

# REQUEST FOR PROPOSALS For EMPLOYEE BENEFITS INSURANCE BROKER AND CONSULTING SERVICES

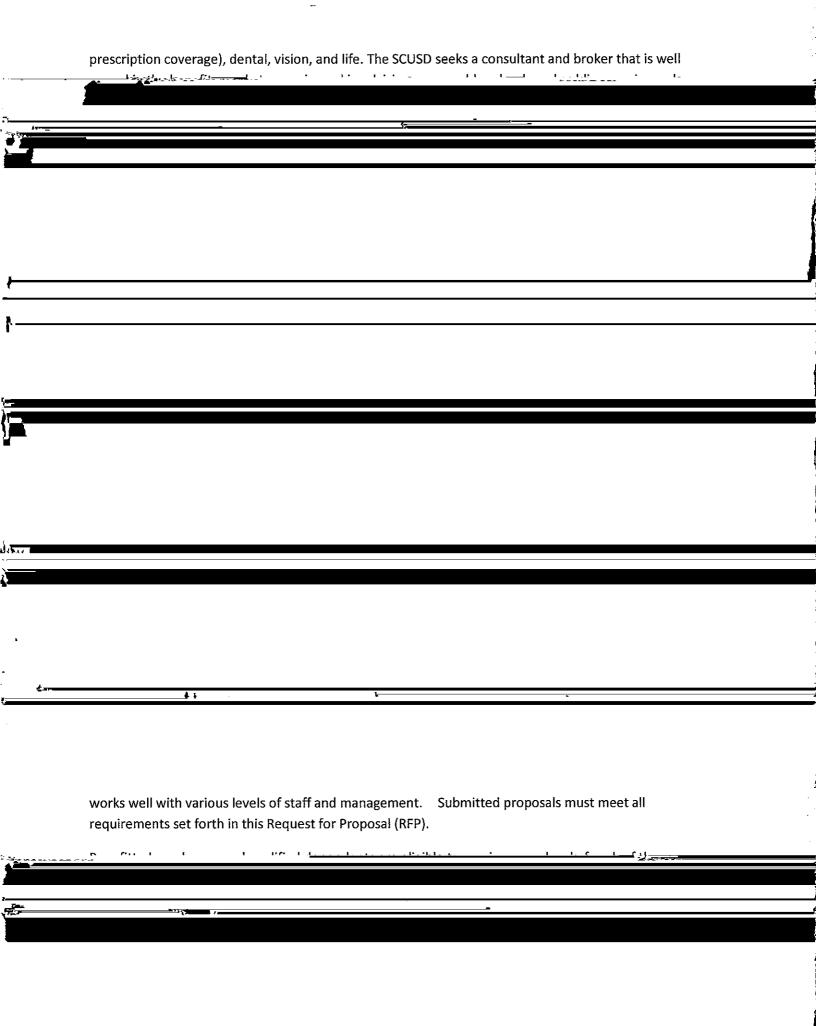
Request for Proposals Issued: October 6, 2011

Deadline for Submittal of Proposals: November 4, 2011

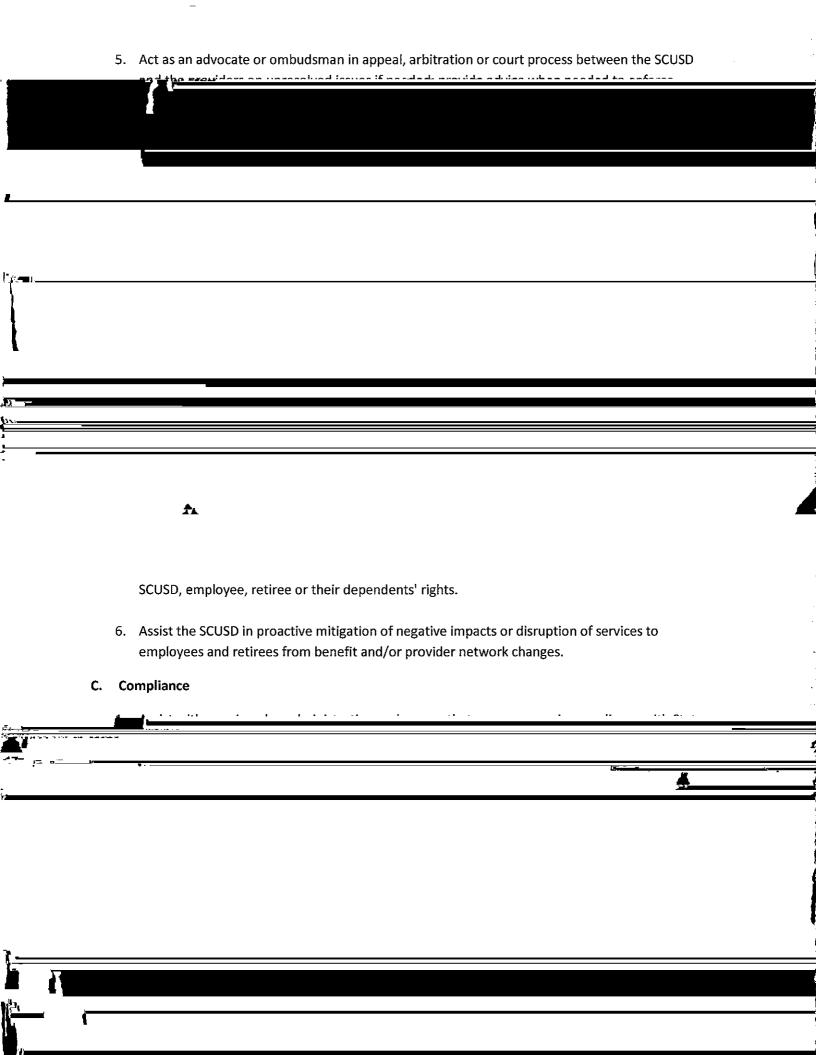
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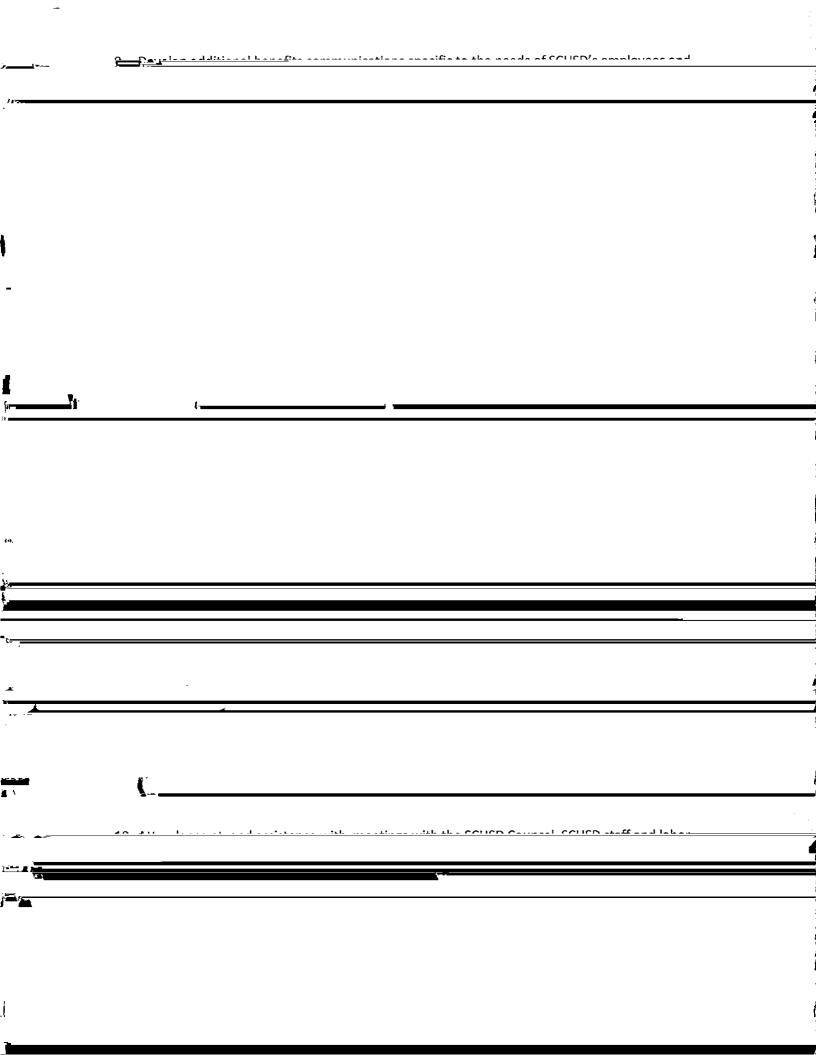
# SACRAMENTO CITY UNIFIED SCHOOL DISTRICT REQUEST FOR PROPOSALS FOR I. BACKGROUND The Sacramento City Unified School District (SCUSD) is located in the state capital of California. Sacramento is in the heart of the historic gold country, with equal access to the mountains, ocean and the San Francisco bay area. ķ.

