



November 25, 2024

Table of Contents

Statement of Purpose	1
Process Schedule	1
Background of APTA	1
Overview of Current APTA Benefits	2
Scope of Services	5
Employee Benefit Broker RFP Responses	6
References	7
Evaluation Process	8

REQUEST FOR PROPOSALS

Employee Benefits Brokerage and Consulting Services

Statement of Purpose

APTA is seeking a benefits brokerage firm to perform the full range of services related to the design, implementation, maintenance and improvement of our employee benefits insurance programs. Interested brokers/consultants are invited to submit proposals in accordance with the schedule below.

Please submit one original and one electronic copy to the following address:

Shelley Taggart Kee
Vice President, Human Resources and Administration
American Public Transportation Association (APTA)
1300 I Street, NW, Suite 1200 East
Washington, DC 20005
202-496-4801
skee@apta.com

Ms. Kee is also available to respond to any questions you may have regarding this procurement.

Process Schedule Objectives

Activity	Date
RFP Distribution	Monday, November 25, 2024
RFP Responses Due	Friday, December 20, 2024
Broker Presentations	Monday – Friday, January 13 - 17, 2025
Select Broker / Consultant	Friday, January 24, 2025
Relationship Effective Date	Monday, February 3, 2025

Background of APTA

The American Public Transportation Association (APTA) is a trade association representing the public transportation industry. Its more than 1,600 member organizations include bus, rail transit, commuter rail systems, and intercity passenger rail, as well as organizations responsible for planning, designing, constructing, financing, and operating transit systems. APTA members also include business organizations which supply products and services to the transit industry, academic institutions, and public interest groups. APTA employs some 70 full-time employees, virtually all of whom report to the office in Washington, DC.

Overview of Current APTA Benefits

APTA offers the following menu of benefits to its employees. Our fiscal year starts July 1.

Medical Plan – CareFirst

	BlueChoice Advantage Option 16
In-Network	
Office Visit PCP/ Spec	\$20 / \$30
I/P	\$300
ER	\$250
Deductible	\$500
Coinsurance	0%
Out of Pocket	\$1,000
Out-of-Network	
Deductible	\$1,000
Coinsurance	20%
Out of Pocket	\$2,000
Pharmacy	
Retail Generic/ Preferred Brand/ Non-Preferred Brand	\$10/25/45
Retail Preferred Specialty	50% Coinsurance \$100 Max
Retail Non-Preferred Specialty	50% Coinsurance \$150 Max
Deductible	\$0
Out of Pocket	Integrated
Enrollment	
Individual	31
Individual & Adult	4
Individual & Child(ren)	4
Family	12
Comp To Med	0
Total	51

Dental /Vision Plan – CareFirst

	BlueDental Plus (PPO Fee Schedule) Plan
	\$2,000 Annual Maximum
	Class I: 100% (100%) Coinsurance \$0 Deductible
	Class II: 80% (80%) Coinsurance \$25 (\$50) Deductible
	Class III: 80% (80%) Coinsurance \$25 (\$50) Deductible
	Class IV: 50% (50%) Coinsurance \$25 (\$50) Deductible
	Class V Ortho: 50% (50%) Coinsurance \$1,500 Maximum
Non-Parallel Enrollment	
Individual	31
Individual & Adult	5
Individual & Child(ren)	2
Family	14
Comp To Med	0
Total	52

Vision Plan – GVS

Benefits from a GVS Select Network Provider		Member Copay
Vision Examination – includes dilation as indicated.	Once Every 12 Months*	\$ 20.00
Eyeglass Lenses - single vision, bifocal, or trifocal in standard/basic plastic w/Standard Scratch Resistance.	Once Every 12 Months*	\$ 20.00
Frame – covered in full up to a \$ 130.00 retail value. Members receive 20% off balance for selection costing more than the plan allowance. *** Glasses also available through glasses.com	Once Every 12 Months*	\$0.00
Contact Lenses - in lieu of spectacle lenses (does not include fitting and follow-up) • Elective – Disposable or Conventional, covered in full up to \$ 130.00 Allowance. Conventional lenses: members receive 15% discount off balance over plan allowance. *** Contacts also available through contactsdirect.com • Medically Necessary – Covered in full up to \$ 250.00	Once Every 12 Months*	\$0.00
Hearing Exam – a hearing indemnity benefit of \$70.00. If an EPIC provider (otolaryngologists and audiologists) is utilized, the exam is covered in full. Adults 18+ Children age 0-17	Once Every 24 Months Once Every 12 Months	N/A
Hearing Aid (per ear) –If a member uses an EPIC Provider –EPIC has negotiated a 30-60% discount off the Manufacturer’s Suggested Retail Price (MSRP) for hearing aids however, member may seek services from any		N/A

Life Insurance / AD&D – Mutual of Omaha

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

Eligibility Requirement	You must be actively working a minimum of 22.5 hours per week to be eligible for coverage.
Premium Payment	The premiums for this insurance are paid in full by the policyholder. There is no cost to you for this insurance.

