, self-administered with Fort Dearborn Life

Section 125 Plan – Voluntary, payroll deducted, administered by Flexible Benefit Service Corporation

Life – Voluntary, payroll deducted, administered through Fort Dearborn Life

Critical Illness, Accident, Disability and Cancer coverage – Voluntary, payroll deducted, administered through Colonial Workplace Division

The enrollment as of December 31, 2024 for Group Health (BCBS PPO+):

	Subscriber only	Subscriber +1	Subscriber + 2 or more	Total
Non-Medicare Primary	211	141	485	837
Medicare Primary	224	231	10	465

The enrollment as of December 31, 2024 for Dental Coverage:

Subscriber only	Subscriber +1	Subscriber + 2 or more	Total Subscribers
211	141	485	837

PROPOSAL REQUIREMENTS
PART I

1. Consulting/Brokerage Information

For each of the areas listed below provide the persons in the firm responsible for that issue. Please include at least two names for each item as well as their qualifications/resumes.

- Medical:
- Dental:
- Vision:
- Life:
- Flexible Spending Plans:
- Other Voluntary Benefit Plans:
- Plan discrepancies:
- Administrative problems:
- City's primary contact:

Number of Consultants/brokers in firm:
Number of staff members in firm:
Firm's years of experience with Public Entities:
Firm Description: Name, address, telephone, internet address; firm structure, history, number and location of offices and total number of employees.
List applicable certifications, licenses, and associated numbers.

2. References

Please provide **four** references preferably from Public Entities or clients with health benefits tied to negotiated labor agreements, including the following information:

Company name:
Contact:
Address:
Telephone number:
Benefits placed at last renewal:
Number and name of vendors that quoted on last renewal:
Successful vendor:

3. Work Samples and Employee Communication Materials

Attach any other information that might be helpful in making our decision.

4. Consulting/Brokerage Fee Disclosure

The successful consultant/broker will provide all requested services based on a flat fee or per capita/member only. Fees are to be payable on a monthly or quarterly basis. The proposal must state that the proposal fee is all-inclusive and represents the total compensation your firm would receive for all services from all sources.

Please describe your broker fee structure:

PROPOSAL QUESTIONS
PART II

1. Describe the range of the employee groups that you service:

   a. Total number of clients using your services:
   b. Average number of employees per client:
   c. Largest employee group being serviced:
   d. Number of employee groups over 500:
   e. Number of employee groups over 800:
   f. Number of employee groups less than 500:
   g. Number of employee groups less than 100:

2. Describe your firm's marketplace leverage in negotiating with carriers in regard to rates, policy terms and plan design. Please include the carriers that your firm has been most effective with and why.

3. Describe your view of the role of a Broker/Consultant and what differentiates your firm from others.

4. Summarize your firm's strategy to manage and forecast a benefit package over a 2-3 year period.

5. Describe your firm's philosophy for servicing an account and commitment to customer service and quality assurance; identifying the number of customer service representatives available to respond to our organization, the customer service hours and whether a toll free number is available to clients.

6. Describe any in-house tools, and/or technology available for the City's access. Please provide sample materials for review if appropriate.

7. Describe past and current experience, including number of current clients, particularly those of public entities – please note if any of these are self-funded, with City PPO insurance needs.

8. If selected as Broker/Consultant for the City of Joliet, please describe the steps you would anticipate for a smooth transition.

9. Please include a statement of any areas of possible “conflict of interest” with city of Joliet Elected Officials, administrators and/or employees.

10. Describe your firm’s consulting/technical support for the implementation of an online/automated yearly renewal process.

11. Describe your firm’s capability with regard to communication. Include ongoing employee communication and web-based communications.

12. Describe your firm’s legal research capabilities and how you communicate legislative updates to your clients.

13. Describe what resources your firm offers to assist with the administration of the City’s programs.

14. Please provide any additional materials you believe would be helpful in this selection process.

15. Please list the carriers you would solicit for the City of Joliet’s coverage.

Request for Proposal Cover Form

To: City Of Joliet – Sealed Proposal Enclosed
Office of the City
Clerk 150 W.
Jefferson Street
Joliet, IL 60432

From:

_____
Broker

I have examined the specifications and instructions included herein and agree, provided I am awarded a contract within 90 days of RFP due date, to provide the specified items in accordance with the terms stated herein. All deviations from specifications and terms are in writing and attached hereto.

Acknowledgement that all addenda have been reviewed: Y/N _____

_____ _____
Print Name Signature

_____ _____
Address City, State, Zip Code

_____ _____
Phone Number E-mail Address

_____
Date

Please include four (4) hard copies of the proposal.

If NO BID is your response, please initial here_____.