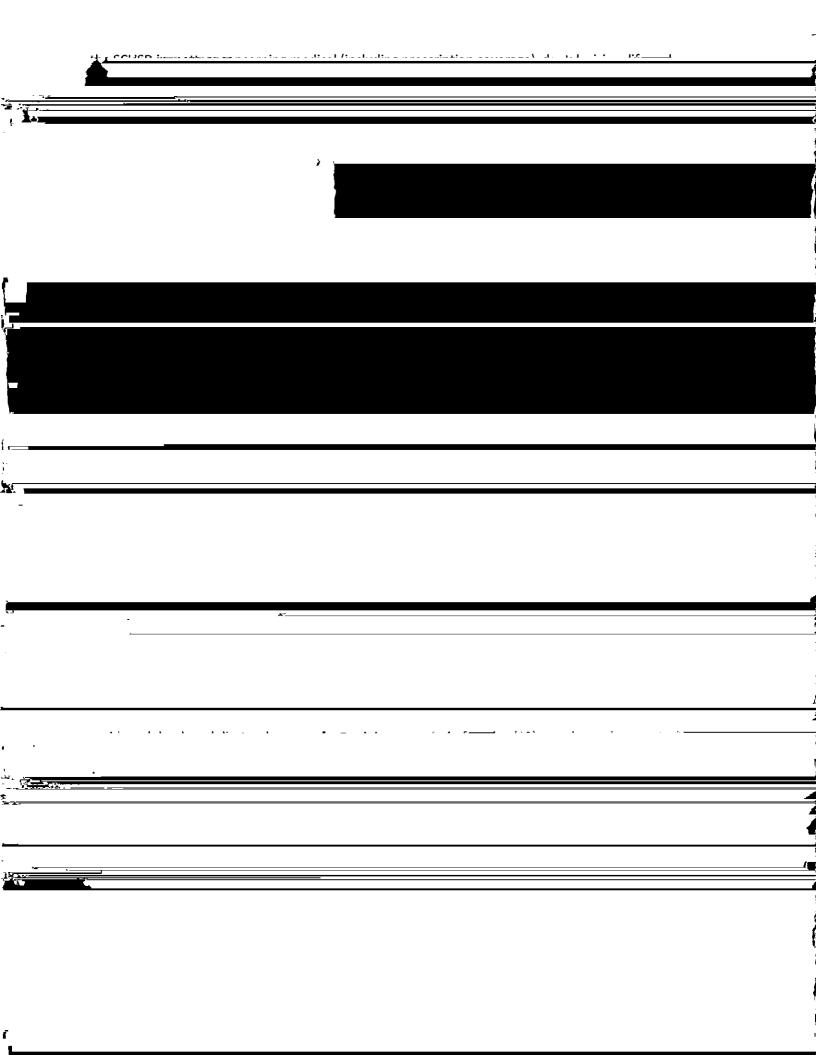


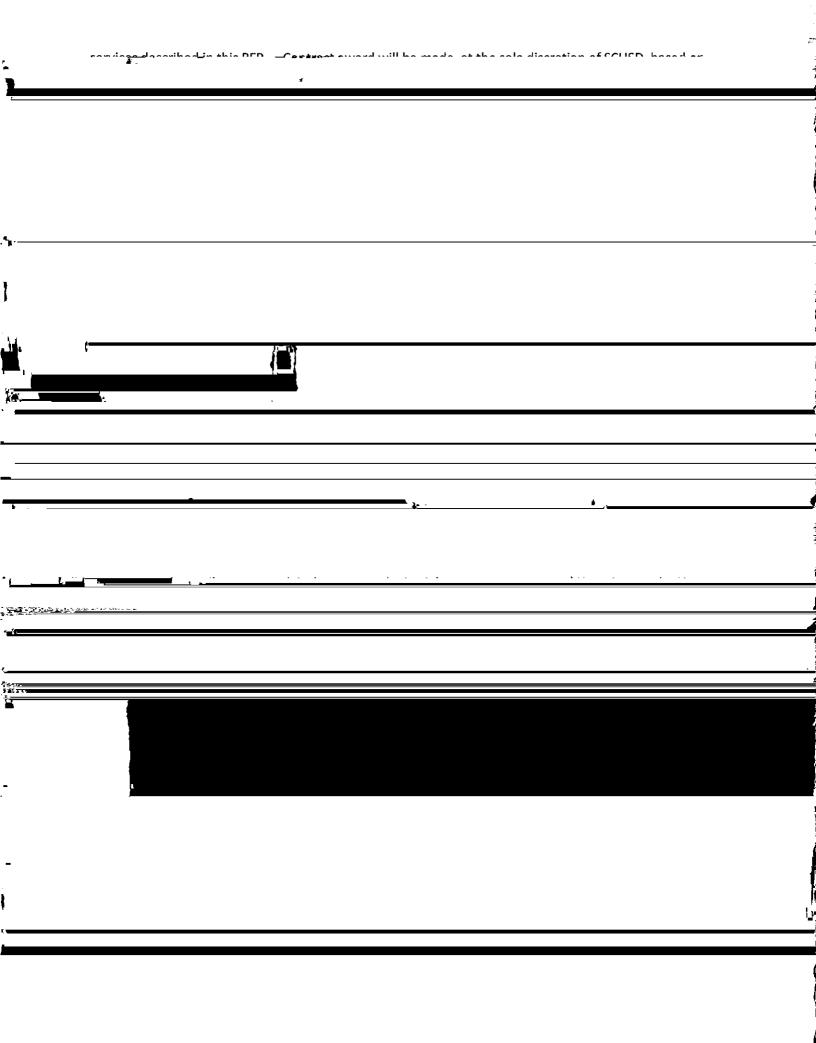
2. Assist in the development of long-range goals and strategies, including making projections of potential savings. 3. Provide analysis and recommendations based on utilization and performance reports, statistical and/or financial reports, and plan specific data.



	7. Make recommendations for items of negotiation with providers, including, but not limited to, benefit levels and plan design, premiums, quality of service, performance measures and guarantees, and return on investment, where applicable.	
	8. Prepare specifications and compile data, obtain quotes and proposals, negotiate rates and analyze and compare proposals.	
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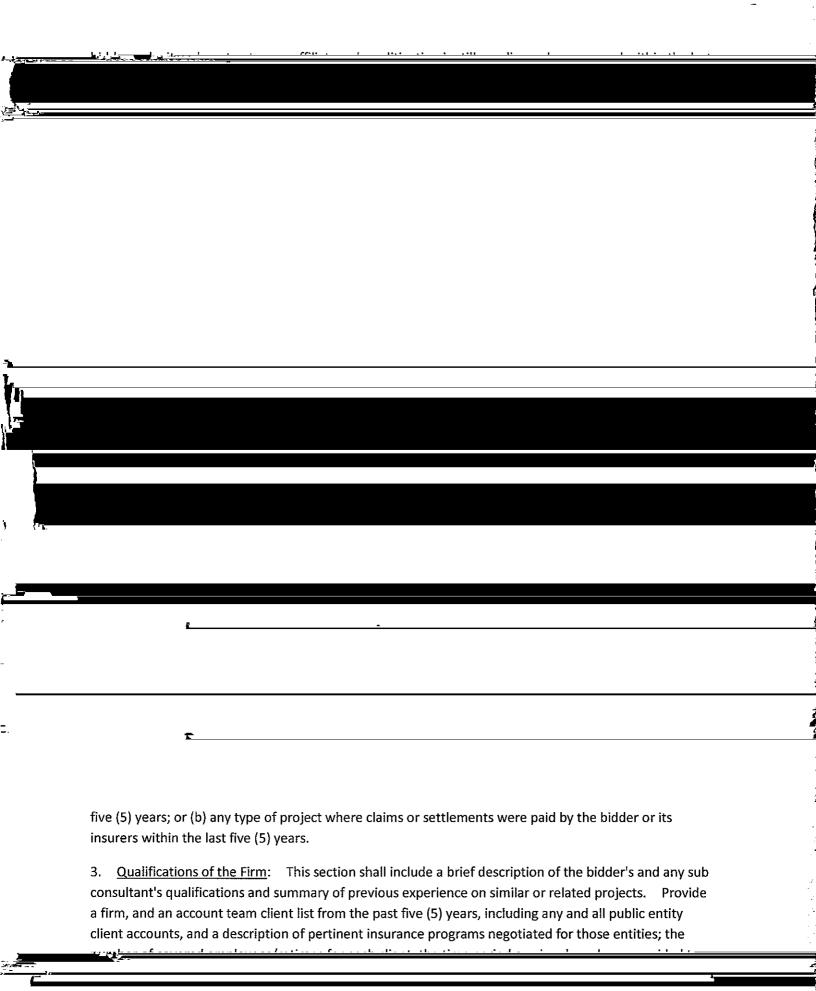




# V. <u>BIDDER'S MINIMUM QUALIFICATIONS</u>

A.	Qualifications	of the Firm
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•	The bidder shall have at least five (5) consecutive years of experience in California providing
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	provided such services to jurisdictions whose service populations are similar in size and complexity to SCUSD.
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		such as legal counsel, communications, technology support or others.
		e. A sample work plan for insurance renewal and negotiations.
	6.	Client Communication: Describe the following:
		a. Proposal to maintain open and prompt communication with employees, retirees and SCUSD
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		b. Proposal to maintain open and prompt communication with all SCUSD staff involved in
		benefit issues.
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	This	s section shall include the bidder's price for performing the services discussed in the scope of work.
		s section shall include the bidder's price for performing the services discussed in the scope of work.  ude a comprehensive specific description indicating how the firm would price SCUSD's account and
	Incl the	ude a comprehensive specific description indicating how the firm would price SCUSD's account and estimated annual cost of the services. Indicate whether pricing is based on an annual fee, fee for
	Inclu the serv	ude a comprehensive specific description indicating how the firm would price SCUSD's account and estimated annual cost of the services. Indicate whether pricing is based on an annual fee, fee for vice, commission or a combination of two or more. Include any and all commissions and fees that
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d. A description of technical or professional support available at no extra cost through the firm,

Identify and describe any parent or affiliated companies and/or joint ventures. Please discuss any potential conflict of interest with consulting/management that may occur as a result of your firm's relationship with such affiliates and/or joint ventures.

### VII. EVALUATION AND SELECTION

### A. Evaluation Criteria

In addition to the degree to which the bidder responds to the specifications of this Request for Proposal, the following criteria will be used to, but may not be limited to, evaluate proposals:

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# C. Award extent of services to be rendered and for the method of compensation. Because the SCUSD may and the state of the second T.A.

