REQUEST FOR QUALIFICATION (RFQ)
EMPLOYEE BENEFITS BROKER / CONSULTING SERVICES

TITLE: Employee Benefits Broker Services

ISSUE DATE: February 12, 2015

DUE DATE: March 6, 2015

DELIVER TO:

Sherry Hook, Human Resources Director
Alamance County Government
124 West Elm Street
Graham, NC 27253

Sealed proposals must be received by 5:00pm on March 6, 2015. Indicate the firm and/or company name and the primary contact person on the front of each sealed proposal envelope or package. Any proposals received after 5:00pm on March 6, 2015 will not be considered.

Each vendor will need to furnish two copies of the proposal.

I. PURPOSE

Alamance County is soliciting Request for Qualification (RFQ) for employee benefits broker/consulting services. Currently, we are not requesting specific rates for our benefits or for our benefits to be bid out. We are in search of a broker/consultant with evidence that they are able to provide the needed benefit administration support for Alamance County Government and its employees. It is

our intention not to release census data or claims history until after the benefit broker/consultant has been chosen. The broker/consultant must have a proven track record of successfully providing the outlined "Scope of Services" for employers of comparable size and complexity.

This Request for Proposals does not indicate in any way that we are dissatisfied with the services, plans and/or products of our current broker/consultant, instead we are ensuring that our employees are continually offered the best benefit services and products available.

Alamance County's health insurance is a self-funded plan that is grandfathered under ACA. There are currently 964 covered lives on the medical plan. Additionally, we cover 253 retiree lives on a Medicare Advantage plan.

II. Scope of Service

The unit desires to have one vendor provide and service the proposed plan. Proposals should include the following benefits. Verify that your firm has the experience and expertise to "shop the market" for and administer each of the following benefits:

Employer Provided Benefits	**Yes / No**
Health Coverage	_____
Dental Coverage	_____
Life Insurance	_____

Optional (Employee Elected) Benefits	**Yes / No**
Vision Care	_____
Section 125 Flexible Benefits Plan Administration *(Including Medical and Dependent Care Flexible Spending Accounts)*	_____
Voluntary Term Life	_____

Short-Term Disability _____

Long Term Disability

Cancer Protection Plan _____

Long Term Care _____

Accident Plan _____

Optional Life Insurance (including spouse/child/grandchildren) _____

How many NC county or municipality clients do you currently provide with benefits administration services?

Total Number _____

III. OTHER REQUIREMENTS

Alamance County requires interested brokers/consultants to submit a "Qualification Statement". This statement must be responsive to your firm's value added approaches and services that you feel distinguish you from other brokers/consultants and should include supplemental material that further supports the brokers/consultants' ability to provide the administration of the services outlined in Section II.

Alamance County Government prefers a North Carolina licensed agent with the expertise and capacity to provide the products and services requested to an employer of at least 500 employees. Such expertise and capacity must be fully evident within the proposal and verifiable through a minimum of four (4) references. These references should be from clients of at least 500 employees, in which you currently provide Benefit Administration Services. The references should not only be able to verify the company's ability, but also the agent's and/or their agency. Alamance County's health and prescription benefits plans are self-funded and the desire is to work with a Broker who is experienced with self-funded plans. Alamance County prefers to work with a Broker/Consultant who believes in

open access to information including open disclosure of commissions even if commissions are not paid directly by Alamance County.

IV. QUESTIONNAIRE

Please complete and return this Questionnaire with your proposal. Additional pages may be attached to this form if needed.

1. Name of Agency and phone number:

   _____

2. Name, Title, contact number for Person(s) Submitting Proposal:

   _____

   _____

3. Address of Agency Submitting Proposal:

   _____

   _____

   _____

4. Please provide four references, preferably North Carolina public sector employers, with approximately 500 full-time employees that your agency currently works with.

   Client Contact

   a._____

   b._____

c. _____

d. _____

5. Please feel free to provide other references if you either do not have references that meet the requirements specified in question number 6 or as an opportunity to provide additional references for your agency.

Client	Contact
a. _____	
b. _____	
c. _____	
d. _____	

6. Identify the account team structure your agency would use to service our account. List the names of the proposed account service team and describe each member's service role and number of years of experience in that role.

7. Describe the customer service and support your agency can provide to Alamance County Government administration and our employees.

8. Describe in detail the communication and enrollment process.
   a. Who will be doing the enrollments?
   b. What is their experience in benefit communication and enrollment?
   c. Include brochures or information you will be using during the enrollment process.
   d. Do you offer online or web enrollment and if so, please describe.

9. Of the list below, please check off any of the services below that your agency would be able to provide and list any additional fees for these services.

Market Research	_____
Customer Service	_____
Customer Education Services	_____
Benefit Communication Services	_____
COBRA	_____
Wellness Newsletter	_____
Review of Analytical Reports	_____
Open Enrollment Processing	_____
Health Reform Updates	_____

10. Please indicate your commission rates on the following services or your normal commission rate per coverage. If commission rates vary by carrier, please list the rates by carrier for Health Insurance only.

Health Insurance	_____
Dental Insurance	_____
Life Insurance	_____
Reinsurance (Stop Loss Insurance)	_____
Medicare Advantage Plan	_____

All Optional Benefits

Vision Care	_____
Section 125 Flex Benefits Admin	_____
Voluntary Term Life	_____
Short Term Disability	_____
Long Term Disability	_____
Cancer Protection	_____
Accident Plan	_____
Long Term Care	_____
Other_____	_____
Other_____	_____
Other_____	_____

11. Please list all health insurance carriers in which you have access to bid insurance.

12. Please give examples of innovative recommendations that you have made to companies which you represent that have led to substantial savings.

13. Do you provide a dedicated agent that will work directly with employees and/or our Benefits Representative to handle difficult questions or claims? Please give an example of how you have directly assisted employees in the past.

14. Will our Benefits Representative have access to review member accounts and resolve issues such as claims issues/add and term coverage, etc..?

15. Describe the billing process from your agency to Alamance County Government.

16. Describe your post-enrollment data return processes to Alamance County Government.

17. Does your agency provide input or participate in review of claims data to make recommendations?

18. Describe the support your agency has provided and continues to provide your current clients to comply with changes due to the Affordable Care Act.

19. Are you currently working with any plans that have maintained Grandfathered status under ACA? If so, how many and please list the size of each plan.

V. CERTIFICATION

I certify that I have read this Request for Proposals and have answered all questions on this Form.

I certify that our firm will honor all commitments made on this Form.

I certify that our firm and all representatives are licensed and will be licensed in North Carolina to provide all services offered during the life of this contract.

_____ _____

Signature of Representative Firm Name

_____

Date of Signature

Alamance County Government reserves the right to reject any and all proposals.