

REQUEST FOR PROPOSALS FOR BENEFITS BROKER/CONSULTANT SERVICES - RFP-RH-22-043
PROPOSALS TABULATION

NAME	Advantage Benefits Group	Gallagher Benefit Services, Inc.	Segal Consulting	Cornerstone Municipal Advisory Group, LLC dba Manquen Vance
ADDRESS	1 Ionia Ave SW, Suite 300 Grand Rapids, MI 49503	2600 S. Telegraph Rd., Suite 100 Bloomfield Hills, MI 48302	3001 West Big Beaver, Suite 320 Troy, MI 48084-3104	50 W. Big Beaver Rd., Suite 220 Troy, MI 48084
1. When was your organization established?	1997	Founded in 1927.	Founded in 1939.	In May 2022, Cornerstone Municipal Advisory Group/Manquen Vance joined Assured Partners. This change was made to add more resources to Manquen Vance and its clients.
2. Operating in Metro Detroit Area	Over 25 years.	30 years	Office in Troy, MI opened in 2010.	Since 2005.
3. Ownership structure/name of owner	S-Corp. Robert L. Hughes, Founder and Principal Owner	While Gallagher's initial public offering took place in June 1984, it has traded on NYSE under the symbol AJG since 1987.	Segal has been employee-owned since 1978. There are currently 320 employee owners, with no shareholder owning more than 5% of the company.	In May 2022, Cornerstone Municipal Advisory Group/Manquen Vance was acquired by AP Global Insurance Services, LLC who now own 100% of Manquen Vance agency.
4. Length of time providing group employee benefit consulting/broker services	Founded in 1997 and has been operating for over 25 years.	Founded in 1960, has been providing benefit counseling and brokerage services since that time.	Has been providing benefits consulting services for over 80 years, which includes extensive experience working with government entities. Provides employee benefits and human resource consulting serving three distinct markets-public sector, multiemployer and corporate.	Have been providing full healthcare/broker consulting services to Michigan Municipalities since their beginning in 2005.
5. Products and services offered by company	Brokerage and Strategic Planning Consulting Services, 401k/group retirement, carrier rate and value negotiation, compliance and legal services, custom communication and educational support, mandatory compliance employee notice/documents. Complete list is included in response.	Strategic Planning, Financial Analysis, Market Review, Competitive bidding and vendor management, employee communication, employer education, regulatory compliance, day to day service, regional resources, human resources and benefits Technology consulting, and wellbeing and engagement.	Retirement Plan Consulting, Compliance Consulting, Health and Welfare Plan Consulting, Compensation and Career Strategies, Organizational Effectiveness Consulting, Benefit Audit Solutions, Communications Consulting, Administrative and Technology Consulting and Investment Solutions	Traditional broker services, full support of wellness programs, full compliance support, strategic planning, collective bargaining planning and support, healthcare plan budget presentations, 312 preparation and testimony services, HR and employee liaison for carrier billing, manage insurance vendors for clients. More services listed. Please see response.
6. List of all company offices	Grand Rapids and Traverse City. Grand Rapids office would be the team to work with the City. There are 32 employees at this location.	Two offices. Located in Bloomfield Hills and Grand Rapids. They also have satellite benefit services employees located in various cities. Bloomfield Hills office would support the City.	Has one office in Michigan with ten employees. Office is located in Troy.	One office location in Troy, MI with 23 employees.
7. List of Insurance Company, third party administrators and other providers company is authorized agent or broker	List of carriers included.	Has extensive insurance company relationships across the globe. Has access to hundreds of insurance companies.	As employee-owned consulting firm, they provide only unbiased counsel for their clients. They are not affiliate with any insurance company, third-party administrative agency or provider network. Has relationships with companies that are listed in the response.	List of companies provided.
8. Percentage of firm's (1) personnel resource and (2) revenues are dedicated to:		Does not break down staffing resources or revenue into the below categories. They have 39,000 employees worldwide, more than 4,000 of which are benefit service employees.		
a. Health & welfare benefits/insurance	1) 97% 2) 95%		28.2%, which has more than 200 employees	100% personnel, 100% revenues
b. Property & casualty insurance	1) 0% 2) 0%		3.5%, which has more than 20 employees	0%
c. Individual insurance & other financial products	1) 0% 2) 0%		They offer other core products including fiduciary liability insurance.	0%
d. Retirement plans	1) 3% 2) 5%		28.5%, which has more than 225 employees	0%
e. Benefit administrative services	1) 14% 2) 0%		5.1%, which has more than 200 employees	0%
9. Number of people employed				
Full Time	43	39,000	991	21

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Part Time	2		52	2
10. Number employees located in southeast Mich				
Full Time	0	100	10	21
Part Time	0		0	2
11. Number employees dedicated locally to group employee benefit consulting services?				
Full Time	0	100	9	21
Part Time	0		0	2
12. Number of clients currently broker basis	Provides Brokerage Services to 186 clients.	They bill approximately 8% of their clients.	While the range of services they offer includes support typically provided by brokerage firms, clients do not typically see them as a broker. Their nonbiased approach to providing advice that improves lives has enabled their firm to continually expand their business throughout North America. Less than 5% of their revenue comes from commissions paid by vendors.	Full-service brokerage and consulting support to all 45 of their Michigan clients, of which the majority are municipal.
13. Number of client currently consultant basis in specific areas:	Currently have 59 clients that work on a fixed not-to-exceed This is their preferred approach to compensation, since they should not be rewarded for poor plan performance and rate increases.	They derive compensation from commissions from approximately 92% of their customers.	Serves more than 2,500 clients including 500 public entities, more than 1,500 multiemployer funds and more than 400 corporate clients.	All clients receive their full brokerage and consulting services, 45 as noted above. Occasionally, they have been engaged on a project basis, but they are typically hired for their complete service offering
14. Number group employee benefit consulting		Following numbers are based on 100 benefit services employees across Michigan.		
a. Administration and support	40 - All Benefit Employees	6	96	2
b. Management	6 including partners	2	353	2
c. Sales/Account Executive	10 employee benefit specialists (consultants)	25	365	2
d. Customer Service	43 - All employees	All are dedicated to cuts service, specifically 36 employees dedicated to account mgmt. and client services.	107	9
e. Underwriting	Data Analysts & Actuarial Underwriting Services	23	21	8
15. Number employees assigned to RH account.	The City will have a dedicated team of 8 employees specifically assigned to this account.	Will consist of four core team members as well as three supporting team members. They are proposing two additional roles for the team. Managing partner role and Senior underwriting.	Eleven professionals assigned to the City. The City's day-to-day, core team will consist of two employees. An additional 9 employees round out the team.	Six employees will make up your service team. The team will consist of the below individuals. Names provided.
16. Proposed account team for RH:				
a. Names, brief bio, job description & client responsibilities	Team information is provided in response.	Resumes for Team are included in response.	Resumes for Team are included in response.	Resumes for Team are included in response.
b. Client reference for team members	Client references provided in response.	Refer to the client references in response to question 17b.	References are in question 17b	Client references in response.
c. Process to select, hire & retain high quality employees	Post openings on a variety of sites and include them in the ISCEBS job portal. Since they work with several Universities, they have had recommendations and made hires based on those relationships. Candidates go through a multiple interview process which includes meeting with several key team members prior to an offer being made.	When recruiting client-facing team members they look for people with extensive employee benefits experience. Their team comes from many different backgrounds, including underwriting, account management, human resource departments, sales, claims account administration and even education.	Has a documented, formal process by which it sources, interviews, assesses and hires talent. Sourcing strategy targets qualified talent pools to include diversity talent pools. Engages in ongoing staff development and training. Learning and teaching are part of their vision and values.	Spend a tremendous amount of time recruiting and retaining high quality employees. The core tenants of their service are Accessibility, Responsiveness, Expertise/knowledge, Proactivity, Creativity, Managers must empower and train their team members, Trust/Accuracy.

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d. Method to assure RH will have motivated & well-training & supportive staff dedicated to RH needs	Encourages and incentivizes all employees to continually enhance their knowledge and show their dedication to the profession by seeking applicable designations. Costs are covered by Advantage and bonuses granted on completing courses. Monthly staff lunches to celebrate milestones, events. Community related opportunities including biking and bowling that everyone and their families participate in.	Supports professional growth through structured training and ongoing informal learning opportunities. Several internal professional development programs are available. Technical Support and Compliance is another bridge to professional development. Informal mentoring and peer coaching happens organically. Conferences are attended regularly.	Has a comprehensive approach to maintaining and motivating consultants. They offer a defined contribution plan and provides a 50% match on employee contributions. Consultant training is based on three pillars: Internal Training via webinar and formal presentations on their main deliverables, external credentialing through certified programs and senior staff mentoring and training of staff through client facing, on job training, investment expertise.	Spend a tremendous amount of time recruiting and retaining high quality employees. The core tenants of their service are Accessibility, Responsiveness, Expertise/knowledge, Proactivity, Creativity, Managers must empower and train their team members, Trust/Accuracy. Additionally of note, is their additional internal efforts to ensure client satisfaction.
17. Current client information:				
a. Number of current clients-health/benefit plan design and management	183 Clients	Tens of thousands clients nationwide, in Michigan they service over 750 clients in Health and welfare consulting.	Currently serve 850 clients in the area of health/benefit plan design and management.	45
b. Names, contact info & types of services provide for 5 current clients-similar services	Kent County - 1,800 employees City of Grand Rapids - 1,800 employees Grand Traverse County - 550 employees City of Holland - 330 employees Roscommon County - 235 employees Contact information is in response	City of Troy City of Berkley City of Battle Creek City of Owosso City of East Lansing Contact information is in response	City of Detroit City of Joplin Wayne County, Michigan Western Michigan University Eastern Michigan University	City of Oak Park City Of Hazel Park City of Royal Oak Charter Township of West Bloomfield Charter Township of Shelby
c. Three largest public entity accounts in Michigan; names & type of services	Grand Valley State University - 2, 400 employees Ferris State University - 2,300 employees Kent County - 1,800 employees	Due to client's confidentiality, the names have not been provided, but they are K-12 School District, Public Sector Trust, and County Government.	City of Detroit-Ongoing consulting service State of Michigan - Ongoing consulting service Wayne County-Ongoing consulting service	City of Lansing City of Sterling Heights City of Southfield
18. Health/benefit plan mgmt. - govt & non govt:				
a. 0-250 employees	1) 147 clients 2) 6 clients	78% Total % of clients, 75% non Govn't 25% Gov't clients 72% gov'n't	Clients range in size from less than one hundred to more than 400,000. The team selected for this engagement regularly work with plans ranging from 100-200,000. Client breakdown is Over 240 Governmental Clients and Over 550 non-governmental clients.	28 Government / 3 non-governmental
b. 250-499 employees	1) 14 clients 2) 3 clients	11% Total % of clients, 60% non Govn't 40% gov'n't		7 Government / 0 non-governmental
c. 500-999 employees	1) 10 clients 2) 1 Client	6% Total % of clients, 55% non Govn't 45% gov'n't		4 Government / 0 non-governmental
d. 1000+ employees	1) 15 Clients 2) 4 Clients	5% Total % of clients, 60% non Govn't 40% gov'n't		0 Government / 0 non-governmental
19. Names/contact information for last 3 clients that have left company	Columbian Logistics/Sprinter Services Koops Lti Printing Contact information provided	Grinders Cleaning House Mariners Inn RXA	Oakland County Teamsters Local 52 Health and Welfare Fund Carpenter's Benefit Plans	41b District Court Lakeshore Schools Flint Community Schools
20. Company's client retention rate	98% including merger and acquisition activity	Overall retention rate is greater than 90%. Average client retention rate of 98% over the last 3 years.	Client retention rate of 98%.	Over past 3 years , they have a 100% client retention, over 5 years, the retention rate is 98%.

