



**ADMINISTRATION & FINANCE  
PURCHASING DIVISION  
CITY OF WORCESTER, MA  
455 MAIN STREET  
ROOM 201, CITY HALL  
WORCESTER, MA 01608  
(508) 799-1220**



**Christopher J. Gagliastro, MCPPO  
Purchasing Agent**

**RFP NO. CR-8517-W6  
ISSUANCE DATE: 8/7/2025**

**BUYER: Christopher J. Gagliastro**

**AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER  
REQUEST FOR PROPOSALS  
NOTICE TO PROPOSERS**

**RFP TITLE: Consultant – Health Insurance / HR**

***REFER TO PAGE 7 FOR PROPOSAL SUBMISSION INFORMATION***

**General Conditions**

All proposals are subject to the terms, conditions and specifications herein set forth:

- 1. Scope: Provide health insurance consulting services for the City of Worcester for a period of one year from date of contract as per the attached requirements and specifications of the City of Worcester Executive Office of Human Resources. This contract may be renewed for two additional one year periods, at the sole discretion of the City. Refer to price proposal page for further information on renewal options.**
2. A certified check or bid bond made payable to the "City Treasurer, City of Worcester" in the amount of N/A must accompany this proposal. This must be submitted under separate sealed cover marked "Proposal Security." In the case of default, the surety shall be forfeited to the City as liquidated damages.
3. All terms and conditions are applicable to this proposal except the following section(s) which are hereby deleted from this RFP: 22, 23, 27, 30, 34
4. A performance bond in the amount of N/A will be required. If this proposal is accepted by the City and the Proposer shall fail to contract as set forth in these requirements and to give a bond in the aforementioned amount, within ten (10) days, (not including Sundays, Saturdays, or a legal Holiday) from the date of the mailing of a notice from the City to the Proposer, according to the address given herewith, that the contract is ready for signature, the City may by option determine that the proposer has abandoned the contract and thereupon the proposal and acceptance shall be null and void and the proposal security accompanying this proposal shall become the property of the City as liquidated damages.

**Any prospective proposer requesting a change in or interpretation of existing specifications or terms and conditions must do so within 5 days (Saturdays, Sundays, and Legal Holidays excluded) before scheduled proposal opening date. All requests are to be in writing to the Purchasing Division and are to be in duplicate. No changes will be considered or any interpretation issued unless request is in our hands within 5 days (Saturdays, Sundays, and Legal Holidays excluded) before scheduled proposal submission date.**

**Any inquiries related to technical or contractual matters must be submitted in writing to:**

**Christopher J. Gagliastro  
Purchasing Director  
City of Worcester, City Hall  
455 Main Street, Room 201  
Worcester, MA 01608  
[gagliastroc@worcesterma.gov](mailto:gagliastroc@worcesterma.gov)**

5. Nothing herein is intended to exclude any responsible Proposer or in any way restrain competition. All responsible Proposers are encouraged to submit proposals. The City encourages participation by Minority and Women Owned Business Enterprises (M/WBE).
6. The following meanings are attached to the defined words when used in this RFP.
  - a) The word "City" means The City of Worcester, Massachusetts.
  - b) The word "Proposer" means the person, firm or corporation submitting proposal on these specifications or any part thereof.
  - c) The word "Contractor" means the person, firm or corporation with whom the contract is made by carrying out the provisions of these specifications and the contract.
  - d) The words "Firm Price" shall mean a guarantee against price increase during the life of the contract.
7. All proposals and other documents relating to this RFP are subject to the public records provisions of M.G.L. c.30B, and shall remain confidential until the time specified in c.30B section 6 (d).
8. All material submitted by vendors becomes the property of the City. The City is under no obligations to return any of the material submitted by a vendor in response to this RFP.
9. Each vendor's proposal must remain in effect for at least 120 days from the deadline for its submission. The City will decide upon acceptance within 120 days of submission.
10. It is understood and agreed that it shall be a material breach of any contract resulting from this RFP for the Contractor to engage in any practice which shall violate any provision of Massachusetts General Laws, Chapter 151B, relative to discrimination in hiring, discharge,

compensation, or terms, conditions or privileges of employment because of race, color, religious creed, national origin, sex, age or ancestry.

