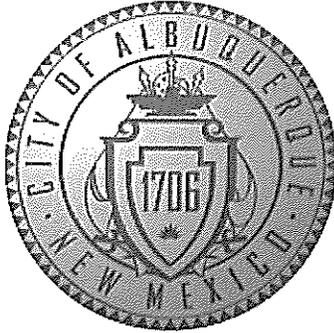


EC-25-537



CITY OF ALBUQUERQUE
Albuquerque, New Mexico
Office of the Mayor

Mayor Timothy M. Keller

INTER-OFFICE MEMORANDUM

October 22, 2025

TO: Brook Bassan, President, City Council

FROM: Timothy M. Keller, Mayor



SUBJECT: Mayor's Recommendation of Award for RFP-2025-668-HRM-CG –
Group Benefits Consultant for the Human Resources Department

The City of Albuquerque's Human Resources Department, in conjunction with the Department of Finance and Administration Services, Purchasing Division, issued the RFP for a Group Benefits Consultant.

The RFP was posted on the Purchasing e-Procurement, Bonfire website on July 10, 2025. The City received five (5) responses to this solicitation. The Ad Hoc evaluation committee evaluated and scored the proposals received in accordance with the evaluation criteria published in the RFP. After thoroughly reviewing and scoring the proposals, the Ad Hoc committee found McGriff, Seibels & Williams to be both responsive and qualified and recommend an award to McGriff, Seibels & Williams based on the highest score. I concur with this recommendation. The City of Albuquerque's Human Resources Department will manage this contract.

Mayor's Recommendation of Award for RFP-2025-668-HRM-CG - Group Benefits Consultant for the Human Resources Department

Approved:

 10/30/25

Samantha Sengel, EdD
Chief Administrative Officer

Approved as to Legal Form:

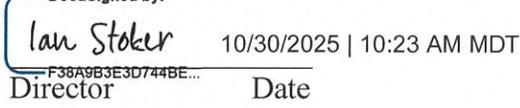


City Attorney

10/30/2025 | 1:38 PM MDT

Date

Recommended:

 10/30/2025 | 10:23 AM MDT

Director Date

Cover Analysis

1. What is it?

This is a request for approval of the Mayor's Recommendation of Award for RFP-2025-668-HRM-CG – Group Benefits Consultant.

2. What will this piece of legislation do?

This legislation will request approval of the Mayor's Recommendation of Award for RFP-2025-668-HRM-CG – Group Benefits Consultant and authorize the Department of Human Resources, Insurance and Benefits Division to negotiate and enter into a contract for services outlined in the scope of RFP-2025-668-HRM-CG.

3. Why is this project needed?

This project is needed to provide the City with consultative services within the scope of RFP-2025-668-HRM-CG for the City's employee benefits programs.

4. How much will it cost and what is the funding source?

This will be funded out of two Funds 710 and 735, both Internal Service Funds. The Human Resources Department will be utilizing the existing budget for this contract, so it will have no overall impact above the current appropriation of the Group Self Insurance and Employee Insurance Funds. The cost for year 1 and 2 will be \$300,00.00 for consulting and approximately \$2,000,000.00 for stop loss.

5. Is there a revenue source associated with this contract? If so, what level of income is projected?

There are no revenue sources associated with this contract.

6. What will happen if the project is not approved?

The Group Benefits Consultant provides consultative services for City's health, life and voluntary benefits programs. The current contract will end on 12/31/2025.

7. Is this service already provided by another entity?

Yes, this vendor currently provides these services to the City.

FISCAL IMPACT ANALYSIS

TITLE: The Mayor's Recommendation of Award for RFP-2025-668-HRM-CG – Group Benefits Consultant R: O:
 FUND: 710
 DEPT: 4771000

- No measurable fiscal impact is anticipated, i.e., no impact on fund balance over and above existing appropriations.
- (If Applicable) The estimated fiscal impact (defined as impact over and above existing appropriations) of this legislation is as follows:

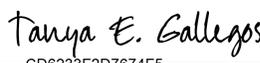
	Fiscal Years			Total
	2025	2026	2027	
Base Salary/Wages				-
Fringe Benefits at				-
Subtotal Personnel	-	-	-	-
Operating Expenses		-		-
Property		-	-	-
Indirect Costs	-	-	-	-
Total Expenses	\$ -	\$ -	\$ -	\$ -
<input type="checkbox"/> Estimated revenues not affected				
<input type="checkbox"/> Estimated revenue impact				
Revenue from program				0
Amount of Grant		-	-	
City Cash Match				
City Inkind Match				
City IDOH				
Total Revenue	\$ -	\$ -	\$ -	\$ -

These estimates do not include any adjustment for inflation.
 * Range if not easily quantifiable.

Number of Positions created

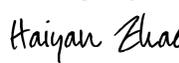
COMMENTS: There is no measurable fiscal impact anticipated. The cost for year 1 and 2 will be \$300,00.00 for consulting and approximately \$2,000,000.00 for stop loss.

COMMENTS ON NON-MONETARY IMPACTS TO COMMUNITY/CITY GOVERNMENT:

PREPARED BY: DocuSigned by:

 Tanya E. Gallegos
 CP6232F2D7674F5...
 FISCAL ANALYST

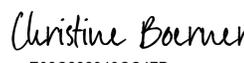
APPROVED: DocuSigned by:

 Ian Stoker
 10/30/2025 | 10:23 AM MDT
 F30A9D9E3D7448E...
 DIRECTOR

REVIEWED BY: DocuSigned by:

 Haiyan Zhao
 F1100E71D9C84B2...
 EXECUTIVE BUDGET ANALYST

DocuSigned by:

 Lawrence Davis
 CB204A0D4220484...
 BUDGET OFFICER

Signed by:

 Christine Boerner
 E02C282349CC47B...
 CITY ECONOMIST



City of Albuquerque

Department of Finance and Administrative Services

Timothy M. Keller, Mayor

Interoffice Memorandum

Date 8/20/2025 | 3:46 PM MDT

TO: Dr. Samantha Sengel, Chief Administrative Officer

FROM: Ian Stoker, Human Resources Department

DS
IS

SUBJECT: **Recommendation of Award –**
RFP Number: RFP-2025-668-HRM-CG
RFP Name: Group Benefits Consultant

The Department of Finance and Administrative Services, Purchasing Division, issued the subject solicitation in conjunction with the Department of Human Resources and developed an RFP for Group Benefits Consultant.

The solicitation was posted on the Purchasing website on July 21, 2025, and was advertised on Social Media. The number of responses received for evaluation were five (5).

The Ad Hoc Evaluation Committee evaluated and scored the responses in accordance with the evaluation criteria published in the RFP and recommends award of contract to McGriff, Seibels & Williams.

I concur with this recommendation. Listed below are the composite scores for the top responses received:

COMPANY NAME	SCORE
McGriff, Seibels & Williams	686
HUB International	628
USI Insurance Services	600

The Department that will be managing this contract is Human Resources
Approved:

Dr. Samantha Sengel (Date)
Chief Administrative Officer

Attachment: Scoring Summary





RFP-2025-668-HRM-CG - Group Benefits Consultant

Scoring Summary

Active Submissions

	Total	A - Evaluation Criteria	A-1 - Offer Identification Firm Expertise and Resources Available	A-2 - Team Experience & Management Summary	A-3 - Clear Project Plan on meeting Scope of Services & Responses to Questions below	B - Cost	B-1 - Cost Proposal
Supplier	/ 1,350.00 pts	/ 750 pts	/ 250 pts	/ 250 pts	/ 250 pts	/ 250 pts	/ 250 pts
McGriff, Seibels & Williams	686	657	214	222	221	29	29
HUB International	628	580	194	178	208	48	48
USI Insurance Services	600	578	194	192	192	22	22
Arthur J. Gallagher Risk Management Services, LLC	524	485	199	197	89	39	39
Nebula Advisers LLC	457	207	71	61	75	250	250

City of Albuquerque

Request for Proposals

Solicitation Number: RFP-2025-668-HRM-CG

Group Benefits Consultant

RFP Open Date 07/10/2025



Deadline for Receipt of Proposals: August 9, 2025 4:00 p.m. (Mountain Time)

The City eProcurement System will not allow Proposals to be submitted after this date and time.

**City of Albuquerque
Department of Finance and Administrative Services
Purchasing Division
V2024.07.10 JLB**

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INTRODUCTION

The City of Albuquerque is accepting proposals from qualified Offerors to provide a full range of actuarial and consulting services related to the design, implementation, maintenance, communication and strategic improvements of the following benefits programs: Medical, Dental, Vision, Prescription, Flexible Spending Account, Life, AD&D, Short and Long-Term Disability, Employee Assistance Program and Wellness Programs.

The City of Albuquerque (City) employs approximately 6,500 benefits-eligible employees. In addition, the City has intergovernmental agreements with 15 government agencies within the State of New Mexico. These entities range in size from five to 800 employees. The agreements allow the entities to offer the same employee benefit options to their employees for the same monthly premium that the City has contracted with carriers (fully insured) for its employees. Total covered lives for the City and all entities are approximately 16,500. Retirees are not covered. Benefit options include: self-funded medical and pharmacy. Fully insured dental, vision, term life, long-term disability, and flexible spending accounts. Short-term loan program, legal, accident, and critical insurance, as well as on-site and mobile health clinics.

PART 1

INSTRUCTIONS TO OFFERORS

1.1 RFP Number and Title: RFP-2025-668-HRM-CG "Group Benefits Consultant"

1.2 Proposal Due Date: August 9, 2025 - NLT 4:00 PM (Local Time)

The time and date Proposals are due shall be strictly observed.

1.3 Purchasing Division: This Request for Proposals ("RFP") is issued on behalf of the City of Albuquerque by its Purchasing Division, which is the sole point of contact during the entire procurement process.

1.4 Authority: Chapter 5, Article 5 of the Revised Ordinances of the City of Albuquerque, 1994, ("Public Purchases Ordinance"). The City Council, pursuant to Article 1 of the Charter of the City of Albuquerque and Article X, Section 6 of the Constitution of New Mexico, has enacted this Public Purchases Ordinance as authorized by such provisions and for the purpose of providing maximum local self-government. To that end, it is intended that this Public Purchases Ordinance shall govern all purchasing transactions of the City and shall serve to exempt the City from all provisions of the New Mexico Procurement Code, as provided in Section 13-1-98K, NMSA 1978.

1.5 Acceptance of Proposal: Acceptance of Proposal is contingent upon Offeror's certification and agreement by submittal of its Proposal, to comply and act in accordance with all provisions of the following:

1.5.1 City Public Purchases Ordinance

1.5.2 City Purchasing Rules and Regulations: These Rules and Regulations ("Regulations") are written to clarify and implement the provisions of the Public Purchases Ordinance. These Regulations establish policies, procedures, and guidelines relating to the procurement, management, control, and disposal of goods, services, and construction, as applicable, under the authority of the Ordinance.

1.5.3 Civil Rights Compliance: Acceptance of Proposal is contingent upon the Offeror's certification and agreement by submittal of its Proposal, to comply and act in accordance with all provisions of the Albuquerque Human Rights Ordinance, the New Mexico Human Rights Act, Title VII of the U.S. Civil Rights Act of 1964, as amended, and all federal statutes and executive orders, New Mexico statutes and City of Albuquerque ordinances and resolutions relating to the enforcement of civil rights and affirmative action. Questions regarding civil rights or affirmative action compliance requirements should be directed to the City of Albuquerque Human Rights Office.

1.5.4 Americans with Disabilities Act Compliance: The Offeror certifies and agrees, by submittal of its Proposal, to comply and act in accordance with all applicable provisions of the Americans With Disabilities Act of 1990 and federal regulations promulgated thereunder.

1.5.5 Insurance and Bonding Compliance: Acceptance of Proposal is contingent upon Offeror's ability to comply with the insurance requirements as stated herein. Please include a certificate or statement of compliance in your Proposal and bonds as required.

1.5.6 Ethics:

1.5.6.1 Fair Dealing. The Offeror warrants that its Proposal is submitted and entered into without collusion on the part of the Offeror with any person or firm, without fraud and in good faith. Offeror also warrants that no gratuities, in the form of entertainment, gifts or otherwise, were, or will be offered or given by the Offeror, or any agent or representative of the Offeror to any officer or employee of the City with a view toward securing a recommendation of award or subsequent contract or for securing more favorable treatment with respect to making a recommendation of award.

1.5.6.2 Conflict of Interest. The Offeror warrants that it presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of services required under the contract resulting from this RFP. The Offeror also warrants that, to the best of its knowledge, no officer, agent or employee of the City who shall participate in any decision relating to this RFP and the resulting contract, currently has, or will have in the future, a personal or pecuniary interest in the Offeror's business.

1.5.7 Participation/Offeror Preparation: The Offeror may not use the consultation or assistance of any person, firm company who has participated in whole or in part in the writing of these specifications or the Scope of Services, for the preparation of its Proposal or in the management of its business if awarded the contract resulting from this RFP.

1.5.8 Debarment or Ineligibility Compliance: By submitting its Proposal in response to this RFP, the Offeror certifies that (i) it has not been debarred or otherwise found ineligible to receive funds by any agency of the federal government, the State of New Mexico, any local public body of the State, or any state of the United States; and (ii) should any notice of debarment, suspension, ineligibility or exclusion be received by the Offeror, the Offeror will notify the City immediately.

Any Proposal received from an Offeror that is, at the time of submitting its Proposal or prior to receipt of award of a contract, debarred by or otherwise ineligible to receive funds from any agency of the federal government, the State of New Mexico, any local public body of the State, or any state of the United States, shall be rejected.

Upon receipt of notice of debarment of an Offeror awarded a contract as a result of this RFP ("Contractor"), or other ineligibility of the Contractor to receive funds from any agency of the federal government, the State of New Mexico, any local public body of the State, or any state of the United States, the City shall have the right to cancel the contract with the Contractor resulting from this RFP for cause in accordance with the terms of said contract.

1.5.9 Goods Produced Under Decent Working Conditions: It is the policy of the City not to purchase, lease, or rent goods for use or for resale at City owned enterprises that were produced under sweatshop conditions. The Offeror certifies, by submittal of its Proposal in response to this solicitation, that the goods offered to the City were produced under decent working conditions. The City defines "under decent working conditions" as production in a factory in which child labor and forced labor are not employed; in which adequate wages and benefits are paid to workers; in which workers are not required to work more than 48 hours per week (or less if a shorter workweek applies); in which employees are free from physical, sexual or verbal harassment; and in which employees can speak freely about working conditions and can participate in and form unions. [*Council Bill No. M-8, Enactment No. 9-1998*]

1.5.10 Graffiti Free: When required, the Contractor will be required to furnish equipment, facilities, or other items required to complete these services, that are graffiti-free. Failure of Contractor to comply with this requirement may result in cancellation of the contract resulting from this RFP.

1.6 City Contact: The sole point of contact for this RFP is the City of Albuquerque Purchasing Division. Questions regarding this RFP should be directed to the following Purchasing representative unless otherwise specified in the solicitation. The City Contact will communicate with Offerors through its e-procurement system, Bonfire. Offerors will receive e-mail notifications from Bonfire to the e-mail that Offeror included in its Bonfire registration. Offerors are responsible for monitoring any communications sent through Bonfire and responding to any requests for information or directives within stated deadlines. Offerors who fail to abide by this instruction may be deemed nonresponsive.

- Cassaundra Gomez, Senior Buyer, Department of Finance and Administrative Services, Purchasing Division
- Phone: (505) 768-3329 or E-Mail: Cgomez@cabq.gov
- Post Office Box 1293, Albuquerque, New Mexico 87103

1.7 Contract Management: The contract resulting from this RFP will be managed by the Human Resources Department, Insurance and Benefits Division.

1.8 Clarification: Any explanation desired by an Offeror regarding the meaning or interpretation of this RFP must be requested in writing not less than ten (10) working days prior to the deadline for the receipt of Proposals to allow sufficient time for a reply to reach all Offerors before the submission of their Proposals. No extension of time will be granted based on submission of inquiries subsequent to the required date nor will such inquiries be answered. All inquiries must be directed to the Purchasing Division as stated herein and must be submitted through the City's eProcurement system Bonfire. **The City will not respond to questions that are submitted by any other means than electronically through the City's eProcurement system.** Oral explanations or instructions given before the award of the contract or at any time will not be binding. Purchasing shall prepare answers to questions in the form of Addenda to this RFP and shall post all such Addenda to the online eProcurement System.

