

# BAYFIELD COUNTY WISCONSIN

## REQUEST FOR PROPOSALS

### FLEXIBLE BENEFITS AND HRA PLAN ADMINISTRATION

**Proposals due, 4:00pm Friday,  
September 23, 2022**

**Summary:** Bayfield County is seeking proposals for FSA and HRA plan administration for county employees and retirees. Proposals should be for a January 1, 2023 commencement date. The County is requesting proposals for a five-year period with a potential five-year extension.

**RFP Questions:** Please address questions to Kim Mattson, [kim.mattson@bayfieldcounty.wi.gov](mailto:kim.mattson@bayfieldcounty.wi.gov)

#### **RFP Details:**

Bayfield County has approximately 180 full time and 35 part time employees. Bayfield County had the following employee census as of June 2022:

1. FSAs: 89
2. Dependent Care: 7
3. Teamster (Highway) HRAs 25
4. 36 retirement HRA participants (Retirees)
5. 80 people with HRA balances
6. 73 people allowed to withdraw up to \$2,000 of HRA for dental/optical.
7. 120 have debit cards: active employees/spouse only if requested

#### **SCOPE OF SERVICES**

Bayfield County seeks proposals for Third Party Administration of its Flexible Spending Account (Medical and Dependent Care) Program and for administration of HRA accounts.

- Bayfield County had HRAs for all county employees up until 2017. Today only the Teamster Union has an HRA. Teamsters have health insurance through Teamsters Union Local 346. Courthouse employees have insurance through Employee Trust Benefits. State of Wisconsin.
- All funds to be housed in county accounts

- Bayfield County has seven different plans

1. FSA (open to all)

2. Dependent Care (open to all)

3. HRAs (Open to those on Teamster Health Insurance) \$5,350 annually, can roll up to \$1,350

4. Vested Dental/Vision (only former rollover funds for vested employees) Up to \$2,000 of HRA balance to be used for dental/vision per year.

County will consider making this an allowable HRA expense in the future.

5. Savings Only HRA (only former rollover funds not vested)

6. Retirement Spenddown (open to former vested employees that had rollover HRA balances)

7. Savings HRA All 213 (only former rollover funds for vested employees after the \$2,000 is made available for dental/optical)

## RFP QUESTIONNAIRE:

1	Describe your claims examination process, its staff and their years of experience.
2	Please describe your client support model. Will the client have a dedicated Account manager? If so, will they be provided direct dial phone access and email? If not, will the client access support through self-service means or a call center?
3	Please describe your client services management team and years of experience.
<b>Automated Claim System and System Interfaces</b>	
	What type of claim system is utilized?
5	What is the banking / transfer process? Bayfield County currently banks with Bremer.
6	How long has your claims system been operational?
7	How often and what is the average downtime for your claim system? When are updates to your claims system completed?
8	Are eligibility records contained within the same system?
9	Which payroll and benefit management vendors do you currently receive eligibility files from?

- 10 Is any portion of your claims administration outsourced? If so where?
- 11 Please describe your online capabilities for participants and the employer.
- 12 Do you require clients provide payroll reports for reconciling per payroll deposits?
- 13 If yes to question 12, do you reconcile your system to the client's payroll feed after each feed and do you provide an error report showing discrepancies?

#### Flexible Spending Account Administration

- 14 What is the content and timing of your standard reporting package to the employer? Please provide a sample reporting package.
- 15 Do you provide a benefits card?
- 16 What are you actively doing to assist clients in reducing benefit card substantiation requests? What is the frequency that you send benefit card substantiation requests?
- 17 Please describe the substantiation process from the time of swipe until you receive or don't receive the requested documentation.
- 18 What is your standard turn-around-time for Flexible Spending Account claim reimbursement?
- 19 Do you send additional correspondence to participants as the plan year-end approaches advising them of the use-it-or-lose-it provision? For the grace period?
- 20 Describe your grace period procedure. Please be clear how it applies to benefits card transactions.
- 21 Do you require administration of clients run out period for rollovers over \$500?
- 22 Describe your billing/banking procedures. When participants terminate, do you keep them on the bill for a certain amount of time? If yes, please specify.