11. The City reserves the right to accept or reject any or all of the proposals submitted and waive informalities and technicalities.
12. The City will review and analyze each proposal, and reserve the right to interview selected proposers. The City shall select the proposer, which in the City's opinion, has made the proposal best suited to the needs and goals of the City and its operations and deemed to be in compliance with the terms of this RFP.
13. The Contractor will be required to indemnify and save harmless the City of Worcester for all damages to life and property that may occur due to his or her negligence or that of his or her employees, subcontractors, etc. during the contract derived from this RFP.
14. The Contract Agreement will be drafted by the City's Law Department in compliance with the terms of the RFP, and may incorporate the terms of this RFP and of the proposal selected.
15. The Proposer must certify that no official or employee of the City of Worcester, Massachusetts, is pecuniarily interested in this proposal or in the contract which the proposer offers to execute or in expected profits to arise therefrom, unless there has been compliance with the provisions of G.L.C. 43 section 27, and that this proposal is made in good faith without fraud or collusion or connection with any other person submitting a proposal.
16. Any proposal withdrawn after time and date specified, the proposer shall forfeit deposit on proposal as liquidated damages.
17. A vendor conference will be held as follows: N/A
18. The Contractor shall not assign, transfer, sublet, convey or otherwise dispose of any contract which results from this RFP, or its right, title or interest therein or its power to execute the same to any other person, firm, partnership, company or corporation without the previous consent in writing of the City. Should the Contractor attempt any of the above without the written consent of the City, the City reserves the right to declare the Contractor in default and terminate the contract for cause.
19. The Contractor shall obtain and maintain in force at all times during the term of the contract derived from this RFP, insurance coverage pertaining to Public Liability, Property Damage and Worker's Compensation in the following types and amounts:
  - A) PUBLIC LIABILITY INSURANCE - Contractor to supply the City of Worcester with certificates of insurance covering public liability in an amount not less than \$1,000,000.00 to any one person, and not less than \$ 1,000,000.00 on account of one accident.

B) PROPERTY DAMAGE INSURANCE - Contractor to supply the City with certificates of insurance covering property damage in an amount not less than \$1,000,000.00 for damages on account of any one accident, and not less than \$ 2,000,000.00 on account of all accidents.

C) COMPENSATION INSURANCE - The Contractor shall furnish the City with certificates showing that all its employees shall be connected with the management operations are protected under worker's compensation insurance policies.

20. The Contractor shall carry Public Liability Insurance with an insurance company satisfactory to the City so as to save the City harmless from any and all claims for damages arising out of bodily injury to or death of any person or persons, and for all claims for damages arising out of injury to or destruction of property caused by accident resulting from the use of implements, equipment or labor used in the performance of the contract or from any neglect, default or omission, or want of proper care, or misconduct on the part of the Contractor or for anyone in his or her employ during the execution of the contract derived from this RFP.
21. Prior to starting on the contract derived from this RFP, the Contractor shall deposit with the Purchasing Division, certificate from the insurer to the effect that the insurance policies required in the above paragraph have been issued to the Contractor. The certificates must be on a form satisfactory to the City.
22. All prices quoted must include inside delivery, and set-up in place F.O.B. destination to pre-designated City of Worcester departments.
23. No special charges will be allowed for rigging, packing, crating, freight, express, or carriage unless specifically stated and included in the vendor's proposal.
24. The award to the successful proposer may be cancelled in the event of vendor nonperformance as may be determined by the City.
25. The successful proposer shall comply with all applicable federal, state and local laws, ordinances, and regulations. The awarded contract shall be governed under the laws of the Commonwealth of Massachusetts.
26. Purchases made by the City are exempt from Federal and Massachusetts state taxes and proposal prices must exclude any such taxes. Tax exemption certificates will be furnished upon request.
27. When the contract is executed, a performance bond, in the full amount of the contract, is required. See paragraph 4. The bond will be of a surety company qualified to do business under the laws of the Commonwealth of Massachusetts. The cost of this bond is the vendor's responsibility. Bonds shall remain in force and effect thru the performance of the contract.
28. Expenditures by the City and authorization to spend for particular purposes are made on fiscal year basis. The City's fiscal year is the twelve month period ending June 30 of each

year. The obligations of the City under any agreement to be reached are subject to the appropriation or authorization of the necessary funds. The City agrees to make reasonable efforts to obtain funding and all necessary authorization.

