CITY OF BLOOMINGTON, INDIANA
401 N. Morton St.
Bloomington, IN 47404

www.bloomington.in.gov

REQUEST FOR QUALIFICATIONS
For
DENTAL, VISION, AND INSURANCE BENEFITS

RFQu #2022-HR Benefits

RELEASE DATE: August 22, 2022

SUBMISSION DATE: September 16, 2022
PURPOSE

The City of Bloomington Human Resources Department is issuing a Request for Qualifications (RFQu) from qualified firms for employee dental, vision, basic life, term life, accidental death and dismemberment, and short and long-term disability insurance, along with employee assistance programs.

PART I: GENERAL INFORMATION

1.1 BACKGROUND:
The City of Bloomington is located in the state of Indiana. The city was established in 1818 and incorporated in 1866.

The City of Bloomington is a municipal government that employs approximately seven-hundred and fifty diverse employees in various departments such as Public Works, Police, Fire, Parks and Recreation, Planning, Engineering, Sanitation, Animal Shelter, and Utilities.

The City has three separate collective bargaining units, which include the Fraternal Order of Police (FOP), the International Alliance of Firefighters (IAFF), and the American Federation of State, County, and Municipal Employees (AFSCME).

1.2 OVERVIEW:
The City currently offers a Preferred Provider Organization (PPO) and a High Deductible Health Plan (HDHP) for medical. The medical plans and COBRA, administered by the Aim Medical Trust, is self-insured, and is NOT included in this request. Cigna administers the dental and vision plans. The dental plan is self-insured, and the vision plan is fully insured. In addition to an employee assistance program, the City offers the following insurance: basic life and term life, accidental death and dismemberment, and short and long-term disability. Short and long-term disability is offered to our non-public safety employees. Basic life, term life Insurance (employees, spouse/domestic partner, and their dependent child(ren)), accidental death and dismemberment, and the employee assistance program (employees and family members that live within their household) are offered to both non-public safety and public safety employees. These plans are administered by New York Life, formerly known as Cigna Group Life Insurance Company. Additional information is included under the Scope of Work in section 4.5 of this request.

1.3 LICENSES AND CERTIFICATIONS:
The Firm offering a qualification proposal and any subcontracted providers must have all the necessary Indiana state licenses, registrations, and certificates to offer the products and services requested in this RFQu.

1.4 QUALIFICATIONS:
Firms shall be responsive, responsible, and have the capability, experience, and personnel to render the services requested.

1.5 SELECTION AND AWARD:
All submissions deemed responsive to this request will be reviewed. The successful Firm(s) selection will be based on multiple factors, including cost, experience, ability, references, and the plans and benefits offered.

Once the submissions are evaluated by the City, the City may make an award to the Firm that submits the proposal judged by the City to be the most advantageous.
The City reserves the right to award on an all-or-none basis or award to multiple Firms if it is in the City’s best interest.

1.5.1. The City reserves the right to rescind any award if it is determined the offer is not in the City’s best interest or if errors, omissions, inaccuracies, non-compliance, or any deficiencies are discovered after the award has been issued.

1.5.2. If the City determines that all submissions received should be rejected, Firms shall be notified by the Purchasing Manager accordingly. The City may or may not reissue the request.

1.5.3. Submissions may be withdrawn before the scheduled deadline for receipt of qualifications upon written request prior to the scheduled closing time for accepting submissions. Negligence on the part of the Firm in preparing its response confers no right to withdraw its response after the scheduled closing time for filing submissions; no submission may be modified or withdrawn for a period of one hundred and twenty (120) calendar days thereafter.

1.5.4. The City reserves a right to reject the submission based on its assessment of a Firm’s prior performance.

1.5.5. Discussions and negotiations may take place with the short list of firms to ensure clarification and obtain the best and final offer.

PART II: GENERAL CONDITIONS

2.1 SUBMISSION REQUIREMENTS:
Qualification documents shall be submitted to the attention of Brenda Hendrix, Benefits Manager, at hendribr@bloomington.in.gov. Submissions must be in PDF format unless specified otherwise. The Firm’s email must include the RFQu number and title in the subject line. Any submissions received after the deadline may be considered non-responsive and disqualified at the City’s discretion.

Submissions shall also include the Fee Schedule form in excel format (Exhibit A).

2.2 DELIVERY OF QUALIFICATIONS:
Submissions must be received before noon, local time, on Friday, September 16, 2022. Any submissions received after this time will not be considered. Submissions shall include the RFQu title, the name of the Firm(s), and the representative’s contact information.

The Firm is responsible for ensuring the delivery of its submission by the deadline and may confirm receipt by emailing Brenda Hendrix at hendribr@bloomington.in.gov.