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	Insurance, deductibles or self-insurance retentions shall be subject to SCUSD's approval. Original	
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### **ATTACHMENT A**

### **GENERAL INFORMATION FORM**

(To be completed by the bidder and placed at the front of your proposal)

	Legal Name of Firm:
	Street Address Firm's :
	City/State/Zip Firm's:
	Firm's Telephone Number:
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	Web Site Address:
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	Business License (documented) Taxpayer ID Number (Federal):
	Name and Title of Project Manager:

Name Title and Phone Number of Person Project Correspondence Should be Directed to:

### **ATTACHMENT B**

### STAFFING PROPOSAL

List of proposed staff to be dedicated to the District's account and their ability to meet the District's needs based on the scope of work. Attach each person's company history and biographies/resumés. Use additional sheets if necessary.

Proposed Staff Name(s) and Title(s)	Brief Description of Areas of Responsibility	Brief Description of Education, Experience and Professional Qualifications  Brief Description of Similar Clients/Program Currently Assigned To			

### ATTACHMENT C

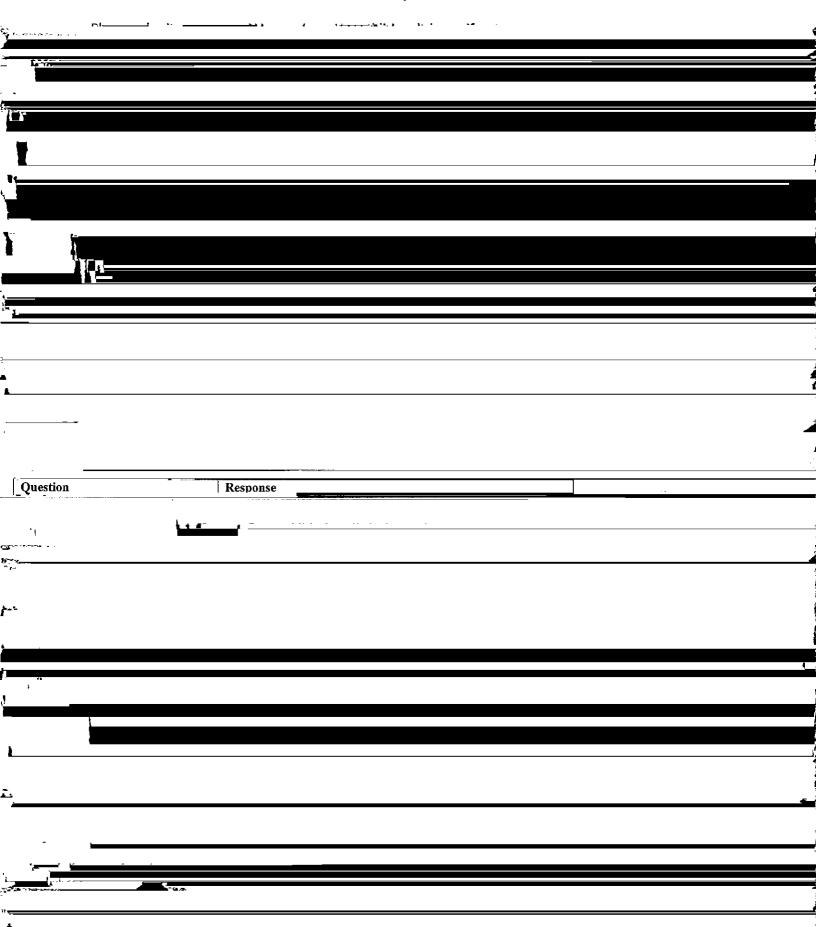
### **CLIENT REFERENCES**

Instructions: Provide at least three current and two past California clients. At least two of these clients should be schools or public entities. Copy this form as appropriate.

	Name of Client:				
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# ATTACHMENT D

# **CONSULTANT QUESTIONNAIRE**

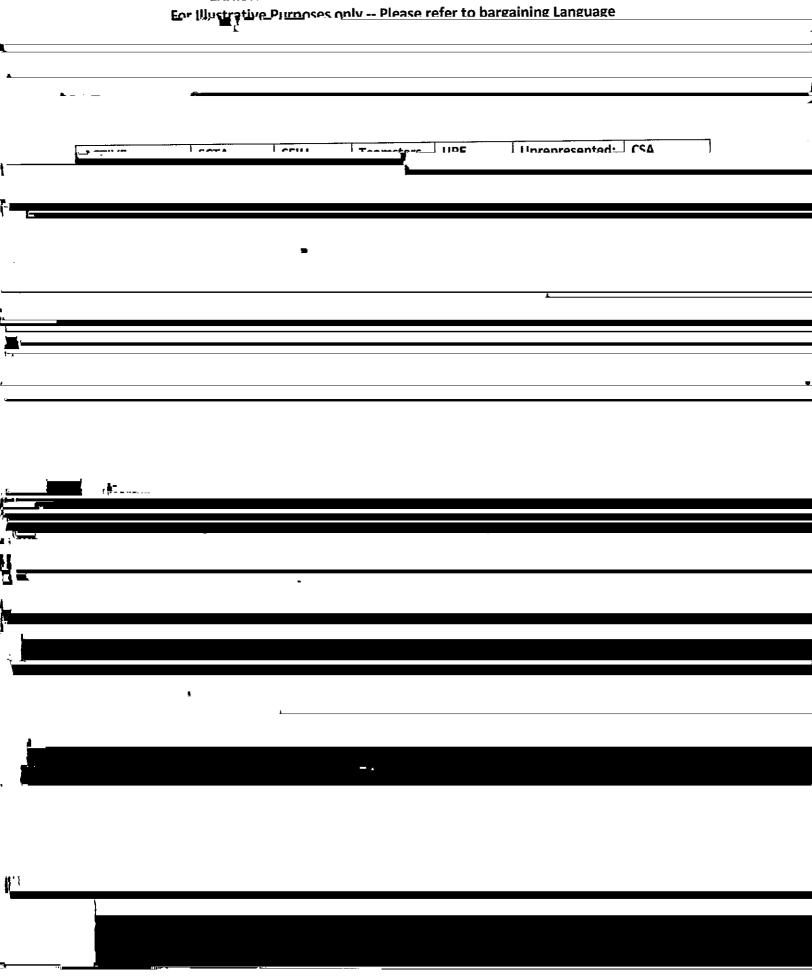


	decisions on behalf of your firm?	
	18. Tell us how you monitor and report on provider performance. Provide a sample of provider performance reports your firm has completed for	
	performance. Provide a sample of provider	
	current clients.	
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# EXHIBIT A - ACTIVE EMPLOYEE AND RETIREE SUMMARY For Illustrative Purposes only -- Please refer to bargaining Language