29. No amendment to the contract shall be effective unless it is in writing and signed by authorized representatives of both parties and is accepted by the City of Worcester.
30. The vendor (and its insurers, if any) shall bear all risk of loss or damage to the equipment which occurs in transit to the user site. The risk of loss or damage to purchased equipment shall remain with the vendor until the purchase price has been paid and title has passed. The vendor shall also bear the risk of loss or damage to leased or rented equipment during the City of Worcester's possession and use thereof subject, however to such conditions and limitations as may be stated elsewhere in the contract.
31. The vendor shall not assign or in any way transfer any interest in the contract without the prior written consent of the City provided, however, that claims for money due or to become due to vendor from the City may be assigned to a bank, trust company, or other financial institution without such consent so long as notice of such assignment is furnished promptly to the City. Any such assignment shall be expressly made subject to all defenses, set-offs, or counter-claims which would have been available to the City against the vendor in the absence of such assignment.
32. None of the services to be provided by the vendor pursuant to the contract shall be subcontracted or delegated to any other organization, association, individual, corporation, partnership or other such entity without the prior written consent of the City. No subcontract or delegation shall relieve or discharge the vendor from any obligation or liability under the contract except as specifically set forth in the instrument of consent. Any subcontract to which the City has consented shall be attached to the original of the contract on file in the City of Worcester.
33. Neither party will be liable to the other or be deemed to be in breach of the contract for any failure or delay in rendering performance arising out of causes beyond its reasonable control and without its fault or negligence. Such causes may include but are not limited to, acts of God or the public enemy, fires, floods, epidemics, quarantine restrictions, strikes, freight, embargoes, and unusually severe weather. If the vendor's failure to perform is caused by the default of the subcontractor, and if such default arises out of causes beyond the reasonable control of both the vendor and the subcontractor, and without the fault or negligence of either of them, the vendor shall not be liable for any excess costs for failure to perform, unless the equipment or services to be furnished by the subcontractor were obtainable from other sources in sufficient time to permit the vendor to meet the required delivery schedule. Dates or times of performance will be extended to the extent of delays excused in this section, provided that the party whose performance is affected notifies the other promptly of the existence and nature of such delay.
34. The vendor shall provide to the City of Worcester a warranty and a commitment which clearly states that all equipment and services proposed and supplied by the Vendor, and/or its subcontractors, performs as expected and promised by the Vendor.

35. The vendor represents that no person other than bona fide employees working solely for the vendor, have been employed or retained to solicit or secure this agreement upon an arrangement or understanding for a commission, percentage, brokerage fee, gift or any other consideration contingent upon the award or making of this contract. For breach or violation of the representation, the City shall have the right to annul the contract without liability, or in its discretion to deduct from the contract price or consideration, or otherwise recover the full amount of such commission, percentage, brokerage fee or other consideration.
36. Any contract made by the City in which the Purchasing Agent or any employee of his/her department, the heads of using agencies or any other officer or employee of the City having a part in the placing of such contract is financially interested, directly or indirectly, shall be void.
37. The vendor shall not discriminate against any qualified employee or applicant for employment because of race, color, national origin, ancestry, age, sex, religion or medical handicap. The vendor agrees to comply with all applicable Federal and State Statutes, rules and regulations prohibiting discrimination in employment including: Title VII of the Civil Rights Acts of 1964; The Age Discrimination in Employment Act of 1967; Section 504 of the Rehabilitation Act of 1973; Massachusetts General Laws Chapter 151B, Section 4 (1) and all relevant administrative orders and executive orders.

If a complaint or claim alleging violation by the vendor of such statutes, rules or regulations is presented to the Massachusetts Commission Against Discrimination (MCAD), the vendor agrees to cooperate with MCAD in the investigation and disposition of such complaint or claim.

In the event of vendor noncompliance with the provisions of this section, the City shall impose such sanctions as it deems appropriate, including but limited to:

- 1) Withholding of payments due vendor under the contract until vendor complies.
- 2) Termination or suspension of the contract.

## **SUBMISSION OF PROPOSALS**

38. Proposals must be submitted in two (2) packages according to the instructions below. The City intends to consider responses in the evaluation requirements before considering costs. Therefore, no reference to pricing may be made in the proposal of evaluation considerations.

A sealed package containing **the original, 2 copies and 1 PDF copy on USB Drive** of the proposal **must** be labeled as follows:

**Purchasing Agent, City of Worcester**

**Consultant – Health Insurance / HR – Technical Proposal**

**455 Main Street, Room 201  
Worcester, MA 01608**

**Re: RFP No. CR-8517-W6**

A sealed package containing **the original copy** of the proposal **must** be labeled as follows:

**Purchasing Agent, City of Worcester**

**Consultant - Health Insurance / HR - Price Proposal**

**455 Main Street, Room 201  
Worcester, MA 01608**

**Re: RFP No. CR-8517-W6**

*Cost proposal pages are located at end of specifications*

**Proposals must be delivered no later than Wednesday, September 3, 2025 at 10:00 AM LOCAL TIME**. Late submissions will be rejected, regardless of circumstances. The City of Worcester is not responsible for submittals not properly marked.

The evaluation and cost proposals will remain confidential until a formal and finalized contract has been executed.

## **RFP EVALUATION**

39. The City of Worcester Purchasing Agent will assign an evaluation team, hereafter referred to as the Selection Committee, to perform a full and complete evaluation of RFP submittals. The Purchasing Agent will ultimately forward a formal recommendation of award to the City Manager who has final award authority.
40. RFP evaluation responses will be evaluated by the Selection Committee based directly upon vendor's response to mandatory and comparative evaluation criteria. Vendors must meet or exceed the mandatory criteria requirements or be rejected as non-responsive.

