



RFP FOR BENEFIT BROKER/CONSULTANT AND RELATED SERVICES RFP-RH-12-007  
SHORTLISTED PROPOSALS TABULATION

NAME	Gallagher Benefit Services	Cornerstone Municipal Advisory Group	Michigan Planners, Inc.
ADDRESS	Bingham Farms MI	Troy MI	Clinton Twp MI
2. List of Insurance Company, third party administrators and other providers company is authorized agent or broker	Independent-would not recommend less at A rating; some regular work w/: BSBSM, Aetna, Priority Health, BCN, HAP, Health Plus, ING, Zurich, HCCL, HM Ins Grp, Sunlife, AIG, Symetra, Optum, BSBSM, A.D.N., Humana, Metlife, Guardian, Delta Dental, VSP, EyeMed, Davis Vision, SVS, NVA, BSBSM, Humana, Reliance Standard, Metlife, Hartford, Guardian, Sunlife, Cigna, Standard, Unum	Over 50 ins carriers, PBM & TPA including: AmerPlan, Benesys, Colonial Life, Corp Benefit Strategies, EHIM, Guardian Life, Humana Inc, ING, MERS, Midwest Security, NGS Inc, Navitus, PPOM, Prudential Life, SASI, Standard Life, VSP Vision, Allegiance Benefit Plan, Aetna, Automated Benefit, BSBSM, Consumers Life, Express Scripts, Genesis, HAP, ICMA, Metropolitan Life, Priority Health, Physicians Health Plan, Prin Financial Grp, Reliance, United Health-care, Total Health Care, CIGNA	BCBSM, HAP, HealthPlus, Priority Health, United Health Care, Guadian Ins, MetLife, Delta Dental, Vision Serv Plan, Sun Life, Standard Ins, Lincoln Fin Grp, Mutual of Omaha, Principal Financial Group, Prudential, Reliance Standard, UNUM, EHIM, Express Scripts, AFLAC, Colonial Life, BASIC TPA, Employee Benefit Concepts TPA, Infinisource TPA, TASC TPA, Ameraplan TPA, Wells Fargo Health Savings Acct.
3. Percentage of firm's (1) personnel resource and (2) revenues are dedicated to:			100% dedicated to Health & Welfare benefits provided to clients. Does not solicit property & casualty insurance.
a. Health & welfare benefits/insurance		100% Personnel 100% Revenues 100%	Life ins & retirement plans are tied to
b. Property & casualty insurance	Do not provide; Ony through parent co.		0 employee benefit clients & serviced by same personnel. Benefit Admin services
c. Individual insurance & other financial products	Does not break out this information; has 4 individuals who work in individual retirement, financial planning		0 such as COBRA, HIPAA & FMLA are provided through various TPA that Michigan Planners has negotiated
d. Retirement plans	Gallagher Retirement Services, a division of Gallagher Benefit Services, Inc.		0 contracts for them to provide said benefit administrative services to our
e. Benefit administrative services	Will continue to Support RH w/ implementation, testing & ongoing service of any vendors RH uses for benefit admin services		0 clients.
4. Number of people employed			
Full Time	75 full time out of 4 offices	15 Full Time	14 full time employees
Part Time	12 summer interns in 2012	1 Part Time	

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5. Number employees located in southeast Mich	52 employees in Bingham Farms, 4 in Gr Rapids, 3 in St Cl Shores, 2 in Sault Ste Marie 16 national resources dedicate to local office	16 employees	Southeast Michigan
6. Number employees dedicate locally to group employee benefit consulting services	75 in MI wk exclusively in grp health and welfare benefit practice	15 employees	Does not operate as a fee for service consulting agency
7. Number of clients currently broker basis	Traditional brokerage services provided to majority of our clients	Full service support on an AOR basis for 19 municipalities	100% of clients on broker basis. Compensated by carriers based on their standard commission scales. No additional loaded compensation.
8. Number of client currently consultant basis	For larger clients w/ 100 + employees both consultative & brokerage services	Fee-for-service work for 24 public sector groups	Does not operate as a fee for service consulting agency
9. Number group employee benefit consulting in specific areas:			
a. Administration and support	14 employees	3 employees	2 employees
b. Management	2 - Area Pres; VP of Operations	1 employee	1 employee - office/team manager
c. Sales/Account Executive	15 team leads; 15 acct mgr, 2 new bus dev	3 employees	2 employees - acct executives
d. Customer Service	Everyone in office	4 employees	3 employees - acct service reps/2 - claims
e. Underwriting	21 employees	4 employees	1 employee - dedicated underwriter
10. Number employees assigned to RH account	10 total	5 employees will make up service team	7 employees working w/ RH

