

# ***CITY OF MANSFIELD***



## ***Request for Proposals***

### ***Department of Human Resources***

### ***Benefit Broker and Consultant Services***

## ***Communication of the project:***

City of Mansfield, Human Resources Department

Sharon May, HR Director

30 North Diamond Street

Mansfield, Ohio 44902

Telephone: 419-755-9695

Email: [HR@mansfieldohio.gov](mailto:HR@mansfieldohio.gov)

All communications/questions concerning this RFP must be submitted in writing referencing the specific paragraph and page number.

A copy of this RFP proposal and any additional documentation may be found on the City's website at:

Mansfieldohio.gov

## ***RFP Schedule***

Submitting a proposal. Each Consultant seeking consideration for performance of services related to this RFP must submit a proposal. All proposals shall be submitted as a PDF via electronic submission to [hr@mansfieldohio.gov](mailto:hr@mansfieldohio.gov). Should the email be too large, proposals can be mailed to 30 North Diamond Street 8<sup>th</sup> Floor Mansfield, Ohio 44902. All proposal should be marked, the on subject line or envelope **Benefit Broker and Consultant Services**.

Proposals will be received and reviewed by the City after the submission deadline

Sealed proposals must be received by June 10, 2026 by 12pm (noon).

The City reserves the right to reject any and all proposals, to waive any irregularities in a proposal, or to accept the proposal(s). The City reserves the right to select the successful vendor once all proposals are received. The City will determine the most qualified and pick finalist(s) to present an oral presentation.

All federal, state, and local laws regarding competitive bidding, anti-competitive practices, and conflict of interest shall be applicable.

The City does not guarantee any contract will be awarded. If a contract award is made but not executed, the City does not guarantee the contract will be re-awarded.

## ***REQUIRED PROPOSAL CONTENTS:***

All brochures and supplemental documentation shall be included with the original and all copies. If not, the proposal may be considered as non-responsive. Proposers are required to submit the following information in their proposal:

- **Letter of Transmittal.** The proposer shall provide a transmittal letter with authorizing signature for the proposal. The letter must be on the form provided in Exhibit A and briefly summarize the vendor's ability and willingness to perform the services required by the RFP.
- **Company Profile and Background. Provide the following information:**
  - Location – The street address of the proposer's company headquarters.
  - Local Office of Proposer – Provide the location of the proposer's office nearest to Mansfield, Ohio. Include the local office, a contact name, address, telephone, and fax numbers.
  - Company's Primary Business – State the proposer's primary business, the number of years in the proposer's industry, and the number of employees assigned to these related activities.
  - State the legal make-up of your company: sole proprietorship, partnership, corporation, etc.
  - Please list any lawsuits that you are currently engaged in, pertaining to the services you provide. Please provide any and all suits either with the City of Mansfield or any other entity (including, but not limited to, Federal, State, Local, or other Municipalities and Governmental agencies).
- **Key Personnel Information.** Provide the name, title, mailing address, telephone number, and e-mail address of the persons who will function as the City's primary contact and backup contact person. Provide brief resumes/qualifications of personnel who will be primarily involved in this project. Include any certifications earned, special training taken, and memberships in professional groups. Complete form found in Exhibit A.
- **Statement of Exceptions to RFP requirements.** Provide a detailed description of any exceptions taken to the requirements of this RFP. Exceptions shall be referenced to the applicable RFP paragraph and page number. Any other departures from the City's RFP are to be identified and failure to do so shall make the proposal nonresponsive. City's standard Terms for Payment are Net 30 days from date of invoice once the project is complete, unless otherwise negotiated. If you cannot comply with this, please state any changes in the Statement of Exceptions to the RFP Requirements
- **References:** Please provide a list of references on the form provided as Exhibit B. We are particularly interested in contacting your governmental clients in the state of Ohio. The City will contact references and receive an evaluation of past performances as stated by the references in the proposal. Only proposals submitted by companies with relevant experience, qualifications, and capacity to meet the City's needs will be considered.

- **Cost:** Provided your total estimated fees and expenses for the services. While cost will be an important consideration, this factor alone will not be the sole factor. City's intent is to select a proposal that is deemed to offer the best overall value and fit for the needs of City and its employees.
- **Availability of Services/Technology:** Provided your, ability to offer modern technology, ease of claim processing, ability to integrate with the City's health insurance vendor, and communication/education resources for City employees.
- **Dependability:** Ability to meet time and cost estimates as evidenced by documentation provided through references and the City's determination of the vendor's ability to carry out the implementation plan as outlined in a proposal.
- **Responsiveness:** The proposal's overall quality and responsiveness to this RFP.
- **Conducive to City's Needs:** The proposal deemed most suitable and appropriate in meeting the City's needs.
- **Culture:** The company's commitment to providing an experienced management team that will work well within the City's culture.
- **Exhibit A:** Please complete the form provided as Exhibit A and include the additional information listed above.

## ***Criteria***

The selection committee will evaluate each proposal in its entirety. After receipt and review of the written proposal, the City may elect to have the proposal presented in person, or clarifications submitted in writing.

Proposers shall not assume that any information shared with the City prior to this RFP will be considered in the evaluation process of this RFP. The evaluation team may or may not have prior knowledge of any discussions and processes. Evaluation will be completed on the information submitted in response to the RFP only.