Comparative criteria will be evaluated by the use of four rating categories as set forth by M.G.L. Chapter 30B:

- 1) HIGHLY ADVANTAGEOUS - Vendor's submittal meets all the stated requirements and offers significant performance above the stated requirements.
- 2) ADVANTAGEOUS - Vendor's submittal meets the stated requirements without risk or disadvantage.
- 3) NOT ADVANTAGEOUS - Vendor's submittal contains some risk or disadvantage but is not unacceptable.
- 4) UNACCEPTABLE - Vendor's submittal fails to meet the standards of the stated requirements.

After proposals have been assigned ratings on the basis of each evaluation criterion, a composite rating will be established by the Selection Committee. Submittals will then be ranked based upon finalized composite rating.

41. The Purchasing Agent will identify the most advantageous proposal based upon the rankings of the Selection Committee and an evaluation of the cost proposals received. The Purchasing Agent will forward a recommendation for award to the City Manager based upon the most advantageous proposal received considering evaluation rankings and cost proposals received.

GIVE FULL NAMES AND RESIDENCES OF ALL PERSONS INTERESTED IN THE FOREGOING PROPOSAL.

(NOTICE: Give first and last name in full; in case of corporations, give corporate name and names of President, Treasurer, and Manager; and in case of firms give names of the individual members)

| Name | Address | Zip Code |
|------|---------|----------|
|------|---------|----------|

|       |
|-------|
| _____ |
| _____ |
| _____ |

KINDLY FURNISH THE FOLLOWING INFORMATION REGARDING BIDDER:

(1) If a Proprietorship

Name of Owner \_\_\_\_\_

Business Address \_\_\_\_\_

Zip Code \_\_\_\_\_ Telephone No. \_\_\_\_\_

Email \_\_\_\_\_

Home Address \_\_\_\_\_

Zip Code \_\_\_\_\_ Telephone No. \_\_\_\_\_

(2) If a Partnership, Full names and addresses of all partners

| <u>Name</u> | <u>Address</u> | <u>Zip Code</u> |
|-------------|----------------|-----------------|
|-------------|----------------|-----------------|

|       |
|-------|
| _____ |
| _____ |
| _____ |

Business Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Tel. No. \_\_\_\_\_

(3) If a Corporation

Full Legal Name: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_ Qualified in Massachusetts? Yes \_\_\_\_\_ No \_\_\_\_\_

Principal Place of Business \_\_\_\_\_  
Street P.O. Box

\_\_\_\_\_  
City/Town State Zip

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

Telephone No. \_\_\_\_\_

Place of Business in Massachusetts \_\_\_\_\_  
Street P.O. Box

\_\_\_\_\_  
City/Town State Zip

Telephone No. \_\_\_\_\_

GIVE THE FOLLOWING INFORMATION REGARDING SURETY COMPANY

Full Legal Name of Surety Company \_\_\_\_\_

State of Incorporation \_\_\_\_\_ Admitted in Massachusetts ? Yes \_\_\_\_\_ No \_\_\_\_\_

Principal Place of Business \_\_\_\_\_  
Street P.O. Box

\_\_\_\_\_  
City/Town State Zip

Place of Business in Massachusetts \_\_\_\_\_  
Street P.O. Box

\_\_\_\_\_  
City/Town State Zip

Telephone No. \_\_\_\_\_

NOTE:

The Office of the Attorney General, Washington, D.C. requires the following information on all bid proposals amounting to \$1,000.00 or more.

E.I. Number of bidder \_\_\_\_\_

This number is regularly used by companies when filing their "EMPLOYER'S FEDERAL TAX RETURN, U.S." Treasury Department Form 941.

AUTHORIZED SIGNATURE OF BIDDER \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

UNDER MASSACHUSETTS GENERAL LAWS, CHAPTER 30B: SECTION 10, THE FOLLOWING CERTIFICATION MUST BE PROVIDED:

Section 10. A person submitting a bid or a proposal for the procurement or disposal of supplies, or services to any governmental body shall certify in writing, on the bid or proposal, as follows:

"The undersigned certifies under penalties of perjury that this bid or proposal has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals."

(Please Print)

\_\_\_\_\_  
Name of Person Signing Bid

\_\_\_\_\_  
Signature of Person Signing Bid

\_\_\_\_\_  
Company

No award will be made without vendor certification of the above.