#### Compliance

- 23 Please describe your non-discrimination testing process? Please include what is provided to the client to assist with data gathering. Additionally, do you require that your clients complete any of the test independently?
- 24 Please identify all tests conducted by you as administrator.
- 25 Do you offer any other compliance services in relation to document preparation and/or advice?
- 26 Do you have a dedicated compliance team? If yes, please describe its staff and their years of experience.

#### Mobile Application

- 27 Do you have a mobile application that allows participants to submit claims for reimbursement?
- 28 Can participants substantiate benefit card swipes via your mobile application?
- 29 Is your mobile application available for products other than FSA?

#### Performance Standards

- 30 Average customer service hold times:
- 31 Average customer service e-mail response time:

32	Average call speed to answer time:	
33	Account manager turn around time for inquires received:	
34	Average claim processing time for electronic and paper submissions:	
35	Claim payment accuracy rate:	

### FSA Administration Rates

Administrator Information		
Company Name		
Sales Representative		
Sales Representative Contact Information		
Customer Service Center Location		
Customer Service Hours		
Participation		Number of Participants
Number of Benefit Eligible Employees		
Number of Health Care Participants		
Number of Dependent Care Participants		
TOTAL Unique Accounts		
Core Services - Fees		
Annual Renewal Fee		
Implementation/Set Up Fee		
FSA Administrative Fee (PPPM)		
Benefits Card Fee (PPPM), Initial Fee and Replacement fee.		
Rate Guarantee: 5 years requested below. (Yes / No)		
Estimated Annual Fees		
<b>Estimated First and Second Year Fees</b>		\$ -
<b>Estimated three - five Year Fees</b>		\$ -
Additional Services	Included/Not Included	Associated Fees
Electronic Education Materials		
Grace Period Administration Fee		
Form 5500 Preparation		
Creation of Flex Plan Document		
Non-Discrimination Testing - One Time Annually		

*Note: All fees, including current, are net of commissions.*

Qualifications	

**HRA Administration Rates**

Participation	
Number of Benefit Eligible Employees	
HRA Participation	
Core Services - Fees	
Annual Renewal Fee	
Implementation/Set Up Fee	
HRA Administrative Fee (PPPM)	
Benefits Card Fee (PPPM)	
Rate Guarantee	
Estimated Annual Fees	
<b>Estimated First and Second Year Fees:</b>	\$ -
<b>Estimated Year 2-5 Fees</b>	\$ -
Additional Services	
	Included/Not Included
Communications Support	
Form 5500 Preparation	
Creation of HRA Plan Document	
Non-Discrimination Testing	

*Note: All fees, including current, are net of commissions.*

Qualifications
Creation of HRA Plan Document
Non-Discrimination Testing

Associated Fees

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*Note: All fees, including current, are net of commissions.*

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This document will become part of the final contract.

**BAYFIELD COUNTY FLEX  
BENEFIT AND HRA PLAN ADMINISTRATION  
PROPOSALS DUE: 4pm, Friday, September 23.  
117 E Fifth Street, PO 878, Washburn WI., 54891**

Proposals may be emailed to: [kim.mattson@bayfieldcounty.wi.gov](mailto:kim.mattson@bayfieldcounty.wi.gov) and [mark.abeles-allison@bayfieldcounty.wi.gov](mailto:mark.abeles-allison@bayfieldcounty.wi.gov)

Total *monthly* fee for above census \$ \_\_\_\_\_

(Please state rate used per person)

(Please include rate for five-year fee calculation)

Please elaborate on the following:

- Transition calendar
- On-boarding process
- Data transfer process

*Attach any additional notes as necessary*

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**VENDOR INFORMATION:**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Date: \_\_\_\_\_

*Please Attach a List of Three (3) References, including: Name, email, Telephone Number*