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11. Proposed account team for RH:			
a. Names, brief bio, job description & client responsibilities	N Snell, Acct Dir, 20 yrs consulting exp M Kavalick, Acct Exe, 15 yrs, day-to-day K Sims, Underwriting, fin analy, claims; costs M Duprey, Acct Coord, support acct exe W Hirn, Area Pres-lead overall bus operations J Edgerton, Area VP, underwriting L Carlson, legal, compliance, 20 yrs M Rains, Local compl, 17 yrs J James, Employee advocate G Madaffer, ind ins expert	M Manquen, CPA, MST, 24 yrs, President, pub orgs, unions, healthcare costs/plans M Gennero, Acct mgr, 19 yrs, operational, serv, mgmt, consultant/proj mgr C Kuenzer, 6 yrs, plan analyst, financial analysis health & welfare plan mid/lg muni S Langford, acct asst, 10 yrs, office admin & customer service J Brown, RDS Program Director, 24 yrs, Retiree Drug Subsidy & Early Retiree Reinsurance Program	M Dilorenzo, VP, 15 yrs BCBS advisory coun D O'Donnell, Off Mgr, 9 yrs S Kent, Cust Serv Rep, since 2005 T Hilliker, Marketing Consultant, 9 yrs V Conigliaro, On-Line Enrollment Rep D Steller, Empl Handbook/Plan Doc Rep J Zuzga, Claims Serv Rep, since 1999
b. Client reference for team members	No names unless a finalist. Municipality - 850 empl & retirees Municipality - 120 empl & retirees Municipality - 240 empl & retirees Non Profit Org-300 empl & 140 empl Charter School Mgmt-125 empl	City of Rochester City of Hazel Park Wayne County SMART Bus City of Dearborn	City of Lapeer, City of Howell, City of Sault Ste Marie, Commerce Twp, Orion Twp, Flint Twp.
c. Process to select, hire & retain high quality employees	Extensive empl benefits exp, CHALLY assessment, continuous learning, upgrade skills opportunities; licensings; mandated training HIPAA, healthcare reform & bus ethics; online courses, internal trainings; tuition support program	Exp in healthcare benefit consulting indus- try; continual review & education reqs, wkshps, new product dev, compl updates, legislative law updates, internal training, employee reviews	Hire through referral process; regular training products & legislative/legal. To attract & retain offers comprehensive compensation & benefit pkg; profit sharing program.

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d. Method to assure RH will have motivated & well-training & supportive staff dedicated to RH needs	Ongoing prof dev, mentoring & peer review processes; highly collaborative culture,	Wk exclusively w/ public sector, understand issues, mkt, challenges & politics; familiar legislation & issues, labor & employer groups and cost savings programs	Constantly ready to serve client needs w/ 95% retention rate. Majority of new business through referrals from existing clients
<b>12. Current client information:</b>			
a. Number of current clients-health/benefit plan design and management	In MI - approx 300 clients/125 public sector	43 clients	163 employers throughout State of MI
b. Names, contact info & types of services provide for 5 current clients-similar services	City of Wayne City of Garden City City of Battle Creek Sanilac County Community Health Municipal Employees' Retirement System (MERS)	City of Rochester City of Hazel Park	City of Lapeer City of Howell Charles Stewart Mott Foundation City of Sault Ste Marie Charter Township of Flint
c. Three largest public entity accounts in Michigan; names & type of services	Ottawa County-full benefit consulting City of Southfield-full benefit consulting City of Battle Creek-full benefit consulting for medical and dental lines	Wayne county SMART Bus City of Dearborn	City of Howell City of Lapeer Charter Township of Flint
<b>13. Health/benefit plan mgmt - govt &amp; non govt:</b>			
a. 0-250 employees	Non-Govt - 111      Govt - 64		19 Non-Govt    139      Govt    18
b. 250-499 employees	Non-Govt - 39      Govt - 32		14 Non-Govt    6
c. 500-999 employees	Non-Govt - 19      Govt - 22		6
d. 1000+ employees	Non-Govt - 6      Govt - 7		4
<b>14. Names/contact information for last 3 clients that have left company</b>			
	Michigan Caterpillar Shanty Creek Family Christian Bookstores	Mt. Carmel Public Utility City of Gibraltar Wisconsin Conf of United Methodist Church	SuDan Company AviationStation Tech Induction