# **CITY OF WORCESTER**

## **REQUEST FOR PROPOSALS FOR HEALTH INSURANCE CONSULTING SERVICES**

**August 2025 – RFP #: CR-8517-W6**

# REQUEST FOR PROPOSALS

## GROUP HEALTH INSURANCE CONSULTING SERVICES

The City of Worcester is seeking proposals for group health insurance consulting services from qualified insurance consulting firms who have experience and expertise working with large Massachusetts governmental subdivisions. The City intends to award a contract to be effective for the period commencing in mid-September, 2025 and ending mid-September, 2026 with options to renew exercisable solely by the City for up to two (2) consecutive one-year terms.

### **I. OVERVIEW**

The City offers group health benefits to all eligible employees and retirees of both the City of Worcester and the Worcester Public Schools, inclusive of ten (10) unions. The following chart summarizes the plans offered, the estimated number of subscribers, the estimated annual cost and the funding arrangement based on premiums in effect as of July 1, 2025. The City self-funds many of its health insurance plans and purchases stop loss insurance for those plans. The dental and conventional health insurance plans are renewed on a fiscal basis (July 1). Medicare supplement health insurance plans are renewed annually on a calendar year basis (January 1). The City carves out its prescription drug benefit to a Pharmacy Benefit Manager (PBM) for conventional plans.

| PLAN                                  | ESTIMATED #<br>OF<br>SUBSCRIBERS<br>(I) | ESTIMATED #<br>OF<br>SUBSCRIBERS<br>(2P) | ESTIMATED #<br>OF<br>SUBSCRIBERS<br>(F) | ESTIMATED<br>ANNUAL COST |                              |
|---------------------------------------|-----------------------------------------|------------------------------------------|-----------------------------------------|--------------------------|------------------------------|
| BCBS Blue Freedom Low                 | 556                                     | 15                                       | 291                                     | \$ 607,065.12            |                              |
| BCBS Blue Freedom High                | 2740                                    | 1154                                     | 1613                                    | \$ 4,910,718.48          |                              |
| BCBS Blue Freedom High Plus           | 513                                     | 0                                        | 547                                     | \$ 1,178,703.48          |                              |
| BCBS Network Blue New<br>England      | 833                                     | 0                                        | 918                                     | \$ 44,436,493.80         | Conventional/Self-<br>funded |
| BCBS Network Blue Select              | 448                                     | 0                                        | 456                                     | \$ 17,725,993.92         | Conventional/Self-<br>funded |
| BCBS Preferred Blue Outside NE<br>PPO | 63                                      | 0                                        | 37                                      | \$ 2,448,237.84          | Conventional/Self-<br>funded |
| HPHC ChoiceNet                        | 736                                     | 0                                        | 1051                                    | \$ 40,325,908.08         | Conventional/Self-<br>funded |
| HPHC Focus                            | 504                                     | 0                                        | 345                                     | \$ 12,341,481.84         | Conventional/Self-<br>funded |
| HPHC High-Deductible w/HSA            | 85                                      | 0                                        | 100                                     | \$ 2,656,299.60          | Conventional/Self-<br>funded |

|                              |      |      |      |                   |                       |
|------------------------------|------|------|------|-------------------|-----------------------|
| BCBS Medex II w/PDP          | 2910 | 0    | 0    | \$ 14,491,800.00  | Medicare/Self-funded  |
| HPHC Medicare Enhanced       | 1029 | 0    | 0    | \$ 4,753,980.00   | Medicare/Self-funded  |
| Fallon Medicare Plus         | 128  | 0    | 0    | \$ 528,384.00     | Medicare/Fully-funded |
| Fallon Medicare Plus Central | 44   | 0    | 0    | \$ 144,672.00     | Medicare/Fully-funded |
| Tufts Medicare Preferred     | 224  | 0    | 0    | \$ 981,120.00     | Medicare/Fully-funded |
| <b>TOTAL MED (ACTIVE)</b>    | 2669 | 0    | 2907 | \$ 119,934,415.08 |                       |
| <b>TOTAL MED (MEDICARE)</b>  | 4335 | 0    | 0    | \$ 20,899,956.00  |                       |
| <b>TOTAL DEN</b>             | 3809 | 1169 | 2451 | \$ 6,696,487.08   |                       |

## II. DESCRIPTION OF SERVICES TO BE PROVIDED

1. General consulting and advisory services related to the day-to-day finance, operation and management of the City's group employee and retiree health and dental insurance programs.
2. Assist the City in development of long-range planning for health, prescription drug, and dental insurance programs.
3. Review and analysis of the underwriting relative to the annual renewal proposals by health insurance carriers/administrators, prescription drug providers, stop loss insurance contractors, and dental carriers with recommendations to the City regarding financial arrangement(s), rates, risk levels, payment arrangement, terms and conditions and related matters.
4. Solicit, review, analyze, compare, negotiate and make recommendations pertaining to proposals for new and replacement programs for group health insurance, prescription drug, stop loss insurance, and dental insurance programs.
5. Negotiate with health, prescription drug, and dental providers regarding rates and terms of contracts and other relevant matters.
6. Preparation of cost-benefit analysis of various benefit plan designs and insuring and financing options related to the group health benefit program.
7. Provide on-going assistance and recommendations in the management of the carved out prescription drug program for both the conventional and the non-carved prescription drug Medicare plans.

