

LAKE METROPARKS MEDICAL AND EMPLOYEE BENEFIT INSURANCE CONTRACTOR SERVICES

RFP 2025-037 Addendum 2 Issued 6/27/2025

This addendum supplements and amends the original RFQ Form and is hereby made a part of the RFQ. **Addendum 1 dated 6/4/2025 and Addendum 2 dated 6/27/25 must be signed and included with your RFP submission.**

The following questions were received from a prospective Contractor; here are the responses to those questions:

- 1) **Who is the incumbent contractor/ consultant?**
Our current Contractor is NFP.
- 2) **What is the current fee structure of that consulting contract?**
The compensation is currently a combination of both commission/ fees paid by the insurance providers (see numeral 4 below), and a fee of \$12.50 per enrolled employee per month paid by Lake Metroparks. We currently have 143 fulltime employees.
- 3) **Can you please list all the benefits that are part of the RFP with funding types and annual premium for each?**
All benefits are listed on page 12 of the RFP, please also see our enrollment guide link provided in Addendum 1, numeral 6.
- 4) **What are the current commission levels for the insured coverages?**
Please see the attached Schedule A550 for the prior coverage year at the end of this addendum.

Lake Metroparks has removed the bond/ check requirement for this RFP. Please note, do not turn in a bid bond or check with your RFP submission. This removes the required submission of "Attachment H" as well.

Lake Metroparks has removed compensation as part of the evaluation criteria. Please do not include any information regarding proposed compensation in your submission. This removes the requirement for cost/pricing on page 18 of the RFP and the first numeral point on page 19 of the RFP.

With the removal of item 5, *annual contract rate*, from the award evaluation criteria the scoring will now be out of a total of 90 points.

Item	Criteria	Point Value
1	Professional qualifications of the Contractor and key personnel	20
2	Experience on projects of comparable size and scope	20
3	Capability of the Contractor to deliver timely and high-quality	20
4	References on previous projects	20
5	Annual contract rate	10 – removed
6	Overall completeness and quality of proposal	10
TOTAL		90

Lake Metroparks will conduct a formal selection process to determine the best-qualified Contractor as follows:

1. The Evaluation Committee shall screen and rate all RFP's submitted. Ratings shall be based on the criteria matrix with a total point value of 90 points (see prior page).
2. The Evaluation Committee will select the best-qualified Contractor(s) that will be invited for interviews (if required).
3. The Evaluation Committee will rate the Contractor in each category listed above. The highest rated Contractor will enter contract negotiations with the Park District. If negotiations are not successful, then the Park District may enter into negotiations with the next highest rated Contractor until an agreement for services and fees can be reached.

Updated Checklist of Proposal Forms

A properly executed proposal shall include the following information and forms. Items in red have been removed; do not include in your RFP submission.

1. Offeror's Background Company Profile (pg. 9 under Offeror's Background)
2. Response to/ Proof of "Proposers Minimum Qualifications" (pg. 17)
3. Provide the Requested Content Under "Proposal Format and Content" (pg. 18)
- ~~4. Provide Proposed Fee as Outlined under "Compensation for Services" (pg. 19)~~
5. Attachment "A" Offer Sheet (Submit with Proposal)
6. Attachment "B" References (Submit with Proposal)
7. Attachment "C" Proposer's Affidavit Personal Property Tax Delinquency (Submit with Proposal)
8. Attachment "D" Statement of Proposer's Qualifications (Submit with Proposal)
9. Attachment "E" Vendor Identification Form (Submit with Proposal)
10. Attachment "F" Affidavit of Non-Collusion (Submit with Proposal)
11. Attachment "G" Cybersecurity Framework Compliance (Submit with Proposal)
- ~~12. Attachment "H" or certified check, cashier's check or money order drawn on a solvent bank or savings and loan association in the amount of 5% of the total amount of the initial two-year award contract rate made payable to Lake Metroparks.~~

The deadline has been extended from the former due date of 6/16/2025 to 7/22/2025. Sealed proposals will be received by the office of Lake Metroparks, 11211 Spear Road, Concord Twp., Ohio 44077, no later than **3:00 P.M. local time, on Tuesday, July 22, 2025.**

****End of Addendum 2 RFP 2025-037****

Authorized Signature

Printed Name

Email Address

Title



Medical Mutual

Policy Year Reporting Information

Lake Metroparks

March 1, 2024 through February 28, 2025

Avg Contracts 137

Administrative Fees/ Commission: Company, NAICS/NAIC, EIN

Stop Loss: Company, NAIC, EIN

Medical Mutual of Ohio,

Total Paid Claims ¹	\$	2,087,947.63
Actual Claims Charged ²	\$	1,668,804.30
Administrative Fees	\$	89,927.41
Specific and Aggregate Stop Loss Premium	\$	448,573.33
Commission	\$	- *

*Agent(s) Paid

NFP Corporate Services OH INC
6450 Rockside Woods Blvd S
Suite 250
Cleveland, OH 44131

<u>Commissions</u>	<u>Fees paid</u>	<u>Total Compensation</u>
0.00	210.72	210.72

Commissions include negotiated amounts paid on your plan from the commission component of administrative fees or stop loss premium. Fees may include bonuses, overrides, entertainment, meals or gifts prorated by the producer's eligible volume and do not directly affect administrative fees or stop loss premium. Fees reported under the wholesaler (general agent) may be payable in part to the retail producer (writing agent) who is specifically designated as your plan's Agent of Record.