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21. Experience w/ govt entities including union and non-union	Working with government municipalities and public colleges and universities, many as long-term clients. Service model and experienced service team, was designed to work with larger, more complex organizations, such as City of Rochester Hills. They feel that trust and integrity is a pillar of their long-standing success in the public sector. All of our public sector clients have both union and non-union staff. Actively participate in and support collective bargaining and union negotiation for their clients. This includes providing both short and long-term strategies and cost projections. Since we have a philosophy delivering better benefits at a lower cost, this is well received by union groups, while providing savings for the client. Has the capability to model plan design changes, including modifying deductibles, copays, and coinsurance/out of pocket limits.	Healthcare consulting for public entities in Michigan. Can develop short-term and long-term cost management strategies for employee benefit plans .Benefits include comprehensive health care, dental, vision, life insurance, disability and flexible plan changes. Services include Employee communication and education, financial analysis, vendor evaluation, Regulatory review and compliance, retiree healthcare consulting, wellness services,	Consulting experience extends not only to the routine plan design, premium rate renewals actuarial valuations and rate setting, but also very strongly to the special projects where jurisdictions are exploring new options to meet new challenges. Consultants assigned to the City would have extensive experience with collective bargaining in the public sector and have the expertise required to assist and support the collective bargaining processes concerning employee benefit related matters.	Firm was created with the goal of creating a consulting firm with the capabilities of a large national firm, but with flexibility, innovation, and personal service of a small boutique firm. Their core competencies are: Financial Acuity, Bargaining, Innovation, Subject matter Experts and Support.
22. Experience w/ govt entity benchmarking in Michigan.	Benchmarking is an important part of ensuring that City of Rochester Hills is offering a competitive benefits package in line with your total rewards & compensation goals. In addition to their own block of business, they have partnered with Benchmark to include additional public sector client data, and a robust benchmarking package. In addition to plan design and contribution benchmarking, they also provide claim and utilization, cost & quality, and population health risk/disease burden benchmarking through our proprietary Advantage Analytics platform. All benchmarking services are provided as a standard service by Advantage Benefits Group.	Has conducted a proprietary annual National Benefits Strategy & Benchmarking survey that collects thorough, detailed data from over 4,000 U.S. Organizations nationwide. Results allow comparisons by industry, region, organization revenue, organization type, and number of employees for specific employee benefit categories.	Has extensive industry benchmarking data. Firsthand knowledge of trends affecting all aspects of municipal plans and can leverage best practices that have worked successfully for other plan sponsors facing similar challenges. They have several consultants and analysts who regularly manage benchmarking projects for their clients.	Maintains an internal database of local and national benchmarks and have the ability to customize for specific client needs. Database includes both plan design and cost information. Between the number of municipal accounts they have as clients, and their prospects, they have an abundance of data available as an agency. Also, conduct comparability surveys on behalf of their clients that have led to additional information they can utilize when reviewing benchmarking.
23. Ability & method to provide information about legislative & regulatory requirements and changes. Provide samples.	ABG subscribes to several service feeds for legislative and regulatory updates like Regtap, inside 208 from the Michigan Municipal League and receive regular updates from their retained benefits legal counsel Miller Johnson. We also provide clients with regular webinars and an annual seminar which focuses not only on legislative updates but forward-looking strategies to help clients reduce cost. Provides Initial compliance review, quarterly compliance updates and Annual Benefit Seminar.	Compliance staff works with core Gallagher team to provide the latest research and analysis of new and/or pending regulations and legislation. They maintain a complete compliance database for their consultants with summaries of federal requirements.	Has resources to proactively inform, educate and prepare plan sponsors to address legislative and regulatory matters: Experienced staff, constant monitoring, news and legal information databases, healthcare reform expertise, website, client publications. Please see response for description of each.	At the forefront of federal and state legislation that impacts the public sector market. In addition to legislation, they also closely monitor court cases that may impact their clients. Typically provide updates, advice, and guidance to their clients through one-on-one meetings, roundtables, seminars, client alerts, email or phone communication, newsletters, white paper or monthly standing meeting.

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24. Five differentiators for company. Critical success factors that distinguish company from competitors.	<p>1) Innovation & Exceptionalism Philosophy— Has a high-performance, results driven culture that does not settle for or reward mediocrity.</p> <p>2) Unique Service Model – Provides a stable and experienced service team led by two consultants.</p> <p>3) Client & Employee Value - Has a core philosophy around delivering better benefits at a significantly lower cost.</p> <p>4) Independent Consulting - Is a true consulting business model. Accountable to City of Rochester Hills and will partner to provide unbiased proven strategies and advice in your best interest.</p> <p>5) Advantage Analytics—Data drives decisions. Through Advantage Analytics they identify cost savings opportunities, take action by implementing cost reduction solutions, and track plan performance for ultimate accountability.</p>	<p>1 Has provided the City's benefit consulting for 20 years.</p> <p>2. Consulting to the only PA 106 health insurance pool in the state of Michigan.</p> <p>3. Only health insurance consultant to be recognized as one of the world's most ethical companies by Ethisphere Institute.</p> <p>4. They support their recommendations and validate program performance using proprietary underwriting and actuarial modeling tools.</p> <p>5. They maintain a dedicated human resources and benefits technology consulting practice.</p>	<p>1. Extensive Public Sector experience</p> <p>2. Experts and Leaders in the Industry.</p> <p>3. Rigorous quality control and peer review procedures.</p> <p>4. Provide national resources with local, customized service.</p> <p>5. Proactive.</p> <p>Descriptions for each listed in response.</p>	<p>1. Work and specialization in the Municipal Market.</p> <p>2. Innovative-Forward thinking approach at identifying opportunities in the healthcare industry.</p> <p>3. Stewardship of their clients' tax payers dollars.</p> <p>4. Collective Bargaining Support-Teams are trained to react with urgency.</p> <p>5. Client Satisfaction. A portion of every employee's compensation is tied to client satisfaction.</p>
25. Independent/outside third party client satisfaction survey in last 2 yrs. Provide copy of third party report.	<p>No, they do not feel that this is necessary due to their high-touch service model. They typically meet with their municipal clients monthly (bi-weekly during implementation). This high-touch approach ensures they are held accountable and are consistently meeting service expectations.</p>	<p>In 2021 Gallagher launched its divisional client experience survey and they are currently working to compile results. Their net promoter score for clients that would recommend Gallagher to a friend or colleague is 76% and their net promoter score for clients that would use Gallagher in the future is 81%. A Net Promoter score above 70% represents excellent feedback from survey participants.</p>	<p>They perform complete client satisfaction surveys of their clients due to client confidentiality they do not release those results. They have maintained a client retention rate of 98%. They use a tool called Client Assignment Review and Evaluation (CARE) survey to find out how they are doing as a company.</p>	<p>They have not completed a 3rd party client satisfaction survey in the last 2 years. They do perform a semi-annual survey of client stakeholders using a scorecard consisting of the five following questions: Accessibility, responsiveness, expertise/knowledge, proactivity, overall confidence in working with that individual.</p>
26. Litigation over past 5 years	No.	<p>AJG and its affiliates may be involved in multiple court actions at any given time that are proportionate in number for a broker of their size and profile.</p>	<p>Has occasionally been named as a party in litigation involving the performance of its services. No litigation has ever affected their ability to provide services to its clients or materially affected Segal's financial position or operations.</p>	No
27. Process & available resources to perform work		<p>Proposing their full-service model for the City. Includes the following: Strategic Planning, Benefit Plan Review, Financial Management and Analysis, Competitive Bidding, Implementation Services, Compliance and Regulatory Support, Employee Communications, Wellbeing programs and Ancillary Services.</p>		

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a. Evaluate current program	Evaluate Current Program; Recommend Renewal Strategies		Conduct comprehensive evaluation of City's existing plans, coverages and associated employer/employee costs. Their team will review the medical and other benefits currently offered by the City. Evaluate current and future programs and services. Review will include an analysis of critical plan components, utilization data, and costs for each of the current benefit plans.	Continuously evaluate their clients' programs and evaluate the market for innovative strategies. Analyst team works closely with their Account Directors to evaluate plan performance, oversee vendors, recommend alternative plans/programs, budget support, funding alternatives, and run the entire RFP bidding process.
b. Insurance	Insurance - RFPs for Renewal Options, RFP Process, RFP Approach, RFP Results and Recommendations, RFP Timing		Prepare insurance coverage specifications and market prior to policy expiration or as required by under PA 106 or by the City, indicating specifications and the market approach in writing. Conduct vendor bidding and negotiations for insurance/administrative services. Assess insurance company stability, solvency and service record.	Is always monitoring their clients' vendors/carriers, plan performance/trends, and opportunities. Will work as an extension of City's Team to manage the carriers, ensure the City has the most advantageous programs (financially and benefit value), and proactively discuss alternative considerations with the City.
c. Administration	Administration - First-Class, High Touch Service Model, Utilization & Plan Performance Reporting Administrative & Benefit Management Software Tools. Employee Navigator, Zywave Compliance Portal, Capabilities in Employee Communications, Consulting and Educational Compliance Support for HR. Employee Education Philosophy and Methodology. Response has much more information.		Health and Welfare benefits design and strategy is a true differentiator for Segal. Critical to lay the foundation for developing an effective benefits strategy. At this point in the longer term strategic planning process, it may be necessary to evaluate internal information, data, benchmarking and other elements that are necessary to build a repeatable effective and efficient benefits strategy process.	Had Michigan Municipalities transition to their firm from other benefit consultants and they regularly tell their office that they are amazed how much more support they provide their clients.
28. Experience with service providers. Include info compensation paid directly from companies.		Gallagher has been managing the City's relationships with the listed service providers/carriers and therefore has demonstrated with both. Refer to the appendix for information on pay structure for each carrier/provider.		
a. Health Alliance Plan	Advantage Benefits Group does have an existing relationship with Health Alliance Plan. We receive both direct compensation (commissions) as well as eligible for indirect (bonus) revenue, which is not based on any single client and is fully disclosed		Has experience, does not receive compensation	Many of their client groups work with them. Compensation is paid directly to their firm.
b. Delta Dental	Advantage Benefits Group is one of the largest producing agencies in the State of Michigan (consistently top 3) with Delta Dental. We receive both direct (commissions) as well as indirect (bonus) revenue, which is not based on any single client and is fully disclosed		Has experience, does not receive compensation	Many of their client groups work with them. Compensation is paid directly to their firm.

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c. National Vision Administrators	Advantage Benefits Group has an existing relationship with NVA and we receive direct (commission) compensation from them.		Has experience, does not receive compensation	Familiar with, but do not currently receive compensation.
d. CIGNA/NY Life Insurance Company	Advantage Benefits Group has an existing relationship with CIGNA life & Disability (purchased by NY Life) and we receive direct (commission) compensation from them		Has experience, does not receive compensation	Several of their client groups are with Reliance. Compensation can be paid directly to their firm.
e. McNeil and Company	Advantage Benefits Group does not have experience with this service provider and receives no direct or indirect compensation.		No experience, N/A for compensation	Have not worked with them. Regarding compensation, if a given client contract permits commissions, them compensation is paid directly to firm.
f. CARE - Employee Assistance Program	Advantage Benefits Group has relationships with many independent EAP providers and services, CARE is not one of them. We receive no direct or indirect compensation from CARE.		No experience, N/A for compensation	Several of their client groups are with CARE. Compensation can be paid directly to their firm.
g. TASC- Flexible spending	Advantage Benefits Group has an existing relationship with TASC. We do not receive any direct or indirect compensation from any third-party administrator including TASC.		Has experience, does not receive compensation	Several of their client groups are with TASC. Compensation can be paid directly to their firm.
h. Benefit Wallet - Health Savings Account	Advantage Benefits Group does not have an existing relationship with Benefit Wallet. We do not receive any direct or indirect compensation from any HSA banking provider. Our preferred partners for HSA accounts are Health Equity or HSA Bank, however, we would fully support Benefit Wallet		Has experience, does not receive compensation	Have experience working with numerous HAS, FSA, HRA, etc. organizations. Regarding compensation, if a given client contract permits commissions, them compensation is paid directly to firm.
29. Does your company provide administration of employee eligibility with carriers, online benefit enrollment and reporting, payroll deduction and PAACA reporting?	ABG offers Employee Navigator as an online enrollment tool. Employee Navigator provides EDI feeds to vendors as well as supports a more advanced API integration with many leading carriers. System is also capable of integrating with many leading payroll vendors such as ADP, Paycor, DM Payroll, Paylocity, etc. For clients that utilize our platform, our team is able to provide enrollment and change reporting, payroll deduction files and changes (in the event integration is not possible). Platform also includes a robust ACA tracking and reporting solution, as well as the capability to print, e-file, and mail 1095 forms.	Gallagher does not lead with solutions, rather they objectively consult with our clients, identify their needs and identify the right resources for meeting those needs. May save money with another partner on technology platforms or administrative services but find themselves exposed when it comes critical, costly program elements such as claims management, renewal negotiations, contract review and ensuring appropriate, compliant administration benefit programs.	They do not offer an online enrollment or PPACA reporting, Segal partners with several employee eligibility system vendors to support client needs regarding eligibility administration and mandatory reporting. Can assist clients in choosing appropriate online enrollment system for their needs. In many cases the benefits administration system also provides PPACA tracking and reporting service which they also manage.	Team can receive enrollment, change of status, and termination applications from human resources. They will update the information with each carrier either manually or by using their independent online system. Can prepare and provide monthly reports to the City that reflect all enrollment activity and changes. Offers the use of Employee Navigator to their clients, free of charge, if interested in this particular enrollment system.

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30. Does your company provide a benefit resource service to employees? Please describe.	Yes. ABG's agents provide their cell phones to clients for urgent situations, personal health questions, claim or billing issues, and decision-making during open enrollment. All staff are trained and available to service clients needs, and our phone lines are open and answered during business hours. Outside of individual employee questions, they manage Employee Navigator in-house and update regularly with communications and content for employee's consumption. Service model, two-agent approach, and a dedicated medical account manager, create added layers of support throughout our organization to meet employee's needs. Optional, they partner with employee communication and enrollment firms which can provide enhanced services. They can typically offer these at no direct client cost, funded by voluntary benefits. Also offer dedicated concierge services through nurse care managers and companies like Accolade or	Offers a personalized service for your organization that helps your employees, retirees and their dependents by answering their benefit questions using a single, dedicated or toll-free phone number. Dedicated benefit resource has extensive experience working with health plans and delivers the level of service City expects.	Will support the City's benefit team with any escalated issues that employees have and work to resolve them with any vendor. Core Team has extensive experience in resolving employee issues with carriers.	Will receive calls and emails from employees and retirees. They will work directly with them to assist with questions. Can work as a liaison between employee or retiree and the carrier until the claim is resolved.
31. Does your company provide marketing and analysis for compliance with PA 106?	They assume the RFP meant to state "PA 152." Provides a full analysis for both 80/20 and Hard Cap, as well as provide guidance on opting out. Will draft and administer all aspects of the marketing process as to satisfy PA 106, either in direct coordination with your purchasing department or exclusive of Advantage Benefits Group, whichever is your preference. Routinely provide contribution modeling for 80/20 vs. Hard Cap as well	There may be pension considerations for the City to make under Public Act 202. While this is out of their core consulting scope, Gallagher maintains a consulting practice specific to retirement as well as institutional investments and fiduciary services.	Does have extensive experience with working with their public sector clients in Michigan with PA 106 on competitive bids and PA 152 on setting employee contributions appropriately (hard cap, 80/20, or exemption basis). Currently they have clients that use all three options.	Handle the multiple components of this law, including pooling, claim reporting, and bid requirements. They provide education on all components also create a PA 106 bid calendar. They assist their clients with bids per their procurement policy. Varies by client, but are able to fully run RFPs and the resulting analyses.
32. Please outline your ability to analyze claims and managed care utilization, establish trends, and present recommendations on plan design.				