1.9 Submission of Proposals. The Offeror's Proposal must be submitted **electronically** through the eProcurement system pursuant to the following requirements:

1.9.1 Electronic Copy. Submit your complete Proposal including all forms, attachments, exhibits, Technical Proposal, Cost Proposal, etc. using the eProcurement System at <https://cabq.bonfirehub.com/portal/?tab=openOpportunities>. Please allow a minimum of two (2) business days to submit your proposal. If you do not have a username and password, please register as this is the only method to submit electronically on the Bonfire portal. Please make sure to register on the system in order to receive notices and submit a response to a solicitation. For assistance, please contact support@gobonfire.com or 1-800-354-8010. **Failure to submit your proposal electronically through the City's eProcurement system shall result in your proposal being deemed nonresponsive.**

1.9.2 Format. Each file uploaded to the eProcurement System shall be in single PDF format unless otherwise indicated. The City's preferred format is Optical Character Recognition (OCR) searchable PDF format. Do not encrypt files and do not password protect the documents submitted.

1.9.3 ALL PROPOSALS MUST BE RECEIVED BY THE CITY PURCHASING DIVISION AS SPECIFIED HEREIN. IF YOU FAIL TO COMPLY WITH THE SUBMISSION REQUIREMENTS IN THIS SECTION 1.9, THE CITY SHALL DEEM YOUR PROPOSAL NONRESPONSIVE.

1.9.4 No other methods of Proposal delivery. Neither telephone, facsimile, nor telegraphic Proposals shall be accepted.

1.9.5 Modification. Proposals may be modified or withdrawn only by written notice, provided such notice is received prior to the Proposal Due Date.

1.9.6 Receipt of Proposals. The only acceptable evidence to establish the time of receipt of Proposals by City Purchasing Office is the time-date stamp of the eProcurement System.

1.9.7 Acknowledgment of Addenda to the Request for Proposals. Receipt of Addenda to this RFP by an Offeror must be acknowledged in the City's eProcurement system. Failure to acknowledge an Addendum may result in your response being deemed non-responsive.

1.10 Modifications to Scope of Services: In the event that sufficient funds do not become available to complete each task in the Scope of Services, the Scope of Services may be amended, based upon the cost breakdown required in the Cost Proposal.

1.11 Required Contract Terms: The Required Contract Terms can be accessed at this link <https://www.cabq.gov/dfa/purchasing-division/vendor-services/terms-and-conditions>, click on "Request for Proposals Required Contract Terms". The Offeror certifies that it accepts the Required Contract Terms, or has uploaded its exceptions to the Required Contract Terms in the City's e-Procurement system, under "Requested Information" "Exceptions to Section 1.11 Required Contract Terms." Any exceptions shall be identified by the RFP Section, Subsection, and must state the specific exception the Offeror has, as well as any alternative language. The City's receipt of exceptions in a response is not an acceptance of any requested changes to the Required Contract Terms. The Required Contract Terms may differ from the terms in the final contract awarded under this RFP.

1.12 Contract Term: The contract resulting from this solicitation is anticipated to have a term of one (1) year with four (4) possible extensions of one (1) year.

1.13 Evaluation Period: The City reserves the right to analyze, examine and interpret any Proposal for a period of ninety (90) days after the hour and date specified for the receipt of Proposals. The City reserves the right to extend the evaluation period if it feels, in its sole discretion, such an extension would be in the best interest of the City.

1.14 Evaluation Assistance: The City, in evaluating Proposals, reserves the right to use any assistance deemed advisable, including City contractors and consultants.

1.15 Rejection and Waiver: The City reserves the right to reject any or all Proposals and to waive informalities and minor irregularities in Proposals received.

1.16 Award of Contract:

1.16.1 When Award Occurs: Award of contract occurs when a Purchase Order is issued or other evidence of acceptance by the City is provided to the Offeror. A Recommendation of Award does not constitute award of contract.

1.16.2 Award: If a contract is awarded, it shall be awarded to the responsive and responsible Offeror whose Proposal conforming to this RFP will be most advantageous to the City as set forth in the Evaluation Criteria.

1.17 Cancellation: This RFP may be canceled for any reasons and any and all Proposals may be rejected in whole or in part when it is in the best interests of the City.

1.18 Negotiations: Negotiations may be conducted with the Offeror(s) recommended for award of contract.

1.19 City-Furnished Property: No material, labor, or facilities will be furnished by the City unless otherwise provided for in this RFP.

1.20 Public Records:

1.20.1 The Purchasing Division's procurement file and any documents relating to this RFP, including the Proposals submitted by Offerors, shall be open to public inspection in accordance with applicable law after the recommendation of award of a contract has been approved by the Mayor or the Mayor's designee.

1.20.2 An Offeror who chooses to submit material they consider a "Trade Secret" must do so in a segregated file clearly designated as containing trade secrets both in the file name and within the contents of the file itself. These segregated files are to be used by the City for reference only. An Offeror's failure to segregate such materials constitutes a failure to reasonably, under the circumstances, maintain the materials' secrecy and Offeror indemnifies and holds the City harmless for any and all liability resulting from the disclosure of any materials not segregated as described above.

1.20.3 If an Offeror submits with a proposal material required by law to be kept confidential, the Offeror must segregate such material in a separate file. Such a file should be clearly designated as "Legally Confidential" in both the file name and within the contents of the file. The contents of the file must include a description and citation to the legal basis for why the material must be kept confidential. Failure to segregate the material and describe the legal basis for why it is to be kept confidential may result in the information being disclosed. Designating the entire proposal confidential is not acceptable without providing the legal basis and may result in the information being disclosed. Offeror indemnifies and holds the City harmless for any and all liability resulting from such disclosure resulting from information not segregated as described above.

1.20.4 Pricing, makes and models or catalog numbers of items offered, delivery terms, and terms of payment shall not be designated as trade secrets or required to be kept confidential by law.

1.20.5 The City will endeavor to restrict the release of material segregated and designated as "Trade Secret" or "Legally Confidential" to only those individuals involved in the review and analysis of the Proposals, and to any other party as required by law or court order. Under the New Mexico Inspection of Public Records Act (Sections 14-2-1 et seq, NMSA 1978) ("Act") the City may redact trade secrets and other material required to be kept confidential by law, but may not redact proprietary or confidential information. Any Proprietary or Confidential Data provided as part of a Proposal is subject to public inspection under the Act. **Notwithstanding any provision of this RFP, the City shall not be responsible or liable to the Offeror for any disclosure of records required by the Act or an order of a court or other tribunal with jurisdiction over the City.**

1.21 Procurement Preferences: A Pay Equity Preference as provided in Section 5-5-31 R.O.A. 1994 (as amended by C/S O-17-33) and the State Preferences as provided in 13-1-21 NMSA 1978 are applicable to this solicitation. To request the application of a preference, as applicable, Offeror shall submit with its Proposal a City Pay Equity Preference Form or the New Mexico State Certification for the requested preference.

1.22 Request for Proposals Protest Process:

1.22.1 RFP Documents: If the protest concerns the specifications for the RFP or other matters pertaining to the solicitation documents, the protest must be filed with the Chief Procurement Officer no later than 5:00 p.m., ten (10) business days prior to the deadline for the receipt of Proposals.

1.22.2 Recommendation of Award: If the protest concerns the Recommendation of Award, the protest must be filed with the Chief Procurement Officer no later than 5:00 p.m. of the tenth (10th) business day after the receipt of notice of the Recommendation of Award.

1.22.3 Timely Protests: Protests must be received by the Chief Procurement Officer prior to the appropriate deadline as set out herein, or they will be rejected. The Chief Procurement Officer may waive the deadline for good cause, including a delay caused by the fault of the City. Late delivery by the U.S. Postal Service or other carrier shall not be considered good cause.

1.22.4 How to File a Protest: Any Offeror who is aggrieved in connection with a competitive solicitation or recommendation of award of a contract may protest to the City Chief Procurement Officer. The protest shall be addressed to the Chief Procurement Officer, must be submitted in written form and must be legible. Protests may be electronically delivered via email or mailed. Facsimile, telephonic, telegraphic or any other type of electronic protests will not be accepted.

1.22.5 Required Information: The protest shall contain at a minimum the following:

1.22.5.1 The name and address of the protesting party;

1.22.5.2 The number of the competitive solicitation;

1.22.5.3 A clear statement of the reason(s) for the protest detailing the provisions believed to have been violated;

1.22.5.4 Details concerning the facts, which support the protest;

1.22.5.5 Attachments of any written evidence available to substantiate the claims of the protest; and

1.22.5.6 A statement specifying the ruling requested.

1.22.6 Delivery of Protests:

1.22.6.1 By Mail: Protests may be mailed in an envelope marked "PROTEST" with the solicitation number. Protests which are mailed should be addressed as follows:

Chief Procurement Officer
City of Albuquerque, Purchasing Division
P.O. Box 1293
Albuquerque, NM 87103
PROTEST, RFP Number

1.22.6.2 By Electronic Mail: Protests may be emailed to:
Kathleen Oney, Chief Procurement Officer
koney@cabq.gov

The message should clearly indicate "PROTEST" and the RFP number in the subject line.

1.22.7 Protest Response by Chief Procurement Officer: The Chief Procurement Officer will, after evaluation of a protest, issue a response. Only the issues outlined in the written protest will be considered by the Chief Procurement Officer.

1.22.8 Protest Hearing: If a hearing is requested, the request must be included in the protest and received within the time limit. Only the issues outlined in the protest will be considered by the Chief Procurement Officer, or may be raised at a protest hearing. The granting of a hearing shall be at the discretion of the Chief Procurement Officer following review of the request.

1.23 Insurance:

1.23.1 General Conditions: The City will require the successful Offeror, referred to as the Contractor, to procure and maintain at its expense during the term of the contract resulting from the RFP, insurance in the kinds and amounts hereinafter provided with insurance companies authorized to do business in the State of New Mexico, covering all operations of the Contractor under the contract. Upon execution of the contract and on the renewal of all coverages, the Contractor shall furnish to the City a certificate or certificates in form satisfactory to the City as well as the rider or endorsement showing that it has complied with these insurance requirements. All certificates of insurance shall provide that thirty (30) days written notice be given to the Risk Manager, Department of Finance and Administrative Services, City of Albuquerque, P.O. Box 470, Albuquerque, New Mexico, 87103, before a policy is canceled, materially changed, or not renewed. Various types of required insurance may be written in one or more policies. With respect to all coverages required other than professional liability or workers' compensation, the City shall be named an additional insured. All coverages afforded shall be primary with respect to operations provided.

1.23.2 Approval of Insurance: Even though the Contractor may have been given notice to proceed, it shall not begin any work under the contract resulting from this RFP until the required insurance has been obtained and the proper certificates (or policies) are filed with the City. Neither approval nor failure to disapprove certificates, policies, or the insurance by the City shall relieve the Contractor of full responsibility to maintain the required insurance in full force and effect. If part of the contract is sublet, the Contractor shall include any or all subcontractors in its insurance policies, or require the subcontractor to secure insurance to protect itself against all hazards enumerated herein, which are not covered by the Contractor's insurance policies.

1.23.3 Coverage Required: The kinds and amounts of insurance required are as follows:

1.23.3.1 Commercial General Liability Insurance. A commercial general liability insurance policy with combined limits of liability for bodily injury or property damage as follows:

\$2,000,000	Per Occurrence
\$2,000,000	Policy Aggregate
\$1,000,000	Products Liability/Completed Operations
\$1,000,000	Personal and Advertising Injury
\$ 5,000	Medical Payments

Said policy of insurance must include coverage for all operations performed for the City by the Contractor and contractual liability coverage shall specifically insure the hold harmless provisions of the contract resulting from this RFP.

1.23.3.2 Automobile Liability Insurance. A comprehensive automobile liability insurance policy with liability limits in amounts not less than \$1,000,000 combined single limit of liability for bodily injury, including death, and property damage in any one occurrence. The policy must include coverage for the use of all owned, non-owned, hired automobiles, vehicles and other equipment both on and off work.

1.23.3.3 Workers' Compensation Insurance. Workers' compensation insurance policy for the Contractor's employees, in accordance with the provisions of the Workers' Compensation Act of the State of New Mexico, (the "Act"). If the Contractor employs fewer than three employees and has determined that it is not subject to the Act, it will certify, in a signed statement, that it is not subject to the Act. The Contractor will notify the City and comply with the Act should it employ three or more persons during the term of the contract resulting from this RFP.

1.23.4 Increased Limits: During the life of the contract the City may require the Contractor to increase the maximum limits of any insurance required herein. In the event that the Contractor is so required to increase the limits of such insurance, an appropriate adjustment in the contract amount will be made.

1.23.5 Additional Insurance: The City may, as a condition of award of a contract, require a successful Offeror to carry additional types of insurance. The type and limit of additional insurance is dependent upon the type of services provided via the contract by the successful Offeror.

1.24 Pay Equity Documentation. All Proposals shall include a Pay Equity Reporting Form that can be accessed at <https://www.cabq.gov/gender-pay-equity-initiative>. Offerors who believe they are exempt because they are an out-of-state contractor (meaning that you have no facilities and no employees working in New Mexico) are not required to report data, but must still submit a Pay Equity Reporting Form with the box verifying the exempt status checked. **Any Proposal that does not include a Pay Equity Reporting Form shall be deemed nonresponsive, as stated in the Public Purchases Ordinance, 5-5-31.** A Pay Equity Reporting Form will be automatically issued within two (2) business days of completing your information at the link above. To ensure you have your form before the deadline for solicitation closes, please access the link at least three (3) business days prior to the solicitation deadline. Please contact the "City Contact" identified above in Section 1.6 with any questions about the Pay Equity Reporting Form.

PART 2 PROPOSAL FORMAT

2.1 Technical Proposal Format, Section One

2.1.1 Offeror Identification: State name and address of your organization or office and nature of organization (individual, partnership or corporation, private or public, profit or non-profit). Subcontractors, if any, must be identified in a similar manner. Include name, email address and telephone number of person(s) in your organization authorized to execute the contract resulting from this RFP. Submit a statement of compliance with all laws stated herein. Submit a statement of agreement to the Required Contract Terms; state exceptions as directed in Section 1.11. Show receipt of Addenda if applicable. Provide a statement or show ability to carry the insurance specified.

2.1.2 Team Experience, Management, Firm Expertise and Resources Available:

2.1.2.1 Current Experience. State relevant experience of the company and person(s) who will be actively engaged in the proposed project, including experience of subcontractors. Submit resumes for the individuals who will be performing the services for the City.

2.1.2.2 Past Experience. Describe a minimum of three (3) projects of similar scope and size, which are now complete; state for whom the work was performed, year completed, and a letter of reference for each regarding the work. References must be for work performed in the past three to five (3 to 5) years. DO NOT use City employees or any City elected officials as a reference. The City will not contact and will not assign any evaluation points for references from City employees or elected officials. State relevant experience with other municipalities or government entities.

2.1.3 Proposed Approach to Tasks: Discuss fully your proposed approach to each of the tasks described in Part 3, Scope of Services. Use charts to illustrate the number of hours dedicated to each task and who will be performing each task [individual(s)/firm(s)]. Reference Appendix D, attached hereto, without stating the price structure.

2.1.4 Management Summary: Describe individual staff and subcontractor's responsibilities with lines of authority and interface with the City of Albuquerque staff. Describe resources to be drawn from in order to complete tasks.

2.2 Cost Proposal Format, Section Two

2.2.1 Total Cost: Submit your Cost Proposal (Appendix D) separately from your Technical Proposal (upload Appendix D in the City's eProcurement system). Failure to submit your cost separately from your Technical Proposal shall result in your proposal being deemed non-responsive.

2.2.2 The Cost Proposal should, at a minimum, contain the following information:

- Cost or pricing details should be shown by task. This might include, but is not limited to:
- Hours by category, hourly rates, and total labor broken out by professional and other labor. Rates are to include all overhead and profit.
- Purchased materials, unit costs, and quantities.
- Travel, lodging, and other direct expenses.
- Subcontract costs if applicable, and additional consulting beyond the scope of the described tasks (if requested).

2.2.3 Offerors should show detailed costs by task and number of hours dedicated to each task as listed in the specifications.

2.2.4 All Costs: All costs to be incurred and billed to the City should be described by the Offeror for each item, to allow for a clear evaluation and comparison, relative to other Proposals received. All costs should include any applicable gross receipts taxes. The Offeror should understand that the City will not pay for any amounts not included in the cost Proposal -- for example, insurance or taxes -- and that liability for items not included remains with the Offeror.

