



Patricia A. Peshka
Purchasing Agent

Joseph J. Solomon
Mayor

City of Warwick
Purchasing Division
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Warwick, Rhode Island 02886
Tel (401) 738-2013
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The following notice is to appear on the City of Warwick's website Wednesday, September 9, 2020. The website address is <http://www.warwickri.gov/bids>.

**CITY OF WARWICK
PROPOSALS REQUESTED FOR**

RFP2021-149 Health & Dental Insurance Consultant

Specifications are available in the Purchasing Division, Warwick City Hall, Monday through Friday, 8:30 AM until 4:30 PM on or after Wednesday, September 9, 2020

Sealed proposals will be received by the Purchasing Division, Warwick City Hall, 3275 Post Road, Warwick, Rhode Island 02886 up until 11:00 AM, Tuesday, September 29, 2020. The proposals will be opened publicly commencing at 11:00 AM on the same day in the Lower Level Conference Room, Warwick City Hall. ***Please note due to COVID-19, only one person from each company may attend the bid opening. Employees and visitors must adhere to social distance guidelines. All visitors are advised to wear masks.***

Awards will be made on the basis of the lowest evaluated or responsive proposal price. Please note that no proposals can be accepted via email or fax.

The City of Warwick, in addition to soliciting bids in response to this RFP, may consult, consider, and make an award for any and all open bid offers for a comparable unit as sought herein at the following websites:

RI State MPA: <https://www.ridop.ri.gov/contract-portal/>

NASPO: <https://www.naspo.org/>

NJPA (National Joint Powers Alliance): <https://www.njpacoop.org/cooperative-purchasing>

MHEC (Massachusetts Higher Education Consortium): <https://www.mhec.net/>

Individuals requesting interpreter services for the hearing impaired must notify the Purchasing Division at 401-738-2013 at least 48 hours in advance of the proposal opening date.

Original Signature on File

Patricia A. Peshka
Purchasing Agent

PLEASE COMPLETE THIS PAGE & SUBMIT WITH YOUR PROPOSAL

Acknowledgement of Addendum (if applicable)

Addendum Number	Signature of Bidder
_____	_____
_____	_____

COMPANY NAME: _____

COMPANY ADDRESS: _____

COMPANY ADDRESS: _____

BIDDER'S SIGNATURE: _____

BIDDER'S NAME (PRINT): _____

TITLE: _____ TEL. NO.: _____

EMAIL ADDRESS: _____*

*Please include your email address. Future proposals will be emailed, unless otherwise noted.

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II. AWARD AND CONTRACT:

The CITY OF WARWICK, acting as duly authorized through its Purchasing Agent/Finance Director/Mayor, accepts the above proposal and hereby enters into a contract with the above party to pay the proposal price upon completion of the project or receipt of the goods unless another payment schedule is contained in the specifications. All terms of the specifications, both substantive and procedural, are made terms of this contract.

DATE: _____

RFP2021-149

Purchasing Agent

PLEASE COMPLETE THIS PAGE & SUBMIT WITH YOUR PROPOSAL

CERTIFICATION & WARRANT FORM*

**This form must be completed and submitted with sealed bid.
Failure to do so will result in automatic rejection.**

Any and all bids shall contain a certification and warrant that they comply with all relevant and pertinent statutes, laws, ordinances and regulations, in particular, but not limited to Chapter 16- Conflicts of Interest, of the Code of Ordinances of the City of Warwick. Any proven violation of this warranty and representation by a bidder at the time of the bid or during the course of the contract, included, but not limited to negligent acts, either directly or indirectly through agents and/or sub-contractors, shall render the bidder's contract terminated and the bidder shall be required to reimburse the City for any and all costs incurred by the City, including reasonable attorney fees, to prosecute and/or enforce this provision.

Signature

Date

Company Name

Address

Address

***This form cannot be altered in any way**

**CITY OF WARWICK
NOTICE TO BIDDERS**

RFP2021-149 Health & Dental Insurance Consultant

If you received this document from our homepage or from a source other than the City of Warwick Purchasing Division, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Division cannot be responsible to provide addenda if we do not have you on record as a plan holder.