	ACTIVE EMPLOYEES	SCTA	SEIU	Teamsters	UPE	Unrepresented: Mgmt/Conf/Su pv	CSA supervisors	
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# EXHIBIT A - ACTIVE EMPLOYEE AND RETIREE SUMMARY

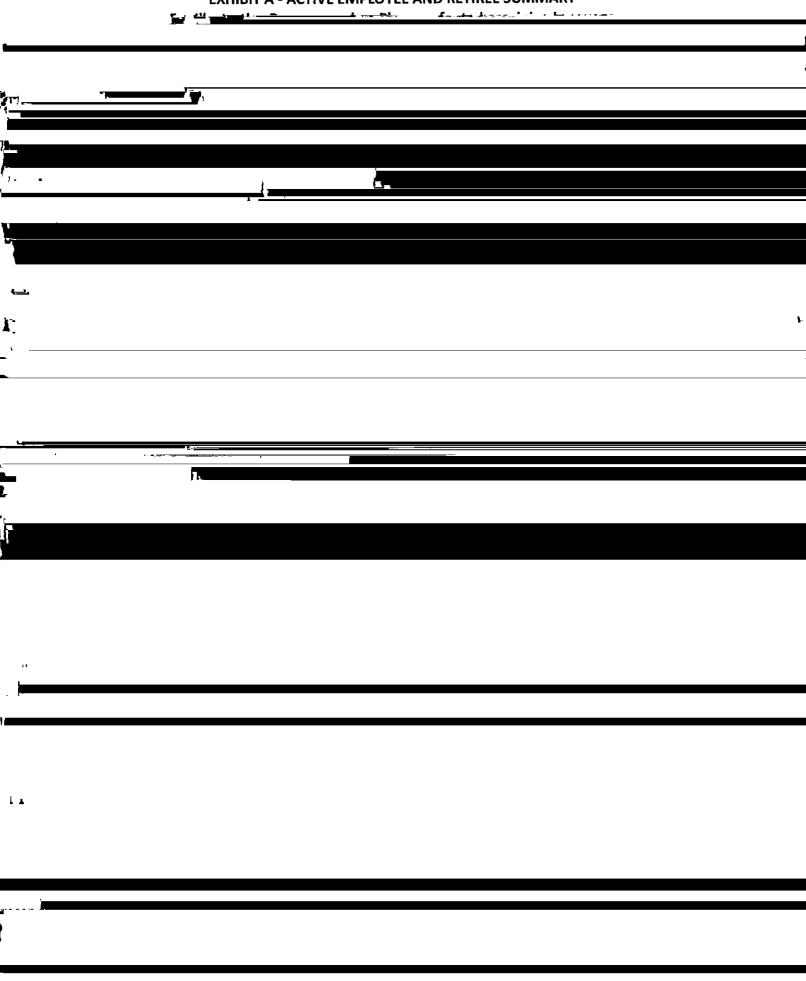


# **EXHIBIT A - ACTIVE EMPLOYEE AND RETIREE SUMMARY RETIREE SUMMARY** Holas Whe Dave Elicible Date Hirod in Danofited Marse Elicible

# **EXHIBIT A - ACTIVE EMPLOYEE AND RETIREE SUMMARY**For Illustrative Purposes only -- Please refer to bargaining Language

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	District pays	Yes	niieu ditei 5/20/1990	20	00	CalPERS
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						Risk Plan
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	District pays	Yes	Hired after 5/20/1996	10	60	Yes - Paid
	Retiree					50% CalPERS
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	only					elect Risk
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						Active rate
						because
						Kaiser was
						only active
						Risk Plan
						until
						recently)
	Employee	Yes		5	Retired	Yes - CalPERS
	Pays	'				Minimum
						Contribution
						required by
		1				CalPERS
						Contract
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# EXHIBIT A - ACTIVE EMPLOYEE AND RETIREE SUMMARY



