

Request for Proposal for Employee Benefits Consultation Services

September 21, 2026

To Whom It May Concern:

Please find the "Request for Proposal for Employee Benefits Consultation Services" for Hilliard City School District (HCSD) attached.

The proposal must be submitted via email to Benefits@hboe.org labeled "RFP for Employee Benefits Consultation Services". Proposals are due on or before 4:00 p.m., Monday, October 26, 2026. No proposals will be accepted after that date and time.

If you have any questions regarding the RFP please submit them via email to Benefits@hboe.org.

Sincerely,

Melissa N. Swearingen

Treasurer/CFO

I. Introduction

Hilliard City Schools is seeking proposals from benefits consulting firms to provide on-going assistance in benefit plan selection, cost effectiveness, employee education, and compliance with benefit laws and regulations. HCSD offers a combination of self-funded and fully insured benefits. HCSD offers the following coverages:

- a. Medical insurance
- b. Dental insurance
- c. Vision insurance
- d. Life insurance
- e. Supplemental Life/Accident/Disability/Cancer/Pet Insurance
- f. Flexible Spending (Section 125)
- g. Employee Assistance Plan
- h. Advanced Primary Care Clinic Services

The consultant will have the primary responsibility of monitoring the performance of the benefit plans and providers selected by HCSD, making recommendations regarding benefit plans and providers, requesting proposals from benefit plans and providers and providing support to HCSD staff in selecting and administering benefit plans.

The consultant will attend quarterly Insurance Committee meetings, present utilization/claims reports during those meetings, analyze trends, and provide suggestions for cost containment and plan selection.

The consultant will work closely with the HCSD Insurance Committee and members of the administrative staff and will be expected to be available during regular business hours to provide prompt support.

The consultant will work with administrative staff to establish a monthly meeting cadence to discuss the benefit plan and any issues.

The selected consultant will be required to enter into a professional/consultation services agreement with HCSD.

HCSD reserves the right to reject any or all proposals and to award the contract in whole or in part to the respondent determined by HCSD, in its sole discretion, to be most responsive to the needs of HCSD and most advantageous to HCSD.

HCSD is not liable for any costs incurred by respondent associated with the preparation of a proposal or the negotiation of a contract for services prior to the issuing of the contract.

Respondents are advised that proposals shall be binding on the respondent for 90 calendar days from the proposal due date. A respondent may withdraw or modify its proposal at any time prior to the proposal due date by a written request signed by the same person who signed the proposal.

II. Background Information

HCSD is a full-service school district with approximately 1,994 employees who are eligible for group health benefits and currently has 4,334 employees and dependents or other eligible individuals enrolled in its health plan. In fiscal year 2026, HCSD spent \$40.4 million of its \$453 million-dollar annual budget on medical plan premiums.

HCSD has an established Insurance Committee comprised of representatives from the Board of HCSD, the Hilliard Education Association, and the Ohio Association of Public School Employees. This committee studies insurance options and makes recommendations regarding negotiated benefits in a manner beneficial to all participants of HCSD.

An independent benefit consultant is required to work closely with the committee to provide suggestions, resources, and knowledge to assist the committee. The consultant will be paid a fee by HCSD and will be prohibited from receiving any commissions, kickbacks, salary, overrides or administrator or insurance provider in any way related to the provision of services to HCSD by consultant or the administration of insurance benefits by consultant on behalf of HCSD, without prior written consent. The selected consultant will be required to attest that over the last 5 years such consultant has not received any money or other form of compensation from any third-party administrator or insurance provider without the disclosure of such compensation to the relevant client and obtaining the prior consent of client.

HCSD current benefit plans and the renewal dates of such plans are as follows:

Plan	Company	Length of Policy	Expiration Date
Medical/Health	Meritain	Three Year	December, 2029
Pharmacy	CVS Caremark	Three Year	December, 2028
Stop Loss	Swiss Re	One Year	December, 2026
Dental	Delta Dental	Three Year	December, 2027
Vision	Delta Vision	Four Year	December, 2028
Life	One America	Until Terminated	N/A
Supplemental Coverages	American Fidelity	Until Terminated	N/A
Flexible Spending	American Fidelity	Until Terminated	N/A
COBRA	Meritain	Three Year	December, 2029
EAP	One America	Until Terminated	N/A
Advanced Primary Care Clinic	Marathon Health	Three Year	March, 2027

III. Scope of Benefits Consulting Services/Qualifications

The successful consultant, in cooperation with HCSD and the Insurance Committee, will be responsible for reviewing and providing guidance in the evaluation of current and future employee benefits needs of HCSD and the best solutions for meeting those needs.