Note: Any deviation from this requirement may result in a submission being considered non-responsive, thus eliminating a Firm from further consideration.
2.3 SUBMISSION COSTS:
Those submitting qualifications do so entirely at their expense. There is no expressed or implied obligation by the City to reimburse any individual or Firm for any costs incurred in preparing or submitting responses or providing additional information when requested by the City. This includes, but is not limited to, costs for travel and per diem, attending interviews, providing presentations or demonstrations, and participating in contract negotiation sessions.

2.4 ACCEPTANCE OR REJECTION:
Submission of any response indicates acceptance of the conditions and requirements contained in the Request for Qualifications unless clearly and specifically noted otherwise in the submitted documents.

The City of Bloomington also reserves the right to reject any or all submissions, in whole or in part, to waive any or all informalities, and to disregard all non-conforming, non-responsive, or conditional submissions.

2.5 COMPLIANCE:
The Firm warrants and agrees that its performance under this contract will at all times comply with all local, state, and federal laws, codes, rules, ordinances, and regulations.

2.6 INQUIRIES:
Each Firm’s responsibility is to examine the RFQu and seek clarification in writing via email if the Firm does not understand any information or instructions. Emails shall include the RFQu number and title in the subject line and must be submitted no later than noon local time, Monday, August 29, 2022 to Benefits Manager Brenda Hendrix (hendrib@bloomington.in.gov). Emails should reference the page number and paragraph within this RFQu relevant to the question presented for clarification. The City will respond to all inquiries within four business days of submission. The City assumes no liability for assuring accurate and on-time email transmissions.

2.7 ADDENDA:
If revisions become necessary, the City will provide written addenda. Any addenda issued by the City must be noted on any proposals submitted. The Firm shall contact the City to ascertain whether any addenda have been issued. Failure to do so could result in an unresponsive proposal.

2.8 RESPONSE FORMAT:
In order to facilitate the evaluation of responses to this RFQu, Firms are required to prepare their responses in accordance with the instructions outlined in this section. Firms whose responses deviate from these instructions may be considered non-responsive and disqualified at the City’s discretion.

Qualified Firms interested in performing the work described in this Request for Qualification shall provide the following information presented in a clear, comprehensive, and concise manner illustrating the company’s capabilities and expertise:

2.8.1 Company Introductory Letter - Letter must state the name and title of the person(s) authorized to represent the company in any negotiations, the name(s) and titles(s) of persons authorized to sign any contract that may result from this RFQu, the contact person’s email address, mailing address, and phone and fax numbers. A legal representative of the company authorized to bind the Firm in contractual matters must sign the letter and the response.
2.8.2 Firm Qualifications – Provide a statement that documents the company’s qualifications and as it relates to the experience described in the Scope of Work. The response should include the following:

a. Summary of the Firm’s general qualifications, specific disciplines that are applicable to the proposed work, background, number of employees, and office locations.

b. Outline the Firm’s capacity to carry out the scope and the extent of the work required.

c. Provide a cost schedule for all benefits and/or administration fees on a monthly cost per member per month or per tier when applicable.

d. Provide references from the Firm’s three most recent projects, including detailed contact information. In addition, identify any municipal clients similar in size and services to those requested in the Scope of Work.

PART III: EVALUATION OF RESPONSES

3.1 EVALUATION METHOD:
All submissions deemed responsive to this request will be evaluated. The City will consider each respondent’s qualifications and demonstrated experience. Selection will be based on multiple factors, including cost, experience, and the plans and benefits offered. The award, if any, will be based upon the submission determined to be the most advantageous to the City.

PART IV: GENERAL REQUIREMENTS

4.1 VENDOR/CONTRACTOR/SERVICE PROVIDER REGISTRATION:
Upon notification of an award, a Firm must meet the approval requirements of the City to become an approved vendor. Therefore, the Firm shall digitally submit a current and completed Request for Taxpayer Identification Number and Certification form (IRS Form W-9) to the Controller’s office as soon as they have been notified of an award or contract. A substitute IRS W-9 form can also be obtained from the City of Bloomington website located here: http://bloomington.in.gov/controller. The completed documents must be digitally submitted by email to controller@bloomington.in.gov. Please contact the Controller’s office at 812.349.3474 if you have any questions.

4.2 PAYMENT PREFERENCE:
The City of Bloomington’s preferred payment method is Electronic Funds Transfer (EFT). Payments processed through an EFT save dollars by increasing efficiency and streamlining the payment process. This eliminates the cost of paper, printing, postage, paperwork, and time.

If awarded a contract, the Firm shall submit a completed EFT form by email to the Controller’s office email address which is controller@bloomington.in.gov, which is also listed on the form. The form is on the City of Bloomington website: www.bloomington.in.gov/controller. Please contact the Controller’s office at 812.349.3474 if you have any questions.
4.3 TAX EXEMPTION:
The City of Bloomington is exempt from paying all state and federal sales taxes. Tax documents are available upon request.