PART 3 SCOPE OF SERVICES

If selected, the contractor will be expected to provide a full range of actuarial and consulting services related to the design, implementation, maintenance, communication and strategic improvements of the following benefits programs: Self-funded Medical and Pharmacy. Fully insured, Dental, Vision., Prescription, Flexible Spending Account, Life, AD&D, Short and Long- Term Disability, Legal Services, Short-Term Loan Program, Employee Assistance Program, and Wellness Programs and clinics.

The awarded Contractor shall perform the following:

1. Recommendations on plan design changes and financial analysis of the cost impact.
2. Determination of premium level charged on self-funded plans.
3. Assistance in budget preparation and projections.
4. General benefit consulting advice including updates on state health benefits legislative changes and federal law, rules or regulations affecting benefit plans as requested.
5. Review of forms. Assistance is occasionally required for review of employee notices (i.e., COBRA Notifications, HIPAA privacy notices, etc.)
6. Assist in analysis of pending legislation during the legislative session. These require 24-hour turnaround time. The NM legislature meets for 60 days in odd-numbered years and 30 days in even-numbered years. Special sessions may occur.
7. Consultant will provide notification on benefits and funding trends that may affect benefits programs during the legislative session.
8. Attendance at the various City meetings as required.
9. Arrange and attend meetings with vendors/contractors at the request of City of Albuquerque.
10. If the City deems it necessary to submit any portion of the employee benefits program to a competitive proposal process to add or change benefit programs, the consultant will shall be responsible to draft RFPs that provide complete information for Offerors and will result in responses that provide meaningful information for the City's use in the selection process. The Consultant will also be expected to:
 - a. Prepare a detailed written analysis of all benefit-related proposals received.
 - b. Upon selection of a benefits provider, the Consultant will:

11. Analyze the master contract presented by the benefits provider, or if required, draft a master contract to ensure that the contract complies with the specifications for review by the City.
12. Keep the City of Albuquerque informed of emerging trends in benefits plan designs, drafting plan modifications, amendments, and new plans. Provide recommendations for benefit improvements/enhancements as dictated by emerging plan costs or benefit practice trends, along with our business needs.
13. Assist in the preparation and review of benefit program communication materials for open enrollment.
14. The consultant must have the ability to provide benchmarking information on the benefits programs and their components as necessary and requested.
15. Consultant shall prepare appropriate fund analysis and claims analysis, as requested.
16. Consultant shall participate in the preparation and presentation of any necessary and/or requested reports, including cost projections for upcoming years and provide Ad-Hoc reports upon requests.
17. Consultant shall provide a long-term solvency projection that allows extrapolation of the impact of plan design and funding changes.
18. Consultant shall provide database warehousing and data mining tasks, as requested.
19. Consultant shall provide recommended reserve balance, including fixed costs, by line of business, calculated in accordance with applicable Actuarial Standards of Practice.
20. Consultant shall advise and assist in the determination of employee attitudes, needs, and expectations concerning benefit programs by use of surveys, questionnaires, meetings, or other communication methods, as requested.
21. Consultant shall provide employee wellness consulting to include Health Risk Assessment (HRA)/Personal Health Profile (PHP), biometric health screenings and any other additional wellness services, as requested.
22. Consultant shall provide services including, but not limited to: self-funded claim audits, claims utilization analysis and reporting, actuarial services, benchmarking, budget projection, assistance with implementation and renewals, marketing services, plan design recommendations, assistance with communication strategies, and on-going account management. The consultant shall provide updates and education related to the above-mentioned services. All services may not be requested in a single fiscal year.

23. Consultant must be proficient in handling all phases of fully insured and/or self-funded medical, dental, vision, and prescription drug plans, to include establishing employee contribution amounts.
24. Consultant shall be knowledgeable about Flexible Spending Accounts, Group and Supplemental Life and AD&D Insurance, Retiree Life Insurance, and Short and Long-Term Disability Insurance.
25. Consultant shall be knowledgeable about assessing, designing, implementing, and evaluating employee wellness programs to include on-site health clinics.
26. Provide annual fiscal year actuarial certification of required Incurred but not Reported (IBNR) reserves for all self-funded plans at a statistical confidence level determined by individual participating agencies. Certification to be issued by a credentialed health actuary.
27. Provide cost projections to meet required funding at participating agencies based on budgeted funding levels for all self-funded plans for each plan year, and set the contribution rates for employer and employee cost share, including recommended reserve funding.
28. Annual updates to Fair Market Value to determine the imputed income related to domestic partner coverage.
29. Review and monitor insurance claims experience on an ongoing basis. This will include periodic review with regard to past experience and trend projections, and, as applicable, discussion of alternative funding methods.
30. Produce monthly, quarterly, and year-end reports; provide ad-hoc reports as requested.
31. Prepare and present benefits plan year recommendations, cost projections, and any other necessary and/or requested reports to the leadership team or participating agency governing authorities.
32. Consultant shall utilize a database combining all data (medical, prescription drug, and available biometric screening and health risk assessment data) for reporting and to analyze trends and make recommendations.
33. Conduct claim audits of the contracted vendors as requested by the City of Albuquerque. Scope of the audit shall be determined by the City by its discretion. (A separate fee will be negotiated and paid to the consultant for any year this service is requested.)
34. Consultant should be proactive in advising participating agencies regarding the future direction of their employee benefits plans. Suggestions regarding feasible options and viable alternatives to the current plan design are expected on an ongoing basis.

35. Consultant to have the ability to provide benchmarking information on the benefits programs and their components on an annual basis. Benchmarking to large municipalities as well as to employers in Albuquerque, New Mexico, and in the southwest region is desirable.

36. Consultant shall be required to support in the assessment, design, development, evaluation, and growth of employee wellness programs.

37. Consultant shall provide employee wellness support to include analysis and reporting of Population Health Management, and any other additional services required for successful wellness programming.

38. Consultant shall participate in monthly City of Albuquerque Wellness Committee meetings and other City of Albuquerque wellness initiatives as requested.

39. Consultant shall provide continuous updates and education on wellness programming to include newsletters and communications.

40. During all legislative sessions, the consultant shall provide notification to the City of Albuquerque of bills that are introduced that may affect benefits programs.

41. During all legislative sessions, the consultant shall provide analysis and advice on the implications of proposed state legislation relating to employee benefits and wellness programs. This is to include both self-insured and fully-insured products.

42. Consultant shall at all times be current in the field and in a position to advise City of Albuquerque of any changes in applicable federal or state laws, the Affordable Care Act (ACA), industry trends and/or announcements related to health and welfare plans, and assist participating agencies in complying with laws and regulations related to employee benefits. This is to include advice on both self-insured and fully-insured products.

43. Determination of the impact on the City of Albuquerque regarding the ACA to include recommendations of actions to take and plan design changes to implement to remain in compliance, and to minimize the financial impact on affected agencies.

44. At the discretion of the City of Albuquerque, prepare specifications for RFPs to obtain bids from interested carriers to administer or underwrite:

- | | |
|------------------------------------|--|
| a) Medical plans | h) Long-term Disability plans |
| b) Stop Loss Insurance | i) Long-term Care plans |
| c) Prescription Drug Program plans | j) Flexible Spending Account plans |
| d) Group Life and AD&D | k) Other plans or services as directed by the City of Albuquerque (all are net of commissions) |
| e) Dental plans | |
| f) Vision plans | |
| g) Short-term Disability plans | |

45. Assist with negotiation of vendor contractual agreements and provide implementation support.
46. Consultant shall review and assist with the negotiation of all renewals and new contracts.
47. Review all vendor and carrier contracts, Summary of Benefits, Summary Plan Descriptions, and other vendor communication pieces to ensure accuracy and compliance.
48. Monitor performance standards of contracted vendors and resolve any service issues with vendors.
49. Provide information and/or Employee Benefits staff training on new and existing regulations (COBRA, HIPAA, ACA, etc.) as requested.
50. Assist with providing educational tools and resources, such as videos, print materials, and website publications, to promote benefit awareness.
51. Conduct studies, research, and analysis as requested.
52. Assist with the development and evaluation of communication strategies.
53. Provide other benefits and wellness-related services as may be requested or identified.
54. Consultant shall provide assistance with evaluating and implementing value-based initiatives.
55. In general, the Consultant shall be prepared to serve as a Consultant and advisor to the City of Albuquerque, and to assume the degree of responsibility, as mutually agreed upon between the City and the Consultant, for the overall sound and efficient operation of the City's & Participating Entities employee benefits programs. The contractor shall have available staff sufficient in number and qualifications to perform contracted services.
56. The consultant shall provide annual calculations on GASB liabilities and prepare the report used for financial disclosures.

PART 4

EVALUATION OF PROPOSALS

4.1 Selection Process. The Mayor of Albuquerque shall name, for the purpose of evaluating the Proposals, an Ad Hoc Advisory Committee. On the basis of the evaluation criteria established in this RFP, the committee shall submit to the Mayor a list of qualified firms in the order in which they are recommended. Proposal documentation requirements set forth in this RFP are designed to provide guidance to the Offeror concerning the type of documentation that will be used by the Ad Hoc Advisory Committee. Offerors should be prepared to respond to requests by the Purchasing Office on behalf of the Ad Hoc Advisory Committee for oral presentations, facility surveys, demonstrations or other areas deemed necessary to assist in the detailed evaluation process. Offerors are advised that the City, at its option, may award this request on the basis of the initial Proposals.

4.2 Evaluation Criteria. The following general criteria, not listed in order of significance, will be used by the Ad Hoc Advisory Committee in recommending contract award to the Mayor. The Proposal factors will be rated on a scale of **0 to 1000**, with weight relationships as stated below.

4.2.1 Evaluation Factors:

**250 -- Offeror Identification, Firm Expertise, and Resources Available
(Answer all questions from Appendix A)**

250 – Team Experience & Management Summary (Appendix B)

**250 – Clear Project Plan on meeting the Scope of Services
(Answer all questions from Appendix C)**

250 -- Cost Proposal Appendix D – The costs proposed by the Contractor as described in Section 2.2 of this RFP to perform the tasks listed in Part 3, Scope of Services.

The evaluation of this section will occur after the technical evaluation, based on a cost/price analysis.

4.2.2 Cost/Price Factors: The evaluation of cost factors in the selection will be determined by a cost/price analysis using your proposed figures. Please note that the lowest cost is not the sole criterion for recommending contract award.

4.2.3 Cost Evaluation. The cost/price evaluation will be performed by the City Purchasing Division or designee. A preliminary cost review will ensure that each Offeror has complied with all cost instructions and requirements. In addition, Proposals will be examined to ensure that all proposed elements are priced and clearly presented. Cost Proposals that are incomplete or reflect significant inconsistencies or inaccuracies will be scored accordingly or may be rejected by the Ad Hoc Advisory Committee if lacking in information to determine the value/price/cost relative to the services proposed.

Appendix A

Offeror Identification, Management, Firm Expertise, and Resources Available Questionnaire:

The experience and reliability of the offeror's organization are considered subjective in the evaluation process. Therefore, the Offeror is advised to submit any information that documents successful and reliable experience in past performances, especially those performances related to the requirements of this RFP.

Provide responses to the following questionnaire:

1. The successful respondent(s) organization(s) shall have been in business for at least 10 years or have staff with equivalent length of experience in the appropriate benefit areas. Please provide details on your organization and/or staff to support this requirement.
2. The firm should have at least one group actuary on staff or under contract.
3. Provide the most recent year's annual reports, or comparable document, including detailed current profit and loss, assets and liabilities, and other relevant financial data.
4. Experience with public agencies is required. Experience with public agencies with significant union representation is also desirable. Please detail your organization's experience with public agencies and union-represented agencies.
5. Name four (4) government agencies/municipalities for which you have provided similar services in the last five years, and provide a current contact name, email address, and phone number for each account.
6. What resources will your firm bring to this engagement? Discuss years of experience, client base, relevant expertise, and anything else you think would be important in convincing us that your firm is best suited to meet the requirements of this engagement.
7. Is your firm part of a national or regional organization? If yes, provide the corporation's name and address. Describe how this relationship impacts your corporate philosophy, operation, and delivery of services.

8. Where is the office located that will be providing the actuarial and consulting services to the city?
9. Does your office have access to a national network and/or links to a Washington, D.C. division or bureau that tracks legislation and regulatory compliance issues? If so, be sure access to this service is included within your proposed annual fee.
10. Describe any staff relocations, computer system changes/upgrades, program changes, or telephone system changes that have occurred within the past twelve (12) months. What is the status of these projects? Do you anticipate any additional changes in your organizational or operational structure within the next 12-24 months? If so, how may those changes affect the scope of services detailed in this RFP?
11. In your experience, what are the essential elements of a successful partnership between a consultant and a public sector client?
12. Has your company ever been terminated from a contract prior to expiration? If so, whom, when, and why?
13. Provide detailed information regarding any pending or threatened bankruptcy, litigation, liens, or claims involving the Offeror.

Appendix B

Team Experience & Management Summary

Please identify the members of the project team that will be responsible for working with the City. Include a resume of their background and experience in similar accounts and for similar projects. Indicate those individuals with actuarial experience. Any individual assigned by the Consultant who does not perform assigned duties in a manner satisfactory to the City shall be removed or replaced by the Consultant within 24 hours. The Consultant shall obtain prior approval from the City for all personnel they assign within the scope of work. Provide an organizational chart showing lines of reporting and responsibility and how the team assigned to the City fits within the organization. Describe individual staff and subcontractors' responsibilities with lines of authority and interface with the City of Albuquerque staff. Describe resources to be drawn from in order to complete tasks.

The Consultant will provide the following staff:

1. A Project Manager/Lead Consultant for the City who will be the designated contact and shall be available for consultation during normal City business hours. This individual shall be responsible for the planning, conduct, progress, and successful completion of all activities during the term of this contract. This individual will serve as the management contact for all issues related to communication regarding contract changes, requirements, and terms.

2. Assemble and coordinate a project team to support the nature and complexity of city project and programs

Appendix C

Clear Project Plan on Meeting Scope of Services & Following Questions.

Respondents should provide a formal response on their approach to meet the criteria detailed in the Scope of Services and an explanation of how the respondent's organization will comply with all contract provisions. Offerors are advised to be concise and to the point in their responses.

Proposals will be subjectively evaluated based on the Offeror's distinctive plan for performing the requirements of the RFP. Therefore, the Offeror should present a written narrative demonstrating the method or manner in which the Offeror proposes to satisfy these requirements. The language of the narrative should be straightforward and limited to facts, solutions to problems, and plans of action.

Provide responses to the following questionnaire:

1. The selected firm shall be required to recommend insurance products based upon an objective review thereof, and the consultant shall not be engaged as an agent or broker or participate in any capacity whatsoever in the sale or placement of employee benefit insurance coverages on behalf of the City.
 - a. Do you agree with this requirement?

2. Will you provide performance guarantees?
 - a. If so, include the terms, conditions, and amount of the contract fees at risk.

3. Are you willing to provide any performance guarantees regarding your service and fees?
 - a. If yes, please describe the measures and fees at risk each year.

4. Unless otherwise prohibited by federal and/or state law, any and all reports, photographs, surveys, and other data and documents provided or created at the request of the City in connection with this Agreement are and shall remain the property of the City.
 - a. Do you agree to this stipulation?

5. What additional products and/or services does your company offer that you believe would be beneficial to the City? Include whether or not there would be an additional cost to the City for such products and/or services.

6. Describe your firm's view of the role that direct provider contracting and value-based contracting have in controlling healthcare costs.
 - a. What resources and assistance do you offer clients to help achieve these goals?

7. Describe your firm's expertise in monitoring, evaluating, and determining value-based reimbursement contracts and programs.

8. Describe your firm's experience in health insurance utilization review, quality assessment, and clinical evaluation of a health plan's performance.

Appendix D
COST PROPOSAL

- I. Hourly Costs:

- II. Any Additional Charges:
(i.e., hourly/mileage charges for travel, direct expenses, implementation or set up fees, etc.)

- III. Maximum (“not to exceed”) Annual Cost: Five Hundred Thousand Dollars (\$500,000). This maximum must include all charges.

Fees should not include New Mexico Gross Receipts Tax.

The rates quoted above are “firm” until: _____
(Date)

Name of Consulting Firm

Signature of Duly Authorized Officer

Date

Printed Name and Title

All offers must be inclusive of travel, postage, production, and any other associated fees. The consultant shall be remunerated solely on a fee basis. The consultant shall not receive income with respect to this agreement, directly or indirectly, from any insurer, administrator, or other source of services to be provided in a recommended program.