The main business activity of the individual/firm selected by HCSD shall be employee benefits consulting with considerable experience and emphasis in the area of requesting and evaluating proposals for benefits (e.g. life, health, dental, and vision insurance; benefit communication and surveys; plan documents; coverage interpretations; rate setting and forecasting; voluntary payroll deducted benefits; and flexible spending plans)

Respondents should have extensive experience with large public sector (especially school districts with 500 or more employees) insurance programs.

At a minimum, the scope of benefits consulting services shall include the following:

- a. Solicit proposals from independent third-party insurance providers licensed in the State of Ohio to meet the benefits needs of HCSD and its enrollees;
- b. Provide independent recommendations to the Insurance Committee regarding plan selection;
- c. Provide advice and recommendations concerning benefits provided to employees of HCSD;
- d. Solicit and negotiate rates and renewal rates for benefits plans most advantageous to HCSD;
- e. Develop requests for proposals for submission to potential insurance providers;
- f. Initiate annual contract renewals;
- g. Monitor claims and utilizations rates and present reports to the Insurance Committee, providing copies of report to each member of the committee;
- h. Serve as a liaison with carriers when service problems occur;
- i. Provide estimated annual financial projections on rates for plans;
- j. Monitor and report to the Insurance Committee regarding rate structure and amount changes;
- k. Monitor, report and recommend cost savings proposals to the Insurance Committee;
- l. Assist the district with compliance guidance and required annual disclosure information and work with administration to ensure information is reported and distributed timely;
- m. Advise and assist in reviewing the employee benefit program, on a continuous basis to ensure that those plans are in compliance with federal requirements and their adequacy of benefits with respect to other plans; and
- n. Provide educational and informative seminars as required by the Insurance Committee.

IV. Description of Proposal Submission

Proposals should be typewritten in clear, concise 8 1/2" x 11" format.

The proposal must be submitted electronically to Benefits@hboe.org and labeled "RFP for Employee Benefits Consultation Services".

If clarification regarding any of the proposal requirements is needed, please email your question(s) to Benefits@hboe.org and label the email "Clarification on RFP for Employee Benefit Consultation Services" and HSCD will do its best to respond within 3 business days.

Only firms submitting proposals by the deadline date will be considered. The proposals are due on or before **4:00 p.m., Monday, October 26, 2026.**

Each proposal must include the following, in this order:

1. Title Page

A title page indicating the date, subject, name of the firm, address, telephone number, fax number, email address, name and title of the firm's contact person.

2. Experience

An outline of the firm's background and experience in providing benefits consulting services, including the following:

- a. When your firm was established.
- b. Describe your company and the services your company provides.
- c. Describe the ownership of your company.
- d. Indicate the number and location of office of your company.
- e. Indicate the location of the office that would service our account.
- f. What is your company's affiliation with other firms or organizations?
- g. What recent changes in ownership have occurred?
- h. Are there any pending or anticipated ownership or leadership changes?

3. Client Information

- a. Provide the current number of clients serviced by your company as a whole.
- b. Provide the current number of clients serviced by the office that would be servicing our account.
- c. List the public employers for whom you have provided benefits consulting services, include the number of employees covered by the public employer's benefit plans, and indicate the years for which you provided those services.

4. Performance

- a. Describe your capabilities in the area of benefits consulting.
- b. In what area do you find your company to be particularly proficient?
- c. Describe any relationships your firm has with any insurance provider licensed in the State of Ohio.
- d. How are client/vendor questions resolved?
- e. What is your knowledge and understanding of Ohio Revised and Administrative Code sections relevant to public employer groups?