4.4 AFFIDAVITS:
The selected Firm will also be required to execute affidavits for E-Verify and Non-Collusion affidavits as required by Indiana State statutes.

- **E-VERIFY AFFIDAVIT:** Pursuant to Indiana Code 22-5-1.7-11, each Company is required to enroll in and verify the work eligibility status of all of its newly hired employees through the E-Verify program. An affidavit must be signed which affirms that the Firm does not knowingly employ an unauthorized alien. This affidavit is provided and must be submitted with your proposal.

- **NON-COLLUSION AFFIDAVIT:** Pursuant to Indiana Code 5-22-16-6, each Company is required to affirm it has not, nor has any other member, representative, or agent of the Firm, company, corporation, or partnership represented by Company, entered into any combination, collusion or agreement with any person relative to the price to be offered by any person nor to prevent any person from making an offer nor to induce anyone to refrain from making an offer and that this offer is made without reference to any other offer.

4.5 SCOPE OF WORK:
The City is requesting responses for benefits and plans to begin on January 1, 2023. Each Firm must provide information to demonstrate its capabilities, past and present, in offering the plans and services requested. The City’s preference is to maintain a benefits package equal to or better than the current level of benefits offered to our employees. The City will assume your Firm is submitting a response equal to or better than our current benefit plans, unless otherwise stated. However, Firms are allowed and encouraged to present alternative options that include lower rates and/or plan enhancements.

A contract commencing on the latest date executed by both parties and continuing for a two-year (2) contract term with options for two (2), two-year (2) renewals with caps will be considered. If the respondent intends to increase rates at the renewal date, the City must be notified and approve the increase for each renewal period. The respondent shall supply current data and information used for calculating the increase. The City must be notified of renewal rates at least one hundred and twenty days (120) prior to the effective rate change date.

The following benefits are offered to all full-time and part-time benefit-eligible public safety sworn police officers and firefighters and non-public safety employees working a minimum of twenty (20) hours per week unless stated otherwise. All benefits are effective on the first day of hire (no waiting period) and end on the last day of work. An employee’s eligible dependent child(ren) are allowed to remain on the medical, dental, and vision plans until the end of the calendar year in which they turn age twenty-six (26). Retirees can continue their current medical, dental, and vision coverage for themselves and their spouse/domestic partner up to age sixty-five (65) or medicare eligibility, and dependent child(ren) until the end of the calendar year in which they turn age twenty-six (26). Non-public safety employees must have twenty (20) years of service and be a minimum age of fifty-five (55). Public safety employees must have twenty years (20) years of service and be a minimum age of fifty-two (52).

Dental – Self-insured, voluntary, employee/employer paid  
Vision – Fully-insured, voluntary, employee paid  
Basic Life Insurance – Employer paid
Accidental Death and Dismemberment – Employer paid
Term Life Insurance – Voluntary, employee paid
Short-Term Disability – Voluntary, employee paid, public safety employees are not eligible
Long-Term Disability – Employer paid, public safety employees are not eligible
Employee Assistance Program – Provider paid, Includes three paid sessions, all employees and members of their household are eligible to utilize

**DENTAL COVERAGE**
Eligibility: All benefit-eligible employees working a minimum of twenty hours (20) or more per week and their spouse/domestic partner, dependent child(ren) up to the end of the year in which they turn twenty-six (26), and eligible retired employees and their eligible spouse/domestic partner and dependent child(ren). Employees and retirees must be enrolled in the medical plan to elect dental.

**Employee Benefits**
Deductible (Single/Family): No Deductible
Coinsurance (Preventive/Basic/Major): 100%/80%/50%
Coinsurance (Endodontics/Orthodontia/Periodontics): 80%/50%/80%
Lifetime Orthodontia Maximum (Adult/Child up to age 26): $1,000
Annual Dental Maximum (per insured member): $1,500

**VISION COVERAGE**
Eligibility: All benefit-eligible employees working a minimum of twenty hours (20) or more per week and their spouse/domestic partner, dependent child(ren) up to the end of the year in which they turn twenty-six (26), and eligible retired employees and their eligible spouse/domestic partner and dependent child(ren) up to the end of the year in which they turn twenty-six (26).