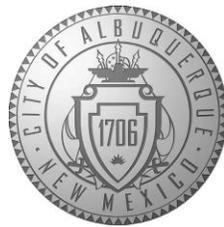


Technical Proposal

Group Benefits Consultant

Solicitation Number: RFP-2025-668-HRM-CG

August 9, 2025



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August 6, 2025

Cassandra Gomez, Senior Buyer
Department of Finance and Administrative Services, Purchasing Division
P.O. Box 1293
Albuquerque, New Mexico 87103

Re: Solicitation Number: RFP-2025-668-HRM-CG, Group Benefits Consultant

Dear Ms. Gomez,

McGriff, a Marsh & McLennan Agency Company (“McGriff” or “McGriff MMA”), is grateful for the opportunity to propose our firm’s capabilities to the City of Albuquerque (“City”) for Group Benefits Consultant. McGriff MMA is proud to have partnered with the City to provide these services since 2021. Our organizations continue to share common values in integrity, people, teamwork, and performance as key ingredients for success and long-term relationships.

In November 2024, McGriff was acquired by Marsh McLennan (NYSE: MMC), a global leader in risk, strategy, and people, and joined Marsh McLennan Agency. As a Marsh & McLennan Agency and part of the world’s largest insurance advisory and brokerage firm, McGriff MMA offers the City unmatched resources and intellectual capabilities to solve any benefit or risk challenge it faces. For over a century, we have served employers and plan sponsors with leading risk management, insurance and employee benefit brokerage and consulting services.

McGriff MMA has actively been serving public entities for over 40 years. Our Public Entity practice is one of the strongest industry verticals within McGriff MMA’s operations, serving over 2,000 unique public entities across our risk and benefit platforms. Our team’s strength is our people, who bring deep industry knowledge and expertise in the government benefits sector. We recruit diverse talents, including former underwriters, account executives, and leaders from both inside and outside the insurance industry. The McGriff MMA team has the skills and resources to address a wide range of risk management and employee benefits needs.

In our Public Entity Risk Management and Employee Benefits practices, we serve municipal and county governments, private and public educational institutions, publicly funded hospitals, health districts, utilities, transportation and port authorities. We possess an expert and proven understanding of the distinctive attributes of a public entity:

- Importance of being accessible to staff – even outside “normal” business hours
- Provide accurate and timely financial reporting and actuarial analysis that meet budgeting requirements
- Aid in the design and implementation of RFPs for vendor services through procurement departments while adhering to fair practice, compliance and ethical requirements
- Assist staff to present findings and recommendations to its leadership

- Educate staff members on current topics of interest – examples may include new compliance regulations, innovations in virtual care, and approaches to optimize a benefit plan’s performance
- Commitment to transparency and disclosure of all financial arrangements and compensation

McGriff is active in national industry associations including Public Risk Management Association (PRIMA), Public Sector Human Resources Association (formerly IPMA-HR), and State and Local Government Benefit Association (SALGBA) among others. We are often presenters at these conferences on topics ranging from best practices in holistic risk management, clinical engagement, wellness and retiree strategies.

The composition of our Client Service Team has remained consistent since the partnership with the City began in 2021. Scott Gibbs, Executive Vice President, and John Bass, Senior Vice President, will continue to serve as Project Managers and Lead Consultants, while Sandy Brown, Senior Vice President, will continue the role of Service Team Manager. With more than five years of collaboration with the City, the Service Team possesses an in-depth understanding of the City’s insurance programs and remains committed to delivering innovative risk mitigation strategies and cost-saving solutions.

McGriff MMA continues to be highly qualified and uniquely able to serve as the group benefits consultant for the City providing consultative services, including but not limited to:

- Strategic planning support and attentive client management services throughout the plan year
- Evaluate and monitor all benefits programs and services offered
- Furnish detailed financial reporting, applicable budget and cost projections
- Coordinate comprehensive and competitive RFP marketing processes
- Provide leading-edge communications support for employee education and understanding
- Provide intellectual insight and critical support on benchmarking, compliance, current market trends and innovations
- Oversee vendor implementation and administration of all benefit programs

The key findings from our firm’s latest Health Trends report reflect ongoing challenges. Escalating costs associated with cancer claims, prevalent cardiovascular and metabolic health issues, unmet mental health needs, and rising prescription drug expenses are all contributing to significant increases in employer health plan spending. But behind these enduring issues, a lot is changing – employers and insurers’ responses to these well-acknowledged themes cannot remain static.

Medical developments, such as innovative treatments for obesity, and shifting patterns of diagnosis for conditions like cancer, will change insurance claims patterns because of their significantly higher costs. Plan management options and approaches for cost containment must move forward to keep healthcare affordable for both employees and employers. Healthcare provision will also need to continue evolving to meet the needs of a diverse and changing workforce.

By maintaining our partnership, we will continue to advance the current strategies as well as introduce new tailored solutions designed to benefit the bottom line and enhance employee experience. As a global leader, we distinguish ourselves through our extensive resources and local expertise, enabling us to support every component of your benefits plan and total rewards strategy. These include:

- **Cost Containment by use of Underwriting and Actuarial Services:** Industry leader in underwriting and actuarial support to ensure accurate risk assessment and cost-effective plan

designs. Our expertise and strategies effectively manage your healthcare and prescription drug spend, including tailored recommendations to support your business.

- **Compliance:** Our compliance experts help navigate the changing landscape by proactively ensuring your regulatory compliance and minimizing risks.
- **HR Technology:** We simplify HR technology complexities, streamlining benefits administration and enhancing employee self-service capabilities.
- **Communications:** We understand the evolving workforce and offer strategies, resources and the latest innovations that build awareness, educate employees and drive engagement in your benefit program
- **Program Strategy and Day-to-Day Support:** Our consultative and high-touch service model provides personalized assistance and timely resolutions for you and your employees.
- **Employee Health and Well-being:** We provide data-driven population health & well-being guidance and recommendations, with the aim of promoting better outcomes and an overall healthier workforce.

As a client-focused organization, our core objectives of risk mitigation and cost management will continue to be the basis of all service activities that allow us to consistently deliver value to the City. Our current service and support team is proactive, results-oriented, and dedicated to challenging conventional methods. We remain committed to seeking innovative solutions that address both the City's and its employees' needs, enhancing service quality while reducing overall costs.

The evolving health and employee benefits landscape continues to affect public entities and their employees. McGriff MMA remains committed to providing expert guidance to help the City manage benefit program costs and quality.

We place immense value on our five-year partnership with the City Benefits/Executive Team, City employees and the strong collaboration between our two organization.

We respectfully ask for the opportunity to serve City of Albuquerque in the coming years as its chosen Group Benefits Consultant.

Sincerely,



Scott M. Gibbs, CGBA
Executive Vice President – Public Entity Practice



John D. Bass, CEBS
Senior Vice President - Public Entity Practice

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2.1.1 Offeror Identification:

State name and address of your organization or office and nature of organization (individual, partnership or corporation, private or public, profit or non-profit). Subcontractors, if any, must be identified in a similar manner. Include name, email address and telephone number of person(s) in your organization authorized to execute the contract resulting from this RFP. Submit a statement of compliance with all laws stated herein. Submit a statement of agreement to the Required Contract Terms; state exceptions as directed in Section 1.11. Show receipt of Addenda if applicable. Provide a statement or show ability to carry the insurance specified.

McGriff, a Marsh & McLennan Agency LLC Company, traces its origins back to 1886, when the firm Molton, Allen, and Williams was founded in Birmingham, AL. Later, in 1968, McGriff and Seibels, Inc. were founded. The two companies merged in 1982 to form McGriff, Seibels, and Williams. In November 2024, McGriff was acquired by Marsh McLennan (NYSE: MMC) and was integrated into Marsh McLennan Agency (MMA). Together, both firms share a common passion for driving limitless possibilities for our clients, colleagues, and the communities we serve.

When it comes to protecting what matters most in business and everyday life, we believe our clients should never settle for less than the best. We have relied on expertise, resources, and relationships to deliver insurance and risk management solutions that focus on our clients’ priorities and what they value most.

Our solutions include commercial property and casualty, corporate bonding and surety, cyber, management liability, captives and alternative risk transfer programs, employee benefits, small business, and personal lines insurance.

Marsh McLennan Agency (MMA) is a separate operating subsidiary of Marsh, the world's leading global insurance broker and risk management advisor. As a part of Marsh McLennan, McGriff has access to an extensive global network of professional services expertise through its sister organizations, Marsh, Mercer, Guy Carpenter, and Oliver Wyman.



Together, MMA and McGriff’s collective insights, thought leadership, and expertise enable clients to make better, more informed decisions with lasting, positive impact.

McGriff and MMA at a Glance

- Business insurance, employee health and benefits, retirement and wealth, private client, small business, and personal lines

- Comprehensive Employee Benefit Solutions with national practices in compliance, actuarial & underwriting, health & wellness, benefits administration technology, communications, pharmacy, flexible benefits TPA services, HR and data insights & analytics
- Property & casualty, executive risk, management and professional liability, transactional liability, cyber, workers' compensation, bonding & surety, and captives
- Risk control consulting, claims management, claims advocacy, and data analytics
- Expertise across prominent industries, including aviation & aerospace, construction, energy, senior living, marine, public entity/education, transportation, real estate & hospitality, executive risk, private equity, and more
- Proprietary solutions and partnerships (Captives, Cyber Resiliency Network, Workers' Health 360, Rx Solutions)
- 300 Offices and 15,000 teammates across North America
- \$5 Billion in Annual Revenue
- Award-winning corporate culture
- Access to Marsh McLennan's global network of risk, strategy, and people specialists

Primary contact authorized to executive contract

Mr. Scott Gibbs, CGBA

McGriff, a Marsh & McLennan Agency, LLC Company

Executive Vice President – Public Entity

5080 Spectrum Drive, Suite 900E

Addison, Texas 75001

O: 469 232-2188 C: 469 766-7612 E: sgibbs@mcgriff.com

Or

Mr. John D. Bass, CEBS

McGriff, a Marsh & McLennan Agency, LLC Company

Senior Vice President – Public Entity

5080 Spectrum Drive, Suite 900E

Addison, Texas 75001

O: 210 339-2481 C: 210 596-8639 E: john.bass@mcgriff.com

Statement of compliance

McGriff follows all laws stated within the RFP and agrees with the Required Contract Terms. There are no exceptions. Further, McGriff will use no subcontractors to fulfill the contract requirements.

McGriff is in receipt of Addendum #1 issued on July 29, 2025.

Required Certificates of Insurance

EPSILON (US) INSURANCE COMPANY

463 Mountain View Drive, Suite 301, Colchester, VT 05446

CERTIFICATE OF INSURANCE

NAMED INSURED: Marsh & McLennan Companies, Inc.

ADDITIONAL INSURED: Marsh & McLennan Agency LLC
1166 Avenue of the Americas
New York, NY 10036

INSURER: Epsilon (US) Insurance Company

POLICY NUMBER: 9302425

POLICY PERIOD: September 30, 2024 – September 30, 2025

LIMIT OF LIABILITY: \$10,000,000 per claim

TYPE OF INSURANCE: Professional Liability

CERTIFICATE HOLDER: Marsh & McLennan Companies, Inc.
and any of its Subsidiaries
1166 Avenue of the Americas
New York, NY 10036

Should the above described policy be cancelled before the expiration date thereof, the Insurer will endeavor to mail 30 days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the Insured, the Insurer, their manager, agents or representatives.



Epsilon (US) Insurance Company
Authorized Representative

Date: September 30, 2024

PLEASE REFER ALL INQUIRIES TO MARSH & MCLENNAN COMPANIES, INC., RISK MANAGEMENT DEPT., 1166 AVENUE OF THE AMERICAS, NEW YORK, NEW YORK 10036



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
06/09/2025

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME CONTACT PERSON AND ADDRESS Marsh USA LLC 1166 Avenue of the Americas New York, NY 10036 Attn: NewYork.Certs@marsh.com Fax: 212-948-0500	PHONE (A/C, No, Ext): _____ COMPANY NAME AND ADDRESS National Union Fire Ins. Co. of Pittsburgh, PA _____ NAIC NO: 19445
FAX (A/C, No): _____ E-MAIL ADDRESS: _____ CODE: _____ SUB CODE: _____ AGENCY CUSTOMER ID #: _____	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH
NAMED INSURED AND ADDRESS Marsh & McLennan Agency, LLC 360 Hamilton Avenue, Suite 930 White Plains, NY 10601	POLICY TYPE _____ LOAN NUMBER _____ POLICY NUMBER _____ 025032851
ADDITIONAL NAMED INSURED(S) _____	EFFECTIVE DATE 05/31/2025 EXPIRATION DATE 05/31/2026 <input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED THIS REPLACES PRIOR EVIDENCE DATED: _____

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION	PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL	DED:
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE:	\$	500,000,000			DED:
<input checked="" type="checkbox"/> BUSINESS INCOME <input checked="" type="checkbox"/> RENTAL VALUE	X	X			If YES, LIMIT: 100,000,000 <input checked="" type="checkbox"/> Actual Loss Sustained; # of months: 12
BLANKET COVERAGE	X				If YES, indicate value(s) reported on property identified above: \$
TERRORISM COVERAGE	X				Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		X			
IS DOMESTIC TERRORISM EXCLUDED?		X			
LIMITED FUNGUS COVERAGE	X				If YES, LIMIT: _____ DED: _____
FUNGUS EXCLUSION (If "YES", specify organization's form used)	X				
REPLACEMENT COST	X				
AGREED VALUE	X				
COINSURANCE		X			If YES, _____ %
EQUIPMENT BREAKDOWN (If Applicable)	X				If YES, LIMIT: 100,000,000 DED: _____
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	X				If YES, LIMIT: 150,000,000 DED: _____
- Demolition Costs	X				If YES, LIMIT: 25,000,000 DED: _____
- Incr. Cost of Construction	X				If YES, LIMIT: Included Above DED: _____
EARTH MOVEMENT (If Applicable)	X				If YES, LIMIT: SEE BELOW DED: _____
FLOOD (If Applicable)	X				If YES, LIMIT: SEE BELOW DED: _____
WIND / HAIL INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	X				If YES, LIMIT: SEE BELOW DED: _____
NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	X				If YES, LIMIT: _____ DED: _____
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS	X				

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST NYC-012326017-01

<input type="checkbox"/> CONTRACT OF SALE	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
<input type="checkbox"/> MORTGAGEE			
NAME AND ADDRESS Marsh & McLennan Agency, LLC 360 Hamilton Avenue, Suite 930 White Plains, NY 10601			AUTHORIZED REPRESENTATIVE <div style="text-align: right;"><i>Marsh USA LLC</i></div>

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AGENCY CUSTOMER ID: CN103092190

LOC #: New York



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Marsh USA LLC		NAMED INSURED Marsh & McLennan Agency, LLC 360 Hamilton Avenue, Suite 930 White Plains, NY 10601	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 28 FORM TITLE: Evidence of Commercial Property Insurance

Earthquake Limit (all limits are in the annual aggregate): \$100,000,000 except \$25,000,000 in California, \$10,000,000 in Puerto Rico
 Earthquake Deductible: \$50,000 per occurrence except; \$100,000 per occurrence or 5% of the reported property value, whichever is greater in California and Puerto Rico. With respect to the peril of Earthquake within the Pacific Northwest and New Madrid Earthquake zones \$100,000 per occurrence or two percent (2%) of the reported property value at the time and place of the loss, whichever is greater.

Flood Limit (all limits are in the annual aggregate): \$100,000,000 except \$25,000,000 in US Special Flood Hazard Areas
 Flood Deductible: \$50,000 per occurrence except; \$500,000 per occurrence in US Special Flood Hazard Areas

Windstorm Limit (all limits are per occurrence): \$100,000,000 except \$10,000,000 in Puerto Rico.
 Windstorm Deductible: \$50,000 per occurrence except; \$100,000 per occurrence or 5% of the reported property value, whichever is greater in Tier 1 counties and territories and Puerto Rico

Other deductibles may apply per policy terms and conditions.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/03/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh USA LLC 1166 Avenue of the Americas New York, NY 10036 Attn: NewYork.Certs@marsh.com Fax: 212-948-0500 CN103092190-STND-CY20-25-26	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center; border: none;">NAIC #</td> </tr> <tr> <td style="border: none;">INSURER A : ACE American Insurance Company</td> <td style="border: none;">22867</td> </tr> <tr> <td style="border: none;">INSURER B :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER C :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER D :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER E :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER F :</td> <td style="border: none;"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : ACE American Insurance Company	22867	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : ACE American Insurance Company	22867														
INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															
INSURED Marsh & McLennan Agency, LLC 360 Hamilton Avenue, Suite 930 White Plains, NY 10601															

COVERAGES CERTIFICATE NUMBER: NYC-011212732-29 **REVISION NUMBER:** 32

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Cyber Liability/ Privacy & Network Liability			G25545394 010	06/30/2025	06/30/2026	Limit: 10,000,000 SIR: 10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER Marsh & McLennan Agency LLC 100 Kimball Place Suite 300 Alpharetta, GA 30009	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <p style="text-align: right;"><i>Marsh USA LLC</i></p>
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2.1.2 Team Experience, Management, Firm Expertise and Resources Available:

2.1.2.1 Current Experience

State relevant experience of the company and person(s) who will be actively engaged in the proposed project, including experience of subcontractors. Submit resumes for the individuals who will be performing the services for the City.