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15. Company's client retention rate	Controlled client retention rate 97.3% in 2011	96%	95%
16. Experience w/ govt entities including union and non-union	Employee communications & education, Financial analysis, vendor evaluation, plan administration, regulatory review & compliance, wellness services, consulting for retiremt plans, HR, exe planning, vol benefits, outsourcing, international benef	Govt entities-union & non-union, bidding, compliance, financial analysis, labor nego, empl comm, empl edu & presentations, empl admin, wellness programs, Flexible Spend Accts, OPEB modeling, committee creation & facilitation, master plan & summary plan descriptions	Consistent work for all clients. Initially assessed needs, best course of resolution, implementation process. Works w/ numerous unions, meet w/ membership & union stewards or reps to assist in plan nego & plan introduction & education for enrolled members.
17. Experience w/ govt entity benchmarking in Michigan	Will conduct industry benchmarking analysis to contrast RH offerings w/ other public, especially govt employers. Data-base of 3000 employer groups throughout country, 300 employer plan offerings	No formal benchmarking; but provide targeted benchmarking, comparables for 312; W/ 40 clients have comparable grids for clients for union nego & can target any trends or benchmarking to specific needs.	Reviewed data from various sources for benchmark info to help determine direction of plan design to maintain competitive benefit platform.
18. Ability & method to provide information about legislative & regulatory requirements and changes. Provide samples	Compl experts locally & corporately, including attys for consulting-produce written bulletins, webinars & seminars locally on compl topics; evaluate benefit plans, docs & employee communications for compliance; identify areas of possible litigation, yr-end compl cklist, assess compl w/ COBRA, FMLA, HIPAA, Medicare Part D, ADA; technical bulletins, newsletter, Healthcare Reform Update-newsletter	Client groups are informed via daily email, quarterly newsltrs, webinars & seminars. Analyze how changes affect client plans. Last 2 yrs numerous seminars MI legislative changes and Health Care Reform. HR web portal called MyWave w/ access to legislative guides (Legislative Brief)	Strategic partnership w/ Clark Hill for legislative data; communications w/ carriers & third party admin that address new legislation & affect to programs. Information is provided to clients via email blasts to customers.

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19. Five differentiators for company. Critical success factors that distinguish company from competitors	Your core, dedicated service team is familiar w/ your culture, your financials & your strategic objectives Largest consulting firm working w/ Public Entities w/ expertise in establishing Public Sector Pooling Arrangements and Cooperatives Proprietary underwriting and actuarial modeling tools (real time data feeds) Regulatory Compliance, Seminars and Webinars Proprietary benchmarking data, specific to Public Entity marketplace.	Sole focus & service model designed to managing municipal accounts Developed expertise in the Medicare market, including RDS & experience working w/ retiree populations Experience & understanding of Health Care Cooperatives/Pools Staff experience & understanding of OPEB Modeling & plan design strategies focused to reducing OPEB liabilities Develop/manage RFP's-written numerous in areas such as Medicare Advantage, PBM, Voluntary benefits, enrollment services & software, HRA & HAS admin & dependent eligibility and claim audits.	Never forget who customer is, manage serv team w/ this dedication to cust serv Client service package exceeds expectations of customers & prospects-no added charges. Strong relationship w/carriers to obtain highest level of service that transcends to customers. Each member of service team as part of our family. Two principals have collectively nearly 60 yrs in employee benefits industry & exp in every unique benefit related issue. Vigilant about client services & products - maintain a competitive plan and service edge at all times.
20. Independent/outside third party client satisfaction survey in last 2 yrs. Provide copy of third party report	First deliverable to RH each yr is Annual Strategic Service Plan that outlines RH benefit objectives, perf criteria & how to achieve objectives; meet regularly to review performance versus plan objectives & relative to national benchmarks; evaluate team through annual client satisfaction survey process.	Decision Makers Satisfaction Survey and Admin Satisfaction Survey - Two survey provided with cumulative results	Has not completed an independent third party survey within last 2 plan years.
21. Litigation over past 5 years	No	No	Case dismissed.

