

## **RFP for Employee Benefit Consulting for the Pleasant Hill R-III School District**

**RFP Release date:** Monday, August 25, 2025

**Broker Questions due by:** Thursday, September 11 (email to [mweishaar@phr3.org](mailto:mweishaar@phr3.org))

**Response to Broker Questions by:** Thursday, September 18

**RFP Due Date:** Thursday, September 25 (4:00 p.m.)

Please provide four (4) copies and a flash drive with a PDF copy of the proposal. Proposal must be submitted in person to:

Pleasant Hill School District – Business Office  
318 Cedar Street  
Pleasant Hill, MO 64080

**Interview Dates (if necessary):** Week of October 6, 2025

### **Purpose:**

The Pleasant Hill R-III School District hereby solicits qualified and interested licensed Group Benefit Broker/Consultants to submit proposals and statements of qualifications for providing all supervision, labor, services, equipment, hardware, software, materials, and any assistance necessary to provide the District with Group Benefit Broker/Consulting services. The District is interested in appointing a single brokerage source as their Broker of Record with a minimum of five (5) years of local experience and a proven local service record with area governmental entities similar to the size and scope of the District.

### **General Data about the District:**

#### *- Location*

Pleasant Hill School District (hereinafter referred to as the District), serves students in Pleasant Hill, Missouri and is fully accredited by the state of Missouri.

#### *- Employees*

The District has approximately 270 employees (which include 170 certified staff) of which are full time - thirty (30) hours or more per week active employees are eligible and enroll in group health benefits.

#### *- Student Enrollment*

Estimated student enrollment for the current school year approximates 2,000 (K- 12).

#### *- Staffed Facilities*

The District consists of the following:

Primary School (PK-2), Elementary School (3-4), Intermediate School (5-6), Middle School (7-8), and High School (9-12)

\*Note- With the community passing an \$18.4 million bond in Spring, 2025, the District is planning to eliminate one building beginning in the 2026-2027 school year.

**Proposal Requirements:**

For proper comparison and evaluation, the School District requests that proposals be formatted as follows: Please limit your response to no more than 25 pages. The cover, back, table of contents and tabs may be used and shall not be included in the 25-page count, unless they include additional program-specific information or proposal criteria responses. The minimum allowable font size for this proposal is 12 (point). Failure to adhere to the page limit and font size will result in the proposal being considered non-responsive. By submitting a response to this solicitation, the Firm agrees to all requirements herein.

**A. Executive Summary/Cover****Letter: RESPONSE SHOULD****INCLUDE:**

- Company's organization, philosophy, management and a brief history.
- Provide an overview of the structure of the team and include a detailed bio for each.
- Describe each team members' roles and responsibilities, and the relevant qualifications and expertise that each has.

**B. Qualifications/Experience/Credentials:** Responders shall provide their qualifications for consideration as a benefits broker with experience in employee benefits and group health insurance to become a contract provider to the School District.**RESPONSE SHOULD INCLUDE:**

- How long has your organization been providing consulting services?
- What makes your organization different than other organizations that may submit proposals for consideration to the School District?
- How many public sector entities do you manage?

**C. Strategy and Implementation:** Describe the proposed strategy and/or plan for achieving the objectives of this RFP. The Firm may utilize a written narrative or any other printed technique to demonstrate their ability to satisfy the Scope of Services. The narrative should describe a logical progression of tasks and efforts starting with the initial steps or tasks to be accomplished and continuing until all proposed tasks are fully described and the RFP objectives are accomplished.**RESPONSE SHOULD INCLUDE:**

- Describe how you propose to develop an employee benefit plan based on the direction and priorities of the School District and detail how you would utilize this information to anticipate our needs in relation to benefits.
- Detail how your organization participates in developing a comprehensive benefit plan strategy with your clients.
- Describe your organization's involvement in the annual renewal process. Include information regarding process timeframes, negotiation of rates and vendor selection.
- Overview of Broker's ability to monitor regulatory and legislative developments at both the state and federal level and how this will be communicated to the School District.

- Provide examples of BROKER PROVIDED communication materials developed and prepared by your organization for use in client's open enrollment and health benefit communication campaigns
- Overview of how the Broker monitors the performance of the various partners and carriers/Third Party Administrators (TPA's) and ensure rates and fees are competitive and best in class as well as in the best interest of eligible employee and not based on broker relationships
- Include a time schedule for completion of your firm's implementation plan.

D. **References:** A minimum of three (3) references that can attest to your experience in projects of similar scope and size. Please also summarize the projects completed. **RESPONSE SHOULD INCLUDE:**

- Client Name
- Contact Person
- Telephone
- Email Address
- The number of benefit-eligible employees
- Types of plans serviced
- Length of relationship

E. **Broker Compensation Proposal:**

**RESPONSE SHOULD INCLUDE:**

- A Commission Structure, Fee Structure, Blended program (commission and/or fee)
- A description of protocol for disclosure of compensation and philosophy on compensation transparency.

