

REQUEST FOR PROPOSALS (RFP)
Section 125 Flexible Benefits Plan Proposals

TITLE: Section 125 Cafeteria Plan Proposals
ISSUE DATE: September 26, 2018
DUE DATE: October 12, 2018
DELIVER TO: Kelly G. Jones, Finance Officer
Lee County Schools
PO Box 1010, 106 Gordon Street
Sanford, NC 27331

Sealed proposals must be received by 10:00 AM (if using PO Box please ensure that it's here one day prior due to mail distribution timing) on Friday, October 12, 2018. 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 10:00 AM on October 12, 2018 will not be considered. Proposals will be opened, briefly reviewed, and will be evaluated at a later time.

Each vendor will need to furnish eleven (11) copies of the proposal along with a pdf version of the entire proposal.

Lee County Schools reserves the right to reject any or all proposals submitted. At the discretion of the school system, firms submitting proposals will be requested to make oral presentations as part of the evaluation process.

PURPOSE

Lee County Schools is soliciting Request for Proposals (RFP) for our Section 125 Flexible Benefits Plan Administration for the plan year beginning April 1, 2019. Currently, we are not requesting specific rates for our benefits. We are in search of a broker/consultant with evidence that they are able to provide the needed benefit

administration for Lee County Schools and its employees. It is our intention not to release census data or claims history until after the benefit administrator has been chosen. This Request for Proposals does not indicate in any way that we are dissatisfied with the services, plans and/or products of our current provider, instead we are ensuring that our employees are continually offered the best benefit services and products available. Lee County Schools has 1,200+ full-time employees, 16 schools, a central office, maintenance office, and a transportation site.

TYPE OF PLAN

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:

Benefits	Yes / No
Section 125 Flexible Benefits Plan Administration <i>(Including Medical and Dependent Care Flexible Spending Accounts)</i>	
Group Term Life	
Permanent Whole / Universal Life	
Short-Term Disability	
Dental Coverage	
Vision Care	
Cancer/Intensive Care	
Critical Illness	
Accident Plan	
Hospital Indemnity – Sickness Plan	

What is the total number of NC Public School Systems that you administer the full Flexible Benefits Plan for including Flexible Spending Accounts, not just Insurance benefits?

Total Number _____

List each NC Public School system client:

_____	_____
_____	_____
_____	_____
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OTHER SERVICES DESIRED BY THE UNIT

The unit desires a Section 125 administrator which will complete all required discrimination testing, all required reports and will adhere to procedures, guidelines, regulations, and laws related to the collection, disbursement, and record keeping for the spending accounts for employees.

Proposals will be evaluated based on the model plan design, enrollment and communication capabilities, and cost to employer.

Lee County Schools requires 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. These five references must be from employers in which you currently provide Flexible Benefit (Spending Account) Administration, not

insurance products only. The references should not only be able to verify the company's ability, but also the agents and/or their agency.

Please complete and return this Bid Form with your proposal. If needed to answer a question or questions, you may attach a page or pages to this form. Please indicate on the Bid Form that the question is answered on an attached page. Also, please designate any answer on an attached page with the same number as the question on the Bid Form.

1. Name of Firm(s) Submitting Proposal:

2. Names and Titles of Person(s) Submitting Proposal:

3. Address of Firm Submitting Proposal:

4. Phone Number(s) of Firm Submitting Proposal:

5. Contact Person(s) for Firm:

Telephone Number(s) for Contact Person:

6. Please provide five references, preferably NC Public School Systems, that your firm has worked with.

Company/School System

Contact

- a.
- b.
- c.
- d.
- e.

7. Describe the customer service and support your firm can provide to Lee County Schools County administration and our employees.

a. Do you provide toll-free numbers as well as a personalized interactive website?

8. Will employees be allowed to keep existing policies if they desire? Discuss how you will be able to service these policies.

9. 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 with the NC Public Schools?

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.

10. Please describe the procedures for the use of your Debit Card (Flexible Spending accounts) and participant requirements for verification.

11. What fees are charged for the use of your Debit Card?

12. Who are you proposing as your Third Party Administrator?

a. Describe the claim reimbursement process for Spending Accounts.

b. How often do they pay reimbursement claims?

c. Is your Spending Account vendor compliant with all relevant IRS Regulations in regards to administration of debit cards?

13. Please provide a list of all fees that your firm will charge to administer our Flexible Benefits Plan and/or other insurance products you will offer.

Flexible Benefit Administration	
Market Research	
Customer Service	
Customer Education Services	
Benefit Communication Services	
Section 125 Plan Documents	
COBRA	
Medical Reimbursement Loss Guarantee	

14. Please provide a copy of a Benefit Election form that you have used that can serve as a sample of a Benefit Election form to be submitted to our employees for benefit enrollment.
15. Describe the billing process from your firm to our school system.
16. Explain how you expect to be compensated for your services.
17. Please provide any professional education opportunities that your firm will deliver to Lee County Schools staff.
18. Will employees be allowed to keep existing policies if they desire? Discuss how you will be able to service these policies.
19. Describe your post-enrollment data return processes to Lee County Schools.
20. Do you send any reports to the employer and/or employees and if so how often?

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

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

*Please do not contact School Board Members prior to a decision on the RFP.