**Employee Benefits**
Exam Copay: $10
Exam Allowance: 100% after Copay
Exam Frequency: one per twelve (12) months
Materials Copay: $20
Eyeglass Lenses Allowances (Single Vision, Lined Bifocal or Trifocal, Lenticular): 100% after Copay
Allowances (Contact Lenses/Frames): up to $150 / up to $130
Frequency (Eyeglass Lenses/Contact Lenses): one pair per twelve (12) months / one pair (single purchase) per Twelve (12) months Frame Frequency: one per twenty-four (24) months

**BASIC LIFE INSURANCE**
Eligibility: All benefit-eligible employees working a minimum of twenty hours (20) or more per week

**Employee Benefits**
Basic Benefit: $30,000 (non-public safety) $50,000 (public safety)
Guaranteed Issue Amount: $30,000 (non-public safety) $50,000 (public safety)
Minimum/Maximum Benefit: $30,000 (non-public safety) $50,000 (public safety)
TERM LIFE INSURANCE
Eligibility: All benefit-eligible employees working a minimum of twenty hours or more per week and during annual open enrollment
Waiver of Premium: If disabled before age sixty (60), premium payments are waived

Employee Benefits
Term Life Benefit: An amount elected in units of $1,000
Minimum Benefit: $10,000
Guaranteed Issue Amount: $250,000 for New Hires
Maximum Benefit: $500,000, underwriting approval required for amounts over $250,000
Age Reduction: Seventy (70) or above, reduce to 50% of the benefit amount when employed
Accelerated Life Benefit: Insurer can receive up to 50% of the benefit if insurer is diagnosed with a terminal illness

Spouse/Domestic Partner Benefits
Eligibility: Employee must be insured
Voluntary benefit: an amount elected in units of $5,000
Minimum Benefit: $5,000
Guaranteed Issue Amount: the greater of a) or b) below:
  a) $25,000 (new hire), or
  b) an amount equal to the life insurance benefit in effect on the termination date of the prior plan
Maximum benefit: $250,000 or 50% of what the employee is insured for
Age Reduction: Seventy (70) or above, reduce to 50% of the benefit amount
Accelerated Life Benefit: Insurer can receive up to 50% of the benefit if insurer is diagnosed with a terminal illness

Dependent Child(ren) Benefits
Eligibility: Unmarried dependent child(ren) under the age of nineteen (19), or twenty-five (25) if a full-time student, employee must be insured
Voluntary Benefit: $10,000 Guaranteed issue
Minimum/Maximum Benefit: $10,000
The maximum benefit for a dependent child who is less than six (6) months old is $1,000 Flat rate if it is for one (1) child or multiple children

Post-Employment Benefit for Basic and Term Life Insurance
Basic and term life is portable or can be converted into whole life
Voluntary Benefit: An amount elected in units of $1,000 Employee or $5,000 for Spouse
Minimum/Maximum Benefit: Mirror policy
Guaranteed Issue Amount: Mirror policy, post-employment election within thirty-one (31) days of last day worked, policy can be continued as term life or converted to a whole life policy.

ACCIDENTAL DEATH AND DISMEMBERMENT
Eligibility: All benefit-eligible employees working a minimum of twenty hours (20) or more per week
Employee Benefits
AD&D Benefit: $30,000 (non-public safety) $50,000 (public safety)
Guaranteed Issue Amount: $30,000 (non-public safety) $50,000 (public safety)
Minimum/Maximum Benefit: $30,000 (non-public safety) $50,000 (public safety)
Age Reduction: Seventy (70) or above, reduce to 50% of the benefit amount

SHORT-TERM DISABILITY (STD)
Eligibility: All benefit-eligible employees working a minimum of twenty hours (20) or more per week, excluding public safety employees
Waiver of Premium: During the approved disability

Employee Benefits
Pay Benefit: 60% of weekly earnings
Minimum Weekly Benefit: $100
Maximum Weekly Benefit: $5,000
Elimination Period: all paid time (PTO, sick, compensation, etc.) or fourteen (14) calendar days
Benefit Period: Thirteen (13) weeks
Limitations: Pre-existing condition applies for the first twelve (12) months of enrollment
Disability insurance will continue if employee’s active service ends because of a disability for which benefits under the policy are or may become payable.

LONG-TERM DISABILITY (LTD)
Eligibility: All benefit-eligible employees working a minimum of twenty hours (20) or more per week, excluding public safety employees
Waiver of Premium: During the approved disability

Employee Benefits
Pay Benefit: 60% of monthly earnings
Elimination Period: all paid time (PTO, sick, compensation, etc.) or ninety (90) calendar days
Benefit Period: up to employee’s social security normal retirement age, if a disability is medically supported.
Disability insurance will continue if employee's active service ends because of a disability for which benefits under the policy are or may become payable.

EMPLOYEE ASSISTANCE PROGRAM
Eligibility: All active employees and their family members living in their household, regardless of employment hours

Employee Benefits
Approved Provider: Three (3) free visits per condition, per year
Range of Issues: Mental and behavioral health, parenting and childcare, legal & financial, work, managing people, emotional, relationship, stress, anxiety, depression, balancing work and life, health information, health coaching, etc.
Availability: Twenty-four (24) hours, seven (7) days a week

We require a report of usage and demographic information.