F. **Additional Data (optional):**

- Provide any additional information that will aid in evaluation of your qualifications with respect to this project.

## Additional Information

- A. **Rights Reserved:** The District reserves the right to accept or reject any or all proposals, and to waive any technicalities or irregularities in any proposals, and to make award to the response which in the District's opinion is the most advantageous to the District. Each proposer agrees that the submission of a proposal constitutes an agreement by the proposing firm to waive any legal claim against the District should the District fail to select their proposal.
- B. **Conflict of Interest:** The successful Broker/Consultant shall not have conflicts of interest as to any decisions or revenues (other than that fully disclosed herein) from the results of any recommendation made on behalf of the Broker/Consultant. In addition, the Broker/Consultant shall fully disclose any potential conflicts of interest they may have with the District. No salaried officer or employee of the District and no member of the Board of Education shall have a financial interest, direct or indirect, in this proposal for services being solicited.
- C. **Proposals Binding:** All proposals for service shall remain valid and be binding upon the respondent if accepted by the District within ninety (90) calendar days of the proposal submission date. All proposals shall be signed by an authorized representative of such company.
- D. **Insurance:** The Broker/Consultant shall purchase and maintain in full force, at its own expense, such insurance as will protect them from claims which may arise out of or result from the Broker/Consultant's execution of the work, whether such execution be by an individual, employee, agent, subcontractor or by anyone whose acts any of them may be liable. The Broker/Consultant shall furnish a certificate of insurance with a minimum notification of 30 days should any policy be canceled before the expiration date.

The Broker/Consultant must maintain, as a minimum, the following coverages:

- Commercial General Liability insurance with a limit of no less than \$1,000,000 each occurrence and aggregate, including bodily injury, property damage and personal injury.
- Business Automobile Liability with a limit of no less than \$1,000,000 combined single limit each accident, bodily injury and property: damage.
- Statutory Workers' Compensation and Employers Liability with a limit of no less than \$100,000 / \$500,000 / \$100,000.
- Professional Errors & Omission's Liability with a limit of no less than \$5,000,000 each claim and aggregate.

### SIGNATURE SHEET

My signature certifies that the proposal as submitted complies with all terms and conditions as set forth in Pleasant Hill R-III School District's RFP for Benefit Broker/Consulting services.

My signature also certifies that the accompanying proposal is not the result of, or affected by, any unlawful act of collusion with another person or company engaged in the same line of business commerce, or any act of fraud.

My signature also certifies that this firm has no business or personal relationships with any other companies or persons that could be considered as a conflict of interest or potential conflict of interest to the Pleasant Hill R-III School District, and that there are no principals, officers, agents, employees, or representatives of this firm that have any business or personal relationships with any other companies or persons that could be considered as a conflict of interest or a potential conflict of interest to the Pleasant Hill R-III School District, pertaining to any and all work or services to be performed as a result of this request and any resulting contract with the Pleasant Hill R-III School District.

I hereby certify that I am authorized to sign as a Representative for the Firm:

Complete Legal Name of Firm: \_\_\_\_\_

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

\_\_\_\_\_

Federal I.D. : \_\_\_\_\_

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

Name (print/type): \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

To receive consideration for award, this signature sheet MUST be returned as part of your response to this RFP.

