



**Request for Proposals
(RFP)
Employee Health and Life Insurance Broker**

LifeBridge Community Services, Inc.
475 Clinton Ave.
Bridgeport, CT 06605

Due Date
6/21/2024



GENERAL INFORMATION

A. Introduction

LifeBridge Community Services (LifeBridge) is a leading non-profit organization providing trauma-informed behavioral health services in Bridgeport and Fairfield, CT. We support adults, children, and adolescents through mental health and substance use recovery. We offer individual, family, and group counseling and medication management. LifeBridge has roughly 43 full-time employees and 57 part-time employees.

B. Instructions to Bidders

Description of Work: LifeBridge is seeking bids for broker services. This term refers to the core assignment of an insurance broker or agent securing coverage for the organization. LifeBridge requests proposals from qualified licensed brokers to provide broker and related consulting services for current and future employee health benefits, including medical, prescription drugs, dental, vision, life, AD&D, and long-term disability benefits. Additionally, consulting services are requested for the organization's flexible spending account benefit.

LifeBridge seeks a broker who is well-versed in the employee benefits market and has experience advising other nonprofit organizations. LifeBridge is seeking proposals for an agreement from September 1, 2024, through August 31, 2026.

C. RFP TIMELINE

RFP issue date: 5/01/2024

RFP questions: Questions concerning this RFP may be submitted in writing no later than 6/01/2024 by 3:00 p.m. to:

Linda Dunn, Director of Human Resources
475 Clinton Ave.
Bridgeport, CT 06605
ldunn@lifebridgect.org

Submission deadline: 5:00 p.m. on 6/21/2024

Finalist interviews: LifeBridge reserves the right to conduct finalist interviews if necessary. If so elected, finalist interviews will be held in July/August.

Contract award: LifeBridge intends to award the contract in August for the beginning date of the agreement, which is September 1, 2024, through August 31, 2026.



MINIMUM INFORMATION REQUIRED – PROPOSAL FORMAT

A. GENERAL INFORMATION

- Provide the history of your firm. Particularly your employee benefits division.
- How many employees are there in your company? Generally, what are their job categories (i.e., management, sales, technical, customer service, etc.)?
- Who would we be working directly with on administrative issues, questions, or problem-solving? Please provide the roles and qualifications of each person.
- Who will facilitate annual on-site enrollment meetings and ad hoc education meetings?

B. FEES

- Describe your firm's revenue disclosure policy and outline how you anticipate being compensated for our account (commission, consulting fee, etc.). Also, outline overrides (including GA compensation) and additional (if applicable) that you would anticipate receiving.
- Describe a proposed form of compensation (i.e., commission, annual retainer, and fee-for-a-service). If you are proposing a fee, please include your fee schedule/hourly rates.
- If you charge consulting and employee communication fees, please indicate the basis of your charges (hourly, by project, etc.).

C. REFERENCES

- Please provide the number of self-insured groups your agency handles with over 100 employees and their respective employee count.
- Please provide the names, number of employees, and contact information for at least five self-insured Fairfield County clients for which your agency has or does provide agent/consulting services. 2 of the five should be non-profit organizations.

D. ACCOUNT SERVICES

- Describe your account services department.
- What is your process for ensuring customer satisfaction?
- What kind of training (industry, internal, computer, other) does your staff receive?
- Do you provide employee communication services for your clients' employees? If so, please provide a general description of your capabilities. Please provide a sample of employee communication materials you have distributed to their clients.
- Will you facilitate annual on-site open enrollment meetings and prepare all necessary communication and enrollment materials? Will you coordinate vendor attendance during on-site open enrollment meetings?
- Will you facilitate quarterly on-site meetings to update LifeBridge with financial updates, how the plan is running, cost-saving measures, and/or new vendors or services?
- Do you assist with eligibility-related items?
- Explain how you provide oversight of the plan.
- Outline if any services would come at an additional cost and the associated cost.