8. Advise City of changes in state and federal laws which may impact the cost and/or administration of City's benefit program; provide interpretations regarding compliance with these statutes.
9. Advise City on legal issues (e.g. MGL 32B, changes to federal and state regulations, matters subject to collective bargaining) relevant to health insurance.
10. Advise City on appropriate funding levels for insurance premiums and annual City budgets, including alternatives to existing carriers.
11. Track all active group premium plans as if they were self-funded and prepare quarterly financial reports to determine the impact of the funding arrangement.
12. Prepare materials outlining new or replacement programs which would be suitable for use in education of City officials, employees, retirees, union representatives and members of the Insurance Advisory Committee.
13. As needed, attend meetings of City employees, officials, union and the Insurance Advisory Committee (IAC) to explain annual renewal proposals and other related matters.
14. Ability to work in conjunction with other City Consultants on benefit-related matters.
15. Evaluate and advise the City on changes, available options, and future requirements of the Medicare Part D program and suggested plan designs that maximize the federal program benefits.
16. Provide support in developing communication in electronic and/or non-electronic format, on-site assistance with the performance of the City's annual open enrollment process and events, if requested.
17. Provide full COBRA administrative services per legal and City requirements.
18. Act as the Liaison between the City's health, dental, prescription drug, and stop loss vendors and the City.
19. In the liaison capacity, coordinate and facilitate all projects on behalf of the City. For example, within the last few years, the City added a High-Deductible Health Plan with a Health Savings Account. The consultant coordinated, facilitated and managed the whole project and advised the City periodically of the status of the project and when the City needed to make decisions on parts of the project.
20. Receive and analyze weekly reports for High claims and keeps City informed as claims approach stop loss levels.

21. Receive notices on members going through a transplant process. Coordinate data flow between Health care provider and stop loss carrier. All data with the health insurer and the stop loss carrier must flow through healthcare consultant and all documents are reviewed and forwarded to the City for authorization.
22. Review and analyze claims data from all Health Care providers in an effort to prepare reports for the City that comply with Health Insurance and Portability and Accountability Act.
23. Must review all SBC's Benefit Summaries, Schedules, and Member handbooks drafted by the carriers for the City's use.
24. Review and analyze all change notices from CVS Caremark, analyze the impact (if any) and make recommendations to the City. Compare changes to what is happening in the market prior to making recommendations to the City.
25. Periodically prepare a market analysis to include the GIS health insurance and other municipalities to ensure the City offers comparable health insurance with "like" plan designs.
26. The consultant must be able to receive monthly claims data from CVS Caremark, split and file the claims and send to Health Insurance carriers (BCBS and Harvard Pilgrim) their own respective information.
27. Must have access to compatible software programs with CVS Caremark, BCBS and Harvard Pilgrim. The consultant MUST be able to transfer electronic information to and from the above carriers for the City.
28. Coordinate with the Health Insurance Carriers and PBM to ensure eligibility files are in the correct format and not missing group numbers or members.
29. Facilitate an annual Stop Loss Request for Quotes process for the City.
30. Manage the quote process for stop loss from beginning to end with the City and make appropriate recommendations.
31. Manage the health and dental insurance RFQ processes for the City as necessary to include all aspects of the RFQ including analysis of bids, comparisons and recommendations, and negotiations.
32. Produce the following reports monthly: Financial Reports, Single Claims in Excess of Reports – this includes review of high medical and drug claims. High drug claims are tracked to monitor frequency, schedule and changing costs, and reinsurance history.
33. Produce Lag reports as necessary.

34. Attend health related vendor meetings. For example, provide expertise at Affordable Care meetings, on-site clinic meetings, specialty drug program meetings, prescription drug management meetings, employee health clinic meetings, and much more.
35. Advise the City on the Affordable Care Act: fees, employer requirements, procedures and deadlines. Determines the actual amount the City owes in ACA fees and able to provide backup to the government. Attends meetings at the city as needed to provide consultation.
36. Assists the City's Technical Service department to capture the data field needs for employer reporting requirements regarding the ACA laws.
37. File for City's Health Care Plan Identifier.
38. Calculate and prepare for the filing of PCORI fee tax form.
39. Inform the City of amendments to the Affordable Care Act that may impact the City's health insurance.
40. Facilitates any IRO (external appeals) as necessary with the carriers.
41. Provide ad hoc reporting as needed.
42. Ensure that there is one designated staff person for the City of Worcester who is reasonably available and expertly skilled in benefit consulting and aware of all City of Worcester issues and concerns.
43. Provide comprehensive data analytics that combine all medical and prescription drug claims, administrative and stop loss fees and data to provide the city with performance metrics and strategies to reduce costs and improve services.
44. Provide benefit plan eligibility guidelines for employees, retirees, dependents and surviving spouses and assistance in the drafting of compliance with federal and state statutes including Section 125 of the IRC
45. Assist the city in reviewing, negotiating, and executing legal documents and contracts with carriers.