Proposals received prior to the time of the opening will be securely kept, unopened. No responsibility will be attached to an officer or person for the premature opening of a proposal not properly addressed and identified. No proposals will be accepted via facsimile or email.

The opening of proposals will be in the order established by the posted agenda and the agenda will continue uninterrupted until completion.

Once an item has been reached and any proposals on that item has been opened, no other proposals on that item will be accepted and any such proposal will be deemed late.

The contractor will not discriminate against any employee or applicant for employment because of physical or mental handicap for any position for which the employee or applicant is qualified and that in the event of non-compliance the City may declare the contractor in breach and take any necessary legal recourse including termination or cancellation of the contract.

A bidder filing a proposal thereby certifies that no officer, agent, or employee of the City has a pecuniary interest in the proposal or has participated in contract negotiations on the part of the City, that the proposal is made in good faith without fraud, collusion, or connection of any kind with any other bidder for the same call for proposals, and that the bidder is competing solely in his own behalf without connection with, or obligation to, any undisclosed person or firm.

All proposals submitted become the property of the City and will not be returned. If the company intends to submit **confidential or proprietary information** as part of the proposal, **any limits on the use or distribution of that material should be clearly delineated in writing. This information should be submitted in a sealed envelope, clearly labeled confidential** and where it should be submitted in the response. Please be advised of the Freedom of Information Act as it may pertain to your submittal.

All proposals should be submitted with one (1) original, and one (1) copy in a sealed envelope, which should read: *YOUR COMPANY NAME* plainly marked on the exterior of the envelope as well as "RFP2021-149 Health & Dental Insurance Consultant

Should you have any questions, please contact Steven Rotondo, Personnel Director, City of Warwick, at 401-921-9676.

All proposals should be written in ink or typed. If there is a correction with whiteout, the bidder must initial the change.

Negligence on the part of the bidder in preparing the proposal confers no rights for the withdrawal of the proposal after it is open.

Any deviation from the specifications must be noted in writing and attached as part of the bid proposal. The bidder must indicate the item or part with the deviation and indicate how the proposal will deviate from specifications.

The IRS Form W-9 available on www.warwickri.gov should be completed and submitted with the proposal if the bidder falls under IRS requirements to file this form.

The successful bidder must provide the City of Warwick with an original **Certificate of Insurance** for *Professional* Liability in a minimum amount of \$1 million. It is the vendor's responsibility to provide the City of Warwick with an updated certificate of insurance upon expiration of the original certificate.

For a bid to be awarded to a corporation, limited liability company or other legal entity, prior to commencing work under the awarded bid, that corporation, company or legal entity may be required to provide to the Purchasing Agent a **Certificate of Good Standing** from The Rhode Island Secretary of State dated no more than thirty (30) days prior to the date upon which the bid approval was made. **Please note that no other State's Certificate of Good Standing will be accepted.**

The successful bidder will provide said **Certificate of Insurance** and **State of Rhode Island's Certificate of Good Standing** (if required) within ten (10) calendar days after notification or the City reserves the right to rescind said award.

The term of the City's insurance consultant contract will begin at the time of award up to the selection and final approval of the Health and Dental Insurance Carriers by the City Council. The City's policy year, with respect to health, vision and prescription drug insurance and dental coverage, begins on July 1st annually (note: some Medicare Supplement plans have a plan year that commences on January 1st and plans that have prescription coverage with a cap run on a calendar year). It is expected that the City will be seeking proposals from health and dental insurance carriers with terms of one-three years. City's current contracts expire on June 30, 2021.

The contractor must carry sufficient liability insurance and agree to indemnify the city against all claims of any nature, which might arise as a result of his operations or conduct of work.

The City is exempt from the payment of the Rhode Island Sales Tax under the 1956 General Laws of the State of Rhode Island, 44-18-30, Paragraph I, as amended.