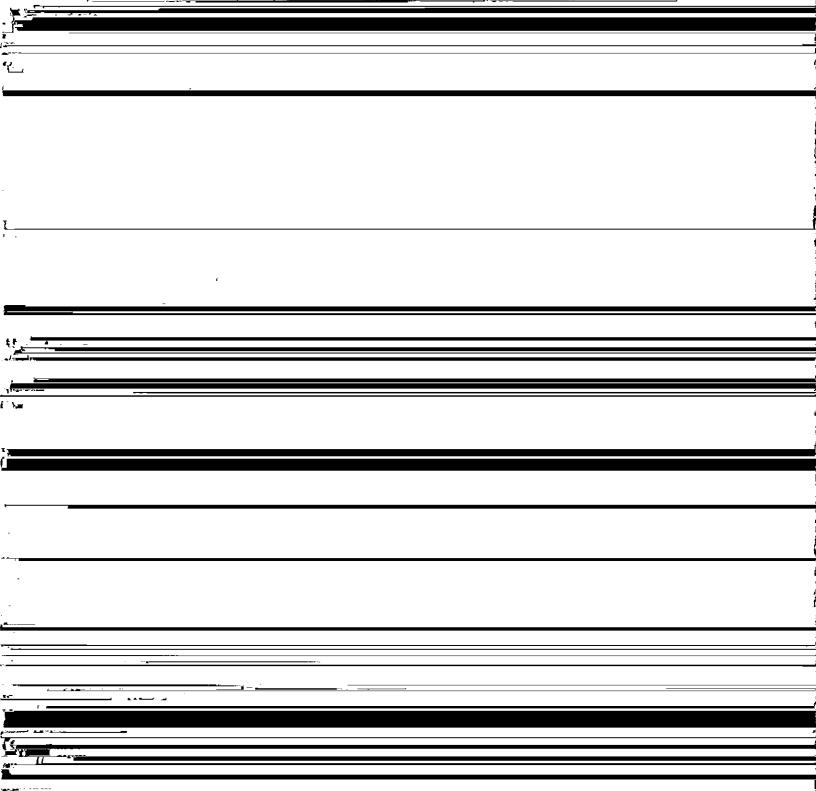
# EXHIBIT B HEALTH NET AND KAISER ACTIVE AND RETIRED TEACHER HEALTH BENEFITS

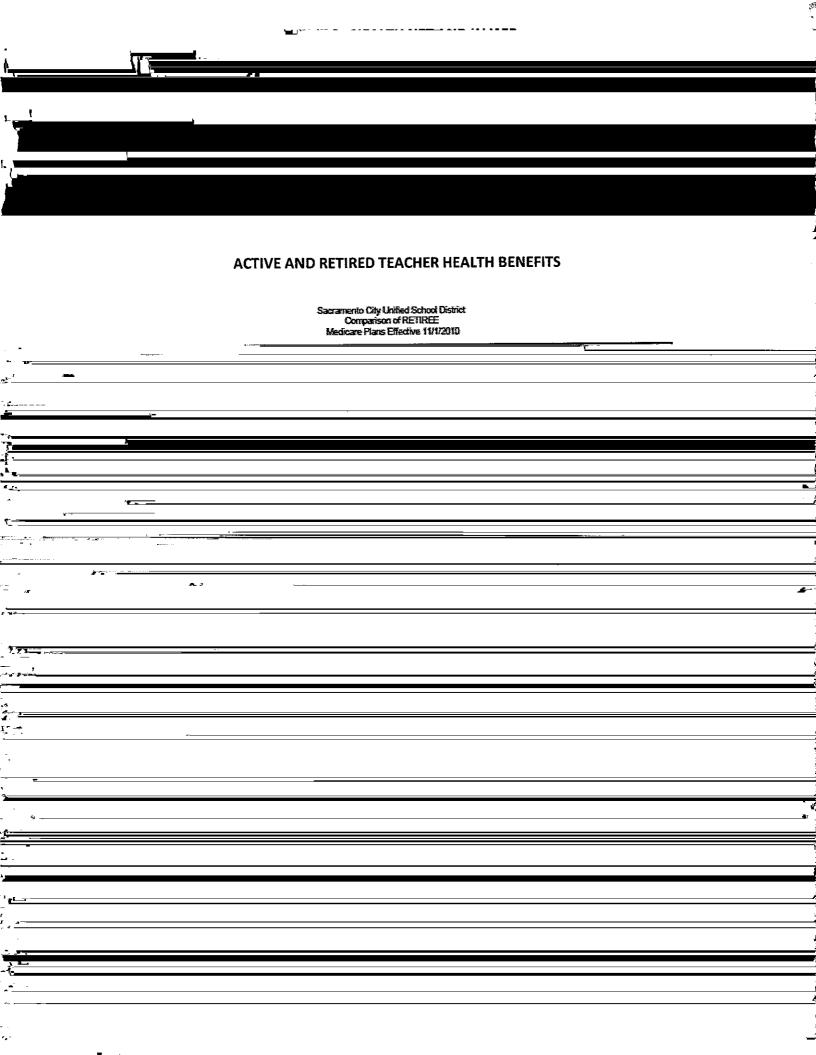


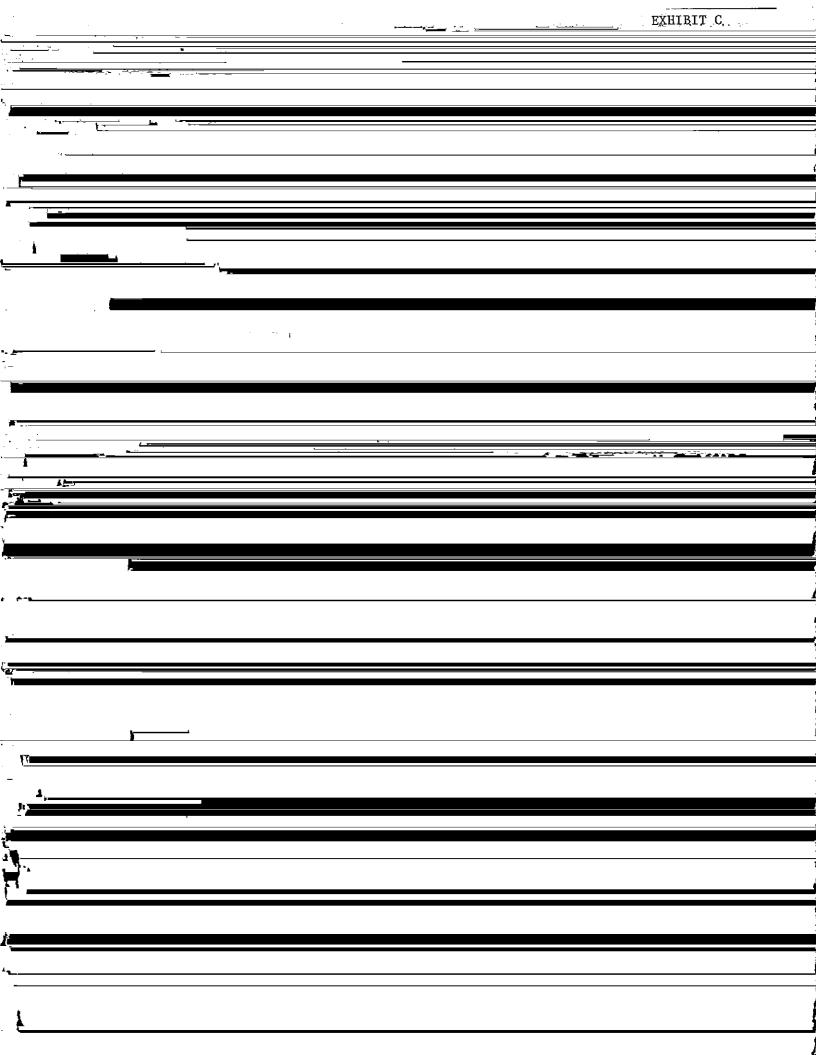
# **Medical Benefits Analysis**

(Active and Retired Under Age 65)

Insurance Plan	Health Net 5KF	Kaiser
Maximum Lifetime	Unlimited	Unlimited
Benefit	\$0	\$0
Deductible	Single: \$1,000 / Two Party \$2,000 /	Single: \$1,500/Family: \$3,000
Maximum Out-of-Pocket	Family: \$2,500	







# DELTA DENTAL OF CALIFORNIA

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Client Name: SACRAMENTO CITY UNIFIED SCHOOL DISTRICT (Certificated Retirees, Classified, Management - Active/COBRA/Retirees)



### **DELTA DENTAL OF CALIFORNIA**

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Client Name: SACRAMENTO CITY USD (Certificated Active & COBRA)

Group No.: 6428-0101, 0111

The following information is not intended or designed to replace or serve as an Evidence of Coverage or Summary Plan Description for the program. If you have specific questions regarding benefit structure, limitations or exclusions, consult

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Client Name: SACRAMENTO CITY USD (Certificated Active & COBRA)

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# BENEFIT HIGHLIGHTS FOR DELTA DENTAL PPO

Delta Dental offers you what no other dental plan can – The Delta Dental Difference<sup>SM</sup>. Here's what makes us a leading provider of dental benefits:



# SCHEDULE OF BENEFITS

Group Name:

Sacramento City Unified School District

Benefit Plan Name: Custom Plus Plan #23

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# SCHEDULE OF BENEFITS

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# SCHEDULE OF BENEFITS (cont.)