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a. Describe in detail any resources you utilize	<p>Advantage Benefits Group is a privately held company that specializes in serving self-funded employers in the mid and large employer markets. Since they are privately held, they make their own decisions on how and where to invest. Has a high level of collaboration within their consulting team that consists of experienced consultants in Michigan. Team finds inefficiencies and waste in their healthcare system and identifying ways to create value and increase healthcare quality for our clients and their employees. Pride themselves in being independent consultants, thereby solely doing what is in the best interest of our clients. They are not beholden to shareholders or required to meet minimum profit margins on the clients we serve. Technology has greatly advanced in the past decade. Cloud-Based technology (i.e., "The Cloud") and artificial intelligence has made their way into healthcare. They became frustrated with the lack of transparency from their carrier and TPA partners and felt that we could not, in good conscience, remain independent consultants, while relying solely on cherry-picked data from a 3rd party source. Made the decision that they would take control of the data to provide transparency to our clients and hold carriers and TPA's accountable. This technology also enhances the ability to act as a good fiduciary on health plan performance. Advantage Analytics is a massive investment for an organization of their size.</p>	<p>The full suite of our Actuarial and Underwriting services can be broken down into the categories listed: Rate and budget projections, employee contribution strategy, incurred but not reported reserve analysis, actuarial consulting software, financial reporting analysis, GBSInsider (Proprietary) Data warehouse*, Healthcare benchmarking analysis report.</p>	<p>Health care consulting tools and resources. Complete list of Segal's Healthcare Consulting Tools and Resources provided in response.</p>	<p>Analyst are skilled experts at analyzing data to determine utilization trends. These reports can be provided ad hoc, monthly, or as needed. Utilization reports contain multiple easy to read and understand exhibits, including data points that can be used to support strategic decisions: Large claims, medium claims, chronic conditions, top drugs by cost, drug losing patent, specialty medications, generic percentage and cost per script, diabetic spend, ER/UC visits, primary care usage, chiro usage, and many more. Data is key in understanding trends within a health plan.</p>
b. What is its frequency?	<p>We receive claims data from all carrier partners on a monthly basis.</p>	<p>Has a full suite of reporting available and they will provide the City with monthly, quarterly and annual reporting based on the carriers in place and associated data availability.</p>	<p>Will depend on the City's needs. Can provide monthly, quarterly, semi-annual reporting when setting strategies and measuring results of the implemented strategies.</p>	<p>"Please refer to answer above"</p>
c. Why is the process of closely examining claims utilization data important or not important to us?	<p>For most organizations, benefits are the largest expense next to payroll. Our goal is to not only provide you with claims utilization data, but also make actionable recommendations using that data you can use to better manage your plan, lower costs, and create a healthier and more productive workforce.</p>	<p>Has ongoing partner relationship with carriers in the marketplace whereby their underwriting department receives feeds of claim and enrollment information for all of their accounts. This information is used to create a number of tracking reports. Reports are listed in response.</p>	<p>Will examine claims and other data to manage the City's health plan offerings. The most effective way to improve participants health and manage costs is to better understand the characteristics of the plan's covered populations and their pattern of benefit utilization.</p>	<p>Claims are the primary cost component of City's overall healthcare expense, even when fully insured since they are incorporated into the rating algorithm with HAP. Data can show useful trends that can be used to make strategic decisions.</p>

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33. What resources do you have available to help the City manage benefits and outline a benefits strategy consistent with the City's current and future business goals.	Has the experience with municipal clients, and the results of the strategies they implement. Using their high-performance healthcare continuum and Health Rosetta as our guide, they will identify opportunities for savings and plan improvement that will align with the City's culture. They will work to develop a written ROI analysis with actionable items available for your plans. Using this, they will create a short and long-term strategy unique to City of Rochester Hills.	Will review and assess City's current benefit programs in terms of competitiveness, cost-effectiveness, and City's benefits philosophy. Have developed proprietary underwriting tools that enable them to project future plan costs under a variety of benefit design and contribution scenarios. Once an employer's plan logic is built into their system they can model various alternatives and review the cost impact immediately. This helps to visualize the financial consequences of making incremental, moderate or aggressive plan changes.	Will examine claims and other data to manage the City' health plan offerings. The most effective way to improve participants health and manage costs is to better understand the characteristics of the plan's covered populations and their pattern of benefit utilization.	Will work with the City to assist in the development of short and long-term goals and strategies. Assessing new plan design options, and analyzing cost containment programs evolving in the marketplace with focus on helping the City clarify its objectives. Will guide the City , working towards striking a balance between cost containment an offering the most appropriate benefit plan experience for City employees.
34. How is your company going to control our costs? What specific strategic or tactical approaches will be pursued? How will you demonstrate the savings?	Transparent Pharmacy Benefits, Value based/direct Primary Care, Independent, Active Plan Management, Network Price Transparency, Consumer Driven Health Plan Design. Has experience deploying cost controlling strategies for all types of organizations, both fully-insured and self-funded. As each client is unique, they create custom solutions that align with their organizational cultures to meet pre-defined goals and objectives.	Through competitive bidding, they have been able to drive savings through carrier changes or by leveraging offers from the market to secure cost reductions from incumbent carriers. They have negotiated multi year rate caps and guarantees for a variety of lines for the city. Their process for controlling benefit costs begins by taking a comprehensive view of a client's overall benefits program, culture and vision and mission.	Will help the City focus on containing health costs through vendor management of services provided. As experienced consultants to plan sponsors in the areas of health insurance, managed care arrangements and third party administration, begin by identifying networks with strong overall provider discounts, efficient administrative systems, and ancillary program services.	Will hold meetings to learn about the City's healthcare history, culture, relationship with unions and retirees, compliance status, and review collective bargaining agreements. They will then conduct a thorough evaluation of current healthcare plans to craft a strategy and make recommendations on cost containment. They will present this information to the executive team, as well as internal legal, outside labor counsel, and City Council.
35. How do you ensure that carriers are providing the most cost effective benefits to your clients.	Advantage Benefits Group benchmarks vendors and carrier partners internally to ensure clients are paying fair prices for both administration, and rates. They have found the best way to ensure you are providing the most cost-effective benefits is to actively market your business. Will often will do market checks, knowing you do not have an intent on moving carriers. They are independent, meaning we do not enter into any pay to play or exclusive arrangements with a limited number of pre-defined carriers. Broad marketing will let all the top-rated carriers compete for your business. There is no more efficient process to discover price than the free and open market!	Holding carriers accountable for reasonable renewals based on each client's situation along with past and present utilization trends is a core competency of Gallagher's. Tracks and analyzing the City's program data whether it be medical and prescription drug claims, dental, vision, etc. and using that data along with employee and dependent demographics to assess reasonableness of carrier renewal offers.	One of their assets is the strength they have with the vendor partners of their clients. Are regularly called upon by their clients' vendor partners to obtain advice on how to fix issues or streamline processes. They also have knowledge of the public employer marketplace. Use their knowledge to build a health care strategy that brings the City's goals and objectives together.	Steward of their clients' healthcare dollars, and work hard to ensure that carriers offering the best overall deals to their clients. They continuously evaluating the market (including discounts and plans with each carrier) to ensure their clients are enrolled with the best programs for their individual needs. They advocate on behalf of their clients and negotiate savings on a regular basis.

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36. How do you review insurance discounts and what is your criteria for recommending changes in network affiliations.	Advantage Analytics – using proprietary data analytics platform, they can view provider utilization trends to see where your employees are seeking care. They also have the ability to benchmark both quality of care, using Quantros data, as well as benchmark cost as a Factor of Medicare. This allows them to compare networks apples to apples using Medicare Reimbursement data. Health Cost Labs -With the transparency act requiring machine readable files from all Health Systems, this company aggregates those files to provide a tool which shows pricing for all networks at health providers where machine readable files are available.	For fully insured clients, Gallagher reviews current network utilization statistics for the in-force plan. When evaluating other carrier networks, they request a report from the incumbent carrier providing data on providers that members have used over the most recent 12 month period. This report is provided to the carriers included in the RFP to provide Gallagher with a network disruption report that is presented as a data point in the renewal meeting.	Having an adequate network is a core requirement of any vendor servicing their clients, They have thorough process for evaluating networks during the procurement process, while under contract, and as alternative network options are presented.	Uses a method that they are willing to discuss in person. Criteria for recommending changes in network affiliations is they are under the assumption that they have already evaluated the discounting and have chosen a carrier with the strongest total value discounting proposal for the City. For medical, they will look at the population breakouts of the City (including retirees. They will then identify if there is any network deficiencies.
37. What other assistance do you provide our client to help them in their day-to-day administration of their group benefit plans.	Provides full assistance with enrollment (including benefit administration technology at no cost), employee communication & education, onboarding, member management (i.e. correcting carrier enrollment data- adds/terms/COBRA, etc.). Service team can also assist with carrier billing discrepancies and reconciliation (in the event you do not have self-bill). Provides full benefit administration services to over 80 clients! Zywave Compliance portal also provides valuable time saving tools and resources for HR. Demo is available upon request.	Work closely with their clients so that they come to regard them as an extension of their own human resources department. This means being able to assist with day to day responsibilities. First they interface with the carriers so that their clients do not have to spend unproductive time on things like billing issues or claim resolution. Team members have contacts with most carriers that allow them to get solutions.	Is a full-service human resources consulting firm. Retirement Plan Consulting, Compliance Consulting, Health and Welfare Plan Consulting, Compensation and Career Strategies, Organizational Effectiveness Consulting, Benefit Audit Solutions, Communications Consulting, Administrative and Technology Consulting and Investment Solutions	Every client is assigned an Account Manager and Group Benefits Coordinator. While their entire team will work with the City's Human Resources staff, these two individuals will be the primary points of contact for the City on daily HR issues. The Account Manager will work closely with the City on all communications, carrier/vendor issues, carrier transitions, compliance (in addition to their compliance attorneys), contract review, open enrollment, and issue resolution. The Group Benefits Coordinator will act as the primary contact for claim issues, billing problems, employee/retiree issue resolution, and will provide support to Account Manager.
38. How do you assist your clients to develop benefit levels that will help them recruit and retain the type of employees they need to be successful?	Will work with you to benchmark your plans against other private sector and public employers. Most of their clients have goals to be above benchmark for benefits. By reducing the cost of the health plan, increasing quality, and eliminating waste, we achieve a sustainable benefits package. Lowering cost allows them to deliver greater value to your employees. Also provide assistance with employee preferences. This could be done through a small focus group, union committees, or employee preference surveys. Finding out what employees value will enable you to create a benefits package unique to City of Rochester Hills.	Through Gallagher Better Works consulting philosophy, they have engaged the City in strategic conversations around the City's current state, desired future state and tactics being used by public sector and private sector employers alike to effectively compete in the tightening talent market.	Public Sector plan sponsors face pressures of increasing workforce costs and shrinking revenues, the need to accommodate a growing population of baby boomer retirees, and the difficulties - and necessity- of adopting new technologies to replaced older, labor-intensive systems. Are constantly evaluating new programs and services in the marketplace to determine if they make sense for their clients.	Has developed a significant database plan level information for the municipal market. The benefit plan strategies they develop with the City will represent balance between plans that will help the City reduce costs, are sustainable long-term, and can continue to complement an attractive "benefit package" for potential new employees. Have also conducted research on millennial healthcare trends and would integrate this information into strategic discussions.
39. Please include with your reply a sample copy of several recent employee communication materials, presentations, forms, etc.	See Appendix for employee communication samples.	Please see sample employee communication materials in response.	Thumbnail images provided in response, or visit https://www.segalbenz.com/what-we-do/our-work	Please refer to Exhibit A for documents.

