



COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS

Request for Information (RFI) Specifications

Employee Benefit/Health Insurance
Broker/Consultant

Return Proposal to:

Briana Wales-Thaxton, Vice President for People and Culture
Community Foundation of Western Massachusetts

bwales@communityfoundation.org

Subject Line:

RFI: Employee Benefit/Health Insurance Broker/Consultant 2024

Proposal Deadline: January 19, 2024 at 5:00 p.m. EST

Section 1 - Invitation for Proposal

The Community Foundation of Western Massachusetts (CFWM) has 29 employees and is seeking information regarding brokerage and/or consulting services to inform and negotiate with vendors for the employee health and wellness benefits program.

Our health plan participants (approximate numbers):

- 28.5 eligible employees
- 0 eligible retirees
- 31 eligible spouses/children/family members

Our benefit plans run on an yearly basis from April 1 – March 31.

CFWM currently offers the following benefits:

- **Health Insurance:** The Community Foundation is committed to providing adequate health insurance to any employee whose work schedule consists of 20 hours or more of service per week and completes one month of service. For those employees electing single coverage, the Foundation will pay 90% of the lowest priced option offered for such coverage. For those employees not electing single coverage, the Foundation will pay 80% of the cost of the lowest priced option offered for the coverage elected by the employee (family, child(ren) or spousal only). The Foundation will prorate any contributions it makes to this plan for those eligible employees whose normal work schedule is more than 19 hours per week and less than 40 hours per week.
 - Our current insurance carrier, Health New England, offers several health and wellness benefits including wellness reimbursements for things such as CSA and gym memberships, in network acupuncture, chiropractic care, and massage therapy. Please see full plan summary for details.
- **Dental and Vision Insurance:** Combined dental and vision insurance is provided on an elective basis to those employees whose work schedule consists of 20 hours or more of service per week and after completing one month of service. The Foundation will pay 50% of the cost of both single and family coverage, while the employee is responsible for the remaining 50%. The Foundation will prorate any contribution it makes to this plan for those eligible employees whose normal work schedule is more than 19 hours per week and less than 40 hours per week.
- **Prescription Drug Savings:** The Foundation offers Inside Rx Prescription Savings Plan at no cost to all employees regardless of their enrollment in our health insurance plan.
- **Health Reimbursement Account:** Eligible employees who opt into the health insurance plan will automatically be enrolled into a health reimbursement account to cover the latter portion of the insurance plan's deductible up to \$1,000 for individual plans and \$2,000 for any other plans.
- **Flexible Compensation Plan:** The Foundation offers a "Flexible Compensation Plan" for all employees whose work schedule consists of 20 hours or more of service per week and completes one month of service. In general, this plan allows you to redirect a portion of your salary to pay for health and dental insurance premiums

under the Foundation's group plans. In addition, this plan also allows you to set aside a portion of your salary to reimburse you for direct medical and dependent care expenses.

- **Life Insurance:** Life insurance is provided and is equal to an annual salary up to \$50,000, at no cost, to all employees whose work schedule consists of 20 hours or more of service per week and after completing of one month of service.
- **Short Term Disability Insurance:** Coverage is provided at no cost to all employees whose work schedule consists of 20 hours of service per week and after completing of one month of service. In general, this coverage provides salary continuation equal to 60% of each covered employee's weekly income for 12 weeks not to exceed \$2,000/week.
- **Long Term Disability Insurance:** Coverage is provided at no cost to all employees whose work schedule consists of 20 hours or more of service per week after completing one month of service. In general, this insurance policy provides salary continuation equal to 60% of each employee's monthly salary up to age 65 but only after the first 3 months of disability.

Since 1991, the Community Foundation of Western Massachusetts has connected generous people with the needs of our region. From strengthening local nonprofits to helping area students reach their educational goals, we partner, plan, and collaborate to make sure that local philanthropy has a real impact. CFWM office is located at 333 Bridge St. in Springfield, MA, and we serve Hamden, Hampshire, and Franklin Counties. You can learn more about us at <https://communityfoundation.org/>

We are looking for information to inform us of current trends in employee health and wellness benefits for small nonprofit organizations that consider cost effectiveness while continuing to provide an equitable, inclusive, and comprehensive employee benefit plan that attracts quality applicants and retains valued staff. We aim to support our team in achieving and maintaining a healthy work/life balance where all staff can continue to do an excellent job and still find the time to balance the rest of life's demands so that we can all rest, recharge, and be well.