## ***Contract Period***

The contract shall be for one (1) year from the date of the agreement. The City reserves the right to automatically renew this agreement under the same terms and conditions as stated herein in one (1) year time increments beginning from the expiration date of the original contract unless terminated early by the chosen proposer or City with written notice 90 days prior to the end of the given term.

## ***Fee Schedule***

Proposers must include a detailed fee schedule, clearly outlining all costs associated with the proposed services. The fee structure should be fully explained, including any assumptions, and variables.

## ***Miscellaneous***

- **All Contractors submitting a proposal will be notified, upon final determination by the City, of the firm or firms selected to perform the requested work.**

## ***Purpose and Need/ Product Description***

The City of Mansfield needs competitive proposals for a Benefit Broker and Consultant Services for the employee medical, dental, vision, pharmacy and additional insurance claims administration services.

### ***Current Plan Information:***

Medical/Pharmacy: Anthem (City is self-funded)

Dental: Delta Dental (City is self-funded)

Vision: VSP

Please contact the City for information on additional voluntary benefits provider(s).

## ***Scope of Services in the RFP***

Please answer each section concisely while providing the essential background and details to depict your business model, competencies, and philosophy. Respondents should outline services and their respective costs; including separately itemizing all costs of additional “optional” services. Vendors are asked to respond to all of the following items in the sequence presented to aid in the City’s review and assessment:

### **A. Organizational Background and Experience**

- Please describe your organization’s experience in providing supplemental health benefits to public sector clients.
- How many public sector clients have you served in the past five years?
- Can you provide references from similar contracts, including contact information?
- Please list the insurance providers you work with for medical/dental/vision/etc. coverages.

### **B. Claims and Administration**

- What is your average claims turnaround time for each product line?
- Do you offer electronic claims submission and tracking for members or work with other sources for such tracking?
- How do you work with providers for voluntary insurance? For example, accident and critical illness.
- Describe your experience administrating COBRA benefits to employees.

### **C. Member Experience and Support**

- What tools or resources do you provide to help members understand and use their benefits?
  - Do you offer a dedicated customer service line for public sector employees?
  - How do you support members during a critical illness or hospitalization event?
- D. Implementation and Enrollment
- How can you integrate with our existing benefits administration platform?
  - Do you have any experience working with Explain My Benefits or something similar?
- E. Compliance and Risk Management
- How do you ensure compliance with applicable state and federal regulations for these products?
  - Are your products underwritten by an admitted carrier in our state?
  - What is your process for handling appeals and grievances?
- F. Reporting and Performance Guarantees
- What standard utilization and claims reports do you provide?
  - Can you provide demographic or geographic breakdowns of claims?
- G. Pricing and Value
- Please provide your proposed consulting rates for each product, including any rate guarantees.
  - Are there any minimum participation requirements?
  - What cost-containment strategies or wellness incentives are included?
- H. Innovation and Differentiator
- Do you offer any value-added services (e.g., second opinion services, health advocacy, wellness tools)?
  - How do you incorporate feedback from public sector clients into product development?



City of Mansfield  
Department of Human Resources

**EXHIBIT A - LETTER OF TRANSMITTAL**

The undersigned hereby certifies that items furnished as a result of this proposal will be in full accordance with the City of Mansfield specification applying thereto unless exception are stated above.

The Proposer's name and address exactly as it would appear in a contract:

Entity Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Proposer's Phone Number: \_\_\_\_\_

Proposer's Fax Number: \_\_\_\_\_

Proposer's E-mail Address: \_\_\_\_\_

**Form of Ownership**

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Franchise	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
<input type="checkbox"/> Joint Venture	<input type="checkbox"/> LLC	<input type="checkbox"/> Other (Specify): _____	

If a corporation, state of incorporation: \_\_\_\_\_

Federal Identification Number (or SSN if sole proprietorship): \_\_\_\_\_

**Please include your IRS Form W9 with your proposal.**

SIGNATURE: \_\_\_\_\_

PRINTED NAME AND TITLE:

By signing this page, you state that you are an authorized representative, and have reviewed and are presenting this proposal on behalf of your business entity. Please continue completing this exhibit on the next page.

**EXHIBIT A - LETTER OF TRANSMITTAL (continued)**

**COMPANY PROFILE AND BACKGROUND**

Name of Proposing Company: \_\_\_\_\_

Company's Primary Business - State the proposer's primary business, the number of years in the industry, and the number of employees assigned to these related activities:		
Primary Business	# of Years	# of Employees Assigned

If a corporation, state of incorporation: \_\_\_\_\_

Current Pending Lawsuits: Please provide all suits either with the City of Mansfield or any other Municipalities and Government Agencies; including, but not limited to Federal, State, Local or other Municipalities and Governmental Agencies:

Local Office of Proposer: Office in/nearest to Mansfield, Ohio: \_\_\_\_\_

Federal Identification Number (or SSN if sole proprietorship): \_\_\_\_\_  
 \_\_\_\_\_

**Key Personnel:**

Name	Title	Contact Information: Mailing address, telephone number, fax number and email address	Designated as Primary Contact for the City of Mansfield? YES / NO

\_\_\_\_\_



City of Mansfield, Ohio  
Department of Human Resources

**EXHIBIT B - REFERENCES FOR PROPOSING COMPANY**

Name of Proposing Company: \_\_\_\_\_

**List company names, addresses, and telephone numbers for at least three references presently served by your Company and at least two references previously served by your Company**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_