E. DATA ANALYSIS

- What resources do you use to analyze medical and pharmacy claims?
- Do clients have access to the data for ad hoc queries?
- Will your organization provide a wellness and preventative health analysis of our employees and claims experience?
- For any of the above questions you answered yes, please give us a sample report you prepared for another client.
- What is the cost of customization or ad hoc reports?

F. STRATEGIC PLANNING VENDOR SELECTION

- What resources do you have available to help us manage our benefits and outline a benefits strategy consistent with current and future business plans?
- How will you help us with the competitive marketing and placement of our plans, including the development of marketing specifications, identification of market conditions, evaluation of proposals, negotiations, and placement of insurance contracts for annual renewals?
- How is the “re-bidding” process handled?
- How are plan design changes handled?
- How will you demonstrate the savings?
- How do you review PPO discounts, and what are your criteria for recommending changes in network affiliations?
- What sort of benchmarking data can you provide? Is there a cost for benchmarking data?

G. COST PROJECTIONS/ON-GOING REVIEW

- How can you help us develop a cost projection suited to our fiscal goals?
- Who do you use for actuarial services? Please provide credentials.
- How will you help with the management insurance, including monthly (or quarterly) supervision and/or preparation of claims activity reports from carriers; executive summary reports; underwriting analysis for annual renewals; annual financial projections for budgeting purposes; and alternative funding analyses?

H. REINSURANCE

- Please provide a written overview and sample of your agency’s comparative analyses of stop-loss contracts. The analysis would include rates, company strengths, AM Best rating adequacy, claims reimbursement provisions, coverage eligibility and limitation differences, etc.
- Please provide a written explanation of how your agency leverages rates for stop-loss coverage.
- Please share the process that your agency follows to secure the most competitive stop-loss insurance rate for your clients.
- Please list items that may have a cost reduction impact on our stop loss insurance.
- Please explain the process used to determine our group's appropriate stop loss deductible amount.
- Please explain how you leverage rates when our annual stop-loss claims paid by the carrier are higher than our annual premium paid for the same period.
- Other services related to Stop Loss or cost containment that your agency may provide.



I. PLAN ADMINISTRATION AND LEGISLATIVE COMPLIANCE

- Do you have an in-house benefits attorney? If yes, please provide their credentials and how long they have counseled on benefit issues. If not, do you use an external benefits attorney? Which firm do you use?
- How does your firm stay current with state regulations that impact multi-state employers?
- Will your firm notify us of changes in federal and/or local laws that would affect us?

J. WELLNESS PROGRAMS

- What tools can you provide us with to help implement a wellness program?
- Can you provide examples of low-cost wellness tools?
- How can you help evaluate and refine our wellness program over time?
- What is your process for measuring the success or failure of a wellness program?

K. HR TOOLS

- Describe how you keep your clients abreast of employment laws in a timely manner.
- What resources do you provide to help us remain compliant?
- What types of materials can you provide to communicate pertinent information to our employees?
- Do you have any internet-based employee communication tools? Please provide a list of the Human Capital Management companies you have worked with.

L. OTHER

- Describe any other facets of your organization and your firm's experience that are relevant to this proposal that you feel warrants consideration that has not been previously described.

ATTACHMENTS

Attachment A: Certification Regarding Debarment, Suspension, and Other Responsibility Matters



ATTACHMENT A

**LIFEBRIDGE COMMUNITY SERVICES, INC.
CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS**

The prospective participant certifies to the best of their knowledge and belief that it and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
2. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for a commission of fraud or a criminal offense in connection with obtaining or attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;
3. Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with a commission of any of the offenses enumerated in paragraph (2) of this certification; and
4. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

I understand that a false statement on this certification may be grounds for rejecting this proposal or terminating the award.

Name of Firm Submitting Bid

Signature and Title of Authorized Official Date

I am unable to certify the above statements. Attached is my explanation.

Prime or Subcontractor's Name: _____

Telephone Number: _____