Additionally, we seek a firm that can monitor and advise on all state and federal compliance mandates, monitor the employee benefits industry, and recommend alternatives which will help limit our financial exposure.

Section 2 - General Conditions and Instructions

Please read the RFI and related information carefully. You are invited to respond to our request. Upon completion of the RFI, email responses to Briana Wales-Thaxton, VP for People and Culture at bwales@communityfoundation.org with the subject line: RFI: Employee Benefit/Health Insurance Broker/Consultant 2024

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CFWM appreciates your participation in the RFI process and looks forward to receiving your response. Should you have any questions or concerns regarding this RFI, please contact:

Briana Wales-Thaxton, Vice President for People and Culture
Community Foundation of Western Massachusetts
bwales@communityfoundation.org

Each question under sections 3-5 require a written response. Responses to questions should be concise and stand on their own.

EEOC Statement: The Community Foundation of Western Massachusetts is an equal employment opportunity employer and does not discriminate on the basis of race, characteristics historically associated with race, color, religion, national origin, sex, ancestry, age, sexual orientation, gender identity, disability, military service, citizenship, or genetic information.

Section 3 - Company Information

- a. State the full name and home office address of your business.
- b. List the name, title, mailing address, telephone number, and e-mail address of the contact person for this proposal.
- c. Describe your organizational structure (e.g., publicly held corporation, private non-profit, partnership, etc.). If it is incorporated, include the state in which it is incorporated.
- d. List the name and occupation of those individuals serving on your organization's board of directors, parent company, and list the name and entity of or person owning 10% or more of your organization.
- e. Provide an outline of the company's background and experience in providing consulting/brokerage services. Include:
 1. When your business was established
 2. Describe your company and the services your company provides
 3. Indicate the number and location of offices of your company
 4. Indicate the location of the office that would service our account
 5. Describe any relevant affiliations
 6. Have any recent changes in ownership occurred?
 7. Are there any pending or anticipated ownership or leadership changes?
- f. What percent of your current clients are small non-profits with less than 50 employees?
- g. What is your client retention rate?
- h. How do you measure client satisfaction?
- i. What is your organization's service philosophy?
- j. What is your customer service philosophy?

Section 4 - Expertise

- a. Describe the issues and challenges, as you view them, facing CFWM Benefit and Wellness Plans in the upcoming year and how your company typically addresses such challenges.
- b. Explain why your company is uniquely qualified to provide benefit consulting/brokerage services to CFWM and what single qualification best differentiates your organization from other providers in the marketplace.
- c. Diversity, equity, and inclusion:
 1. Describe how your company has prioritized diversity, equity, and inclusion in your business and brokerage services.
 2. Describe how your company addresses equitable and inclusive access to health and wellness benefits that culturally responsive and consider the specific needs of people of color, people with disabilities including the neurodiverse community, and members of other historically marginalized groups.
- d. Service Team
 1. Include brief biographies of each individual team member to include the following:
 - i. Length of time with your business
 - ii. Prior consulting/benefit industry experience
 - iii. Educational background and professional designations/certifications
 - iv. Describe each team member's responsibilities
 - v. On average, number of clients assigned to the team member
- e. Do you have in-house attorneys or legal advisors who provide counsel to your clients? If so, are there additional fees for the services?
- f. Explain your ability to monitor regulatory and legislative developments on the federal and state level that may impact our benefit plans.
 1. How does your firm typically disseminate this information to clients?
 2. Do you publish newsletters and other informative publications that are routinely provided to your clients?
- g. What other types of People Operations and/or Human Resources support services do you offer?
- h. What strategies has your company used to support a reduction in the employer's net cost while continuing to provide equitable and inclusive health and wellness benefits programs?

Section 5 – Additional Experience

a. Client information

1. Provide the current number of clients serviced by your company as a whole
2. Describe the geographic areas that you serve nationally
3. Provide the current number of clients serviced by the office that would be servicing our account.
4. Do you have experience working with clients of similar size in Massachusetts
 - i. If so, how many.
5. Describe 2-3 experiences with clients similar in size and industry where your organization helped them:
 - i. Negotiate a lower rate during renewal
 - ii. Restructure their plan

Please note that formal presentations may be welcomed for CFWM to learn more about the services that you provide. Information collected in the RFI may or may not be used to help us determine how we choose a broker for our health and wellness benefits program.

Signatures

Business Name

Signature of Authorized Agent

Address

Name of Agent

City, State Zip

Phone

Date