



REQUEST FOR PROPOSAL

The information contained in this Request for Proposal (RFP) is confidential and proprietary to Manistee County. In accepting this RFP, vendors agree to all the conditions under federal confidentiality law.

I. Statement of Intent.

Manistee County is seeking information regarding vendor capabilities in Employee Health and Benefits Management. This document is a Request for Proposal (RFP). Manistee County is seeking a supplier of these services over a one-year period, subject to negotiation. This request for proposal does not commit the Government to contract for any supply or service whatsoever.

II. Background

- a. Request. Manistee County is seeking Employee Health and Benefits Management for Manistee County.
- b. Limitations. Any contract established with a qualified provider will be up to a yearly basis. Renewal of any contract will be based on an objective performance evaluation at the end of each contract period. Multiple year contracts may and can be generated following this format.

III. Requested Information/Specifications

- a. Submission. Proposals must be submitted in a sealed envelope bearing the title of: Manistee County, *Employee Health and Benefits Management Proposal*. Proposals must be delivered to the Administrator/Controller's Office, 415 Third Street, Manistee, MI 49660, no later than 5:00 PM on Friday, May 03, 2019. All successful bidders will be required to accept reductions in payments for nonperformance of the contract. All prices quoted must be guaranteed through life of the contract/agreement. If there is a modification to the RFP, secondary to questions and or clarifications, all qualified bidders will be notified of such changes and be allowed to modify their proposal. If changes occur, modifications to proposals will be allowed to be submitted up to the provider selection date identified below. All successful bidders must comply with all parts of the contract and all Federal and State laws governing this proposal and operations.

b. Schedule of Proposal and Contract Activities

- RFP available to prospective bidders
- Proposal submission deadline
- Proposals reviewed/references checked
- Provider(s) selected
- Contract sent
- Start of Contract

c. Contact information. Questions related to this RFP can be submitted to: Lisa Sagala, HR Manager/Assistant Administrator, lsagala@manisteecountymi.gov or (231) 398-3502.

d. Selection Process. Manistee County reserves the right to reject any and all bids, waive any informality in bidding, select the successful bidder on a basis other than the bid amount, and negotiate with one or more qualified bidders before awarding a contract.

IV. Response: Submit a response to include the following information

- a. Qualifications. Provide name, title, address, telephone and email address of primary contact at your organization as well as:
- i. Overview or broad description of your experience or involvement in the insurance/employee benefits industry. Do you have proof of business status? If so, please provide an example. If not, please explain.
 - ii. Description of your organization's service philosophy.
 - iii. Description of "value added services" available and whether they are proprietary or outsourced.
 - iv. List of potential firms/markets accessible to your organization.
 - v. Description of experience in providing enrollment services.
 - vi. Description of services and tools that your firm provides for benefit administration.
 - vii. Description of experience handling a Direct Feed Reimbursement Arrangement for Health Insurance.
 - viii. Description of your experience in implementing benefit plan changes.
 - ix. Description of the expected frequency and content of client meetings.
 - x. What, if any, initiatives has your firm taken to design, implement, and promote wellness programs among your clients? Please describe any measurable successes that you have achieved.
 - xi. Detail your company's plan to ensure client compliance with relevant Federal and State laws, requirements and statutes.
 - xii. List the key differentiators for your firm. What critical success factors distinguish your organization from your competitors?
- b. References. Provide name of three references; preferably customers that have been with your organization three or more years.

- c. Compensation / Fees. Fully describe how your firm would be compensated if it were to be awarded a contract as Benefit Consultant. This would include, but is not limited to, all commissions, contingent commission and/or fee relationships, fee for services or fixed rates. Provide details of the services that will be provided as a part of regular compensation, as well as those (if any) that require additional compensation.
- d. Conflict of Interest. Disclose any conflicts or perceived conflicts of interest and identify what procedures your firm utilizes to identify and resolve conflicts of interest.
- e. Copies of the following items.
 - i. Errors and Omissions coverage
 - ii. Liability coverage
 - iii. Statement of compliance with federal and state laws
- f. Transition Plan. Please describe the transition plan/steps after contract is awarded that you would take to extend/add your services.
- g. Best Fit Statement. In a brief paragraph provide for us the reason your organization would be the best “fit” for Manistee County and our Employees.

V. **Discussion.** Manistee County representatives may or may not choose to meet with potential offerors. Such discussions would only be intended to get further clarification of potential capability to meet the requirements, especially any development and certification risks.

VI. **Summary.** This is a Request for Proposal (RFP) ONLY to identify sources that can provide Employee Health and Benefits Management. The information provided in the RFP is subject to change and is not binding. Manistee County has not made a commitment to procure any of the items discussed and release of this RFP should not be construed as such a commitment or as authorization to incur cost for which reimbursement would be required or sought.