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40. What methods will your company utilize to help evaluate and improve employee and dependent wellness?	<p>Clients have the benefit of Advantage Analytics. By having control of your own data and the tools to measure ROI on any program they implement, can evaluate, identify, implement and administer the most effective Wellness program (or any program) for your organization. The 360 Member View and Milliman Risk Scores (MARA) within Advantage Analytics track population health over time, identify high risk and above average risk individuals, and provides a baseline to measure wellness program effectiveness. Without an independent data warehouse and Analytic tools, Wellness programs still have perceived value and encourage engagement with employees but cannot be effectively measured to determine if they are truly improving health, outcomes and return on investment. They will load Advantage Analytics with 60 months of data from both your health plans and the prescription drug vendor to look at your entire population and where the risks are rooted. Will then design or engage programs to address those risks and lower their risk scores. If a program is not performing by lowering the risk of the participating individuals, we will either adjust the program or remove it and find one that will lower the risk.</p>	<p>Gallagher is experienced in helping their clients successfully implement wellbeing initiatives and programs. Have incorporated wellbeing considerations into the City's strategic planning meetings as well as medical and pharmacy utilization reviews with City's carrier. List of wellbeing accomplishments listed in response.</p>	<p>While measuring financial factors remains important, evaluating the success of wellness programs within those health benefit plans requires a different approach: the metrics by which wellness programs are measured should capture whether the "population health" is getting better overall. If wellness programs are working, they should keep healthy people healthy and reduce modifiable risk factors to slow down the onset and progression of chronic disease, thereby reducing demand for services, which helps to hold down costs. This, in turn, will reduce future healthcare costs.</p>	<p>They are familiar with many plans and programs available in the marketplace. Specialized service line has worked with several municipalities to look at options to promote health and wellness. They meet with their clients to discuss wellness strategy, budget, compliance considerations, and philosophies to create a targeted recommendation that fits each municipality's individual needs and goals. Have assisted clients with strategy, implementation, and roll out of various wellness strategies including wellness committee, wellness surveys, wellness fairs, informational/educational campaigns. More items listed in response.</p>
41. Describe your compliance advisory process.	<p>ABG monitors legislative developments through a variety of methods. They have email notifications in place for legislative activity and subscribe to many resources for information. We also have Miller Johnson on retainer to provide us with updates on legislative activity and interpretation of new legislation or regulation. We use the information to prepare our weekly client newsletters and our regular compliance webinars and seminars. See Appendix II. Mike Cutlip, ISCEBS-Fellow, CEBS, (Partner) leads the compliance practice and works with our internal team to answer compliance related questions. When a question arises that needs more information than Mike can provide, he works with Miller Johnson to get the answers.</p>	<p>Has bench of in-house benefits attorneys and compliance professionals, who act as an extension of your client service teams and help provide timely, understandable compliance assistance and compliance tools for clients. Has fully dedicated compliance group that includes state-of-the-art compliance resource databases. Client service team can answer most compliance questions and are supported by their national compliance team.</p>	<p>Consultants are fully trained in, and have extensive, practical experience with key regulatory and legislative developments. Consultants continually monitor these requirements to ensure that their client's benefit plan is in full compliance. Their National compliance practice provides their clients, consultants, and analysts with in-depth technical research and information on an ongoing basis on current and pending federal and state laws and regulations that may affect their clients benefit plans.</p>	<p>Their office is at the forefront of federal and state legislation that impacts the public sector market. In addition to legislation, they closely monitor court cases that could impact their clients. Provide advice and recommendations to their clients regarding the requirements under the employer shared responsibilities provision of PPACA, COBRA, FMLA, HIPAA and other law regulations. Can provide advice and guidance on plan design changes as a result of PPACA requirements. They work to ensure compliance with Michigan Public Acts.</p>

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42. Describe the process by which your company disseminates information about legislative and regulatory compliance and changes to your clients.	Provides training and seminars as well as ongoing support from administrative staff. Agents are heavily involved in the annual consulting process and are available to provide advice and experienced consultation. Clients have access to Zywave at no additional cost. Zywave is a database and resource for all things HR administration and compliance. There are tools and templates to generate plan documents, employee handbooks, annual notices and employee communications. Zywave is a great place to start for any inquiry regarding regulatory compliance or legislation.	Has devoted resources towards providing their clients with the latest guidance that impacts their employee benefit plans. Will keep informed with timely, accurate and concise information about regulatory information about the regulatory environment through various publications including Compliance Toolkits, guides and FAQs, Compliance Education and Compliance Consulting. Compliance support is included in their full service consulting model.	Has placed emphasis on the importance of research and development that keeps their clients informed on all aspects of benefit programs. They have experience in preparing comprehensive studies and reports on benefits-related topics involving pension legislative and regulatory issues for many clients. Will help the City identify and monitor pertinent federal, legal and regulatory issues for many of their clients.	Provide updates, advice and guidance through one or more of the following methods: One-on-one meetings with their clients, roundtables, seminars, email or phone communication, newsletters, white paper, monthly standing meeting.
43. Describe the process by which your company incorporates these developments into plan documents, administrative procedures, etc.	Any legislative or regulatory changes that require updates in plan documents and administrative procedures will be recognized and managed by ABG's service team. They work closely with your carrier partner or TPA, in this case it would be HAP, to ensure full compliance. Since City is a government entity, may choose to follow ERISA, although you are not required to by law.	As legislative and regulatory developments require, Gallagher will coordinate the City's benefit communications to reflect changes as well as recommend necessary changes to administrative procedures.	Segal first analyzes the impact of changes to plans in general. Then work individually with their clients and their legal counsel to identify the issues, impact, (cost, where applicable), obstacles, and timelines for implementation in order to assist clients to become compliant.	When changes are required as a result of new regulations, they present the required changes to our clients and establish next steps to update plans, documents, and procedures a appropriate.
44. Explain the steps you have taken to become HIPAA compliant.	Has worked with their legal team, as well as our IT company to ensure HIPAA compliance. Legally, they ensure executed Business Associate Agreements (BAA) are executed on every client. Also have developed proprietary data share agreements in the event they receive claims data from City's carrier or TPA partner. Has developed an internal task force and privacy office (Mike Cutlip) to actively identify potential vulnerabilities and address them in routine group training sessions with service team. From an IT standpoint, they utilize encryption on email and data they store on our servers. They have implemented mobile device management software, as well as dual factor and app encrypted ID verification to access all data.	Committed to protecting personal health information and complies with the Privacy rule of the HIPAA. Has implemented and maintains various administrative, physical and technical safeguards to comply with the safety rule.	Segal will be a "Business Associate" under HIPAA to their clients that offer health benefit plans when protected health information (PHI) is used to provide consulting or actuarial services. As a Business Associate under HIPAA they have implemented appropriate safeguards to prevent inappropriate use or disclosure of PHI and to protect confidentiality.	Adheres to all HIPAA privacy and security standards. They protect data from security breaches by employing recommended NIST standards and protocols. Most recently they have employed multi factor authentication login protocols to further protect their systems from any potential outside data breaches.

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45. Does your company provide training/seminars?	Seminars have been a staple for ABG clients and local employers since the early 2000's. Their Annual Health Benefits Seminar highlights innovative and forward-thinking partners from all corners of the healthcare industry. Consumerism and transparency are the principles that drive their strategic, long-term managed approach to maximize every dollar spent on benefits. In addition to conducting seminars, ABG hosts a	Routinely holds seminars and workshops to ensure their clients are informed and up-to-date on the ever-changing world of employee benefits and stay ahead of trends. List of 2022 topics included along with 2020 and 2021 topics.	Conducts frequent webinars (and seminars pre-COVID-19) for their clients to discuss current topics of concern and new legal and regulatory requirements. The presentations and supporting materials are then made available on their website as an education resource.	There are no additional charges to attend their training events or seminars. 2019 topics are listed in the response. Some of the topics are "PA 202 Update", "How to develop a wellness strategy", "Innovative program solutions for healthcare plans".
If yes, are there additional charges for these services?				
46. Provide a listing of reports your company can provide to assist the City. Can you provide customized reports?	Can provide customized reports. Has reporting capabilities for both fully-insured and self-funded employers. Reports for reference are available in Appendix.	Has a full suite of reporting available and they will provide the City with monthly, quarterly and annual reporting based on the carriers in place and associated data availability.	Creates customized reporting packages. Has several examples of reporting packages that they have developed for other public sector clients. Will work with the City to develop a package that meets City's needs. This includes the quarterly claims analysis, monthly billing summary, commission reconciliation, monthly premium charges and exposure reports,	Has extensive experience in the municipal market and has provided array of reports to its clients. The analyst department provides annual renewal reports, ad hoc (customized) reports, primary audits, RFP creation and analyses, collective bargaining plan design modeling, PA 152 cost-sharing modeling, budget creation, large and medium claim analysis, and more.
47. Please provide samples of employee communication materials that you have recently created and distributed for other clients our size.	Samples Included in Appendix.	Has a full suite of reporting available and they will provide the City with monthly, quarterly and annual reporting based on the carriers in place and associated data availability.	Thumbnail images provided in response, or visit https://www.segalbenz.com/what-we-do/our-work	Per their response in question #39, if chosen by the City as a finalist, they would be more than happy to supply all of these requested materials.
48. In the event of your company is chosen to provide service for City of Rochester Hills, please describe an implementation schedule.	Q1-Post Renewal: Post OE Review, Planning Meeting, Year end financial reports. Q2-Utilization Review: Carrier analysis, Detailed Advantage Analytics Analysis, Program Evaluations. Q3-Preliminary Projections: Rate Projections, Plan Design & Other program review, RFPs. Q4-Renewal and OE: Final plan design, rates and contributions, finalize stop loss, if applicable, Open enrollment. Much more detailed information provided in response.	If Gallagher is retained there would be no need for an implementation schedule. They will continue their service model with the City including pre-renewal discussions in June/July 2022.	Detailed Project Timeline is included in response.	They would hold a kickoff meeting to introduce their team and discuss urgent projects and areas of support, request all data on healthcare plans and build a financial/plan profile. This is their baseline to understand your plans and costs. Complete plan included in response.
49. Please provide a copy of your proposed contract for services.	Provided in response.	Sample provided.	Master Consulting Agreement Sample in Appendix F of response.	Please refer to Exhibit B.
50. Please provide a copy of your professional liability on errors and omissions insurance certificate of insurance or insurance policy declarations page.	See Appendix.	Proof of Error and Omissions coverage in response.	A copy of insurance is attached in Appendix G.	Please refer to Exhibit C.
51. Please define the expectations that you have for your clients.	Values each client as a partner. We lead with full transparency and integrity, expecting the same from our client partners. Operating with transparency and integrity builds a foundation of trust that is essential for a successful long-term partnership. These are the types of relationships their model best supports.	A collaborative partnership allows them to understand the City's culture, human resource strategy and overall goals and objectives as they change and evolve. Open communication.	Should be collaboration requiring appropriate planning and review between the consultant and the City staff. Goal is to provide appropriate level of knowledge and technical expertise along with City-specific data to facilitate a meaningful discussion. Regular ongoing communication, open access to information data and analytics,	Expect client to be engaged in the process, providing as much information and insight as possible as to the City's goals and objectives, the political landscape of its governing board, the history of prior negotiated plan benefits and honest feedback during strategy meetings. The more they know, they more they can help.

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52. Submit fee based quote and a commission based quote that reflect the following:				
a. Commissions paid by insurance carriers	See Question 53 response.			If named agent of record, they would view all existing and future commissions on the City's coverage lines as payment in full* *If the client chooses to change carriers, funding levels, or eliminate certain healthcare programs in the future, and commissions are eliminated or reduced, they ask that the City agrees to re-negotiate in good-faith with Manquen Vance a fee commensurate with the scope of work listed herein.
b. Direct fees for services rendered	See Question 53 response.			*Negotiated fee based contract with following fee: 2022-2023 \$65,000 2023-2024 \$65,000 2024-2025 \$65,000 2025-2026 \$68,500 2026-2027 \$68,500
c. Either commission or direct fees	See Question 53 response.			See Answer to 52A
d. Combination of commissions and fees	See Question 53 response. In the event commissions cannot be removed, and they equal or exceed their target compensation, no additional fee would be required.	Compensation may be derived from fees or commissions, or a combination of both. The choice is made by the client based on their philosophical and budgetary considerations.	Is flexible regarding the compensation structure. Most of their clients pay a flat monthly retainer, they can also collect fees through commissions built into carrier fees/premiums or a combination of the two. All commission based payment arrangements are 100% transparent. The client will know exactly what Segal collects.	See Answer to 52A
e. Annual retainer	See Question 53 response.			See Answer to 52A

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53. Fee schedule/rates, or commission structure	Advantage Benefits Group, when commissions are payable and not removable, will honor standard commission packages provided by the insurance carrier with no additional fee required if total commissions anticipated are equal to or greater than our compensation target. Do not have any specific agreements or enhanced commission structure arrangements with any insurance company or vendor partner. Will provide an initial estimate of all expected commissions and effective rates they will receive. Will create an addendum annually of all commissions actually paid in full transparency as part of our "compensation disclosure agreement." When possible, our preferred method of compensation is on a fixed-fee basis. We do not believe we should be rewarded higher compensation for a poor performing plan or increasing premiums. We work with our clients to remove fully insured commissions where possible in favor of a flat fee.	With most customers they are compensated through commissions received from the brokerage and servicing of policies handled for a client's account. In some cases they are paid on a fee or retainer basis. Propose to continue with the existing compensation structure currently in place with the City.	Their annual fee would be \$55,000 for years one and two. Years three and four would be \$56,500.00 and Year \$58,000.00 This includes all of the services in the RFP. They will accept compensation in the manner the City prefers.	Will assume that all current fee or commission structures are satisfactory. Will integrate as the City's new healthcare consultant and takeover current commission levels as currently paid.
54. Methods to disclose all compensation to RH		Practices 100 percent transparency with their clients when it comes to any services they offer. All revenue earned by Gallagher and their affiliates will be disclosed. All insurance quotations received by Gallagher are provided to the City including terms, conditions, premium and commission, if any.	Philosophy on compensation is 100% transparent on any fees charged and any commissions received. They would like both parties 100% clear and comfortable on all compensation-related matters.	Will disclose their compensation to the City each year using a standard commission disclosure form.
55. Charges for consulting & employee communications		Has provided full consulting services to the City in exchange for carrier commissions in place as reflected in their revenue disclosure.	Communication work included in Segal's annual consulting fees is a 16-page benefits enrollment guide, including planning, project management, design, page layout, content creation, and proofreading.	Will not charge the City an additional hourly rate for any services listed in their RFP response.
56. Explain how Subcontracted tasks will be billed		Do not anticipate subcontracting any work for the City.	They do not anticipate subcontracting any tasks related to this.	Do not anticipate the need to subcontract any services they have included in their RFP response.
57. Exceptions/Alternates		List of exceptions in response.	There are exceptions listed	None.