### III. EVALUATION CRITERIA

Your proposal / plan of services must address each of the points under the minimum and comparative evaluation criteria.

A. Minimum Criteria/ Documents to be submitted with the bid:

**All proposals must satisfy all of the minimum criteria noted below in order to be considered for further evaluation. Proposals shall include information demonstrating compliance with each of these criteria.**

1. Please submit a statement that the consultant(s) does not sell or represent any specific insurance company.
2. The proposer must have at least 10 years of experience in providing the consulting services described in Section II above. This experience must include providing consulting services to at least 5 clients with plan enrollments greater than 2,000 (MA public entities are preferred). Please provide the names, address, contact person and number enrolled for clients which meet these minimum criteria.
3. The proposer must include the names and qualifications of all persons who will be assigned to work on the City's contract, as well as those who will not work directly on the account but who will be involved in a managerial, technical or legal oversight function. Briefly describe each person's tasks and responsibilities for this engagement and submit a professional resume for each individual. Please include any applicable insurance industry designations.
4. Please provide the names, addresses, contract information and resumes of all subcontractors that will assist you in this contract. Please explain in detail which tasks will be subcontracted.
5. The proposer must submit at least three (3) examples of health insurance consulting projects or programs developed and implemented by the proposer of comparable scope and size and complexity to this RFP (preferably large, public sector Massachusetts clients) which have resulted in cost reductions and/or implementation of new or alternative benefit delivery system. In your description please include project goals, team members who participated, work performed, and outcome. Please provide the client name, dates of engagement, client's address, contact person, and his/her telephone number.

6. The proposer must submit at least two (2) examples of Massachusetts PBM consulting projects or programs developed and implemented by the proposer of comparable scope and size and complexity to the RFP (preferably large, public sector clients). In your description please include project goals, team members who participated, work performed, and outcome. Please provide the client name, dates of engagement, client's address, contact person, and his/her telephone number.
7. The proposer must submit proof of the ability to provide COBRA administrative services that are compliant with legal and City requirements, including at least two (2) descriptive examples of services being provided to current MA Municipal clients.
8. Provide a sample of the budget reports that you will provide to the City of Worcester, including claim trends, cost projections, working rate calculations, and stop loss tracking/reimbursement reconciliation.
9. The proposer must be available to meet with City officials on a regular basis and at reasonable times and attend special meetings (including evenings) when requested by the City.
10. The proposer must certify as to the following: Proposer and any parent, subsidiary or affiliate of proposer does not currently earn or receive commission, fees, over-ride, compensation in any form or other discernable benefit, directly or indirectly, associated with this engagement, to be received by the consultant from the selected vendors or anyone associated with the vendor.
11. The proposer must have a working knowledge of and comply with all of the statutory provisions of M.G.L. Chapter 32B. Include a statement as to your experience and ability to provide services in this environment. Also, note your understanding of the City's responsibility to provide benefits for Medicare eligible as well as non-Medicare eligible retirees, and include a statement of your abilities relative to this coverage. Please include five examples of Massachusetts municipalities where you have provided this service. Please include name, contact number and information.
12. The proposer must provide a statement explaining any and all litigation pending against its firm.
13. The proposer must supply a complete list of clients (over 1000 subscribers) who have terminated a contract with you in the past 24 months.
14. The proposer must supply a complete list of current Massachusetts clients as of the date of this contract. Please include client name, address, employee count and the services provided.

15. The proposer must supply a complete list of current Massachusetts clients where the proposer provides large scale health insurance consulting projects or programs. Please include client name, address, employee count and services provided.
16. The proposer must supply a complete list of current Massachusetts clients where the proposer has provided PBM consulting projects or programs. Please include client name, address, employee count and services provided.

## B. Comparative Evaluation Criteria

Proposals meeting the minimum criteria will be further evaluated based on the comparative criteria noted below. Proposals shall include a narrative and other relevant information demonstrating the proposer's experience and knowledge with respect to these criteria.

The following section contains an explanation of the evaluation criteria which will be used in measuring the relative merits of each proposal which has met the minimum Criteria established in Section III.