McGriff MMA distinguishes itself from the competition by its expertise and focus on servicing the public entity business sector. Serving the public entity buyer has been our focus for over 40 years. This tenure has equipped us with a thorough knowledge of market trends and historical successes and failures. With our understanding of the day-to-day operations of a governmental entity, we counsel our clients through the various ways they can use employee benefits and the innovations in health care and voluntary benefits to accomplish stated objectives and make a meaningful difference in the lives of their employees and the communities in which they serve. This requires identifying and understanding the organization's culture, available resources, and risk tolerance.

At McGriff MMA, our main goal is to help improve clients' lives and protect what matters most. This mission aligns with our core principles:

Integrity: We do what we say, every time.

Determination: We relentlessly pursue success on behalf of our clients.

Passion: We are specialists in our field driven to serve our clients.

Collaboration: We build relationships with our colleagues, clients, carriers, and trading partners, working together for the best solutions.

The principal members of the McGriff MMA Client Team servicing the City's account have remained constant since the partnership with the City began in 2021. Scott Gibbs, Executive Vice President, and John Bass, Senior Vice President, will continue to serve as Project Managers and Lead Consultants, while Sandy Brown, Senior Vice President, will continue the role of Service Team Manager.

With more than five years of collaboration with the City, the Service Team possesses an in-depth understanding of the City's insurance programs and remains committed to delivering innovative risk mitigation strategies and cost-saving solutions. They have consistently helped the City control costs, with medical and pharmacy expenses rising by only 4.4% annually over the past five years, compared to the industry average of 8%.

Some of our public entity clients include:

Sample Public Entity Benefit Client List - Southwest



Organizational Chart and Staffing – Core Team

Consulting Relationship Managers/ Executive Sponsor

John D. Bass, CEBS

Senior Vice
President,
Public Entity
Consultant



Scott Gibbs, CGBA

Executive Vice
President and
Practice Leader -
Public Entity



Account Management

Sandy Brown, CGBA

Senior Vice
President Client
Leadership



Anna Rodriguez

Senior Account
Manager/ Day-to-
Day Service



Cynthia Lopez

Client Service
Specialist/ Day-to-
Day Service



Jordan Nixon

Senior Account
Manager and
Financial Analyst



Staff Resumes

SCOTT M. GIBBS, CGBA

Executive Vice President/Employee Benefits
Public Entity Practice Leader

D: 469.232.2188 | M:469.766-7612
sgibbs@mcgriff.com

Education

Bachelor of Arts in Sociology, Baylor University
Master of Science in Health Care Administration, Trinity University

Licenses/Certifications

- Texas General Agent
- Texas Life, Accident, Health & HMO
- Texas Life & Health Insurance Counselor
- Non-Resident Life & Health License in Multiple States
- Lifetime Certified Government Benefits Administrator (CGBA) through State and Local Government Benefits Association (SALGBA)

Areas of Expertise

- Servicing all health and welfare benefits plans for large employers
- Primary focus large public entities
- Long term strategic planning with employers allowing them to develop an overall corporate benefits plan that is consistent with the company's future goals and budget
- Evaluating carrier underwriting on both fully insured and self-funded plans
- Evaluating risk and funding arrangements for both new business and renewals
- Evaluating provider network access and discounts
- Associate Board Member State and Local Government Benefits Association (SALGBA)

Experience History

McGriff, a Marsh & McLennan Agency

2002 – Present

Executive Vice President / Public Entity National Practice Leader

Benefit Partners

2000 – 2002

Principal

Humana

1999 - 2000

Sales Manager

JOHN D. BASS, CEBS

Senior Vice President - Employee Benefits
Senior Member – Public Entity Practice

D: 210.339.2481 | M: 210.596.8639
john.bass@mcgriff.com

Education

Bachelor of Arts (Economics), Austin College, Sherman, Texas

Licenses/Certifications

- Texas General Agent
- Texas Life, Accident, Health & HMO
- Non-Resident Life & Health License in Multiple States
- Certified Employee Benefit Specialist (CEBS) – The Wharton School, University of Pennsylvania

Areas of Expertise

- Broad experience in health innovations and benefit strategy and expert in managed care and clinical applications.
- Extensive knowledge of self-funding arrangement and architecture for innovative benefit design and emerging strategies
- Expert in understanding hospital and provider network configurations: ACOs, PCMHs, Direct Primary Care models and the applicable payment methodologies to assess overall financial performance and care improvement
- Excellent Financial and Underwriting skills
- Skilled at long-term strategic planning using plan data, peer benchmarking and insight analytics
- Experienced with Vendor Management and Procurement Strategies
- Expert with Retiree strategies using Group Medicare / Medicare Advantage

Experience History

McGriff, a Marsh & McLennan Agency

2020 – Present

Vice President / Senior Consultant

UnitedHealthcare

1995 - 2020

Sales and Client Leadership roles / National Practice Leader – Public Sector

The Travelers Insurance Company

1983 – 1995

Sales Leader- Commercial Markets

SANDY BROWN, CGBA

D: 469.232.2174 | M:469.951.4381

Senior Vice President, Client Leadership

sbrown@mcgriff.com

Education

Bachelor of Science in Human Relations & Business, Amberton University

Licenses/Certifications

General Lines Agent, Life, Accident, Health and HMO

CGBA - Certified Government Benefits Administrator

Areas of Expertise

- Development and evaluation of marketing specifications for employee benefit plans, including medical, dental, vision, life, AD & D, disability, COBRA, HIPAA, cafeteria plans and retirement plans
- Leading strategic planning sessions with employers to develop benefit programs
- Comprehensive account service, including problem solving and liaison with various vendors for benefit administration
- Creating of employee communication materials and conducting employee enrollment meetings
- Researching and responding to customer inquiries regarding their perspective health and welfare benefits plans
- Troubleshooting employee/dependent claim issues
- Contract & Plan Document review for accuracy and compliance
- Form 5500 tracking & reporting

Experience History

McGriff, a Marsh & McLennan Agency

2002 – Present

Senior Vice President / Account Executive

Lockton Dunning Benefits

1999 – 2002

Executive Assistant

Anna Rodriguez

Senior Account Manager - Employee Benefits
Public Entity

D: 469-232-2132

annarodriguez@mcgriff.com

Education

Bachelor of Arts in Education, University of Texas at Arlington, TX

Licenses/Certifications

- Texas General Agent – Life, Accident, Health and HMO

Areas of Expertise

- Administer all aspects of employee benefits programs such as medical, dental, vision, life, disability, worksite, HSA, FSA, EAP, and Rx savings programs (including international pharmacy).
- Partner with clients to develop short and long-term health initiatives to increase employee retention, plan participation, and whole health outcomes.
- Design communication strategies and materials to educate employees on company’s benefit plan offerings.
- Conduct virtual and in-person Open enrollment meetings.
- Onboard new clients, manage implementation of employee benefits programs, maintain and update client HRIS portals, and establish file feed connections between carriers and vendors.
- Perform compliance reviews and provide guidance on 5500 filings, PCORI fees, RxDC reporting, and various other federal and state law requirements pertaining to the group sponsored plans.
- Organize mid-year reviews and renewal meetings with clients, and present on industry trends, compliance updates, and open enrollment strategies.

Experience History

McGriff, a Marsh & McLennan Agency <i>Sr. Account Manager</i>	2025– Present
IMA Financial Group, Inc. <i>Account Manager II</i>	2024 – 2025
Summit Financial Group, Inc. <i>Account Manager</i>	2021 – 2024

CYNTHIA LOPEZ

Client Service Specialist

D: 214.558.8945
cynthia.lopez@mcgriff.com

Education

B.S., Public Health – Texas A&M University-Commerce

M.S., Health Promotion Management– Southern Methodist University

Licenses/Certifications

General Lines Agent License, Life, Accident, Health and HMO

Areas Of Expertise

- Tracking and analysis of benefit plan performance
- Marketing, proposal comparison and analysis
- Financial analysis of self-funded clients in National markets
- 2 years of experience in benefits

Experience History

McGriff, a Marsh & McLennan Agency

2023 – Present

Client Service Specialist

Lockton Dunning Benefits

2021 – 2023

Senior Benefits Analyst

Envision Physician Services

2019 – 2021

Onboarding Credentialing Coordinator and Operations Coordinator

JORDAN NIXON

Senior Account Manager / Financial Analyst

D: 469.232.2134 / M: 214.684.7608
jnixon@mcgriff.com

Education

Bachelor of Arts in Mathematics with Biblical Studies Minor, Ouachita Baptist University

Licenses / Certifications

General Lines Agent, Life, Accident, Health & HMO

Areas of Expertise

- Tracking and analysis of benefit plan performance
- Underwriting Analysis
- Network Proposal comparison and data analysis
- Benefits administration, including transfer of eligibility data to vendors
- Benchmarking analysis
- Stop Loss threshold analysis
- Data Analytics platform specialist

Experience History

McGriff, a Marsh & McLennan Agency

2017 – Present

Financial and Data Analyst

National Specialty Practice Team

McGriff MMA's National Specialty Practice teams, comprising industry experts and extensive resources, support our local account team. These practice leaders and their respective teams coordinate the efforts of numerous specialized resources dedicated to fulfilling specific client needs within our employee benefits practice, aligning with the City's scope of services. Key members of this team are:

Anne Hensley, JD

*Practice Leader
Compliance*



**Denise Cabrera,
Pharm D**

*Practice Leader
Pharmacy Benefits
Consulting*



**Linda Bright AIF®, CRA,
C(P)K®**

*Senior Vice President
Managing Director,
Retirement Advisory
Services*



Cole Rodgers

*Senior Vice President
Voluntary Benefits*



Janie Warner, SHRM-CP

*Practice Leader
HR Advisory Services*



Kisha Moliere

*Practice Leader
Benefit Admin
Technology*



Christina Biddle

*Marketing
Communications*



Katie O'Neill

*Practice Leader
Clinical Wellness
Consulting*



**R. Edward Johnson, ASA,
MAAA, FCA**

*Senior Vice President
Practice Leader,
Actuarial and
Underwriting*



**Nick Pearce, ASA,
MAAA, FCA**

*VP, Employee Benefits
Insights and Analytics*



Specialty Practice Teammates Bios

Compliance and Monitoring

Anne Hensley, JD, leads a team of McGriff MMA attorneys and other compliance staff, assisting clients with a wide range of legislative, regulatory and plan administration challenges. Anne Hensley joined McGriff MMA in 2010 and has over a decade of experience in the insurance industry, with a focus on insurance and ERISA and non-ERISA employee benefits compliance. She brings both law firm and corporate legal experience to her current role. Prior to joining McGriff MMA, Anne worked as a Senior Associate, Compliance and Advisory Specialist, and Contracts Manager at a global employee benefits consulting firm, providing legal and compliance advice related to the healthcare, insurance, and employee benefits industries.

Actuarial and Underwriting

Edward Johnson, ASA, MAAA, FCA, leads our actuarial and underwriting team and is our senior healthcare consulting actuary with more than 25 years' experience and over 14 years with McGriff MMA. Edward's experience encompasses actuarial work for both fully insured and self-insured groups, with expertise ranging from individual products to Medicare products, as well as underwriting for complex self-funded plans. Ed is a graduate of The University of North Carolina at Chapel Hill with a Bachelor of Arts Degree in Economics. He also holds an Associate designation with the society of actuaries (ASA) and has been a member of the American Academy of Actuaries since 2009.

Insights and Analytics

Nick Pearce, ASA, MAAA, FCA, leads our Insights and Analytics practice. He is an Actuary with over 10 years of experience working in the healthcare consulting field. His primary responsibilities include managing the development and delivery of healthcare analytics for clients, helping them achieve their long-term financial and wellness objectives. In addition, he oversees McGriff MMA's annual client survey activities and the development of internal benchmarking resources. Nick's experience covers both fully insured and self-funded groups, including plan performance tracking, employee contribution modeling and multi-year experience studies.

Nick is a graduate of The University of North Carolina at Chapel Hill with a Bachelor of Arts Degree in Economics. He also holds an Associate designation with the Society of Actuaries (ASA) and has been a member of the American Academy of Actuaries since 2018.

Pharmacy Benefit Consulting

Denise Cabrera, PharmD, is a licensed pharmacist and our National Pharmacy Practice Leader. Denise joined McGriff MMA in 2020. Denise earned her degree from The Ohio State University. Denise has had an opportunity to view the healthcare landscape from multiple stakeholder perspectives. Her experience in managed healthcare and employee benefits consulting spans 27 years, including positions with Medco, CatalystRx and Cigna Pharmacy. Denise brings aptitude in all areas of the Pharmacy Benefit Management (PBM) industry, including clinical program development, data analysis, trend control, contract review, pricing negotiation and performance guarantee reconciliation.

Clinical Wellness/ Health Management

Katie O'Neill, DC, BS, serves as McGriff MMA's Practice Leader and Director of Clinical Wellness. As an experienced researcher, clinician, and consultant, she offers strategic direction and best practices for enhancing employee health and well-being. Katie has published and presented both the impacts and strategies for cost mitigation on topics such as obesity, chronic pain, and specialty medications. Prior to joining the team at McGriff MMA in 2018, she worked as a consultant for a national consulting firm, providing clinical insights and solutions to clients across various industries and locations. As a practitioner, she worked in direct patient care, handled workers' compensation cases, and conducted research projects focused on health and productivity.

Retirement Advisory Services

Linda Bright, AIF®, CRA, C(P)K® has over 27 years of Plan Consulting and Investment Advisory Experience. Linda is responsible for overseeing the Retirement Practice at McGriff MMA Retirement Advisory Group and managing the overall client relationships. In her consulting capabilities, Linda has assisted fiduciaries of public, private, and nonprofit organizations with implementation, monitoring, and corporate actions related to retirement plans. Her focus over the past 27 years has included fiduciary roles and responsibilities oversight, Vendor analysis and selection, and Plan design consultation for 401(k), 403(b), and 457 Plans.

Communications

Christina Biddle serves as Director of Marketing Communications for McGriff MMA, leading a team that manages all branding, marketing, communications, and sales support initiatives for McGriff MMA, as well as internal teammate communications and employee benefits client communications.

Communicating benefits-related information in a way that is understandable and relatable is critical to the success of our clients' benefits programs. Throughout her career and tenure at McGriff MMA, Christina has demonstrated deep knowledge and experience in communicating benefits, with a focus on increasing employee awareness, value, and a clearer understanding of company benefits programs

Benefit Administrative Technology

Kisha Moliere has over 20 years of experience in various roles within the insurance industry, utilizing technology for employee benefits education, enrollment and administration. She routinely has articles published by HR Professional magazine. Her tenure includes roles as a benefits educator and enroller, Client Success Manager with Benefit Express, and Director of Implementation with Benefit Harbor. She is an expert in benefits administration technologies in the marketplace and supports account teams and clients in the design and structure of benefit administration systems and RFP processes

Voluntary Benefits

Cole Rodgers leads our practice of supporting employers in rethinking and redesigning their voluntary benefits. Cole has over 15 years of experience in developing innovative voluntary benefit programs, providing consulting support to McGriff MMA's clients. Cole joined McGriff in 2018 and has previously worked with another brokerage and consulting firm. Cole began his career with a Blue Cross Blue Shield plan. Cole has spent his entire career designing and administering a voluntary benefits portfolio focusing on personalizing benefits to meet the changing and diverse needs of today's workforce.

HR Advisory Consulting

Janie Warner has over 35 years of experience and currently serves as National Practice Leader for HR Advisory Services for McGriff MMA. In this role, she leads a team of HR Specialists who consult with clients to identify and mitigate risk associated with human resource policies, processes and practices. Prior to joining McGriff MMA, she held executive management and human resources roles with two financial institutions. She served on the adjunct faculty of Embry-Riddle Aeronautical University, teaching human resources management, organizational development and labor relations. She is a nationally recognized speaker in the areas of executive management, leadership, ethics, employee benefits and human resources.