REQUEST FOR PROPOSALS FOR BENEFITS BROKER/CONSULTANT SERVICES - RFP-RH-22-043
PROPOSALS TABULATION

NAME	Birwood Services Group, LLC	Kapnick Insurance Group	Lerner, Csernai & Fath Financial Group	TMR & Associates, Inc.	Marsh McLennan
ADDRESS	725 S. Adams, Suite L140 Birmingham, MI 48009	769 Chicago Rd., 3rd Floor Troy, MI 48083	15505 Waldron Way Big Rapids, MI 49307	601 Abbott St. Detroit, MI 48226	755 W. Big Beaver Rd. Suite 2300 Troy, MI 48084
1. When was your organization established?	Birwood - 2020 Lockton - 1966	Was established in Adrian in 1946. Have been offering employee benefits coverage since 1970.	1969	1993	2008
2. Operating in Metro Detroit Area	Birwood - 2020 Lockton's 2019	Since 1990.	53 years	1993	2012
3. Ownership structure/name of owner	Private ownership. Family-owned organization. Invests 90% of every dollar back into the business. Uncommon thinking and entrepreneurial spirit create the long-standing partnerships that maintain their client retention rate.	Kapnick is family owned, having recently completed perpetuation to the third generation. Jim and Mike Kapnick are the current owners. In 2019 they welcomed 10 partners.	LLC - S Corp Brad Fath - 100% owner	TMR & Associates is owned by Mark Mueller	Wholly owned subsidiary of Marsh.
4. Length of time providing group employee benefit consulting/broker services	Consulting/Broker services offered since 2020. In 1987 Lockton expanded their service offering to include employee benefits and financial services.	Since 2001.	30+ years	TMR & Associates has offered employee benefit consulting/broker services since 1993.	Employee benefit consulting/broker services since 2008
5. Products and services offered by company	Financial analysis, vendor evaluation and management, wellbeing, clinical data analytics, compliance, OE and communication support, voluntary benefits, corporate acquisitions, absence management.	General plan service, Employee Communication and enrollment, Human resources, Renewal Services, Compliance Resources, Public Sector Work,	Group health dental, vision, life, disability, worksite, FSA, HAS, HRA, COBRA, wellness, FMLA, Pet, etc. insurances as well as retirement planning.	Medical, Dental, Vision, Health Savings Account, Health Reimbursement arrangement, Flexible spending account, Life, AD&D, Short-term disability, Long-term disability, accident, critical illness, hospital indemnity, retiree plans. See response for complete list.	Employee health and benefit plans, business insurance, and retirement plans.
6. List of all company offices	Detroit office will be the primary office servicing the City. There are two Birwood Associates in that office and 46 Lockton Associates.	Adrian Ann Arbor Office Troy Office Grand Rapids	Company HQ an only location - Big Rapids, MI 20 employees at this location	Located at 601 Abbott St. Detroit, MI 48226	Two offices in Michigan, Troy and Grand Rapids. City will be serviced out of the Troy location. Troy office has 131 staff members.
7. List of Insurance Company, third party administrators and other providers company is authorized agent or broker	List of companies provided.	List of companies provided.	List of companies provided.	List of companies provided.	Works with all major carriers, providers, and third-party administrators.
8. Percentage of firm's (1) personnel resource and (2) revenues are dedicated to:					
a. Health & welfare benefits/insurance	36%	55 employees	47.50%	90%	All revenue
b. Property & casualty insurance	57%	58 employees	0.00%	0%	All revenue
c. Individual insurance & other financial products	2%	2 employees	2.50%	7.5%	All revenue
d. Retirement plans	4%	1 employee	47.50%	0%	All revenue
e. Benefit administrative services	1%	10 employees	2.50%	2.5%	All revenue
9. Number of people employed					
Full Time	993 (Associates and Producers)	165	20	15	126

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Part Time	39	0	2	2	5
10. Number employees located in southeast Mich					
Full Time	57	65	1	15	126
Part Time	0	0	0	2	5
11. Number employees dedicated locally to group employee benefit consulting services?					
Full Time	28 Michigan (6 in SE MI)	28	1	15	All relevant employees in Southeast MI
Part Time	0	0	0	2	
12. Number of clients currently broker basis	Globally, Lockton serves 65,000+ clients. Lockton U.S. serves 22,400+ clients.	80%	60 clients or 50%	TMR & Associates serves as agent/broker for approximately 53 clients.	Out of 255, 86% are under a brokerage arrangement.
13. Number of client currently consultant basis in specific areas:	Same as above.	20%	60 clients or 50%	TMR & Associates has approximately 18 clients under a consulting contract.	Out of 255, 6% are under a consulting fee-based arrangement. Another 8% maintain a combination of both.
14. Number group employee benefit consulting					
a. Administration and support	18 (1 SE MI)	25 employees	4	4	14
b. Management	2	9 employees	1	3	9
c. Sales/Account Executive	11 (4 SE MI)	24 employees	1	3	24
d. Customer Service		19 employees	4	7	44
e. Underwriting		7 employees	1	Left blank	40
15. Number employees assigned to RH account.	Dedicated team of four that will provide day-to-day and ongoing support. In addition to the core team, City will be supported by numerous subject matter experts.	Seven employees on the core account service team.	3 employees dedicated to City with full access to additional support staff.	Will assign six full time employees. Assigned on the account will be an account executive, account manager, technology integration specialist, and three client service representatives.	Three employees. Core Service Team is Vice President, Plan Analyst, Account Manager and Client Services Specialist.
16. Proposed account team for RH:					
a. Names, brief bio, job description & client responsibilities	Names, brief biography, job description and client responsibilities.	Resumes for Team are included in response.	Resumes for Team are included in response.	Resumes for Team are included in response, Appendix A.	Team Information and Background provided in response.
b. Client reference for team members	References available upon request once selected as a finalist.	Will provide if they become a finalist.	Client reference provided.	Client reference provided.	Client references provided.
c. Process to select, hire & retain high quality employees	Dedication to their associates and flat organizational structure are attractions to self-motivated, goal driven individuals. Ongoing training, career development and attractive incentive programs encourage personal growth and loyalty from associates.	Formal recruiting process (outlined in response) which is used to select and hire employees that are knowledgeable, professional and collaborative team members.	When they hire it is typically due to growth. Have a number of employees who have been with the firm 15+ years and even 20+ years. They hire based off of culture fit and alignment to overall company goals, do not do standard job postings.	Post detailed job description, three step interview process, require prior insurance carrier or agency experience, semi-annual employee review, client satisfaction surveys. Comprehensive benefit package, competitive salaried and hourly wages, promote from within the company, higher education assistance, paid maternity leave, paid vacation and sick time.	Resume Review by HR, Prescreen Telephone interview, In-Person Interview, Meet Key Account Team Members, Meet Senior Staff, Meet with Organizational Psychologist, Meet McGraw Wentworth Leadership, Offer made.

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d. Method to assure RH will have motivated & well-trained & supportive staff dedicated to RH needs	Birwood-Lockton Alliance clients consider their associates an extension of their own teams. Place emphasis on assigning the right service team members to each client. Important for Team members learn and understand their clients' businesses and possess the necessary skills and personalities to satisfy their clients' needs and objectives.	Hires employees that are knowledgeable, professional, and collaborative team members and consistently provide training opportunities on a wide variety of topics including compliance, wellness, leadership and diversity, equity, and inclusion from both internal and external experts. Ongoing training.	Staff has compensation tied to company performance, so if they do a good job for their clients and grow as a company, they share in that growth. If they do not take care of their clients and they leave, staff also shares in the loss. The result is highly motivated staff.	Works closely with their clients to develop a successful partnership. Most recently, they have begun a process of providing their clients with an annual performance survey. They strive to keep open lines of communication with their clients and hope that their 98% client retention rate over the past ten years serves as a reflection from their clients of their satisfaction with their service.	As a service organization they are judged by the quality of their staff. MMA Michigan is committed to furthering their employees' education and development, offering a comprehensive, company-sponsored program comprised of both "hard" and "soft" skills training. Do their best to provide the infrastructure needed to conduct the training in a variety of formats with on-site training as well as self-directed on-line training modules.
17. Current client information:					
a. Number of current clients-health/benefit plan design and management	Lockton serves 4,300 clients in the area of health/benefit plan design and management.	If they become a finalist in the RFP Process they will release information upon execution of a NDA disclosure.	Currently has 131 benefit advising clients.	71 clients for health/benefit plan design management.	255 clients
b. Names, contact info & types of services provide for 5 current clients-similar services	Client references are available upon request once selected as a finalist to protect the privacy of clients.	If they become a finalist in the RFP Process they will release information upon execution of a NDA disclosure.	Names and information provided.	Names and information provided.	Names and information provided.
c. Three largest public entity accounts in Michigan; names & type of services	As a private company and to respect the privacy of their client, they do not disclose client lists.	If they become a finalist in the RFP Process they will release information upon execution of a NDA disclosure.	Reed City Area Public Schools, Big Rapids Public Schools and Mecosta County Road Commission.	Macomb County City of Warren Oakland Community College	Charter County of Oakland Warren Consolidated Schools City of Ann Arbor
18. Health/benefit plan mgmt. - govt & non govt:					
a. 0-250 employees	33 Government / 1,988 non-governmental	493 Non-Governmental / 58 Governmental	115 Non-Governmental / 16 Governmental	40 Non-Governmental / 9 Governmental	103 Non-Governmental / 2 Governmental
b. 250-499 employees	15 Government / 646 non-governmental	26 Non-Governmental / 9 Governmental	0 Non-Governmental / 0 Governmental	12 Non-Governmental / 8 Governmental	63 Non-Governmental / 5 Governmental
c. 500-999 employees	19 Government / 540 non-governmental	9 Non-Governmental / 8 Governmental	0 Non-Governmental / 0 Governmental	5 Non-Governmental / 3 Governmental	43 Non-Governmental / 1 Governmental
d. 1000+ employees	35 Government / 1,024 non-governmental	8 Non-Governmental / 2 Governmental	0 Non-Governmental / 0 Governmental	5 Non-Governmental / 6 Governmental	46 Non-Governmental / 8 Governmental
19. Names/contact information for last 3 clients that have left company	Client references for terminated clients are available upon request once selected as a finalist to protect the privacy of their client/consultant relationships.	If they become a finalist in the RFP Process they will release information upon execution of a NDA disclosure.	Only one client has left in five years. Client is LeRoy Tool.	Lenox Township Windemere Park Day & Ross	Mistequay Group Whitlam Group SEMCO Energy
20. Company's client retention rate	Has a 97% client retention rate.	93% Client retention	99%	3-year retention rate 100% 10-year retention rate 98%	Annual client retention rate is 98%.

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21. Experience w/ govt entities including union and non-union	Has developed a strategic approach to the collective bargaining success, analysis of collective bargaining agreements, recommendations for future negotiations, development of strategic plan, communication of current trends and opportunities. Under each category is detailed description.	Will work closely with City and collective bargaining team to develop plan design solutions, Kapnick welcomes the opportunity to meet with the union leadership, assist in negotiations and mode/communicate plan design options. Can provide extensive support in preparation for collective bargaining contract renewals, including analysis of plan performance and strategies for negotiating cost containment.	Firm has knowledge working with governmental agencies. Many of the smaller governmental clients have no unions, while majority of their larger clients have multiple unions throughout their staff. Experienced in crafting a benefit strategy when unions are in place. Assist with all matters of public compliance including but not limited to annual PA 152 support and routine PA 106 bidding. Because they remove commission (most often) and act as a consultant they practice complete transparency without any conflict of interest.	Well-versed in collective bargaining process. Assist clients as they prepare for negotiations and are available throughout the process. They understand that benefits must be contract compliant, and they will work with City to help balance existing contract language with proposals. Bargaining experience has been with but not limited to the following unions: Teamsters, AFSCME, POAM, COAM, IAFF, DPOA, MAPE, Plumbers and Pipefitters.	MMA Troy office works with 16 governmental entities, ranging from cities to counties to public school districts. This group includes direct work with union and non-union staff.
22. Experience w/ govt entity benchmarking in Michigan.	Current benefits levels are benchmarked against other public sector entities based on size, location and/or bargaining units to provide a reference as the negotiation process begins. In addition, information is provided on the successes and/or failures of other public sector entities at the negotiation table. Having this information helps negotiating team to establish reasonable expectations of the particular negotiation they are entering.	Kapnick Lens allows them to gather more insight than what traditional carrier reports provide. Their proprietary analytics platform Kapnick lens has a "smart cohort" analysis system with more than 85 million lives. Includes benchmarking across healthcare cost, disease prevalence, plan design provisions, healthcare utilization, medication adherence, and program costs.	Part of their annual renewal process is providing benchmarking information. They do this as part of their standard service arrangement with all of their clients. Has access to the largest databases in the state/nationally to provide such data.	Has made recent, significant investments in their ability to provide clients state-of-the-art comprehensive benchmark reporting. They benchmark claims data against national databases from Truven Health Analytics and Kaiser Family Foundation, making it better than carriers that use a book of business. Benchmarking tool bring several advantages to their clients including a few examples: Assist with gathering employee feedback on benefit offerings, Knowing how other employers are addressing their benefits decisions, uncover the details of various plan offering designs with one of many comprehensive plan design articles.	MMA's Annual Employee Benefits Benchmarking Study is a Michigan Exclusive. 33 Governmental employers participated in the Study in 2021 - it is the only one of its kind. Have the ability to segment the survey data by size and industry.
23. Ability & method to provide information about legislative & regulatory requirements and changes. Provide samples.	Performs an annual benefits survey providing important insights into the most common and progressive benefits strategies as well as their expected adoption over the next plan year. Survey gives the Birwood-Lockton Alliance proprietary data and insights they can use to deliver timely trend data to their clients and prospects and differentiate Lockton in the marketplace. City will have educational opportunities offered by Lockton throughout the year. Including conferences, seminars, webcasts, blogs, podcasts and white papers.	Depending on the content of the communication, Kapnick will use several methods of providing statutory communications and updates through benefit email alerts, conference calls, occasional webinars and primarily through the City's assigned service team.	Has an ERISA/Employment/Benefits Attorney on retainer to support their clients and their advising practice. This Attorney keeps them apprised of all pertinent information within their industry. Was especially relevant throughout COVID-19 pandemic as their attorney supported their clients through direct interaction and online events as they assisted their clients navigate matters of new and complex human resources/employment tasks.	Participates in ongoing education of all matters related to compliance and federal regulation for healthcare plans and sponsors. In addition they provide their clients with a full resource library of up-to-date Federal and State healthcare laws and regulations. Clients also receive notifications of important deadlines and communication calendars. Samples of the standard communications have been included in response.	Acts as an extension of their Client's Human Resources office. Account Manager will notify of legislative changes that might impact City. Regularly monitors various publications to keep up-to-date on new legislation, Included Mineral as a free resource for their clients which provides another level of compliance assistance as needed.