Highly Advantageous – Proposal excels in the evaluation on specific criterion.

Advantageous – Proposal fully meets the evaluation standard which has been specified.

Not Advantageous – Proposal does not fully meet the evaluation standard, is incomplete or unclear, or both.

Unacceptable – Proposal does not meet the specific criterion, and is eliminated from further consideration.

There are four major areas that will be evaluated:

1. Experience and Expertise
2. Credentials/Qualifications/Examples of Consulting Service
3. Ability to Perform Services
4. Fee Proposal (submitted under separate cover)

### **1. Experience and expertise in providing services requested.**

|                      |                                                          |
|----------------------|----------------------------------------------------------|
| Highly Advantageous: | More than twenty (20) or more MA communities represented |
| Advantageous:        | Ten (10) or more MA communities represented              |
| Not Advantageous:    | Seven (7) or more MA communities represented             |
| Unacceptable:        | Less than Five (5) MA communities represented            |

### **2. Credentials, Qualifications and Examples of Consulting Service**

|                      |                                                                                                                                                                                   |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Highly Advantageous: | Actively involved in more than ten (10) large scale health insurance consulting projects or programs in Massachusetts and more than five (5) PBM consulting projects or programs. |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                   |                                                                                                                                                                                       |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Advantageous:     | Actively involved in more than five (5) large scale health insurance consulting projects or programs in Massachusetts and more than three (3) PBM consulting projects or programs.    |
| Not Advantageous: | Actively involved in more than three (3) large scale health insurance consulting projects or programs in Massachusetts and more than two (2) PBM consulting projects or programs.     |
| Unacceptable:     | Not actively involved in more than three (3) large scale health insurance consulting projects or programs in Massachusetts and more than two (2) PBM consulting projects or programs. |

**2A. Qualifications of professional Staff/subcontractors employed by the firm who will be assigned to this contract.**

|                      |                                         |
|----------------------|-----------------------------------------|
| Highly Advantageous: | Fifteen (15) or more years' experience. |
| Advantageous:        | Ten (10) or more years' experience.     |
| Not Advantageous:    | Five (5) or more years' experience.     |
| Unacceptable:        | Less than five (5) years' experience.   |

**3. Ability to perform Description of Services**

|                      |                                                                                                                                                                                   |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Highly Advantageous: | The proposer demonstrates ability to perform the scope of services in a manner that exceeds criteria. Proposer has a successful history of servicing contracts of our size/scope. |
| Advantageous:        | The proposer demonstrates ability to perform the scope of services in manner that meets the criteria. Proposer has some history in servicing contracts similar in size/scope.     |
| Not Advantageous:    | The proposer meets the minimum criteria but demonstrates limited ability to perform services of this size/scope.                                                                  |
| Unacceptable:        | The proposer meets the minimum criteria but demonstrates no ability to perform services of this size/scope.                                                                       |

#### 4. PRICE PROPOSAL

**Price proposals must be inclusive of all services outlined in Section II. FEE PROPOSAL (I)**

Consulting fee must be submitted as a flat fee, and must include basis for development of fee. Fee is to be billed on a monthly basis for the year beginning October, 2025.

Consulting fee effective for first annual contract period (approximately 9/15/25 – 9/14/26)

**\$\_\_\_\_\_ annual cost. (To be completed by bidder)**

\_\_\_\_\_  
Signature of person submitting proposal

Printed Name\_\_\_\_\_

Title\_\_\_\_\_

Company\_\_\_\_\_

Address\_\_\_\_\_

\_\_\_\_\_  
Phone\_\_\_\_\_

E-Mail\_\_\_\_\_

Date\_\_\_\_\_

**FEE PROPOSAL (I) continued**

**DISCLOSURE OF CONTRACT RENEWAL**

This contract may be renewed for a second year and third year at the sole discretion of the City of Worcester, the option of which will be determined at the end of the first contract year.

In no event will increase exceed \_\_\_\_\_ % for the second contract year (TO BE COMPLETED BY BIDDER)

In no event will increase exceed \_\_\_\_\_ % for the third contract year (TO BE COMPLETED BY BIDDER)

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Title

IF VENDOR DOES NOT WISH TO BE CONSIDERED FOR A SECOND YEAR OPTION,  
PLEASE INDICATE BY CHECKING THIS BOX. [ ]

IF VENDOR DOES NOT WISH TO BE CONSIDERED FOR A THIRD YEAR OPTION,  
PLEASE INDICATE BY CHECKING THIS BOX. [ ]

**IMPORTANT**

**It is understood and agreed, that a failure by the bidder to complete the above increase statement indicated the bidders intent to accept a second & third year option at zero (0) percent increase.**

**All other terms and conditions to remain the same.**