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22. Process & available resources to perform work	Continuation of standard full-service model for RH; support in all areas of benefit plan design, funding & admin, including: strategic planning, benefit plan review, financial mgmt & analysis, competitive bidding, implementation services, compl & reg support, employee communications, wellness programs & ancillary services	Acct Team; identify assignments & priorities, cust service, strategic planning, takeover all RDS tasks; development of Employee Benefit books & website, risk assmt reporting & ad-hoc reporting. Plan strategies recognizing GASB 45 liability and collective bargaining & 312 arbitration and future health care budgets; strategies consistent w/ RH objectives for active & retired employees	Fact-finding mtg to determine efficiencies & inefficiencies, develop path to accomplish goals, bid, plan recommendations, final program, enrollment/education, union approvals, open enrollment materials, educate HR staff. Greatest resource is staff of experienced, well trained, long term employees at MI Planners to ensure all facets of clients needs are addressed in timely manner.
23. Service timeline for 2013 plan year beginning March 2012, including implementation and marketing activities for compliance w/ PA 102	2012 Service Plan including summary of objectives, services & activities for 2011: Health Plan Mgmt & carrier negotiations, ongoing financial mgmt, medical plan mgmt & carrier negotiation, dental plan mgmt & carrier negotiation, vision plan mgmt & carrier negotiation, full service empl benefits portal plan mgmt, competitive benchmarking, healthcare reform, gen administration/Quarterly reports	First meeting review priorities over the first year. Customized timetable established identifying projects, tasks, resources, responsibilities. Provide an annual PA106 calendar for each groups which illustrates each coverage line subject to PA106 & the status	Meet in March, 2012, goals for 2013 plan year, bid in August 2012, access in Sept, 2012, Plan selection Oct 2012, Early Nov 2012 enrollment plan materials, Dec 2012 ID card distributed.
24. Experience with service providers. Include info compensation paid directly from companies.	Works w/ all current City providers % of gross premium payments/fees	Standard Commissions	Standard Commissions
a. Blue Cross Blue Shield of Michigan	Medical, Rx, Dental, Vision: 2.5% of first \$250,000 1.5% of next \$750,000 0.5% thereafter BCN: Medical, Rx: 3.8%	Many client gps w/ BSBSM. Compensation paid directly to Cornerstone.	30+ yrs, directly compensated by carrier



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b. Health Alliance Plan	3% of first \$25,000	Many HAP or its subsidiary, Alliance	20+ yrs; directly compensated by carrier
	6% of next \$75,000	Health & Life.	
	6.5% of next \$150,000	Compensation paid directly to	
	5.5% of next \$150,000	Cornerstone.	
	2% of next \$600,000		
	0.5% thereafter		
c. Delta Dental	2.5% of first \$250,000	Many client groups w/ Delta Dental	20+ yrs; directly compensated by carrier
	1.5% of next \$750,000	Compensation paid directly to	
	0.5% thereafter	Cornerstone	
	Delta Care: 10%		
d. National Vision Administrators	2.5% of first \$250,000	Familiar w/ National Vision Adm, but	Limited wk history, directly compensated
	1.5% of next \$750,000	do not receive compensation from them.	by carrier.
	0.5% thereafter	Regularly appointed w/new vendors & can	
		begin working with NVA directly.	
e. Reliance Standard Life Insurance Company	CIGNA:	Several clients w/ Reliance Standard.	Limited wk history, directly compensated
	Basic Life/AD&D - 10%	Compensation paid directly to	by carrier.
	Voluntary Life/AD&D - 6%	Cornerstone	
	Short Term Disability - 15%		
	Long Term Disability - 15%		
	All above effective 1/1/2012		
f. Next Generation-Flexible Spending Account/ Third Party Administration		Familiar w/ Next Gen, do not currently	No work history, may or may not seek
		receive compensation from them.	compensation by this entity.
		Regularly appointed w/new vendors & can	
		begin working with Next Gen directly.	