2.1.2.2 Past Experience

Describe a minimum of three (3) projects of similar scope and size, which are now complete; state for whom the work was performed, year completed, and a letter of reference for each regarding the work. References must be for work performed in the past three to five (3 to 5) years. DO NOT use City employees or any City elected officials as a reference. The City will not contact and will not assign any evaluation points for references from City employees or elected officials. State relevant experience with other municipalities or government entities.

Examples of Past Work / Comparable Projects

Example #1: Bexar County, a long-time McGriff public entity client for over 22 years, employs 4,500 employees and extends coverage to over 800 retirees. McGriff MMA provides comprehensive consulting and brokerage service on all products, including voluntary plans, oversight of plan administration, complete financial evaluation, daily service of all lines of coverage, negotiation of stringent performance guarantees, assistance in the transfer of eligibility feeds, place stop-loss insurance, assist in annual employee enrollment, review of employee communication materials, negotiate final renewal numbers, manage custom data warehouse, perform GASB 74/75 Actuarial Valuation, and provide oversight of Group Medicare Advantage/Part D Retiree Benefits Plan. The plans are complex – three medical plans, including 2 ACO plans, a near-site employee clinic managed by an affiliated health provider, and voluntary coverage.

McGriff MMA supported the Purchasing and the Benefits departments on its most recent Medical and Pharmacy RFP (effective 1-1-2023) that generated significant savings in the areas of projected medical claims, pharmacy pricing and rebates and transition to new provider network configurations, generating additional savings along with an improved experience for plan participants. Further, through a recent custom pharmacy cost analysis, McGriff MMA was able to help this client reduce its pharmacy expenditure by over \$6M in year 1; and over \$15M over three years through renegotiation of pricing, contract terms and services with the current PBM vendor.

Example #2 : Montgomery County offers a comprehensive medical and pharmacy program, ancillary coverages, a near-site employee clinic, to over 2600 employees and 700 retirees. McGriff MMA provides comprehensive consulting and brokerage service on all products, including voluntary plans, oversight of plan administration, complete financial evaluation, daily service of all lines of coverage, benefit administration, assistance in annual employee enrollment, production of custom employee communication materials, negotiating final renewal numbers, place stop-loss insurance and assistance with retiree benefits administration. Since we began our work in 2024, pharmacy contracts have been renegotiated saving the entity over \$3M in lower drugs spend and higher rebates.

A recent RFP conducted in 2024 provided an opportunity to review all options, including medical, pharmacy, and other benefit coverages. Through a McGriff MMA RFP analysis of current programs, interview, and a Best and Final, the entity elected to change the Medical TPAs for improved benefit administration, improved provider network access and discounts, added quality and cost transparency tools, added specific clinical engagement solutions and leading to projected cost reductions of over \$3M on a total medical pharmacy budget of \$35M.

Example #3 : A long-time McGriff P&C client since 2000, Northside ISD was not receiving the type of benefits consulting support it required, including insights into the latest market trends and innovations in benefit plan administration. The client issued a comprehensive RFP in the summer of 2021.

McGriff was selected because of its client-centric approach to service, deep bench of consulting expertise (especially in the public entity sector), tenured client team, understanding of healthcare and delivery systems, and the innovations available to a client of their size.

Since the contract began, we conducted a thorough plan audit, performed an in-depth budget, financial and funding analysis, embarked on a comprehensive plan expense analysis, and re-negotiated the 2022 and 2023 renewals across all coverage lines, generating significant savings to both the client and their employees. Earlier in

2023, with the support of McGriff MMA, the client released three RFPs covering medical/pharmacy, voluntary products and stop-loss, working closely with the Benefits Committee, Purchasing and Leadership.

For the medical/pharmacy plan, significant savings resulted due to a funding change allowing the entity to offer a \$0 employee-only cost for one of the six medical plan options. Major savings were also realized through a custom pharmacy RFP, resulting in improved pharmacy pricing, discounts, better multi-year guarantees for pharmacy rebates and adherence to strict contract terms and conditions.

In total, McGriff MMA provides full consulting and brokerage service on all products, including medical and pharmacy, voluntary products, oversight of benefits administration, financial evaluation and budgeting, data warehouse management, overseeing annual enrollment campaign, daily service of all lines of coverage, negotiation of all vendor renewals, RFP marketing, review of employee communication material, management of compliance needs, negotiation of final renewal numbers, and managing their data warehouse.

References

	Bexar County	Northside Independent School District	Montgomery County
Contact	Manuel Gonzalez	Leticia Ramirez	Michael Howard
Address	211 South Flores San Antonio, TX 78206	5615 Grissom Rd San Antonio, TX 78238	501 N. Thompson Conroe, TX 77301
Phone	(210) 335-0786	(210) 397-7888	(936) 760-6935
Email	manuel.gonzalez@bexar.org	leticia.ramirez@nisd.net	michael.howard@mctx.org
# of Ees	5,500	13,000	2,600
Services	Comprehensive benefit consulting for self-funded medical, RX and all ancillary lines, and data warehouse management, GASB valuation and outsourced retiree administration	Comprehensive benefit consulting for self-funded medical, RX and all ancillary lines, and data warehouse management.	Comprehensive benefit consulting for self-funded medical, RX and all ancillary lines, outsourced benefit administration and enrollment and outsourced retiree administration.

Each entity is available for contact by the City – by phone or email.

2.1.3 Proposed Approach to Tasks:

Discuss fully your proposed approach to each of the tasks described in Part 3, Scope of Services. Use charts to illustrate the number of hours dedicated to each task and who will be performing each task [individual(s)/firm(s)]. Reference Appendix D, attached hereto, without stating the price structure.

Please find below an estimate of the number of hours dedicated to each task and organizational chart outlining the duties of each service team member. We have also included estimated time to be spent on the project.

	BENEFITS CONSULTING	ESTIMATED NUMBER OF HOURS
	General Benefit Consulting and Overall Plan Management	300
	Data Warehouse Services and Actuarial Consulting	90
	Current and Proposed Fiscal Year Analysis and Annual Rates	100
	Strategic Planning	50
	Plan Design Changes	50
	Quarterly Performance Reports	70
	Annual Reporting	50
	Annual Employer Survey	30
	Solicitation Development/Negotiation/Contract Assistance	200
	Stop-Loss Annual Marketing and Renewal Assistance Contract Renewal Assistance	40
	Regulatory Compliance	20
	Total number of Hours per year	1000
	AUDIT SERVICES (On-demand)	ESTIMATED NUMBER OF HOURS
	Medical Claim Audit	150
	Pharmacy Audit	150
	Dental Audit	80
	Section 125 Audit	80
	Comprehensive Dependent Eligibility	250

Organizational Chart and Staffing

Name	Contact Information	Role / Responsibility
Scott M. Gibbs, CGBA <i>National Practice Lead Employee Benefits - Public Entity</i>	D: 469.232.2188 M: 469.766.7612 sgibbs@mcgriff.com	<ul style="list-style-type: none"> • Serves as the City’s co-consultant/Project Leader • Expertise in financial underwriting and vendor management • Executive Sponsor for the City
John D. Bass, CEBS <i>Senior Vice President – Public Entity</i>	D: 210.339.2481 M: 210.596.8639 john.bass@mcgriff.com	<ul style="list-style-type: none"> • Serves as the City’s co-consultant • Expertise in health strategy, program design, and clinical strategies • Strategic Planning and Innovations
Sandy Brown, CGBA <i>Senior Vice President Client Leadership</i>	D: 469.232.2174 M: 469.951.4381 sbrown@mcgriff.com	<ul style="list-style-type: none"> • Provides overall leadership support to the assigned service team • Meets regularly with all service team members for best practices and account services. • Serves as the “Voice of the Customer”
Anna Rodriguez <i>Senior Account Manager</i>	D: 469.232.2132 annarodriguez@mcgriff.com	<ul style="list-style-type: none"> • External client support • Benchmarking and Employee Surveys • Responsible for day-to-day customer service • Tracking and analysis of RFP responses • Open enrollment coordination
Cynthia Lopez <i>Client Service Specialist</i>	D: 214-558-8945 cynthia.Lopez@mcgriff.com	<ul style="list-style-type: none"> • Internal client support for compliance • Tracking and analysis of RFP responses • Open enrollment coordination
Jordan Nixon <i>Sr. Account Manager Financial Analyst</i>	D: 469.232.2134 M: 214.684.7608 jnixon@mcgriff.com	<ul style="list-style-type: none"> • Reporting, tracking and analysis of benefit plan performance • Proposal comparison and analysis • Underwriting and Financial services • Benchmarking analysis • Stop Loss UW and analysis • Data Analytics platform specialist

The amount of time each individual spends on the City of Albuquerque’s account will depend on factors such as the relationship stage, scope of work, and time of year. For example, some team members may be required to dedicate more time during an extensive RFP process or other general support services. The team is prepared to provide the necessary support to City staff throughout the duration of the contract and partnership.

Name	Primary Role	Industry Experience	Time Dedicated to this Project *
Consultant and Client Service Team			
John Bass	Co-Consultant	40	15%
Scott Gibbs	Co-Consultant /Executive Sponsor	27	15%
Sandy Brown	Lead Client Manager	27	20%
Anna Rodriguez	Senior Account Manager	6	15%
Cynthia Lopez	Account Manager	5	10%
Jordan Nixon	Financial Analyst	7	5%

Specialty Practice Leaders and Teammates			
Anne Hensley	Compliance	17	As Needed
Denise Cabrera	Pharmacy	27	5%
Nick Pearce	Insights and Analytics	15	As Needed
Edward Johnson	Actuarial and Underwriting	23	As Needed
Janie Warner	HR Advisory	35	As Needed
Kisha Moliere	Benefit Admin Technology	22	As Needed
David Meckle	Communications	22	As Needed
Katie O’Neill	Clinical Wellness	23	As Needed
Cole Rodgers	Voluntary Benefits	15	As Needed
Linda Bright	Retirement Consulting	40	As Needed

The awarded Contractor shall perform the following:

1. Recommendations on plan design changes and financial analysis of the cost impact.

CONFIRMED

McGriff MMA performs data analysis using Claros Analytic Software. The results are then evaluated through thousands of trial scenarios validating financial savings. Claros will:

- Calculate expected claim levels from all key players' perspectives and without group claims experience data
- Display the increments and decrements associated with any change to any group size
- Calculate cost reduction strategies to groups including reference-based pricing
- Apply a consistent and actuarially-sound methodology to the groups' claims experience
- Predict participant enrollment based on past behavior and plan options
- Build precise budget rates based on claims experience and forecasted enrollment

This comprehensive process allows us to continue to collaborate with you to review, compare, and decide on appropriate plan design changes.

2. Determination of premium level charged on self-funded plans.

CONFIRMED

McGriff MMA provides complete actuarial and underwriting resources to help make data-driven decisions about plan design and contribution strategies, costs and risk. McGriff MMA houses our own team of underwriters and actuarial experts (no third party) that handle group risk assessment, claims analysis, renewal projections, forecasting, trend analysis, and plan design recommendations. Our analytical services include but are not limited to the following services:

- Underwriting of fully insured plan costs; forecasting of self-funded plan costs including annual benchmarking
- Rolling three to five (3 to 5) year forecasting including historical look backs
- Review and establishment of self-funded Incurred but Not Reported (IBNR) reserves
- Analysis of impact of cost changes and employee contribution strategies
- Monthly review of financial performance against budgets and target for self-funded plans
- Comprehensive Monthly Reporting and Claim Data Analysis
- Establishment of accrual / premium equivalent and COBRA rates for self-funded plans
- Specific Disease Impact Analysis and benchmarking against McGriff MMA Book of Business

3. Assistance in budget preparation and projections.

CONFIRMED

We work with each client to develop the format and timing of cost projections, monthly plan monitoring, and reporting for your plan and fiscal year. In addition, our team of underwriters and actuaries, as directed by the lead consultant, offers the following services:

- Review and modification of Incurred but Not Reported (IBNR) reserves
- Benchmarking of benefits and plan costs
- Estimates of the impact of changes to benefits and contribution strategies may have
- Monthly review of financial performance against budgets and targets
- Determination of appropriate premium equivalent and COBRA rates
- Support of plan cost and fee negotiations
- Audit/review of claims compared to contracts

4. General benefit consulting advice including updates on state health benefits legislative changes and federal law, rules or regulations affecting benefit plans as requested.

CONFIRMED

McGriff, a Marsh & McLennan Agency LLC company, offers a distinct practice of regulatory compliance experts of attorney and other benefit professionals. Additionally, our firm is a Platinum-level broker for all major carriers with access to insightful information on the changing landscape of health and benefit administration. McGriff MMA represents many of the world's leading insurance carriers. In addition to the global insurers, we also represent many of the finest regional insurers. This mix of representation allows us to tailor a benefit program for all our clients. Our national capabilities, large and strong regional focus and local relationship-driven service place McGriff MMA ahead of the competition in effective benefits planning.

Outlined below are the services we proudly offer our clients:

Benefits Strategy - We pride ourselves on guiding clients through the various ways they can use employee benefits to accomplish their long-term goals for the organization. Neither implementing the status quo nor disregarding proven methods will do this. Instead, it requires the right mix of both through understanding the organization's goals, diverse population, available resources, and risk tolerance, and a thorough knowledge of market resources, trends, and historical successes and failures.

Other Brokerage and Consulting Services

Deep dive analysis – Reviewing to what extent members are using the plan can offer tremendous insight into where the future risks of claims, absenteeism, and presenteeism exist. Our team has available resources to offer this service, as well as many years of direct experience that can identify the most efficient changes to help protect against the identified risks.

On-site health clinic analysis – With the potential significant cost associated with offering an on-site health clinic, it is important to analyze its value relative to other available options. Other options may include near-site clinics, direct primary care, mobile care, etc.

Wellness return on investment analysis – McGriff MMA has been a pioneer in conducting wellness initiatives with our clients. Our goal is to implement initiatives consistently year after year to track the change in risk factors and project long-term cost reduction.

Network analysis – The complexity of provider networks continues to grow, creating both challenges and opportunities. We will analyze your providers to identify ways to increase overall efficiencies. The goal is not merely to maximize discounts, but to balance a list of priorities that includes the lowest cost per episode of care, higher quality outcomes, and the least amount of disruption to a patient's daily life. By considering all these factors, not only is the claims cost better controlled, but employee morale and productivity can be increased.

Vendor Selection – Leveraging billions in premiums, McGriff MMA is equipped to leverage the best pricing and service from carriers and vendors for our clients. This sizable premium influence enables McGriff MMA to offer preferred partner pricing along with our proven methodologies of improving employee health engagement and reducing claims. These preferred rates and proprietary programs are only available through McGriff MMA and its affiliated agencies. Besides leveraging our size, we also ensure each client is aligned with the right carriers and vendors to achieve their overall goals.

Cost Projections - We work with each client to develop the format and timing of cost projections, monthly plan monitoring, and reporting. In addition, our team of underwriters and actuaries, as directed by the lead consultant, offers the following services:

- Review and modification of Incurred but Not Reported (IBNR) reserves
- Benchmarking of benefits and plan costs
- Estimates of the impact of changes to benefits and contribution strategies
- Monthly review of financial performance against budgets and targets

- Determination of appropriate premium equivalent and COBRA rates
- Support of plan cost and fee negotiations
- Audit/review of claims compared to contracts

Program Assessment – We help with data collection and review, historical analysis, defining goals, and understanding cultural considerations.

Strategic Planning and Development – We assist in the development of multi-year strategies and phased approaches, offer guidance in evaluating vendors, and provide ongoing support.

Thought Leadership – Stay up to date on the latest workplace wellness industry trends with white papers, email alerts, webinars and in-person presentations.

National Specialty Practice Services

McGriff MMA has made significant investments in our specialty practice services for large clients. These services include:

Actuarial and Underwriting, Insights and Analytics, Compliance, Pharmacy Benefit Consulting, Health Management Services, Human Resources Advisory, Clinical Wellness, Benefits Administration Technology, Communications, Retirement Consulting, Flexible Benefits and COBRA Administration and Peak Health.

State and Federal Legislative Compliance

We provide an in-depth compliance review for all our clients. We meet one-on-one to determine what areas of ACA-related compliance, as well as general welfare benefit plan compliance, need to be addressed. Once we determine those issues, we will work with our compliance services team to update each area of concern. If there are any issues we cannot correct internally, we will recommend other options.