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24. Five differentiators for company. Critical success factors that distinguish company from competitors.	Specific examples of the cultural attributes, technology resources and professional expertise that differentiate their practice include: Ownership, Independence/Objectivity, No out of scope pricing, client focus, through leadership, and their culture. The Birwood-Lockton strategic alliance. Each topic is listed in depth in response.	<ol style="list-style-type: none"> 1. Kapnick Lens 2. Kapnick Strive - Award winning performance-based wellness program. 3. Hremote - Suite of automated benefit enrollment and communication services. 4. Kapnick Compliance solutions 5. In-house employee benefits call center. 	<ol style="list-style-type: none"> 1. Survey all of their clients annually. Has a 96% client satisfaction over the last 5 years. 2. Offer complete market transparency, and a unique proprietary product offering for medical and ancillary lines. 3. Act in their clients best interest. No large employer should have an advisor paid on commission, it creates a conflict of interest in their opinion. 4. Offers a fresh approach to benefits that most are unaware exists. Aren't disruptors, they are thought leaders. 5. The average client savings they bring is 14%. 	<ol style="list-style-type: none"> 1. Sole focus is to provide employee and retiree benefit solutions with HR support to public entities in Michigan. Team of insurance consultants and service representatives have a clear and distinct understanding of benefits. 2. Work with client to develop a long-term strategic plan. 3. Full benefit plan audit and dependent audit. 4. First class customer service, employee call center, Employee Navigator, HR benefit resource portal/library. 5. Pricing, claims and compensation transparency. 	<p>Comprehensive Partnership-Will guide through time of change and keep City competitive in the marketplace.</p> <p>Client Focused, Goal Oriented-Develops a long-term partnership with clients, becoming an extension of HR department.</p> <p>Compliance Center of Excellence-Compliance team consists of more than eighteen employee benefits attorneys and other subject matter experts.</p> <p>Dedicated Team of Experts-Expertise of consultants and underwriters.</p> <p>Unparalleled Market Leverage- Extensive array of capabilities and resources while still maintain a local entrepreneurial environment.</p>
25. Independent/outside third party client satisfaction survey in last 2 yrs. Provide copy of third party report.	They ask for feedback formally through their annual client satisfaction survey. Additionally the leadership team, Producer and client will ask for feedback formally on an ongoing and periodic basis throughout the course of partnership.	No.	Have not completed a third-party client satisfaction survey, however their own survey showed 96% client satisfaction rating.	Has completed a client satisfaction survey. Copy is attached in response.	New client satisfaction survey and Bi-Annual Client Satisfaction Survey.
26. Litigation over past 5 years	Lockton has been a party to, as well as a witness in, litigation and has responded to regulatory inquiries as part of the normal course of business and their clients' businesses.	Is currently pending litigation on a suit that was filed in August 2019 claiming the failure to assure a client had all appropriate insurance coverages in place on property. Kapnick denies any wrongdoing. Client is cooperating in Kapnick's defense.	No	No.	From time to time is subject to various claims, lawsuits and proceedings. Currently no open or pending matters.
27. Process & available resources to perform work		The most significant service that Kapnick Insurance Group can provide the City is the ability to provide proactive and strategic solutions to managing the City's benefit program through the use of: Kapnick lens, expertise in addressing anticipated changes to the ACA, Kapnick Strive, Kapnick HRemote, customized employee communication/education program, Kapnick Compliance solutions.		Confident they can meet and exceed requirements of the City. Team of qualified experts evaluating and recommending specific healthcare solutions for municipal employees and retirees. Uses multiple strategies, including self-funding, utilizing different plan vehicles, wellness, care management, value-based designs, data mining, and discounted provider networks.	

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a. Evaluate current program	Conduct comprehensive evaluation of City's existing plans, coverages and associated employer/employee costs. Review vendor performance, provide plan design recommendations that meet the needs of the City and their employees and which would be of greater benefit of savings to the City. Project funding requirements and funding level analysis; review of City contributions and employee premiums. Develop renewal or bidding		All of their new client relationships start with a strategy building session. It is during the session that an open-table discussion is had about the current plans, their metrics & performance, as well as the goals for the benefit program as a whole. Develop strategies then culminate the process with an action plan for the bidding process.		Future year Cost projections, Future Year plan design modeling for all lines of coverage, contribution modeling, total cost modeling, finalizing annual decisions, Benchmarking, vendor evaluation and management. See Appendix II for complete list with details.
b. Insurance	Prepare insurance coverage specifications and market prior to policy expiration, conduct vendor bidding and negotiations or insurance/administrative services, assess insurance company stability, solvency and service record. Provide renewal and unbiased alternate insurance proposals. Provide documentation of all bids received from carrier with detailed recommendations to City. Prepare applications, Act as the liaison and advocate for the City.		Bidding process is transparent model. Are independent and can write business with any carrier admitted to write business in Michigan, as well as having their own proprietary medical/ax and ancillary plans. Because they oversee all the renewals and bidding, they routinely provide services applicable to public groups in Michigan such as PA 152 and PA 106 compliance items.		Future year Cost projections, Future Year plan design modeling for all lines of coverage, contribution modeling, total cost modeling, finalizing annual decisions, Benchmarking, vendor evaluation and management. See Appendix II for complete list with details.
c. Administration	Benefit plan design, including benchmarking, technology, best practices, impact analysis and strategic implementation support.		Provide free of charge full plan administration services. From benefit design to customized physical or online enrollment technology. Carrier/Vendor relations are handled by their office, and they go above and beyond by acting as the customer service hub for all of their client's employees-no matter how big/serious the issue is. Offer complete compliance support, provided free of charge.		Future year Cost projections, Future Year plan design modeling for all lines of coverage, contribution modeling, total cost modeling, finalizing annual decisions, Benchmarking, vendor evaluation and management. See Appendix II for complete list with details.
28. Experience with service providers. Include info compensation paid directly from companies.					Works with all major carriers, providers and third-party administrators.
a. Health Alliance Plan	Experience working with.	Has current relationship with this company.	Has extensive experience and advised on many HAP policies in the past as well as currently. Fee is detailed on page 10 of the booklet.	Premier agency with Health Alliance Plan. Has the ability to be paid commissions directly from them or directly from the client on a consulting contract.	Works with all major carriers, providers and third-party administrators.
b. Delta Dental	Experience working with.	Has current relationship with this company.	Has extensive experience. When they are able to they will remove commission from the dental line of business and replace with a \$0.75 PEPM based on enrolled employee membership.	Currently has 35+ clients with Delta Dental. Has the ability to be paid commissions directly from them or directly from the client on a consulting contract.	Works with all major carriers, providers and third-party administrators.

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c. National Vision Administrators	Experience working with.	Has current relationship with this company.	Has extensive experience. When they are able to they will remove commission from the vision line of business and replace with a \$0.25 PEPM based on enrolled employee membership.	Has clients with NVA. Has the ability to be paid commissions directly from them or directly from the client on a consulting contract.	Works with all major carriers, providers and third-party administrators.
d. CIGNA/NY Life Insurance Company	Experience working with.	Has current relationship with this company.	Have managed and advised on many policies in the past however do not currently advise on any of these programs.	Has clients with CIGNA/NY Life Insurance. Has the ability to be paid commissions directly from them or directly from the client on a consulting contract.	Works with all major carriers, providers and third-party administrators.
e. McNeil and Company	Experience working with.	Has current relationship with this company.	Does not have an existing relationship and do not receive compensation from them.	No clients that utilize.	Works with all major carriers, providers and third-party administrators.
f. CARE - Employee Assistance Program	Experience working with.	Has current relationship with this company.	Have managed EAP programs through CARE in the past. Do not currently advise on any of these programs. Does not receive compensation on EAP programs unless mandated by providing carrier/company	Does not have any clients that utilize CARE. Always carves out agent/agency compensation on employee assistance program.	Works with all major carriers, providers and third-party administrators.
g. TASC- Flexible spending	Experience working with.	Has current relationship with this company. Only company listed that they do not receive direct compensation from.	Have managed many accounts with TASC in the past. Have opted to move their preferred partner for the services they offer elsewhere.	Has many clients utilizing TASC.	Works with all major carriers, providers and third-party administrators.
h. Benefit Wallet - Health Savings Account	Experience working with.	Has current relationship with this company.	Have managed EAP programs through CARE in the past. Do not currently advise on any of these programs.	Has many clients utilizing TASC.	Works with all major carriers, providers and third-party administrators.
29. Does your company provide administration of employee eligibility with carriers, online benefit enrollment and reporting, payroll deduction and PAACA reporting?	Does not own their own benefit administration technology. In 2008 they decided to remain vendor neutral and not recommend or own a single solution for every client engagement. Over the years their Technology team has compiled a database of numerous vendors and hundreds of data points on each of these vendors.	Hremote is a suite benefit services that includes software and administrative services to streamline HR and benefits administration. Currently, more than 5,000 employers use benefits platforms to significantly reduce administration costs, eliminate time consuming paperwork, and enable a more strategic HR.	All eligibility is handled by their office. Clients have the ability to choose tangible/paper enrollment with customized materials, or a customized online portal- both free of charge to the client. With enrollment they provide individual employee summaries, company wide payroll deduction reporting and more. Provide annual PAACA reporting free of charge to all of our clients.	Benefit Plan Administration and Vendor Management, Online Enrollment Administration, Regulatory Compliance and Legislative Assistance. Provides one-on-one assistance with their clients on specific Public Acts.	Works with clients closely to ensure timely, accurate and efficient adherence to all PPACA reporting and filing requirements; including the IRS forms 1095.

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30. Does your company provide a benefit resource service to employees? Please describe.	Clients have access to MINERAL, provided by Lockton. Mineral is a cloud-based HR solution integrated with live experts helping you resolve urgent workforce issues, ensure HR compliance and reduce workplace risks.	Their in house employee call center is available to all Public Entity kapnick clients to reduce calls to your internal HR resources staff. Services include a dedicated service team, benefit professionals to field questions, access to a toll-free number for use by employee/retirees, employee advocate escalation point when there are questions, open enrollment support, ongoing enrollment support for new hires, life evens and works status changes, answers to questions regarding COBRA. Live customer service reps. and improved employee satisfaction.	Offers a comprehensive choice to their clients to house their benefits resources, many of their clients have chosen one or two of the online options. The first being an individual employee portal. Additionally they offer the ability to pair any plans with a company called HealthJoy. HealthJoy is an intuitive approach to benefits that brings a customer service hub directly on to a members smart phone. Proactive member messaging can be sent through this as to encourage employee wellness and more.	Online enrollment software, monthly wellness newsletters, employee benefit guides, onsite benefit fairs, onsite open enrollment meetings, employee assistance programs, and wellness initiatives.	Account Management Team will be active in the process of designing a benefits package branded for the City. Will work to identify the tone, content, and format of employee communications to ensure targeted messaging that will reach and resonate with each segment of their diverse employee population.
31. Does your company provide marketing and analysis for compliance with PA 106?	Yes they provide marketing and analysis for compliance with PA 106.	Assists organizations prepare their healthcare budget by supplying healthcare data, projections, and insight. They analyze claim trends, stop loss alternatives , identify cost drivers, and develop ad hoc reporting as requested.	Provide full compliance consulting services for their clients.	Provides one-on-one assistance with their clients on specific public acts such as PA 54, PA 106, PA 152, PA 202.	Does provide a full-scope of vendor RFP, negotiation and analysis services in relation to the PA 106 requirements. Includes the production of PA 106 transparency disclosure report.
32. Please outline your ability to analyze claims and managed care utilization, establish trends, and present recommendations on plan design.					