- f. Do you have an actuary on your staff or what actuarial firm do you use?
- g. What is your experience in establishing and/or running a Wellness program and or developing Wellness incentives?
- h. What resources do you use to analyze medical and pharmacy claims and how would you use this data to assist the Insurance Committee with its use for decision making?
- i. From a strategic planning perspective, how will you help the Insurance Committee with the competitive marketing and placement of our plans, including development of marketing specifications, identification of market conditions, evaluation of proposals, negotiations and placement of insurance contracts for annual renewals.
- j. How will you save money for the District and its employees and how will you demonstrate the savings?

5. Service Team

Individuals

- a. Provide an organizational chart of the individuals who would be responsible for servicing our account.
- b. Include brief biographies of each individual responsible for the account, including;
 - 1. Each individual's responsibilities and skills.
 - 2. Tenure with the company.
 - 3. Experience and education in employee benefit consulting.
 - 4. Training and education.
- c. How are these individuals kept up-to-date on current laws, etc?
- d. Account Manager
 - 1. How many other accounts do they manage
 - 2. If this manager left your Company, how would a new manager be selected for our account?
 - 3. How much does this person travel?
- e. Customer Service
 - 1. What are the hours that a service representative can be reached?
 - 2. What activities are managed by your Company and what assistance will be required by the HCSD?
- f. Evaluation Process

Provide a protocol for the evaluation and performance of your service team.

6. Conflict of Interest

Disclose any current or past (within the last three years) business relationships, which may pose a conflict of interest.

- a. Is anyone in your firm an owner or investor in any company that would be doing business as a provider of a benefit or service to HCSD?
- b. Has or would anyone in your firm ever receive any commission, bonus, payment or any form of remuneration from a provider of employee benefits?
- c. Would anyone in your firm ever receive any commission, bonus, payment, or any form of remuneration from a provider of a benefit or service to HCSD?
- d. Does your company have any financial or other relationships or agreements with any insurance provider licensed in the State of Ohio?

7. Fees

- a. Outline how your company is compensated for its services.
- b. Provide a proposed fee structure and indicate what services are included in that fee.
- c. Itemize any services for which there would be an additional fee.
- d. How are additional fees calculated?
- e. Are you willing to disclose both direct commissions earned on our account as well as any override or other compensation earned (i.e. trips, etc.)?
- f. What could cause an increase in the fee structure?
- g. What are your typical increases?
- h. How long is the fee structure guaranteed?

8. Disclosure

- a. Disclose whether your firm, or any employee, to your knowledge, has been the subject of an investigation by the State of Ohio, Department of Insurance or any other regulatory agency within the past five (5) years. If the answer to this provision is yes, please describe the details of each type of litigation.
- b. Disclose whether or not your firm or any of its employees are currently, or in the past five (5) years a party to any pending litigation, the subject of which directs itself to your role as a consultant in the medical benefits area. If the answer to this provision is yes, please describe the details of each litigation.

9. Duly Authorized Signature

The proposal must contain the signature of a duly authorized officer or agent of the respondent's organization, empowered with the right to bind the respondent.

10. Miscellaneous

- a. What steps have you taken to ensure confidentiality of health information?
- b. Will you need to use subcontractors to provide any service? If so, explain when subcontractors will be used.
- c. Does your company carry Professional Liability insurance?
- d. How much Errors and Omissions coverage does your company have?
- e. Provide references from three current clients, preferable public sector employers. Provide name, phone number, and email address of a key contact and a description of the projects your company worked on.

v. Evaluation of Proposals

The consultant must have applicable experience and qualifications to perform the scope of services. Experience with public sector agencies is highly desirable.

All proposals will be evaluated on qualifications, background, and prior experience in conducting similar services; project approach; references; and cost of services. The lowest bid might not be the deciding factor in HCSD final selection.

The insurance committee plans to interview consultants prior to final selection. Following notification of the firm selected, it is expected that a contract will be executed between both parties and be in place by February 1, 2027.

vi. Terms and Conditions

All proposals submitted in response to this request become the property of HCSD and as such may be subject to public review.

All costs directly or indirectly related to responding to this RFP (including all costs incurred in supplementary documentation, information or presentation) will be borne by the proposer.

HCSD has the right to reject any or all proposals, to engage in further negotiations with any firm submitting a proposal, and/or to request additional information or clarification.

HCSD is not obligated to accept the lowest cost proposal and may reject all proposals.