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g. Beaumont Hospital -Well Program		Familiar w/ wellness programs offered in partnership w/ Beaumont. Wk closely w/ clients & vendors to design wellness programs that promote overall healthy living & encourage a shared responsibility for good health.	Limited work history, no compensation received by MPI
h. TEAM-Employee Assistance Program		Familiar w/ Ulliance, currently do not receive compensation from them. Regularly appointed w/ new vendors & can begin working w/ Ulliance directly.	EAP program, no work history, no compensation received by MPI
25. Ability to analyze claims activity and managed care utilization, establish trends & present recommendations on plan design:			
a. Resources utilized	Carriers in marketplace provide monthly feed of claims & enrollment information; GBS creates tracking reports	Carriers reporting, evaluate data using trend assumptions; look at BSBSM, their bus book, Segal (nat), pharmacy benefit mgrs; Plan analyst assembles info in understandable format for group	Claim utilization reports provided by carriers, customized by suffix & line of business to pinpoint any potentially high cost trends that may be evolving within cover population
b. Frequency	Available monthly, meet quarterly & more in depth annual reporting to client	Determined by client; flexible	Quarterly claim utilization reviews according to client's wishes
c. Closely examining claims utilization data important or not important to RH	Make informed decisions, areas to target for plan changes, tailor wellness initiatives, creative incentives for cost reductions, specific & targeting communications to plan members	Claims are primary cost component of overall healthcare expense, understand health of grp & help in budgeting, outreach efforts to members & wellness efforts.	If pool rated by Blues, claims data not available; HAP minimal content and of little use. Limited availability of this data.



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29. Assistance to RH in day-to-day administration of group benefit plans	Interface w/ carriers; take lead in negotiating contract terms, reviewing contracts & make changes; Manage open enrollment process. Free up HR staff from transactional items.	Account Team; Acct Mgr for customer services issues, strategic plan, RDS tasks, dev employee benefit books & website, data mgmt, risk assessment reporting & ad-hoc reporting	On-line enrollment & termination; toll-free claim resolution services, extremely responsive phone service for incremental service issues, on-site employee education enrollment mtgs, email blast for breaking health care news or product offerings
30. Assistance to develop benefit levels to help recruit & retain type of employees needed	Challenge: balance desire for superior benefits w/ financial reality of public sector. Strong communication program important in competitive recruiting environment.	Daily wk in municipal mkt; wk to develop a balance bet plans to reduce costs, sustainable long-term plan and plans to complement an attractive benefit pkg for potential new employees	Can provide benchmark data on regional plan offerings to ensure City's programs maintain competitive stature. Data from a third party can be provided to employees.
31. Recent employee communication materials. Samples provided	Written communications; in-person mtgs, web content; work w/ employer to develop a communication strategy that is unique & relevant to them.	Know your Employee Benefits Live Well, Work Well Prevention Newsletter Workplace Wellness Important Reminders Employee Benefits	Identification cards, enrollment form, benefit selections, guide to employee benefits
32. Methods to evaluate & improve employee and dependent wellness	Use Beaumont health risk appraisal results, establish baseline further, determine risk factors present with population; develop action plan; wellness committee	Medicare Advantage, BSBSM's Health Blue Incentives Program, free or discted healthy living programs, EAP programs, direct well programs	Successful wellness programs best achieved w/ strong & consistent employer support. Can aid in this, provde pertinent materials to support wellness program & topics of interest to be focused on regularly.