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a. Describe in detail any resources you utilize	Claims experience analysis. Monthly claims experience reporting. Quarterly financial dashboard, Claims analysis and plan modeling budgeting analytics, reserving analysis, Network discount analysis.	Through advanced analytics and commitment to cost containment strategies, Kapnick will proactively manage the plan's financial performance to assist the City in its efforts to provide the employees with the most generous benefits possible. Modeling plan design and funding alternatives, cost-sharing alternatives including wellness incentives, dependent audits, evolution of health management/ wellness initiatives, medical and prescription drug claims, absenteeism and presentism, disability, life and worker's compensation claims, employee communications and education opportunities.	Utilizes full underwriting resources and proprietary / in-house reporting software to analyze data for their clients. Provides current year data as well as historical data to effectively map trending on plan metrics.	<u>Employee benefit plan design, cost, trends and benchmarking:</u> Provide clients with semi-annual benchmarking. Typically, the industry standard has been to provide for benchmarking on an annual basis. <u>Analytical Review and Ad Hoc Reporting:</u> Routinely performs a full review of their client's current plan designs, carriers, funding structure, and claims analysis. Review includes a semi-annual report of medical and prescription drug utilization and trends. The review of plans and associated expenditures enables them to ascertain the financial health of their clients benefits and cost related drivers.	Objective setting & strategic planning, financial planning, Financial Reporting & Analysis, Plan Design Modeling, Regulatory Compliance, Vendor Evaluation, Plan Administration and Vendor Management, Plan promotion and communication, culture and wellbeing, market awareness and Continuous Improvement, Plan Stewardship
b. What is its frequency?	Monthly, quarterly and annually.	Advanced analytic data is available in real-time. Monthly financial reports are provided with annual review.	Report at their clients choice of monthly or quarterly, as well as always annually during their renewal process.	Utilization reports are provided to clients quarterly.	
c. Why is the process of closely examining claims utilization data important or not important to us?	Clinical and utilization considerations. Analyze the health status of employees and the related opportunities that exist.	Understanding data analytics allows the city to manage and reduce claims activity. By analyzing plan performance with their data analytics tool, they can help the City develop cost-containment strategies and employee communications campaigns that target areas with highest potential to reduce high-cost chronic conditions.	Examination of claims utilization is of importance. Without accurately monitoring of plan spending it is nearly impossible to effectively advise on benefit plans. Monitor clients accounts to keep an eye on emerging trends to be able to accurately control costs under the plan. Reporting abilities directly correlate to the average client savings they deliver of 14%.	Routinely performs a full review of their client's current plan designs, carriers, funding structure, and claims analysis. This review includes a semi-annual report of medical and prescription drug utilization and trends. The review of plans and associated expenditures enables them to ascertain the financial health of their client's benefits and related cost drivers.	

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<p>33. What resources do you have available to help the City manage benefits and outline a benefits strategy consistent with the City's current and future business goals.</p>	<p>Total rewards optimization and multiyear health and welfare planning are cornerstones of their approach to setting short and long term strategies. Will ensure the City has a well-developed and clearly defined strategy that serves as the basis for program development and management.</p>	<p>They recommend that clients make employee benefits management a strategic initiative. Will work with the City to define objectives and develop an action plan based on meeting those objectives. Strategic planning services include ongoing evaluation of all plan's characteristics, such as access, service, claims and price, to ensure proper balance is achieved. Strategic planning also shields plans from becoming obsolete as new trends and market factors emerge, and can help with budgeting and long-term cost management.</p>	<p>Best-in-practice financial strategy coupled with next generation technology to make their clients benefits experience easy. With resources on everything from eligibility & billing to escalated claim issues and compliance there is not a piece they do not have a solution for.</p>	<p>Multi Year Strategic Planning, Budgeting and Financial Analysis, Vendor RFP (PA 106) / Administration Services, Funding Review and Recommendations (self-funding, insured, hybrid), Wellness Programs.</p>	<p>Perform tasks and deliver facts and information as you would expect, but also facilitate the decision making process as well as help shape priorities for "what comes next". Will provide assistance to the City in a multitude of areas specific to employee benefits. These areas are addressed through their service model.</p>
<p>34. How is your company going to control our costs? What specific strategic or tactical approaches will be pursued? How will you demonstrate the savings?</p>	<p>Has developed a robust suite of analytics capabilities and tools that allows them to determine cost drivers from both a clinical and financial perspective. Use proprietary analytics platform, info lock, to analyze opportunities for cost savings from a clinical perspective. They use actuarial tools to identify other opportunities for cost savings from a financial perspective.</p>	<p>Modeling plan design alternatives, modeling cost sharing alternatives including wellness incentives, identifying and implementing changes to plan provisions based on the latest trend in claim submissions, completing a dependent audit and suggesting health management/wellness incentives.</p>	<p>Has the ability to deploy many cost savings strategies depending on the goals of the City. Everything from formulary adjustments and copay manipulation, down to affecting claim payment strategy and sourcing medications. Provides on average 43% savings on pharmacy costs and 14% on medical costs. Based on information provided the City would see an approximate savings of \$508,754.82. As for ancillary lines, they routinely provide cost savings on all lines, specifically Dental and Vision where the average savings they provide is 8%.</p>	<p>To mitigate the budget squeeze resulting from increases, employers are forced to focus more than ever on health care cost management. Use multiple strategies that may include self-funding, utilizing different plan vehicles, wellness, care management, value-based designs, data mining and discounted provider networks.</p>	<p>Has developed a planning and decision making process demands accurate data, and expert interpretation of that data. Has developed a dedicated team of underwriting and credentialed actuaries to support this effort.</p>
<p>35. How do you ensure that carriers are providing the most cost effective benefits to your clients.</p>	<p>They have requested the most senior underwriters of insurance vendors who can price our business aggressively with lower margins than their competitors can negotiate.</p>	<p>Position in the marketplace allows them to preferred financial arrangements with insurance carriers, vendors, and third party administrators across the U.S. As they negotiate with vendors, they also examine loss history, establish the necessary types of coverage consistent with risk tolerance, choose carriers that provide superior services and adopt the optimal funding mechanisms for City's specific needs.</p>	<p>They test them. Their model includes bidding plans annually. Makes sure carriers pricing they have set is their most competitive available. Analysis of data is key to this process as well, as mentioned, they review all claims data to continually paint a picture on plan performance for proactive planning in regards to the plan and renewal strategy.</p>	<p>Pride themselves on providing start-of-the-art analytical, benchmarking, and plan predictive modeling services. Can routinely provide reports and analysis to their clients, highlighting areas of concern and the appropriate corrective actions. If chosen they will continue to negotiate the pricing and plan specifics of benefits provided by each carrier at renewal. As part of this process, they analyze claims experience to determine trends and project future costs as well as compare plan designs, funding, and administrative alternatives.</p>	<p>Philosophy is "to maximize value for our clients by aligning our marketing strategy with your business objectives and values." MMA will prepare detailed specifications for the City's current and optional plan designs and strategies as agreed upon in the Strategic Planning Meeting. Submits RFP to insurance markets/vendors that meet their accepted financial, service and competitive pricing guidelines.</p>

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36. How do you review insurance discounts and what is your criteria for recommending changes in network affiliations.	Familiar with the most cost effective networks, discounts and programs. If hired, will align the City's benefit program with the leadership teams' vision of providing the most affordable healthcare within top networks, while allowing for customization.	Health plan design will be based on careful observations of trends, utilization patterns, and normative comparisons over multiple years. On an annual basis, they conduct a plan analysis to benchmark the existing carrier networks against local and national data.	Network access is the most important access to assigning a plan as a "fit" for their clients. Without access, every other aspect of the plan does not matter. Uses geo-access reports to be able to discern member access to providers through networks they review on behalf of their clients. Insurance discounts directly impact pricing of the plan, as well as costs that filter down to members. Review of discounts is handled when all competitive carriers are reviewed to ensure they are not looking at a change that would result in increased member liability.	A provider discount for an insurance carrier is the difference between the charge rate for health care services and the contractually determined reimbursement rate. Insurance discounts will be evaluated and considered when comparing one insurance carrier to another. Insurance discounts can vary 5-15% which can result in significant net claims differential.	Will provide the data that the City will require in order to make informed changes.
37. What other assistance do you provide our client to help them in their day-to-day administration of their group benefit plans.	Has dialogue with their clients on a weekly basis at a minimum and typically several times a week. Prepares an annual service calendar in collaboration with clients that details key tasks, projects, strategic planning meetings, preliminary renewal and renewal meetings, due dates for various compliance requirements, annual enrollment, communication activities, vendor management, and performance evaluations and several additional items that are unique to the specific client. Contract review and negotiations, claims research, billing issues, customer service concerns, efficient and exceptional customer service.	Employer Advocacy, Employee Assistance (Call Center) and Education.	They aim to become an extension of their clients administration function. Fully welcome any and all questions directed to them, often the HR function is the middle man for employee benefits and while that is fine, they often find they can make their clients lives easier when they invite administration, employees, and family members to contact them directly with any issues.	Benefit questions, Find an in-network provider, claim resolution, EOB reconciliation, compliance and regulation, billing, membership changes, qualifying life events, benefit technology assistance, Medicare coordination.	Addressing all needs throughout the year, have an understandable plan that provides an understanding of timing and expectations, tracking and completing initiatives on time, and within mutually agreed upon plans and goals of the City.
38. How do you assist your clients to develop benefit levels that will help them recruit and retain the type of employees they need to be successful?	Working in collaboration with the City's HR Department, they will enhance the employee benefits, deliver data analytics a d wellness services, and improve employee communication to update recruitment efforts and reduce turnover.	Recommend that their clients make employee benefits management a strategic initiative. By defining objectives and developing an action plan based on meeting those objectives, they ensure an organized comprehensive approach to fulfill benefit needs. Strategic planning services include ongoing evaluation of all City's plan's characteristics, such as access, service and price.	Most successful strategies are a mix of employer affordability as well as ease of use and cost containment for members. All of the cost savings solutions they provide to their clients afford savings to both sides; the employer and the member. Benefits is a powerful tool to attract and retain employees, with the strategies they deploy, their clients benefit programs are a hot commodity.	Use their benchmarking technology and benefit design strategies to develop affordable benefit levels that will help recruit and retain the employees their clients need to be successful. Carefully analyzes the current benefit data to look for areas of improvement and employee satisfaction while containing cost. Uses multiple strategies that may include self-funding, level-funding, wellness, care management and other	Will work with the City to address issues: Gain clarity on your culture, take your company's pulse, act quickly and openly right after the "pulse" is taken, be intentional about your engagement strategy, keep your skin in the game, invest in your workforce. Each topic has descriptions.
39. Please include with your reply a sample copy of several recent employee communication materials, presentations, forms, etc.	Provided in response.	Samples in response.	Samples in response.	Sample in Appendix C	Samples in response.

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40. What methods will your company utilize to help evaluate and improve employee and dependent wellness?	Provides an approach to whole-person health, including wellness, prevention and cost containment. Will take on a three prong approach: Prevention and Wellness, Claims cost control, and catastrophic claims management.	Kapnick Strive is a holistic wellness program that can lead to lower health care costs as well as a healthier, more productive workforce. Is structured outcome-based wellness program. Team of coordinators and health professionals work with city to provide a customized wellness strategy that fits the City's needs. Strive has a reporting package that evaluates participation, level of engagement, claim analytics and health risk mitigation. See response for complete list.	Would propose integrating an online approach to wellness coupled with HealthJoy, together the connectivity power of HealthJoy and wellness will provide a substantial ROI for employee wellness and satisfaction.	Provides clients with monthly newsletters Live Well, Work Well Bulletin. Newsletter covers many topics including health, wellness, fitness, nutrition and personal finance. The newsletter can be branded to the City.	Work with their clients to develop well-being strategies that incorporate programs, resources, and tactics for each of the six areas of well-being: community, financial, mental, physical, professional, and social. Collaborate with their clients to create on-to three-year tactical plans that align with their well-being strategy objectives. List provided on the work they do in this program in response.
41. Describe your compliance advisory process.	Employs a team of experienced attorneys keeping watch and who have deep relationships with stakeholders in various government, association and carrier organizations. Compliance Services is proactive in apprising their employee benefits consultants and clients about changes in employee benefits rules and regulations affecting client plans and programs.	Kapnick clients have the unique ability to be proactive and ask questions in advance of new legislation or changes in legislation that may affect their benefit programs. Compliance Team has the ability to speak with external resources, including outside counsel.	Has an ERISA/Employment/Benefits Attorney on retainer. This is to supplement their advising practice in the area of compliance for their clients, in addition their clients have access to this attorney should a need arise. He solely practices in matters of employment and benefits.	City will have a dedicated Account Manager that will be on the forefront of federal compliance and legislation. This Account manager will be available for the City to call with any questions or concerns. Their benefit technology allows them to access state legislation, compliance and regulation insight and guidance, but it is also the window to federal compliance. Clients will receive important documents communicated through email to navigate compliance. Their team members are required to maintain their continuing education to stay up to date on all state and federal compliance laws.	Devotes considerable resources toward and is committed to keeping its clients abreast of compliance obligations and developments. Resources include local client service team, local Director of Research and Education and MMA's national Compliance Center of Excellence (COE) supported by additional regional/local compliance resources where available. The compliance resources (which include consultation on any ACA-related issues) are included in their fees. There is no additional cost associated with this service.