BENEFITS

Life Insurance Benefit Amount	For You: An amount equal to 2 times your annual salary, but in no event less than \$10,000 or more than \$450,000 In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.
Accidental Death & Dismemberment (AD&D) Benefit Amount	For You: The Principal Sum amount is equal to the amount of your life insurance benefit.

SERVICES

Travel Assistance	The Travel Assistance program is an added benefit that provides assistance for your travels over 100 miles away from home or outside the country.
Hearing Discount Program	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.
Will Prep Services	We work with Epoq, Inc. to offer employees online will prep tools. In just a few clicks you can complete a basic will or other documents to protect your family and property. To get started visit www.willprepservices.com .

Voluntary Term Life Insurance / Mutual of Omaha

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

Eligibility Requirement	You must be actively working a minimum of 22.5 hours per week to be eligible for coverage.
Dependent Eligibility Requirement	To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.
Premium Payment	The premiums for this insurance are paid in full by you.

COVERAGE GUIDELINES

	Minimum	Guarantee Issue	Maximum
For You	\$10,000	5 times annual salary, up to \$100,000	\$500,000, in increments of \$10,000, but no more than 5 times annual salary
Spouse	\$5,000	100% of employee's benefit, up to \$25,000	100% of employee's benefit, up to \$250,000
Children	\$2,000	100% of employee's benefit	100% of employee's benefit, up to \$10,000

Short-term Disability – Mutual of Omaha

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES	
Eligibility Requirement	You must be actively working a minimum of 22.5 hours per week to be eligible for coverage.
Premium Payment	The premiums for this insurance are paid in full by the policyholder. There is no cost to you for this insurance.
BENEFITS	
Elimination Period	If you become disabled, there is an elimination period before benefits are payable. Your benefits begin: <ul style="list-style-type: none"> • On the 15th day of your disabling injury. • On the 15th day of your disabling illness.
Weekly Benefit	Your benefit is equivalent to 66 2/3% of your before-tax weekly earnings, not to exceed the plan's maximum weekly benefit amount less other income sources.
Maximum Benefit Period	Up to 11 weeks
Maximum Weekly Benefit	\$2,500
Minimum Weekly Benefit	None
Partial Disability Benefits	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits, which will help supplement your income until you are able to return to work full-time.

Long-term Disability – Mutual of Omaha

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES	
Eligibility Requirement	You must be actively working a minimum of 22.5 hours per week to be eligible for coverage.
Premium Payment	The premiums for this insurance are paid in full by the policyholder. There is no cost to you for this insurance.
BENEFITS	
Elimination Period	Your benefits begin on the later of 90 calendar days after the onset of your disabling injury or illness or the date your short term disability ends.
Monthly Benefit	Your benefit is equivalent to 66 2/3% of your before-tax monthly earnings, not to exceed the plan's maximum monthly benefit amount less other income sources. The premium for your long-term disability coverage is waived while you are receiving benefits.
Maximum Monthly Benefit	\$12,000
Minimum Monthly Benefit	\$100
Maximum Benefit Period	If you become disabled prior to age 62, benefits are payable to age 65, your Social Security Normal Retirement Age or 3.5 years, whichever is longest. At age 62 (and older), the benefit period will be based on a reduced duration schedule.

Additional Benefits	
Long-Term Care Insurance	Unum
Flexible Spending Plan	Integrity
Legal Assistance	Legal Resources
Employee Assistance Program	Mutual of Omaha

Scope of Services

APTA is looking for a benefits partner that can provide professional, highly qualified benefits guidance and services. This includes, but is not limited to:

- Developing short- and long-range employee benefit goals and strategies.
- Partnering with Human Resources in the administration of all group insurance plans including responding to questions from and providing information to staff and providing other benefits-related advisory services throughout the plan year.
- Reviewing and analyzing claims experience, claim service, and claim administration to ensure maximum benefit to APTA (if applicable).
- Determining and recommending the most cost-efficient funding methods for benefit programs.
- Preparing bid specifications and solicit proposals, as needed, from insurance markets that specialize in group insurance plans.
- Evaluating bids and bidders, including administration, coverage, claim payment procedures, customer service, networks and financial solvency.
- Providing APTA with in-depth analysis of proposed alternatives and assisting with the process of selecting and negotiating the most favorable annual renewal options.
- Apprising APTA of local and national benefit trends and provide benchmark survey data to help calibrate program offerings with employee and employer costs compared to similar organizations.
- Meeting with and providing reports and presentations to various APTA representatives, including Senior Executives, if requested.
- Assisting APTA with the implementation and communication of new programs or changes to existing programs, which may include attending and presenting information at Open Enrollment meetings when requested.
- Working closely with the HR team to develop and execute the benefits of communication strategy.
- Partnering with APTA to effectively manage the vendors that provide insurance or related services.
- Acting as advisor on issues such as discrimination testing, 5500 filing, Section 125, COBRA, HIPAA, Medicare, FMLA, etc. Provide overall guidance to APTA with Health and Welfare regulatory compliance.
- Research and reporting on any new developments in the employee benefits arena on an ongoing basis.
- Recommending innovative ideas and new products, programs and services to ensure a competitive, valued and cost-effective benefits program.
- Introducing proven programs and ideas to aggressively manage healthcare costs.
- Introducing proven programs and ideas to enhance APTA's culture and improve employee productivity and morale.

Employee Benefit Broker RFP Responses

In response to this request, please include a letter of transmittal, briefly stating your understanding of the work to be done and if the work can be performed as specified in this request.

We also request the following information:

Include a **table of contents**, clearly identifying the material by section and page number.

General Information

1. Briefly describe your company's organization including size, volume of business, locations, business philosophy, and provide a brief history .	
2. Detail your company's experience in providing the services requested to companies in the non-profit space , in particular associations of a comparable size to APTA. How many of those are in the DC metro area?	
3. Discuss any recent or impending changes in your organization that could impact on the delivery of services.	

Account Management, Enrollment, and Communication

1. Describe the proposed team that would work with APTA and provide information about the qualifications and expertise of each team member. Describe your approach to how your team is trained?	
2. What is your service model/philosophy and what makes your team uniquely qualified to handle our account?	
3. Provide an overview of your account support and administration services , including how often your team meets with your clients and for what purposes. Do you have a method to gauge client satisfaction ? How do you maintain providing excellent service to long-term clients?	
4. Describe your capabilities in ongoing plan performance monitoring , plan performance forecasting, claims experience analysis, benchmarking and reporting.	
5. Describe your open Enrollment , ongoing enrollments, and communication approaches. Describe any technology-based approaches and, as applicable, additional costs. What sort of assistance would you be able to provide regarding invoice reconciliation ?	
6. What ongoing employee education and communication services do you offer for your clients' employees? Please provide a general description of your capabilities. Please also provide sample employee communication materials which you have distributed to other clients.	
7. What services do you provide employees , such as claims assistance and/or understanding benefit options? In what ways may employees contact you ? Which services do you require the organization or carrier to handle?	

Benefit Planning

1. Describe your process and resources to help us manage our benefits. Outline a benefits strategy to enhance our competitiveness. Describe attributes that make you a valuable strategic partner.	
2. Describe your process for negotiating renewals . Be prepared to share examples of your success in negotiating renewals.	

Other Services

1. Does your firm provide general Human Resources consulting services and/or support?	
2. Describe any programs that you provide to your clients that foster employee wellness .	
3. Describe any additional service options that you may be able to provide.	

Legislative / Compliance

1. How do you support your clients in ensuring their employee benefits programs remain compliant with all federal and state laws ? In addition, do you provide regular information to keep your clients informed through newsletters, webinars, etc ?	
2. Do you have in-house legal advisors or outside counsel who provide guidance to you and your clients?	
3. Do you assist clients in the preparation of their Form 5500s and Summary Annual Reports? Is there a cost for these services?	

Compensation

1. Describe how you expect to be compensated for the services outlined in this proposal. State your philosophy of compensation disclosure .	
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Transition

1. If your firm is selected, how would you propose we transition our account ? Please share a transition timeline.	
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References

Please provide three references from current clients, preferably of similar size and/or need and complexity to APTA. For each reference please include:

- Number of employees
- Number/type of plans
- Length of servicing relationship
- Contact name, title, and phone number

Evaluation Process

The proposal will be reviewed and scored by a proposal review team. Based on the results of the review, firms may be selected for in-person interviews.

A final selection will be made of the candidate best qualified to accomplish the objectives and will be based on scores derived from the interview as well as the proposals.

Response

Submit response electronically by 5 PM EST on December 20, 2024. We would also appreciate a response if you decline to submit a proposal.

In-Person Presentations

Based on the written proposal, your company may be asked to provide an in-person presentation. If asked, please plan to include an introduction of key engagement personnel, an outline of how they plan to execute the scope of work, and an opportunity for the organization to ask questions to aid in the final selection.