The Purchasing Agent reserves the right to reject any and all proposals, to waive any minor deviations or informalities in the proposals received, and to accept the proposal deemed most favorable to the interest of the City.

The successful bidder must comply with all Rhode Island Laws applicable the public works projects, including, but not limited to provisions of Chapter 13 of Title 37 of the

Rhode Island General Laws, pertaining to prevailing wage rates, and all other applicable local, state and federal laws.

The City reserves the right to terminate the contract or any part of the contract in the best interests of the City, upon 30-day notice to the contractor. The City will incur no liability for materials or services not yet ordered if it terminates in the best interests of the City. If the City terminates in the interests of the City after an order for materials or services have been placed, the contractor will be entitled to compensation upon submission of invoices and proper proof of claim, in that proportion which its services and products were satisfactorily rendered or provided, as well as expenses necessarily incurred in the performance of work up to time of termination.

No extra charges for delivery, handling or other services will be honored. All claims for damage in transit will be the responsibility of the successful bidder. Deliveries must be made during normal working hours unless otherwise agreed upon.

All costs directly or indirectly related to the preparation of a response to this solicitation, or any presentation or communication to supplement and/or clarify any response to this solicitation which may be required or requested by the City of Warwick will be the sole responsibility of and will be borne by the respondent.

If the respondent is awarded a contract in accordance with this solicitation and if the respondent fails or refuses to satisfy fully all of the respondents obligations thereunder, the City of Warwick will be entitled to recover from the respondent any losses, damages or costs incurred by the City as a result of such failure or refusal.

The City reserves the right to award in part or full and to increase or decrease quantities in the best interest of the City.

Any quantity reference in the proposal specifications are estimates only, and do not represent a commitment on the part of the City of Warwick to any level of billing activity. It is understood and agreed that the agreement will cover the actual quantities ordered during the contract period.

The City reserves the right to rescind award for non-compliance to proposal specifications.

The successful bidder must adhere to all City, State and Federal Laws, where applicable.

Health and Dental Insurance Consultant

SCOPE OF SERVICES

1.1. Scope of Services

The Respondents selected through this RFP will assist the City solicit and select health and dental insurance providers that would best serve the City's needs in a cost-effective manner consistent with contractual benefits. Specifically, the consultant will be responsible for the following.

- A. Reviewing and updating the City's Request for Proposals for employee health and dental insurance plans for active employees and retirees enrolled with City Coverage; a wellness program; and retirees covered by over 65 plans. Determine a specific enrollment month and furnish the total subscribers in each city health care and dental group for bidders.
- B. Analyzing and evaluating provider health and dental insurance proposals and making a recommendation to the City Administration and the City Council.
- C. Provide a detailed spreadsheet of each bidder's proposal which compares their cost, line by line, and indicates any variables or differences between each of the bids.
- D. Consultant will summarize the bid of each of the providers and meet with City administrators to review all aspects of the bids as often as requested.
- E. Preparing a cogent report and meeting with the City Administration and the City Council.
- F. Providing fifteen (15) original copies of the report.

FEES

2.1 Bid Proposal Fees

Respondents shall submit a comprehensive cost proposal that would include all of the above services. If there are any additional fees required above the cost proposal as submitted, Responders must list those fees separately as well as the estimated cost of such additional fees.

TERM

3.1. Term

The term of the City's insurance consultant contract will begin at time of award up to the selection and final approval of the Health and Dental Insurance Carriers by City Council. The City's policy year with respect to health, vision and prescription drug insurance and dental coverage begins on

July 1st annually (note: some Medicare Supplement plans have a plan year that commences on January 1st and plans that have prescription coverage with a cap run on a calendar year). It is expected that the City will be seeking proposals from health and dental insurance carriers with terms of one - three years. City's current Health and Dental Insurance contracts expire on June 30, 2021.

SCHEDULE

4.1 Timetable for Completion of Work Products

Health and dental insurance Request for Proposals must be prepared for release by January 15, 2021 in order to provide a minimum four-week period for provider submittals. The City intends to present a request for award to the selected health, and dental insurance providers to the City Council no later than April 15, 2021. To meet this schedule, the consultant must complete the review and evaluation of health and dental insurance proposals by March 4, 2021.