Medical Mutual hereby certifies the foregoing statement is complete and accurate.

Paul Singh, Manager TPA Revenue Accounting

1) Claims the plan funded to Medical Mutual, including Pharmacy claims through Medical Mutual's PBM vendor. Pharmacy claims processed by, and paid directly to a third-party PBM are excluded.

2) Total paid claims less Specific Stop Loss credits applied under the terms of the plan's Medical Mutual Stop Loss policy; Includes third-party PBM credits based on pharmacy claims detail provided by the PBM. form rev 10/13/15

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

- **File as an attachment to Form 5500**
- Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024**This Form is Open to
Public Inspection.**

For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** , and ending **02/28/2025**

A Name of plan	B Three digit plan number ►
C Plan sponsor's name as shown on line 2a of Form 5500 LAKE METROPARKS	D Employer Identification Number

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit can be reported on a single Schedule A

1 Coverage:

(a) Name of insurance carrier

METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
		TM05951146	360	03/01/2024	02/28/2025

- 2** Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part 1.

Totals *

Total amount of commissions paid	Total Fees Paid / amount
11,557	3,970

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. V7.2 Schedule A (Form 5500) 2024

Part II

Official Use Only

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

Name: NFP CORPORATE SERVICES OH INC

Address: 6450 ROCKSIDE WOODS BLVD S STE 250

City: CLEVELAND ST: OH ZIP: 44131-2237

Commissions Paid			Fees Paid			Organization code
Coverage	Amount	Purpose	Coverage	Amount	Purpose	
LIFE	3,288	Base Commissions	Dental	1,120	Supplemental Compensation	03
Vision	2,222	Base Commissions	Vision	208	Supplemental Compensation	
Temporary Disability	1,369	Base Commissions	LIFE	193	Supplemental Compensation	
Dental	952	Base Commissions	Temporary Disability	75	Supplemental Compensation	
AD&D	440	Base Commissions	Multiple	60	Non-Monetary Compensation	
			AD&D	25	Supplemental Compensation	
	8,271	Sub-total		1,681	Sub-total	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

Name: CENTRO BENEFITS RESEARCH LLC

Address: 325 N KIRKWOOD RD STE 300

City: KIRKWOOD ST: MO ZIP: 63122-4042

Commissions Paid			Fees Paid			Organization code
Coverage	Amount	Purpose	Coverage	Amount	Purpose	
Vision	1,111	Base Commissions	Multiple	10	Non-Monetary Compensation	03
LIFE	1,096	Base Commissions				
Dental	476	Base Commissions				
Temporary Disability	456	Base Commissions				
AD&D	147	Base Commissions				
	3,286	Sub-total		10	Sub-total	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid							
Name: CENTRO BENEFITS RESEARCH LLC							
Address: 325 N KIRKWOOD RD STE 300				City: KIRKWOOD ST: MO ZIP: 63122-4042			
Commissions Paid				Fees Paid			Organization code
Coverage	Amount	Purpose		Coverage	Amount	Purpose	
				Dental	1,216	Supplemental Compensation	03
				Vision	430	Supplemental Compensation	
				LIFE	412	Supplemental Compensation	
				Temporary Disability	166	Supplemental Compensation	
				AD&D	55	Supplemental Compensation	
	0	Sub-total			2,279	Sub-total	

Part III**Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a	<input type="checkbox"/>	Health (other than dental or vision)	b	<input checked="" type="checkbox"/>	Dental	c	<input checked="" type="checkbox"/>	Vision	d	<input checked="" type="checkbox"/>	Life Insurance
e	<input checked="" type="checkbox"/>	Temporary disability (accident & sickness)	f	<input type="checkbox"/>	Long-term disability	g	<input type="checkbox"/>	Supplemental unemployment	h	<input type="checkbox"/>	Prescription drug
i	<input type="checkbox"/>	Stop Loss (large deductible)	j	<input type="checkbox"/>	HMO contract	k	<input type="checkbox"/>	PPO contract	l	<input type="checkbox"/>	Indemnity contract
m	<input checked="" type="checkbox"/>	Other (specify) ► ADD									

9 Experience-rated contracts **N/A****10** Nonexperience-rated contracts

Coverage	Amount
Vision	22,267
LIFE	22,139
Temporary Disability	9,304
AD&D	2,947
Dental	1

a Total premiums or subscription charges paid to carrier.

56,658

b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount

Specify nature of costs below ►

Footnote(s)

The approximate number of persons covered as shown on the first page of the Schedule A is MetLife's estimated view of participants, spouses and dependents at the end of the policy period. This estimation should be used for reporting purposes only.

If the plan named in Item A on the first page of Schedule A (the "Plan") retains the services of a broker, consultant, agent or third-party administrator (each an "Intermediary") for the Plan, MetLife may in addition to paying base commission provide additional compensation to the Intermediary under various preferred broker and other compensation programs and expense reimbursement. Under such programs, an Intermediary may qualify for additional compensation that may or may not be directly charged to the Plan. Such compensation may not be included in the amount listed in Item 2 on the first page of Schedule A. Please contact MetLife if you would like additional information or details.