In addition to the compliance review, we also provide a HIPAA toolkit and a COBRA procedure manual. We provide a comprehensive suite of ERISA and employee benefit compliance services. Administrative services include Wrap Plan Documents/ SPD creation and review, Section 125 plan documents, 5500 completion and filing support, required benefit plan notices, HIPAA toolkit, and COBRA administration services at no additional cost.

Our compliance team tracks and reports on federal and state legislative activity, highlighting important topics through:

- **Legislative alerts:** Our alerts provide our clients with the latest news regarding employee benefits. Alerts are published as needed to provide timely information and are all reviewed and interpreted by our senior consultants before they are communicated to clients.
- **Compliance newsletters:** Our monthly and quarterly newsletters provide concise, attorney-reviewed summaries of legislative and compliance updates to keep you informed of the latest regulations. Our easy-to-read articles will help you find answers to your common COBRA, FMLA, health care reform, HIPAA, Medicare Part D and Section 125 questions. Our newsletters not only provide a thorough review of the upcoming changes but also detail the steps you can take to address them within your organization.
- **Webinars and seminars:** As a McGriff MMA client, you are invited to participate in educational webinars and seminars conducted by a national law firm representing employers in all aspects of labor and employment law, employment litigation and employee benefits. Our sessions also offer professional continuing education credits for approved meetings.
- **Compliance checklists:** Each year, our compliance team prepares a comprehensive compliance checklist that your Account Managers will review with you. In addition to the full compliance checklist, we also provide you with an abbreviated checklist with items specifically relevant to open enrollment.
- **White papers:** focusing on the latest Compliance issues.

McGriff MMA also strives to keep our staff abreast of industry and legislative changes. In addition to the continuing education licensing requirements, we encourage our staff to obtain professional designations,

elevating their creditability as professionals in employee benefits. Many of the staff working directly on your account hold professional designations that allow them to better analyze your group benefits with respect to the ACA, contract provisions, marketing, underwriting, plan designs, cost containment and alternate funding methods.

5. Review of forms. Assistance is occasionally required for review of employee notices (i.e., COBRA Notifications, HIPAA privacy notices, etc.)

CONFIRMED

We work to mitigate current and future regulatory risks through full compliance review for:

- ERISA (Employee Retirement Income Security Act) Compliance evaluation, including:
 - Summary plan description (SPD), summary of material modification (SMM), summary of material reduction in covered services or benefits for group health plan, Plan Documents, Form 5500, Form 5558 (if extension is needed), summary annual reports (SAR)
- ACA (Affordable Care Act) compliance, including:
 - W-2 cost of employer-sponsored health coverage, summary of benefits and coverage (SBC), advance notice of change to SBC terms, transitional reinsurance fee (2014-2016), PCORI fee, exchange notice, IRS Forms 1095-B & 1094-B, grandfathered plan status notice, IRS Forms 1095-C & 1094-C, patient protection notice (for non-grandfathered plans), notice of rescission
- COBRA (Consolidated Omnibus Budget Reconciliation Act) –Automate the administration of all required notices and premium collections through the benefit administration system.
- HIPAA (Health Insurance Portability and Accountability Act) – Wellness program notice of reasonable alternative standard, notice of special enrollment rights, certificate of creditable coverage, notification of breach of unsecured protected health information (PHI), notice of privacy practices
- Audit for compliance with other federal laws, including:
 - Americans With Disabilities Act (ADA), Genetic Information Nondiscrimination Act (GINA), Children’s Health Insurance Program (CHIP) notice, Medicare Part D, Women’s Health and Cancer Rights Act (WHCRA), Newborns’ and Mothers’ Health Protection Act (NMHPA), Michelle’s Law, Medical Child Support Order (MCSO)
- Health management services that obtain a baseline of health and risk factors and lead to a program designed to impact member lifestyles and behaviors. Improving member health and engagement will have the greatest positive impact on health plan costs
- Contract review to ensure appropriate reinsurance protections are in place
- Leave-of-absence policy review

6. Assist in analysis of pending legislation during the legislative session. These require 24-hour turnaround time. The NM legislature meets for 60 days in odd-numbered years and 30 days in even-numbered years. Special sessions may occur.

7. Consultant will provide notification on benefits and funding trends that may affect benefits programs during the legislative session.

CONFIRMED for #6 and #7

As the current Benefits Consultant, McGriff MMA understands the need for quick analysis on any pending legislation in the New Mexico Legislature. McGriff MMA maintains a government affairs department and a regulatory team in Legal Services that supports the McGriff MMA affiliate operations. We stay abreast of state law and regulations from trade associations, such as the Council of Insurance Agents and Brokers, the Independent Agents, the Financial Services Roundtable Insurance Working Group, and participation in the National Association of Insurance Commissioners, which convenes three times a year and issues model laws and regulations via outside regional and national regulatory / legal counsel in our footprint states and nationally. Law firms and trade associations keep us abreast of the State Department of Insurance regulations and bulletins. We also have contacts in almost every insurance department in the states where we do business.

As a part of Marsh McLennan, McGriff has access to an extensive global network of professional services expertise through its sister organizations, Marsh, Mercer, Guy Carpenter, and Oliver Wyman.

8. Attendance at the various City meetings as required.

CONFIRMED

As the City's incumbent Benefits Consultant, McGriff MMA will continue to attend all vendors/contractor's meetings as needed in person or virtual.

McGriff MMA will continue to provide the City with the following services:

- Review all vendor contracts for compliance on a continuing basis to ensure federal compliance
- Review and maintain copies of current plan SPDs
- Spot audit historical financial transactions for any irregularities between the City and key vendors (medical TPA, PBM, vendor partners)
- Serve as a liaison and interface for all vendors including assisting with escalated issues, claim and eligibility problems and coordinating open enrollment
- Participate in ongoing benefits strategy meetings for regular vendor evaluation
- Regular meetings and presentations from vendors to obtain updates on internal service metrics (claim and call stats, etc.)
- Continually work to identify issues and risk exposures to the City's benefit offerings
- Provide updates and commentary on the impact of legislative and regulatory changes
- Evaluate vendor-provided reports on claims, premiums and enrollments, surveys and provide summary of findings
- Regular assessment of vendor account service and performance guarantees
- Provide support for understanding and implementing changes in plans and administration required under Health Care Reform legislation including affordability and minimum value.
- Act as a resource for other policies and procedures that are impacted by the insurance benefits (i.e., vacation, sick leave, LOA policies, FMLA, etc.)
- Provide ongoing education invitations to McGriff MMA's compliance seminar series
- Provide McGriff MMA Annual Employer Reporting and Disclosure Compliance Guide

9. Arrange and attend meetings with vendors/contractors at the request of City of Albuquerque.

CONFIRMED

As the City's incumbent Benefits Consultant, McGriff MMA will continue to attend all vendors/contractors meetings as needed in person or virtual.

10. If the City deems it necessary to submit any portion of the employee benefits program to a competitive proposal process to add or change benefit programs, the consultant will/shall be responsible to draft RFPs that provide complete information for Offerors and will result in responses that provide meaningful information for the City's use in the selection process. The Consultant will also be expected to:

- a. **Prepare a detailed written analysis of all benefit-related proposals received.**
- b. **Upon selection of a benefits provider, the Consultant will:**

CONFIRMED

Overall Procurement Process

As the incumbent Benefits Consultant, McGriff MMA has worked with the City's Benefits and Purchasing Teams overseeing the proposal process for several benefit plan offerings. We will continue to discuss what considerations are most important to the City in areas such as quality of care, cost efficiency, administrative ease, employee engagement, and financial risk tolerance. We will also continue to discuss new plan constructs, wellness incentive and Value-Based Plan Designs, Pharmacy Carve-Outs and other innovative approaches to healthcare.

Using these guidelines, your McGriff MMA team will continue researching innovative programs and strategies allowing you to gauge the different options in the marketplace and, ultimately, implement the best solution for your employees. Your McGriff MMA team will continue to ensure all proposed programs address legislation, compliance, and regulation constraints.

Once program/ plan options are determined, we are ready to go to the market. The McGriff MMA Team will work with the City's Purchasing Team to create a custom RFP for each specific program. We will oversee all aspects of the RFP process working in tandem with Purchasing. We will work jointly with the Benefits and Purchasing Team to identify potential markets that serve your needs and assist you with analyzing carrier/vendor networks for adequate physicians and hospitals in the areas where your employees live. Carriers/vendors also will be selected for their quality of service, available funding options, the level of claim detail they will provide, and their willingness to implement performance guarantees. Your McGriff MMA team will work with Purchasing to create a customized RFP based on determined objectives and performance expectations.

Your team in Tandem with Purchasing will oversee all aspects of the proposal process. We will meet with you to review the responses to the RFP and share our initial thoughts on each carrier/ vendor's response. This meeting allows us to identify which carriers and/or vendors should be brought in for finalist meetings. These interviews will be jointly conducted with the McGriff MMA and the City's chosen Evaluation Team. These meetings provide an opportunity for the Evaluation Team to learn which of the carriers/vendors may be the best fit for the City's needs, objectives, culture. McGriff MMA will help Purchasing with the tabulation of scoring sheets provided by the Evaluation Team and will help City Staff prepare the necessary documents for City Council approval.

Detailed Procurement Process

McGriff MMA Internal Review of Proposal Responses

Our team of expert underwriters creates a customized renewal request for a client's incumbent and pre-qualified prospective carrier/vendors, including technology. We will conduct a market test of prospective vendors to ensure clients receive the best value year after year. The underwriting team will:

- Create an underwriting summary of the client's risk profile based on the most current census data
- Review current health conditions and work with our medical director to determine possible future health claims activity
- Invite prospective carriers to compete against incumbent carriers
- Develop a renewal and RFP request customized for each client in a package designed by our underwriters specifically for carrier underwriters. This has led to quicker reviews and responses, and more favorable bids
- Conduct a financial analysis of all responses received from incumbent and prospective carrier/vendors

Responses to the RFPs will be analyzed in the following areas:

- Breadth of network
- Disruption analysis (as applicable)
- Strength and depth of discounts using Network Select, based on the Uniform Data Standard Group (UDS)
- UM and Medical management programs
- Efficacy of administration systems and processes
- Member and provider satisfaction ratings
- Plan design
- Underwriting worksheets in development of premium rates
- Carriers/vendors financial viability and rating analysis

Once a carrier/vendor has been selected, we will begin implementing the selected programs. During this process we will develop an implementation calendar and work closely with each carrier/vendor to make certain programs are implemented correctly and in a timely manner. We will confirm all fees, plan designs, claim system setup,

reporting structure and data requirements. We will help you complete the carrier/vendor application, review carrier/vendor takeover issues, ensure the eligibility file is transferred, and make sure we have all required documents (contract agreement, SPD/plan document, and administrative manual and performance agreements) prior to the effective date.

Negotiating Contractual Terms and Performance Standards for Benefits Programs

We use a three-part approach when negotiating with carriers/vendors. Led by our team of underwriters, each with a minimum of five years of experience, the process includes:

- Comprehensive financial analysis of proposed renewal rates and a thorough review of all required underwriting worksheets and formulas. This is the empirical part of our negotiation strategy. Errors, inconsistencies, inappropriate items, unreasonable cost, and trend factors are scrutinized and negotiated. Our underwriters conduct this analysis and negotiation directly with the carriers' underwriters, whereas most of our competitors negotiate through sales representatives.
- Following the comprehensive financial analysis, we will reveal to carriers their competitiveness ranking based on overall cost and value. Leveraging market forces to the full extent results in price movement, which motivates serious carriers to evaluate their proposals to ensure the best possible rates, conditions, and projected renewal.
- In a few instances, the comprehensive financial analysis and market forces fail to deliver the results we expect for our clients. This is when we use our book of business membership and relationship leverage with a client's carrier(s) to obtain the best overall cost and value. A member of our senior executive team will negotiate directly with a carrier's senior executives to meet our financial objectives.

An important step throughout the plan year is to monitor plan performance to goals. We will track and measure operational results, clinical outcomes, financial controls, claim/member services, and best practices/quality of services, among other key areas. Some of the measurements will come from external sources, although most can be obtained from your data. Additionally, to ensure carriers/vendors are providing the highest levels of customer service, we propose surveying the employee population.

We can provide support for these surveys through multiple channels, including formal surveys (paper or web-based), focus groups and other forms of feedback. When a survey is used, we can then consolidate the survey responses and compare them with the service levels agreed upon during implementation to determine if the negotiated objectives have been met or exceeded.

McGriff closely monitors the security of insurance and reinsurance markets worldwide. We seek to ensure, as far as we are reasonably able, that our clients' risks are placed with secure and solvent carriers. While we do not guarantee the financial strength or solvency of any carrier, we attach the highest priority to security issues.

Once the underwriting team has negotiated the best overall cost and value, the summary of results and plan design recommendations are presented to the client in the annual audit meeting. During this meeting, the client receives a comprehensive overview of the market analysis, the recommended plan designs, McGriff underwriting methodology workup, and the detailed cost projections for the next three years. This report is an integral part of each annual renewal. Following review and discussion, the client will make the renewal selections, and the implementation process can begin.

11. Analyze the master contract presented by the benefits provider, or if required, draft a master contract to ensure that the contract complies with the specifications for review by the City.

CONFIRMED

During the implementation/transition process we develop a service calendar and work closely with each carrier/vendor to make certain programs are implemented correctly and in a timely manner. We will confirm all fees, plan designs, claim system setup, reporting structure and data requirements. We will help you complete the carrier/vendor application, review carrier/vendor takeover issues, ensure the eligibility file is transferred, and

make sure we have reviewed and received all required documents (contract agreement, SPD/plan document, and administrative manual and performance agreements) prior to the effective date.

12. Keep the City of Albuquerque informed of emerging trends in benefits plan designs, drafting plan modifications, amendments, and new plans. Provide recommendations for benefit improvements/enhancements as dictated by emerging plan costs or benefit practice trends, along with our business needs.

CONFIRMED

McGriff has developed and patented a consulting paradigm colloquially named MORE Insights (Managing Costs, Operational Excellence, Risk Mitigation, and Enhanced Member Experience). McGriff developed this approach to create best practice metrics that quantify the plan performance of an organization, enabling us to be more prescriptive in advising clients towards a best-in-class benefits program.



Aligning with the City’s current and future strategic plans is a key component of our benefit program approach. To facilitate this alignment, we review current market challenges and trends, benchmark your plan design and costs, and evaluate these programs considering new and ongoing compliance requirements, ultimately delivering recommendations around the short and long-term options to reach your desired goals.

Once we determine the desired plan strategies, our core consulting team will provide specific plan design feedback, aggressively negotiate renewals, provide alternative funding analyses, manage and market vendors when applicable, prepare entity-specific projected/budgeted costs, develop employee contribution strategies that support City’s benefits philosophy and financial goals, and provide employee communication support.

Our overarching service philosophy, the MORE Insights strategic framework, tenured consulting team, deep service bench, benefit administration thought leaders, and a host of national subject matter experts combine to form a cohesive team driven by innovation, best practices, automation, efficiency, and analytics singularly focused on your goals and objectives.

McGriff MMA has performed the MORE Insights analysis for the City and continues to update it periodically.

13. Assist in the preparation and review of benefit program communication materials for open enrollment.

CONFIRMED

As the incumbent Benefits Consultant McGriff MMA currently works with the City Insurance and Benefits Team in the analysis and deployment of the City’s current employee communication strategy. The strategy is comprised of four main parts:

- **Discovery/Strategy:** Conduct communication strategy meeting with client where, together, we outline the communication objectives, define the corporate benefit brand, and establish a timeline for development and completion of the benefit pieces.
- **Design:** Our client-centric service team works with you to manage the development and approval process for all communication pieces.
- **Implement:** Conduct open enrollment meetings and ensure communication materials are distributed appropriately.
- **Manage:** Our team provides ongoing communication support for both new hires and, if desired, ongoing employee-focused communications.

Your core account team, in conjunction with the McGriff MMA communications team, has everything you need to develop and deliver strategic campaigns that build awareness, educate employees, and drive engagement in your benefits program. As necessary, we will assign a dedicated communication consultant to support the creation of all strategic communications material.

Benefits are complex but communicating them to your employees doesn't have to be. We prefer an approach that incorporates many successful consumer marketing techniques when developing an effective benefits communication campaign. That means understanding employee demographics, presenting information clearly and creatively, and using a variety of media to reinforce messaging and maximize value.

We begin by asking detailed questions about your company and culture, employees, existing communication methods, and your organizational goals. Our experts then develop a strategy and plan tailored to you. Once the plan is approved, we execute and measure effectiveness along the way.