# DEPENDENTS INSURANCE FOR DEPENDENTS OF ACTIVE EMPLOYEES

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Accidental Death and Dismemberment Benefit

Less than 6 months of age

\$100.00

\$100.00

6 months but less than 21 or less than 25 years of age

\$1,500.00

\$1,500:00

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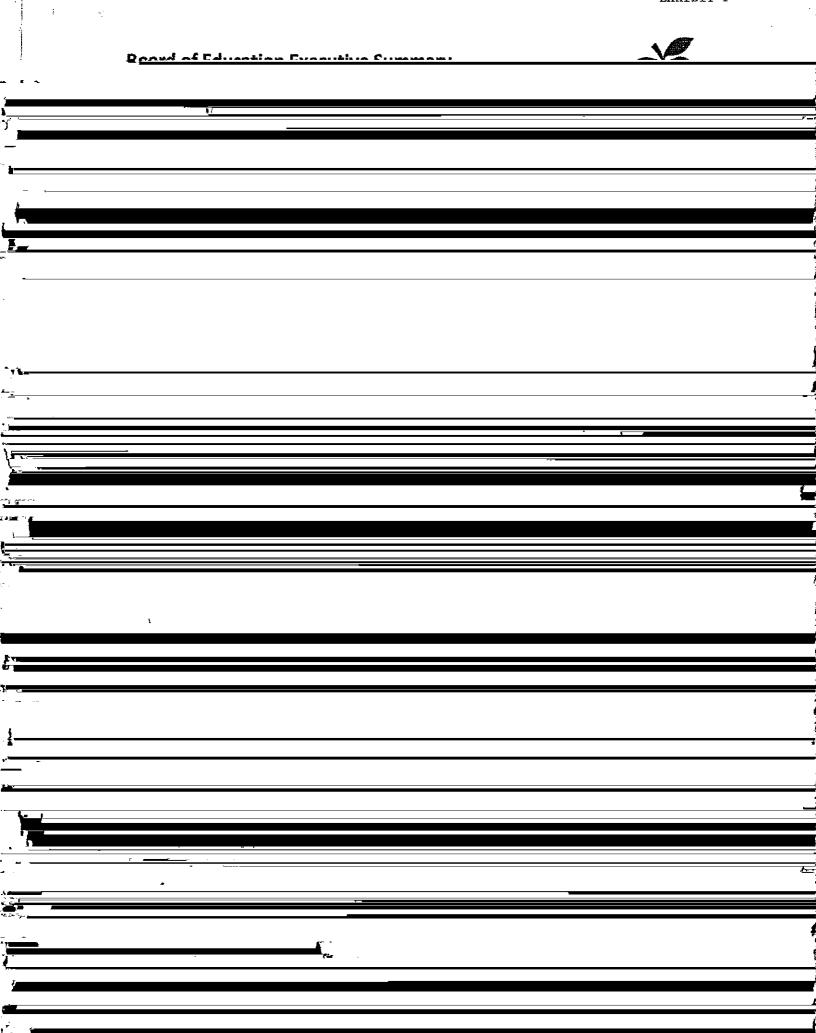
# SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item#\_\_\_9.1

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March 4, 2010

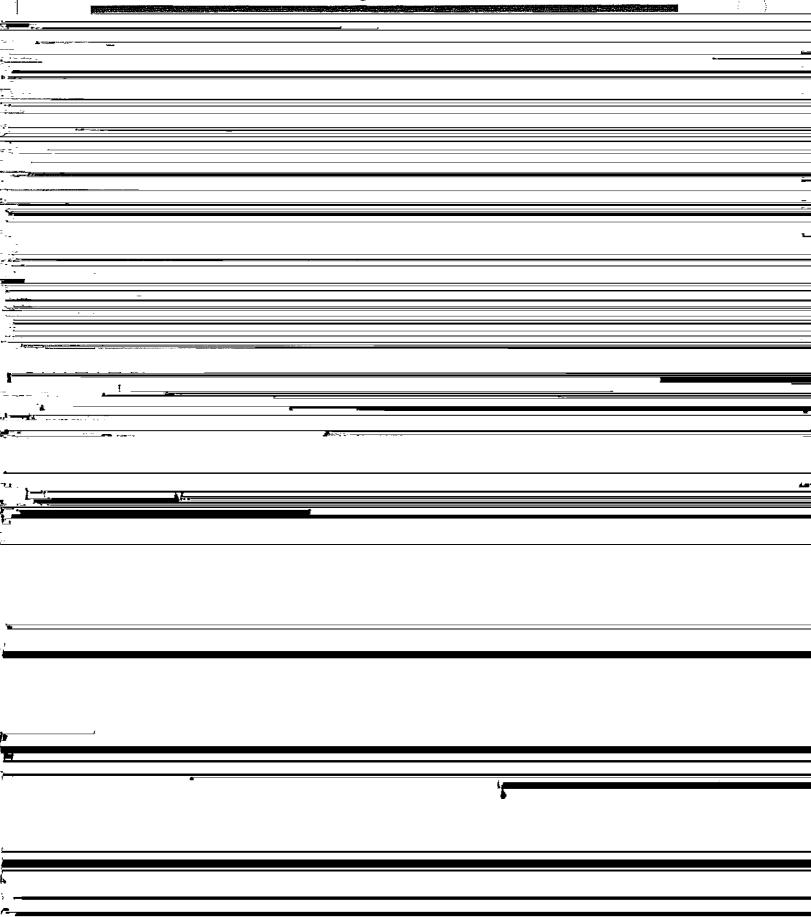
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### **Board of Education Executive Summary**

**Administrative Services** 

Actuarial Review of the Retiree Benefits Program



## Board of Education Executive Summary Administrative Services

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	VII. Lessons Learned/Next Steps:
	<ul> <li>It will be difficult in these tight financial times to set aside additional funds to reduce the</li> </ul>
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SERVICES AGREEMENT

Parties: Sacramento City Unified School District, a political subdivision of the State



the	standard allowances authorized by Board policy. Total fee shall not exceed ***INSERT
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	***INSERT DATA HERE***OR
	Flat Rate: The total payment to Contractor, including travel and other expenses,
sha	all be ***INSERT DATA HERE*** Dollars (\$***INSERT DATA HERE***).
Pay	yment shall be made within 30 days upon submission of periodic invoice(s) to the
att	ention of ***INSERT DATA HERE*** Sacramento City Unified School District P_0
<u> </u>	
Bo	x 246870, Sacramento, California 95824-6870.
	ARTICLE 4. EQUIPMENT AND FACILITIES.
D:-	