SUBMISSION REQUIREMENTS

5.1 General Requirements

All bidders must adhere to the Purchasing Division requirements for proposal submissions as listed below. Failure to do so may adversely affect a bidder from consideration.

- A. A letter of transmittal indicating that the proposal is valid for at least 60 days from the date of submission.
- B. A statement acknowledging that all the information contained in the proposal is factual and accurate.
- C. A statement indicating that the individual submitting the proposal has the authority to bind the firm to all of the provisions contained in this RFP and to the firm's corresponding proposal.
- D. A completed chart of the costs associated with the proposal and an additional sheet attached to the proposal containing additional fees, if any.

QUALIFICATIONS AND STABILITY OF THE FIRM

6.1 Qualifications – Experience and Stability of the Firm

The Responding firm *should* have a minimum of 15 years of experience in health and dental insurance consulting, and at least 10 years of experience in consulting for a minimum of 3 other Rhode Island municipalities. Responders must provide a list of other municipalities in the state of Rhode Island for whom they have performed similar services.

6.2 Qualifications – Experience of the Consultants

The principal individual consultants who would be assigned to handle the City's needs *should* have at least 10 years of experience as a health and dental insurance consultant with a minimum of 5 years of experience with Rhode Island municipalities. Responders must provide resumes of the principal individual consultants who would be assigned to the City of Warwick. These individuals should provide a listing of other engagements where services of the kind sought in this RFP were performed. Such listing should also provide the names of contact persons who supervised such engagements.

6.3 Other Qualifications

The City will also base its selection upon other factors, including, but not limited to, the Responders knowledge and technical competence, ability to complete the work in a timely manner, and its understanding of the work required.

6.4 Sub-contractors

If a Respondent intends to utilize a sub-contractor to perform some of the work under this RFP, such fact must be revealed in the response along with the name of the firm of the intended subcontractor.

EVALUATION, REVIEW, SELECTION AND AWARD PROCESS

7.1 Evaluation of Responders

The weight given in evaluating Responders shall be as follows:

Stability of the Firm	20%
Experience of the Principals assigned to Warwick	20%
Other Qualifications	20%
Cost	<u>40%</u>
	100%

7.2 Review and Evaluation

An individual or a committee will be assigned to review and evaluate all RFPs submitted. Said individual or committee shall make a recommendation to the City Council based upon the evaluation criteria set forth herein.

7.3 Selection

The City will make the selection of the successful bidder based upon what best meets the needs of the City. The City also reserves the right to reject all proposals.

7.4 Award

The successful bidder will be notified within 10 days of the date that such proposal is approved by the City Council.

PLEASE COMPLETE THIS PAGE AND SUBMIT WITH YOUR BID

(PRICING SHEET MAY NOT BE CONFIDENTIAL)

CITY OF WARWICK

PROPOSAL AND CONTRACT FORM

TITLE OF SPECIFICATION: RFP2021-149 Health & Dental Insurance Consultant

I. PROPOSAL:

WHEREAS, the CITY OF WARWICK has duly asked for proposals for performance of services and/or supply of goods in accordance with the above-indicated specifications.

The person or entity does irrevocably offer to perform the services and/or furnish the goods in accordance with the specifications, which are hereby incorporated by reference in exchange for the proposal price.

This offer will remain open and irrevocable until the CITY OF WARWICK has accepted this proposal or another proposal on the specifications or abandoned the project.

The bidder agrees that acceptance by the CITY OF WARWICK will transform the proposal into a contract. This proposal and contract will be secured by Bonds, if required by the specifications.

VENDOR NAME: _____

**Responders shall use the following chart to present the costs of their proposal.
Please attach additional information if needed for pricing.**

Description	Bid
Cost for this services as outlined in this RFP (Section II)	\$
Additional Costs (if applicable)	\$
Total Cost	\$