## 2025-2026 Medical Plan Options

| In Network            | UHC (CXZH)<br>HDHP Base Plan | UHC (BLXB)<br>Buy-Up 1           | UHC (BW8U)<br>Buy-Up 2             |
|-----------------------|------------------------------|----------------------------------|------------------------------------|
| Deductible            | Embedded                     | Embedded                         | Embedded                           |
| Individual / Family   | \$3300 / \$6600              | \$2000/\$4000                    | \$1500/\$3000                      |
| Out of Pocket Maximum | Includes Deductible          | Includes Deductible              | Includes Deductible                |
| Individual / Family   | \$4000 / \$8000              | \$6500/\$13000                   | \$3000/\$6000                      |
| Coinsurance           | 20%                          | 20%                              | 30%                                |
| Office Visits         |                              |                                  |                                    |
| PCP                   | 20% after deduct             | \$0                              | \$30 copay                         |
| Specialist            | 20% after deduct             | \$100 copay                      | \$55 copay                         |
| Preventive            | 100%                         | 100%                             | 100%                               |
| Hospital              | 20% after deduct             | 20% coinsurance                  | 30% coinsurance                    |
| Emergency Room        | 20% after deduct             | \$250 copay/20% after deductible | \$350 copay / 30% after deductible |
| Urgent Care           | 20% after deduct             | \$50 copay                       | \$75 copay                         |
|                       |                              |                                  |                                    |
| Prescriptions         |                              |                                  |                                    |
| Retail - 30 day       | After Deductible             |                                  |                                    |
| Generic               | Tier 1 - \$15                | Tier 1 - \$15                    | Tier 1 - \$15                      |
| Preferred             | Tier 2 - \$40                | Tier 2 - \$40                    | Tier 2 - \$40                      |
| Non-Preferred         | Tier 3 - \$75                | Tier 3 - \$75                    | Tier 3 - \$75                      |
| Mail Order - 90 day   |                              |                                  |                                    |
| Generic               | Tier 1 - \$37.50             | Tier 1 - \$37.50                 | Tier 1 - \$37.50                   |
| Preferred             | Tier 2 - \$100               | Tier 2 - \$100                   | Tier 2 - \$100                     |
| Non-Preferred         | Tier 3 - \$187.50            | Tier 3 - \$187.50                | Tier 3 - \$187.50                  |
| FULL RATES            |                              |                                  |                                    |
| EMPLOYEE              | \$647.03                     | \$737.09                         | \$874.40                           |
| EMPLOYEE/SPOUSE       | \$1,497.04                   | \$1,724.79                       | \$2,046.10                         |
| EMPLOYEE/CHILD        | \$1,433.62                   | \$1,651.07                       | \$1,958.66                         |
| FAMILY                | \$1,668.32                   | \$1,923.80                       | \$2,282.19                         |
|                       | * plus \$35 HSA Contrib      |                                  |                                    |
| EMPLOYEE RATES        |                              |                                  |                                    |
| EMPLOYEE              | \$ -                         | \$55.06                          | \$192.36                           |
| EMPLOYEE/SPOUSE       | \$850.00                     | \$1,042.76                       | \$1,364.06                         |
| EMPLOYEE/CHILD        | \$786.58                     | \$969.04                         | \$1,276.62                         |
| FAMILY                | \$1,021.28                   | \$1,241.76                       | \$1,600.16                         |
| DISTRCT RATES         |                              |                                  |                                    |
| EMPLOYEE              | \$647.03                     | \$682.03                         | \$682.04                           |
| EMPLOYEE/SPOUSE       | \$647.03                     | \$682.03                         | \$682.04                           |
| EMPLOYEE/CHILD        | \$647.03                     | \$682.03                         | \$682.04                           |
| FAMILY                | \$647.03                     | \$682.04                         | \$682.03                           |

## 2025-2026 Dental and Vision Plan Options

| <b>DENTAL</b>         |             |               |
|-----------------------|-------------|---------------|
| <b>FULL RATES</b>     | <b>Base</b> | <b>Buy-Up</b> |
| EMPLOYEE              | \$18.90     | \$47.67       |
| EMPLOYEE/SPOUSE       | \$42.78     | \$95.27       |
| EMPLOYEE/CHILD        | \$50.20     | \$121.50      |
| FAMILY                | \$79.04     | \$169.13      |
| <b>EMPLOYEE RATES</b> |             |               |
| EMPLOYEE              | \$9.45      | \$23.84       |
| EMPLOYEE/SPOUSE       | \$33.33     | \$71.44       |
| EMPLOYEE/CHILD        | \$40.75     | \$97.67       |
| FAMILY                | \$69.59     | \$145.30      |
| <b>DISTRCT RATES</b>  |             |               |
| EMPLOYEE              | \$9.45      | \$23.84       |
| EMPLOYEE/SPOUSE       | \$9.45      | \$23.84       |
| EMPLOYEE/CHILD        | \$9.45      | \$23.84       |
| FAMILY                | \$9.45      | \$23.84       |

| <b>VISION</b>         |               |               |               |
|-----------------------|---------------|---------------|---------------|
| <b>FULL RATES</b>     | <b>Plan 1</b> | <b>Plan 2</b> | <b>Plan 3</b> |
| EMPLOYEE              | \$6.57        | \$10.06       | \$13.86       |
| EMPLOYEE/SPOUSE       | \$13.15       | \$20.12       | \$27.71       |
| EMPLOYEE/CHILD        | \$13.91       | \$20.53       | \$27.76       |
| FAMILY                | \$21.06       | \$31.46       | \$42.80       |
| <b>EMPLOYEE RATES</b> |               |               |               |
| EMPLOYEE              | \$6.57        | \$10.06       | \$13.86       |
| EMPLOYEE/SPOUSE       | \$13.15       | \$20.12       | \$27.71       |
| EMPLOYEE/CHILD        | \$13.91       | \$20.53       | \$27.76       |
| FAMILY                | \$21.06       | \$31.46       | \$42.80       |