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33. Compliance advisory process.	Local & national compliance experts -	Monitor regulatory changes at carrier	Relies on material from several source to
Ability to monitor regulatory & legislative	monitor & analyze impacts of court cases	level & Fed & State levels. Tax CPA on	remain compliant with ever changing rules/
developments	legislation & industry changes; work w/	staff summarizes laws & regs & provides	regulations relating to healthcare. Sources
Dedicated compliance expert	RH review plans, documents to insure	summary updates & actions steps via	include carriers, third party administrators
Percentage of time dedicate to research and	compliance; technical bulletin, GBS	E-articles; one-on-one discussions;	& legal firm to assess, review & distribute
compliance	Insight, Directions newsletter; dedicated	seminars and webinars for regulatory	key compliance data to clients. This is
	compliance consultant; PPACA compliance	compliance changes. MyWave portal	a shared responsibility of company staff
	process & timeline to assist clients;	provides very current policy updates.	with the amount of time specifically
	PA106/insurance bidding assistance &	Acct Team attends workshops.	dedicated to this mission, being variable
	compliance documentation.	Three subject matter experts for various	by the activity within the industry.
		areas; will research to tackle case specific	
		issues on client's behalf.	
34. Process to disseminate information about	Attys & compliance specialists available	Daily email, quarterly newsltrs, webinars,	Data is placed into email format &
legislative & regulatory compliance and	for consulting, written bulletins on legal	seminars. Analyze how changes will	distributed to clients. If information is
changes to clients	topics disseminated to clients, webinars	affect clients' plans. Client portal "MyWave"	significant enough, email will be followed
	& period seminars locally on compliance	provides access to legislative guides.	by a phone call to answer client questions.
	topics; client-specific training materials.		
35. Process to incorporate these developments	Info to Gallagher through Tech Support &	Maintain Master Health & Welfare Plan	Uses Clark Hill to prepare ERISA compliant
into plan documents, administrative	Compliance unit or legislative updates;	Document; document mandates, memor-	plan docs for clients; legislation that
procedures, etc.	subscribe to Bureau of Nat Affairs, Empl	ialize City's operational rules related to	requires new procedures addressed by
	Benefits Library & Commerce Clearing Hs.	admin of plans. In light of Health Care	3rd Party Administrators that MPI has
	As leg developmts require, GBS coordinate	Reform will assist City in establishing ad-	selected as work associates with clients.
	upgrade of RH plan docs & summary plan	min procedures for implementing new	Changes in COBRA, HIPAA, FMLA, etc
	descriptions to reflect changes in law.	rules & deadlines for implementation.	addressed by 3rd party administrator.

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36. Steps to become HIPAA compliant	Implemented & maintains procedures & policies as necessary & required by HIPAA to protect the privacy of personal health information. Adm, Physical & tech safeguards to comply w/ the Security Rule.	Contracted services of Compliance Helper ensures remain HIPAA HiTech compliant, advice fr prominent HIPAA expert, online portal for guidanace for tasks, forms, policies & procedures to be updated.	Addressed & continues to address the req'd HIPAA regulations & has developed policies & procedures for their personnel to follow to ensure they remain compliant with HIPAA law.
37. Training/Seminars. Additional charges. 2010 & 2011 topics. Topics anticipated for 2012	Free of Charge - monthly newsltr, technical bulletins, GBS Insight; Webinars & Seminars. For 2012 anticipate: St of Mkt Update; Leadership Development Programs that Drive Top Talent. Other potential: Retirement Planning Trends, Risk Mgmt Consideraitons, Special HR/ Compliance Topics, Post Election Fall Out	Seminars at no cost to participants. 2010/2011: Finding Cost Savings within Prescription Drug Plans, Health Care Reform, Early Retiree Program, Collective Bargain 312 Arbitration, ERRP Data Aggregation, New Hs Bill 4152, ERRP Update, PA152, Healthcare Reform Seminar. 2012 - TBD	MPI does not typically put on seminar as many provided by carriers, 3rd party administrators and legal counsel, any additional would be redundant in nature. MPI will provide information on these seminars, as they become available, to clients should they be interested in attending.
38. Reports to assist RH; customized reports	Comparison Reports-monthly for various coverages; monthly experience period claims & enrollment, renewal equivalent rates for various coverages.	Annual renewal reports, ad hoc (customized) reports, primary audits, RFP creation and analysis, collective bargaining plan design modeling, GASB plan change modeling, budget creation, lg & med claims analysis and more	As a rule, reports are not available from BCBSM or HAP on the City's size group. MPI will provide any reports when available.
39. Samples of employee communication materials recently created & distributed for other clients	2012 Benefit Guide Local #1917/Non-Union; Employee Communication explaining benefit plan binder updates; Flex Benefit Memo to employees; Open Enrollment for Retirees Information Worksheet Supplemental Retiree Benefit	Know your Employee Benefits Live Well, Work Well Prevention Newsletter Workplace Wellness Important Reminders Employee Benefits	Identification cards, enrollment form, benefit selections, guide to employee benefits