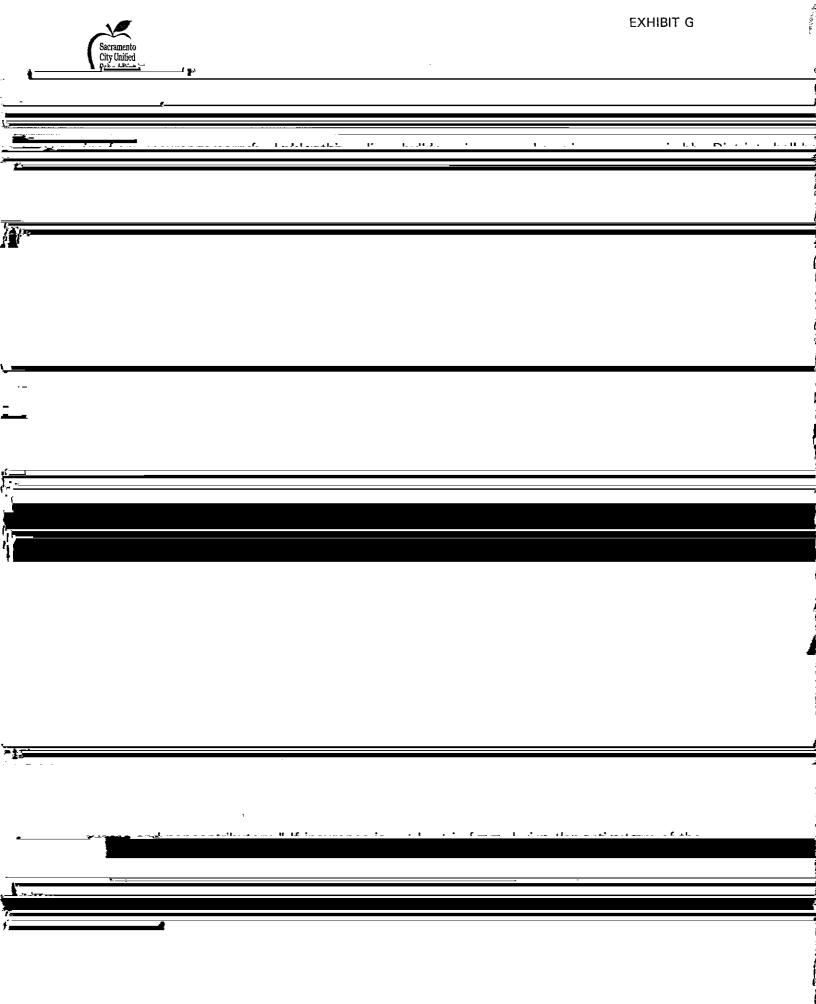
The Contractor agrees to defend, indemnify and hold the District harmless from any and all claims, losses, liabilities, or damages arising from any contention by a third party that an amployer-employer relationship exists by reason of this Agreement

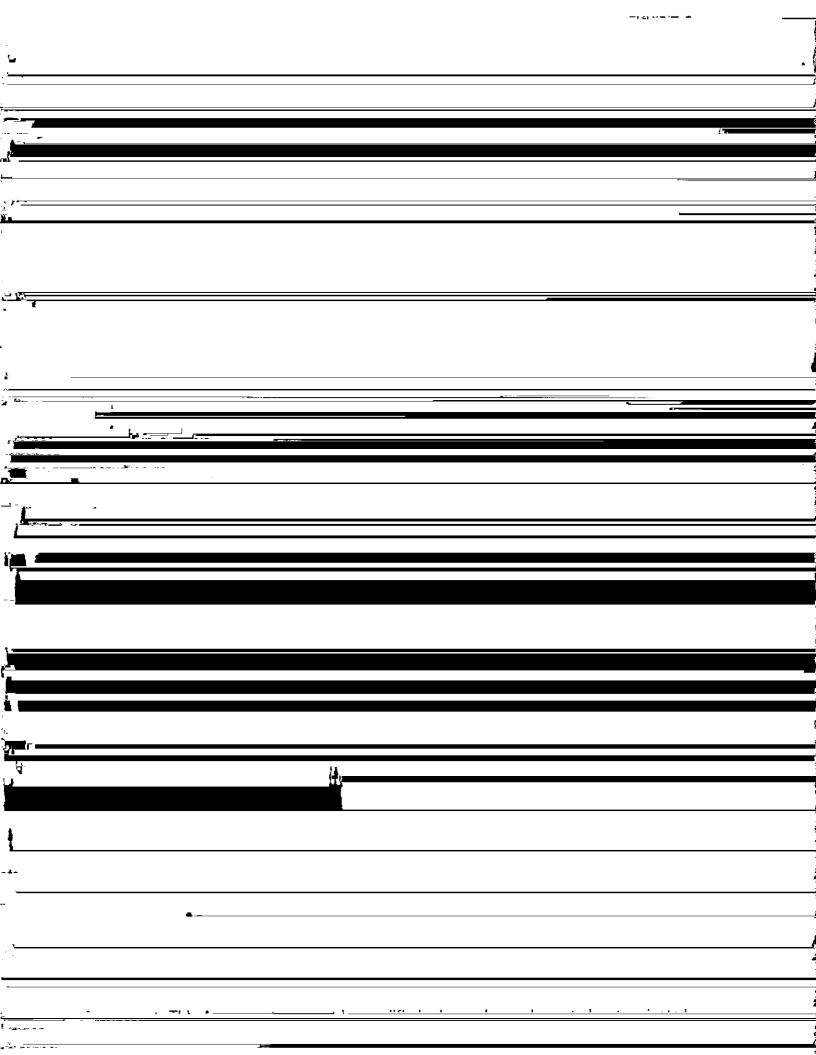
The District assumes no liability for workers' compensation or liability for loss, damage or injury to persons or property during or relating to the performance of services under this Agreement.

#### ARTICLE 7. FINGERPRINTING REQUIREMENTS.

Education Code Section 45125.1 states that if employees of any contractor providing school site administrative or similar services may have any contact with any pupils, those employees shall be fingerprinted by the Department of Justice (DOJ) before entering the school site to determine that they have not been convicted of a serious or violent felony. If the District determines that more than limited contact with students will occur during the performance of these services, Contractor will not perform services until all employees providing services have been fingerprinted by the DOJ and DOJ fingerprinting clearance certification has been provided to the District.

District has determined that services performed under this Agreement will result in contact with number Contractor shall obtain fingurarinting degrapes for all ampleyees before carriage







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This Agreement is not enforceable and is invalid unless and until it is approved and/or patified by the coversing heard of the Secremente City Unified School District, as evidenced



### **EXHIBIT A**