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42. Describe the process by which your company disseminates information about legislative and regulatory compliance and changes to your clients.	When Team determines that a new development should be shared with clients, dissemination of the information is accomplished through telephone calls, emails or letters, electronic compliance alert, quarterly compliance oriented newsletters, Employer guides, posting on their websites, Seminars and webcasts.	Compliance Team is responsible for providing clients with guidance surrounding all major federal health and welfare plan regulations. Kapnick maintains a complete compliance database, which contains summaries of federal and state requirements, along with practical tools such as models, sample forms, and checklists in electronic form. List of topics in response.	Compliance information starts with their on-retainer attorney. From there he provides compliant advice and strategies to provide to their clients in the form of informational emails, webinars, one-on-one session and more.	Each one of their clients is assigned a dedicated account executive that specializes in State and Federal compliance. Additional compliance tools are provided to clients HR Teams. If changes warrant further discussion and planning, they will schedule a meeting with leadership and HR Teams to coordinate.	MMA's compliance team consists of more than eighteen employee benefits attorneys and other subject matter experts, led by their National Compliance Center of Excellence (COE), who assists their clients' with federal, state and local law, regulatory requirements and other guidance. They find that frequent educational opportunities help keep their clients up to speed on the most recent developments.
43. Describe the process by which your company incorporates these developments into plan documents, administrative procedures, etc.	When Team determines that a new development should be shared with clients, dissemination of the information is accomplished through telephone calls, emails or letters, electronic compliance alert, quarterly compliance oriented newsletters, Employer guides, posting on their websites, Seminars and webcasts.	Compliance Team is responsible for providing clients with guidance surrounding all major federal health and welfare plan regulations. Kapnick maintains a complete compliance database, which contains summaries of federal and state requirements, along with practical tools such as models, sample forms, and checklists in electronic form. List of topics in response.	Importance is put on education for their staff for their clients. When items arise, as with COVID-19 pandemic, they took the time to ensure all of their staff members were educated on the changes BEFORE information is timely relayed to their clients.	Legislative and compliance changes occur periodically, their team will incorporate a simplified compliance brief to their clients via email. If the change warrants further discussion and planning, they will schedule a meeting with leadership and HR teams to coordinate processes to maintain compliance.	The annual service plan referenced earlier will include key milestone dates for annual compliance deadlines. Additionally, one of the core responsibilities of the Account Manager is to drive the process for any compliance related needs.
44. Explain the steps you have taken to become HIPAA compliant.	Uses commercially reasonable efforts to protect client information. Diligently maintain policies, procedures and training on internal security measures to prevent unauthorized access to data residing on their information networks.	Kapnick has implemented a comprehensive program to secure the Personal Identifiable Information received by their clients. Their program has been in place since 2010, and includes implementation of Administrative, Physical and Technical protocols to secure the electronic entrusted to Kapnick by our clients. Additionally Kapnick's comprehensive program includes the following: Comprehensive policies, procedures and audits for protecting the confidentiality of PII, training conducted for individuals in reference to handling PHI, PHI access control policies and access enforcement mechanisms, including mobile devices. Encryption protocol for communications or information before it is transmitted, incident response plan to handle breaches, including policies and procedures for notification and who retains the responsibility to notify in the event of a breach.	Staff is thoroughly trained on all aspects of HIPAA for why it is important to protect data and how we protect data. For physical safeguards, their office is locked at all external entry points when their building is not being used by staff members, all protected information is locked within offices, their technology room is locked, and the office is secured by a third party security company. Network security they utilize third-party technology firm to ensure compliance to all HIPAA matters. This includes encryption of all network files, outgoing emails, and more. Any external access to their data is done through a VPN connection verified by a third party software before access is granted. All activities in their system are logged to ensure compliance. All emails are secured and all files are encrypted.	<ol style="list-style-type: none"> 1. Designate a privacy and security specialist. 2. Complete a risk assessment. 3. Implement privacy and security policies and procedures. 4. Establish a business associate agreement with all vendors and clients. 5. Train employees. 	Have documented internal policies and procedures that support the organization's information integrity, confidentiality, and availability objectives. These policies and procedures, which are based on industry standards and supported by senior management, outline responsibilities and requirements for the acceptable use of MMA's computing systems. This includes access controls and password use, handling, processing and safeguarding of confidential information.

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45. Does your company provide training/seminars?	Offers client events. Examples: Women in Leadership Seminar, Benefits annual client seminar, healthcare symposium, SHRM-KC Annual salary and benefits survey workshop, amplify virtual events and training, talent & culture institute events, industry-specific conferences, including: construction and design, transportation, staffing, food and beverage, healthcare and more.	See Appendix B, Kapnick-U Calendar	They provide at no charge seminars three times a year. 2022 is still in development for the remaining two seminars, but has already included a 2021 recap session. 2021 topics included ARPA, H.S.A Strategy and pharmacy benefits.	Provides training seminars on employee navigator and client portal. Additional video content training and educational resources are provided through their client portal. They extend invitations to 3rd party seminars through SHRM, NAHU, and insurance carriers. 2022 topics are Inflation impacting healthcare, prescription drug solutions, and employee retention.	Have included in response complete calendars of complimentary events on both the local and national levels.
If yes, are there additional charges for these services?				No charges.	
46. Provide a listing of reports your company can provide to assist the City. Can you provide customized reports?	Financial reporting is a significant component of how they support clients throughout the year. Info lock Data Analytics, a large part of any wellness program is the analysis of claims data from both a clinical and financial perspective. Pharmacy benefit management analysis, monthly claims experience reporting, and quarterly financial dashboard.	Kapnick Strive, Stewardship Reports, and Kapnick Lens Data Analytics	Standard reporting package includes medical cost analysis, pharmacy cost analysis, HRA utilization and benchmarking, telemedicine utilization, medical risk management report, dental cost analysis, dental utilization analysis, vision cost analysis, vision utilization analysis,. Additionally they provide reports on high cost claimants, Top 25 Rx encountered, loss ratio, self funding effectiveness (if applicable) and risk management effectiveness. Ad hoc reporting is available at no cost.	Detailed membership listing, monthly claims utilization report over 10k, high-cost claimant report, top 25 prescription utilization report, high-cost claimants approaching or exceeding stop-loss/pooling point, Medical Ross Ratio, Disease profile.	In serving account, the team will use actuarial models and tools to prepare claims trend analysis, predictive modeling utilization reviews, and will review network discounts to better understand where claim dollars are being spent. Will enable them to recommend the most effective cost containment strategies based on City's underlying plan utilization pattern.
47. Please provide samples of employee communication materials that you have recently created and distributed for other clients our size.	Samples included in response.	Samples are located Tab XI reference documents.	Samples attached in response.	Samples are provided in Appendix D.	Samples provided.
48. In the event of your company is chosen to provide service for City of Rochester Hills, please describe an implementation schedule.	Implementation specialist Lauren Andrews, assists with the client onboarding. Goals are to promote consistency ad efficiency and integrate the team with the City's Team. Implementation timeline included in response.	Detailed Project Timeline is included in response.	Please refer to page 9 of this booklet for their detailed implementation schedule beginning July 2022.	1. Planning Phase/Meeting,, Information Gathering, Discuss Potential Plan Design Changes, Voluntary Benefits, Develop Vendor Bid Specs, Vendor Solicitation, Vendor Selection, 8. Plan and Implement Wellness Initiatives, 9. Retirement, 10. Enrollment, 11. Total Compensation, 12. Employee Communications, 13. HR Support, 14. Compliance, 15. Hiring and Retention.	Will first need access to data, will work to finalize appointments with carriers and gather all current and historical data. Will then meet with City's team to begin assessment process. After completion of assessment, they will prepare a working timeline. Will meet with the City's team weekly and from there adopt a meeting schedule that accomplishes the City's goals.
49. Please provide a copy of your proposed contract for services.	Provided	See Appendix C for Sample	Provided	Provided in Appendix E	Sample Provided in Appendix VI
50. Please provide a copy of your professional liability on errors and omissions insurance certificate of insurance or insurance policy declarations page.	Carries sufficient errors and omissions coverage commensurate with the level and scope of their global operations, Will provide if awarded.	See Appendix C for Insurance Certificate	Provided in response.	Sample in Appendix F	Has a \$15M E&O Limit. Policy in Appendix VII
51. Please define the expectations that you have for your clients.	Left blank.	Knowing the City's explicit needs and expectations will help Kapnick evolve their services in the right direction and further customize your plans and account management services to meet the City's needs.	An open mind to strategies and desire to innovate in plan design if required is all they ask of their clients.	Expects client to be transparent and continue to update TMR & Associates on important matters and changes made by City or any collective bargaining units.	Expect clients to be responsive, keep themselves available and remain open to new ideas.

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52. Submit fee based quote and a commission based quote that reflect the following:					
a. Commissions paid by insurance carriers	Response for questions a-d. Proposing to provide their comprehensive consulting services in turn for compensation based on the commissions paid by the insurance carriers for The City.		3% of medical commission and carrier-standard commission for dental/vision/life etc.	If awarded commissions, they will adjust the commissions to 2.5% on the medical and 5% on all other lines of employee benefits. This is below the standard with HAP and Delta Dental. All fees/commissions are negotiable.	Agency will receive commissions directly from all in-force insurance carriers. Based on comparable clients, it is projected that they will earn a total compensation annually of \$85,000.00
b. Direct fees for services rendered			Flat \$6,000 per month, all-inclusive of all services rendered.	Will not charge any direct fees if commissions is awarded.	Agency will receive commissions directly from all in-force insurance carriers. Based on comparable clients, it is projected that they will earn a total compensation annually of \$85,000.00
c. Either commission or direct fees			3% of medical commission and carrier-standard commission for dental/vision/life etc. OR Flat \$6,000 per month, all-inclusive of all services rendered.	Will not charge any direct fees if commissions is awarded.	Agency will receive commissions directly from all in-force insurance carriers. Based on comparable clients, it is projected that they will earn a total compensation annually of \$85,000.00
d. Combination of commissions and fees			3% of medical commission and carrier-standard commission for dental/vision/life etc.	Will accommodate the City's request.	Agency will receive commissions directly from all in-force insurance carriers. Based on comparable clients, it is projected that they will earn a total compensation annually of \$85,000.00. Open to any conversation regarding the method of compensation, whether through a MMA monthly invoicing (direct) fee based approach, monthly commissions paid by the City or a combination.
e. Annual retainer			3% of medical commission and carrier-standard commission for dental/vision/life etc.	Requires no retainer.	Agency will receive commissions directly from all in-force insurance carriers. Based on comparable clients, it is projected that they will earn a total compensation annually of \$85,000.00. Open to any conversation regarding the method of compensation, whether through a MMA monthly invoicing (direct) fee based approach, monthly commissions paid by the City or a combination.

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NAME	Birwood Services Group, LLC	Kapnick Insurance Group	Lerner, Csernai & Fath Financial Group	TMR & Associates, Inc.	Marsh McLennan
ADDRESS	725 S. Adams, Suite L140 Birmingham, MI 48009	769 Chicago Rd., 3rd Floor Troy, MI 48083	15505 Waldron Way Big Rapids, MI 49307	601 Abbott St. Detroit, MI 48226	755 W. Big Beaver Rd. Suite 2300 Troy, MI 48084
53. Fee schedule/rates, or commission structure	Has flexibility to work with clients on a direct-fee or commission arrangement based on the City's preference. Some clients prefer a combination of both. Full disclose all fees and commissions received on behalf of their consulting relationship.	Their preference initially would be compensation by commission. Once they get to know the City and our insurance programs better they would be open to a fee which would reflect their workload to appropriately service the City's program. They would suggest, subject to discussion, a three year compensation structure as follows: \$80,000 for the first year; and \$75,000 for each of the next two years. Additional fees for plan administration, eligibility and strive are outlined in the response.	Please refer to page 10 of response for fee schedule / rates or commission structure.	If TMR is awarded commissions, they will adjust the commissions to 3% on the medical and 5% on all the other lines of employee benefits. This is below industry standards. They propose an alternative compensation method: Consultant Flat Fee of \$60,000.00. If this method is chosen, they will request the removal of all commissions paid by carriers for in-force or future benefit plans.	As described in their response to question #52 they propose an arrangement in which MMA is appointed "consultant of record" on all lines of Health & Welfare coverage. Under this arrangement they will be compensated in a fashion consistent with insurance carriers' standard commission schedules.
54. Methods to disclose all compensation to RH	Will be fully transparent, will disclose all compensation that they will receive as a result of working with the City and the placement of the employee benefits programs.	Per the CAA on an annual basis they provide an outline of compensation to the City of Rochester Hills.	Annually they would provide a compensation earned report to the City detailing all fees collected by them for work on the City's account.	Compensation will be included in their quarterly utilization reports. In addition, they have provided a compensation disclosure statement in Appendix G.	Prides itself on Transparency and compensation disclosure. They believe customers should understand how they are paid for the services they are providing.
55. Charges for consulting & employee communications	Does not charge hourly fees for consulting and employee communication. Preferred pricing costs for printing and postage are handled on a pass-through basis to the client. Would discuss the size, scope and cost of the project prior to execution.	Employee benefit consulting and standard communications are included in their core account management fee.	Fees for Rochester Hills is a flat \$6,000 per month charge that is all-inclusive of all services rendered.	Will only collect commissions or a consultant fee. In addition to their scope of work commitment listed above, these services are also included in proposal: Employee Navigator and Client Benefit Portal, Plan Audit, Dependent Audit, Cobra Administration, 1095 Reporting.	There are no circumstances that would result in the invoicing of fees over and above what they have proposed in response to the question #52.
56. Explain how Subcontracted tasks will be billed	N/A	For services quoted within this RFP, no subcontracted services are assumed. Should subcontracted services be needed, billing arrangements will be mutually agreed upon with the City.	Subcontracted tasks are not billed to the City. Their fee of \$6,000 per month is all-inclusive of all tasks associated to the City's account.	If subcontractor services are outlined by their scope of services they will cover the subcontractor's cost.	Does not utilize subcontractors.
57. Exceptions/Alternates		None	N/A	None.	INGAGED as included and described in proposal, is provided at no cost should this be an interest to the City. However, there are advanced features that are available for an additional cost.