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40. Implementation schedule beginning 3/2012	Summary of objectives, services & activities for 2011; Top Priorities for 2012 including 2012 service plan, healthcare reform, benchmarking, IAFF CBA discussion, IAFF LOA Project, Next Gen Intake Doc, HAP quote, industry trends, training.	1st mtg: intro team & roles; discuss goals & objectives for 1st yr; review plan docs & labor agmts, strategy for collective bargaining; strategic plans after careful analysis, implementation & communication plans, map out project plan, monitor & measure	Meet in March, 2012, goals for 2013 plan year, bid in August 2012, access in Sept, 2012, Plan selection Oct 2012, Early Nov 2012 enrollment plan materials, Dec. 2012 ID card distributed.
41. Copy of proposed contract provided	Yes	Not provided	Memorandum of Understanding
42. Copy of Professional Liability Insurance	Yes	Yes	Yes - professional liability
43. Expectations of your clients	Collaborative business partnership; open communication	Clients engaged in process, provide info & insight to goals & objectives, political landscape, history nego plan benefits & honest feedback.	Clients are forthright w/ their intentions, responsive to requests for data & realistic in expectations of competitive plan design & client service. Partnership relationship.
44. Form of payment:	Compensation philosophy provides for maximum flexibility for clients. Will accommodate preferred method of billing. Can accept payments annually, quarterly or monthly w/ no finance charges to assist cash flow.	In most cases, commission paid by the insurance carriers would be sufficient to compensate agency as "payment in full" for services discussed in RFP. Ancillary services that are separate & apart from proposed engagement would be billed.	Compensated entirely via commissions paid directly by ins carriers. Accepts standard commission structure paid by carrier for the specific products that are sold. MPI would require broker of record status on all ancillary lines of employee benefits if selected. Does not charge additional fees for services, either directly or indirectly.
a. Commission paid by insurance carriers			
b. Direct fees for services rendered			
c. Either commissions or direct fees			
d. Combination of commissions and fees			
e. Annual retainer			

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45. Fee schedule/rates, or commission structure	Most clients-compensated through commissions w/ amt built into insurance programs w/o that employee benefit brokerage & consulting does not create new line item in budget. Often carriers & vendors have commissions already baked into premium cost, even if no designated agent or broker claiming them. Some cases paid on fee or retainer basis which can be billed mo, qtr, yr.	Do not charge separate fees for consulting & employee communication services. Offer an Online Enrollment Software Service which would outsource to Cornerstone the mgmt of enrollment eligibility & is a separate & chargeable service. Pricing is based on a "per employee per month" fee.	The commission structures vary by carrier and lien of coverage. MPI accepts the standard commission structure that is built into the cost of the product being sold, as the entirety of the revenue required for each client.
46. Methods to disclose all compensation to RH	GBS Compensation Disclosure Statement and Schedule & GBS Consulting Agmt.	Disclosed through insurance carrier reports & if a fee was required, through a Service Agmt detailing the fee, the terms & services to be rendered.	MPI can provided a written summary of the revenues provied by each carrier by line of coverage at the request of the client.
47. Charges for consulting & employee communications	Do not charge extra for these services	Do not charge separate fees for consulting & employee communication services. Offer an Online Enrollment Software Service which would outsource to Cornerstone the mgmt of enrollment eligibility & is a separate & chargeable service. Pricing is based on a "per employee per month" fee. This was not part of scope of work of RFP.	Not applicable to MPI due to the fact that they are compensated by commission revenue only.
			Do not charge for reimbursable items



RFP FOR BENEFIT BROKER/CONSULTANT AND RELATED SERVICES RFP-RH-12-007  
SHORTLISTED PROPOSALS TABULATION

NAME	Gallagher Benefit Services	Cornerstone Municipal Advisory Group	Michigan Planners, Inc.
ADDRESS	Bingham Farms MI	Troy MI	Clinton Twp MI
48. Charges for reimbursables	No additional fees apply or would be required by GBS	Do not charge fees for reimbursables	Does not charge for reimbursable items as travel, copies, call, etc. Both principals of MPI lives in Rochester.
49. Subcontracted tasks	Full service consulting model; sister companies offer COBRA/HIPAA admin, Flex Acct admin, HR consulting, claim audit, benefit admin, payroll, actuarial cert.	No subcontracted services; if services as claim audits, dependent eligibility audits and EDI data services could require outside vendors & City contract directly.	Would need to know scope of subcontracted tasks to determine expense associated w/ such & whether or not there was any need to pass on the expenses to RH
50. Insurance Requirements; Supplied documentation	Yes	Yes	Errors & Omission coverage
51. Exceptions/Alternates	No exceptions or alterations	None	None unless there is a change in the scope of services.