We offer a wide range of options to help educate employees about your benefits from standard, do-it-yourself templates to custom solutions*. Our capabilities include:

- Strategy and communication plan development
- Campaign project management including drafting of the annual enrollment guides
- Benefits brand logo creation
- Creative and graphic design services
- Messaging and content development
- Printed materials: benefit guides, posters, flyers, brochures, postcards, and more
- Digital media: email, video, web, and Brainshark presentations
- Print and fulfillment coordination

*Custom solutions may require an additional fee or cost.

14. The consultant must have the ability to provide benchmarking information on the benefits programs and their components as necessary and requested.

CONFIRMED

Understanding how the City's benefit plans compare to other firms across your peer group, the region and industry is an essential part of achieving well-informed decisions about your plan, and how they support your Total Rewards strategy. This is a critical first step to determining if a self-funded strategy is the right decision.

To this end, McGriff has developed a proprietary real-time Benchmarking tool that we use to empower our clients with sufficient market knowledge to make informed decisions. Additionally, we utilize our internal National Trend and Wellness surveys and reports from industry-leading sources from PwC, MetLife, and Kaiser Family Foundation and others. Some of the benefit plan elements we benchmark for clients include:

Benefit Plan Elements	
• Eligibility and Waiting Period	• Affordability Indexes
• Network and Plan Access	• Turnover Analysis
• Employee and Dependent Contributions	• Mobile Applications/Usability Features
• Plan Design Parameters	• Health Management / Wellness Strategies
• Total Plan Cost	• Retirement Product Designs and Features
• Employer / Employer Contribution Matrix	• Funding Arrangements
• Voluntary Benefit Programs	• Paid Time-Off / Leave Policy

Further, we provide our clients with a Demographic Analysis report; drilling deeper into a covered population’s risk profile identifying strategies to address noted risks and help clients use financial resources more wisely when designing benefits plans. A sample Benchmarking Report, Demographic Analysis report and other documents are included as attachments.

- 15. **Consultant shall prepare appropriate fund analysis and claims analysis, as requested.**
- 16. **Consultant shall participate in the preparation and presentation of any necessary and/or requested reports, including cost projections for upcoming years and provide Ad-Hoc reports upon requests.**
- 17. **Consultant shall provide a long-term solvency projection that allows extrapolation of the impact of plan design and funding changes.**

CONFIRMED for #15, #16 and #17

As the current Benefits Consultant McGriff MMA understands the City’s needs for customized and detailed reporting. Below is a list of our underwriting and actuarial services that we provide to our clients.

Actuarial and Underwriting

McGriff MMA provides the actuarial and underwriting expertise you need to help manage costs, mitigate risks, and reduce administrative burdens while optimizing the design of your employee benefits program. From plan design changes to performance metrics, access to complete, accurate and actionable data is the key to making informed decisions about your medical benefits. Monitoring and measuring effectiveness and adjusting as changes occur are essential to effectively managing costs. Our Actuarial and Underwriting team has the resources to help you do just that. Our solutions include:

Actuarial Services

- Plan design evaluation
- Actuarial minimum value analysis
- Claims analysis
- Data analytics
- Benefit strategy analysis
- Benefit change impact analysis

Underwriting and Claims Reporting

- Renewal analysis and recommendations, including negotiation strategy
- Mid-year renewal projections

- Multi-year renewal/cost projection
- Funding comparisons (fully-insured vs. self-insured)
- Stop loss policy optimization
- Data-driven claims reporting

Benchmarking

- Benefit plan design
- Employee contributions
- HSA/HRA funding
- Affordability
- Financial cost

On-Going Education

- Webinars, seminars, and e-newsletters to keep you up-to-date on industry trends
- Training programs on key actuarial and underwriting topics

Other Services

- **Deep dive analysis** – Reviewing to what extent members are using the plan can offer tremendous insight into where the future risks of claims, absenteeism, and presenteeism exist. Our team has the resources to offer this service and many years of direct experience that can identify the most efficient changes to help protect against the identified risks.
- **On-site health clinic analysis**—Given the potentially significant cost associated with offering an on-site health clinic, it is important to evaluate its value not only in isolation but also relative to other available options. Other options may include near-site clinics, direct primary care, mobile care, etc.
- **Wellness return on investment analysis** – We aim to implement initiatives consistently year after year to track the change in risk factors and project long-term cost reduction.
- **Acquisition analysis** – We understand that adding new groups of employees has many direct impacts within an organization, including the cost of employee benefits. We help you determine those costs by comparing demographics, benefits, carrier/vendor/provider availability, etc.
- **Network analysis** – The complexity of provider networks continues to grow, creating both challenges and opportunities. We will analyze your providers to identify ways to increase overall efficiencies. The goal is not merely to maximize discounts but to balance a list of priorities that includes the lowest cost per episode of care, higher quality outcomes, and the least disruption to a patient’s daily life. Considering all of these factors, the claims cost is better controlled, and employee morale and productivity can be increased.

Budget Monitoring

We work with the City and each entity to develop the format and timing of cost projections, monthly plan monitoring, and reporting. In addition, we offer the following services:

- Benchmarking of benefits and plan costs
- Estimates of the impact changes to benefits and contribution strategies may have
- Monthly review of financial performance against budgets and targets
- Determination of appropriate premium equivalent and COBRA rates
- Support of plan cost and fee negotiations
- Audit/review of claims compared to contracts
- Provide insight and guidance by identifying emerging trends and managing risk when developing valuations and financial projections

18. Consultant shall provide database warehousing and data mining tasks, as requested.

CONFIRMED

Data Insights and Analytics

McGriff MMA currently provides the City an independent data warehouse option with robust analytics to complement our standard reporting services. Cotiviti, our data analytics provider, provides a cloud-based analytics platform and service model that securely, accurately, and seamlessly integrates all forms of disparate data to create a single source of truth (SSOT) that transforms individual employer data into a 360-degree view across the entire benefits landscape. McGriff supports data aggregation of claims and services (medical, pharmacy, wellness, biometrics, and point solution vendors). We load up to 36 months of historical data on implementation and provide a complete analysis of your plans and population as well as opportunities for savings and recommendations for new solutions.

Using medical intelligence combined with Cotiviti's industry-leading DxCG science, employers and plan sponsors can better manage risk and identify opportunities for better healthcare through:

- Evidence-based clinical quality rules
- Healthcare utilization metrics
- Claims-based HEDIS® measures

We can easily stratify and segment populations (by risk, costs, utilization, predicted future cost, or location), access member-level detail (e.g., conditions, comorbidities, clinical events, gaps in care, prescription compliance), and evaluate performance by program, provider, and more. This approach uses data analytics alongside our benefits and health management expertise to advise our clients on the best ways to mitigate their own unique financial and health risks. Our platform allows us to view your detailed medical and pharmacy claims spend and combine it with data from other sources, including case management, disease management, health assessment and biometric screening, onsite clinics and more.

Additional Benefits

For population health management, our approach helps:

- Identify high-risk members in need of immediate or long-term clinical intervention
- Pinpoint those at risk for hospitalization or emergency room use in the near future
- Optimize the results and operational efficiency of outreach and engagement initiatives

For clinical program design and evaluation, our approach helps:

- Analyze population and member-level conditions, gaps in care, quality, and compliance metrics
- Monitor and measure the progress of disease management and wellness programs and vendors
- Identify new intervention programs to address conditions affecting cost and utilization

For network management, our approach helps:

- Assess the impact of out-of-network utilization
- Inform pay-for-performance, accountable care, and other alternative quality contracts

For medical cost management, our approach helps:

- Analyze utilization patterns to identify waste and drive appropriate use of medical resources
- Identify conditions and members affecting costs and utilization patterns

19. Consultant shall provide recommended reserve balance, including fixed costs, by line of business, calculated in accordance with applicable Actuarial Standards of Practice.

CONFIRMED

As the current Benefits Consultant McGriff MMA understands the City’s needs for customized and detailed reporting. McGriff MMA currently recommends a reserve balance, including fixed costs, by line of business, calculated in accordance with the applicable Actuarial Standards of Practice.

In addition, we currently provide complete actuarial and underwriting resources to help make data-driven decisions about plan design and contribution strategies, costs and risk. McGriff MMA has an in-house team of underwriters and actuarial experts who manage group risk assessment, claims analysis, renewal projections, forecasting, trend analysis, and plan design recommendations. Actuarial reports and plan reviews are peer-reviewed by a multi-disciplinary team.

By leveraging the specific actuarial data and analytics of a client’s program, we can develop equitable and fair risk transfer targets for our negotiations with insurers. This is a complete paradigm shift from the typical approach of marketing a renewal and waiting for an insurer to respond with their terms.

Our approach is to design a favorable program structure based on collaborative input with our client to address their unique needs and to determine appropriate costs through analysis of historical and predictive loss analysis. We then take these concepts to the market and sell the insurers on our concept of the risk. This provides far greater control over the outcome of the process.

Although reports provided by carriers and vendors provide sufficient financial data, they typically do not provide information in a meaningful and actionable format. With specialized assistance from our experienced actuarial team, we’ve developed a customized reporting package for our clients. Complementing a carrier or vendor’s reporting capabilities with actionable data is critical to the financial success of an employee benefit plan and forms the cornerstone for future state pricing and plan design scenario modeling.

The list below demonstrates selected content areas where our actuarial and analytics teams have delivered meaningful retrospective or probabilistic assessments to similar clients:

Sample Actuarial and Financial Analytics Deliverables	
<ul style="list-style-type: none"> • Incurred or Paid Claims Experience • Projected Renewal Forecasts • Plan Design Actuarial Value Calculations • 2-5 Year Budget Proforma • Budget vs. Actual Reporting • Claims Utilization Analyses • Network Utilization/Disruption • Population Risk Modeling 	<ul style="list-style-type: none"> • Reserve Draw-Down Scenarios • Claim Lag Analysis (IBNR) • Plan Benchmark Reports • High-Cost Claimant Predictive Modeling • Accrual Analysis By Location/Division • Plan Migration Forecasting • Return on Investment Retrospectives • Disability Reserve Analysis

20. Consultant shall advise and assist in the determination of employee attitudes, needs, and expectations concerning benefit programs by use of surveys, questionnaires, meetings, or other communication methods, as requested.

CONFIRMED

McGriff MMA understands the City’s needs to ensure carriers/vendors provide the highest levels of customer service to their employees. We propose continuing to survey the employee population for satisfaction levels. McGriff MMA will continue to utilize a state-of-the-art survey platform that is accessible via phone, computer, or tablet. In addition, if paper is necessary, we can provide a printable file.

We will collaborate with you to formulate questions and response formats to help us gain insight and direction while respecting the employee’s time and attention constraints. We can hold large or small groups in multiple sessions through live online webinars when focus groups are preferred.

21. Consultant shall provide employee wellness consulting to include Health Risk Assessment (HRA)/Personal Health Profile (PHP), biometric health screenings and any other additional wellness services, as requested.

CONFIRMED

The McGriff MMA Service Team currently works with the City in support of the City’s BetterHealth Program. McGriff takes a holistic approach to wellness programs. We will continue to provide the City with support in the following areas.

- **Program Assessment** – We help with data collection and review, historical analysis, defining goals, and understanding cultural considerations.
- **Strategic Planning and Development** – We assist in developing multi-year strategies and phased approaches, offer guidance in evaluating vendors, and provide ongoing support.
- **Consultative Support and Stewardship** – Developing and maintaining an effective clinical wellness program requires a multifaceted approach that evolves with your employees. We work with you for the long term as a trusted advisor providing support for strategic initiatives and helping to address challenges.
- **Thought Leadership** – Stay current on the latest workplace wellness industry trends with white papers, email alerts, webinars and in-person presentations.

We will continue to leverage data analytics with expert clinical and wellness consulting to drive the most effective results for the current program while meeting the needs of City employees mitigating future health risks and costs.

22. Consultant shall provide services including, but not limited to: self-funded claim audits, claims utilization analysis and reporting, actuarial services, benchmarking, budget projection, assistance with implementation and renewals, marketing services, plan design recommendations, assistance with communication strategies, and on-going account management. The consultant shall provide updates and education related to the above-mentioned services. All services may not be requested in a single fiscal year.

CONFIRMED

As part of our current services, McGriff MMA provides oversight and a review of all aspects of the City’s benefit plans and vendors’ performance, including review of administrative procedures, eligibility, customer service, clinical operations, claim administration, financial, service and administrative performance guarantees and other contractual guarantees to determine adherence to plan documents and contract provisions. We will also oversee the administrative setup of new vendors, including benefit design, eligibility provisions, and other necessary administrative rules. If desired, we can coordinate industry-standard and comprehensive implementation, medical and pharmacy claim audit services, and a dependent eligibility audit.

McGriff MMA can complete OPEB Valuation services, some pharmacy financial guarantees, and rebate audit services in-house using our internal specialty practices (Retirement and Pharmacy). We will subcontract with an outside, independent firm for medical and other specific pharmacy claim audits. BMI Audit Services is an authorized audit vendor for McGriff MMA. Based in South Bend, IN, BMI Audit has completed hundreds of claims audits. As one of the nation’s independent and most reputable audit firms specializing in health care cost containment through benefits auditing, BMI is uniquely qualified to provide outstanding audit services for our clients. McGriff MMA currently utilizes BMI to provide audits for the City’s account.

McGriff MMA will continue to provide the following benefit consulting services to the City:

Benefits Strategy - We pride ourselves on guiding clients through the various ways they can use employee benefits to accomplish their long-term goals for the organization. Neither implementing the status quo nor disregarding proven methods will do this. Instead, it requires the right mix of both through understanding the

organization's goals, diverse population, available resources, and risk tolerance, and also a thorough knowledge of market resources, trends, and historical successes and failures.

Our best resource is the intellectual capital of our team and the philosophical alignment with our clients. Together we create robust strategies that net real success for our clients and their associates. Not only have our clients experienced lower-cost trends, but they are also creating healthier, informed, and more productive workforces. Our strategies and goals would be laid out in an accountability timeline that meets your needs and your timeframes. We move as fast or as slow as the organization desires, first addressing the most critical issues that will have the greatest benefit to the organization.

Deep dive analysis – Reviewing to what extent members are using the plan can offer tremendous insight into where the future risks of claims, absenteeism, and presenteeism exist. Our team has available resources to offer this service, as well as many years of direct experience that can identify the most efficient changes to help protect against the identified risks.

On-site health clinic analysis – With the potential significant cost associated with offering an on-site health clinic, it is important to analyze its value relative to other available options. Other options may include near-site clinics, direct primary care, mobile care, etc.

Wellness return on investment analysis – McGriff MMA has been a pioneer in conducting wellness initiatives with our clients. Our goal is to implement initiatives consistently year after year to track the change in risk factors and project long-term cost reduction.

Network analysis – The complexity of provider networks continues to grow, creating both challenges and opportunities. We will analyze your providers to identify ways to increase overall efficiencies. The goal is not merely to maximize discounts, but to balance a list of priorities that includes the lowest cost per episode of care, higher quality outcomes, and the least amount of disruption to a patient's daily life. By considering all of these factors, not only is the claims cost better controlled, but employee morale and productivity can be increased.

Vendor Selection - With more than \$12.7 billion in premiums, McGriff MMA is equipped to leverage the best pricing and service from carriers and vendors for our clients. This sizable premium influence enables McGriff MMA to offer preferred partner pricing along with our proven methodologies of improving employee health engagement and reducing claims. These preferred rates and proprietary programs are only available through McGriff MMA and its affiliated agencies. Besides leveraging our size, we also ensure each client is aligned with the right carriers and vendors to achieve their overall goals.

Cost Projections - We work with each client to develop the format and timing of cost projections, monthly plan monitoring, and reporting. In addition, our team of underwriters and actuaries, as directed by the lead consultant, offers the following services:

- Review and modification of Incurred but Not Reported (IBNR) reserves
- Benchmarking of benefits and plan costs
- Estimates of the impact of changes to benefits and contribution strategies
- Monthly review of financial performance against budgets and targets
- Determination of appropriate premium equivalent and COBRA rates
- Support of plan cost and fee negotiations
- Audit/review of claims compared to contracts

Program Assessment – We help with data collection and review, historical analysis, defining goals, and understanding cultural considerations.

Strategic Planning and Development – We assist in the development of multi-year strategies and phased approaches, offer guidance in evaluating vendors, and provide ongoing support.

Consultative Support and Stewardship – Developing and maintaining an effective clinical wellness program requires a multifaceted approach that evolves with your employees. We work with you for the long term as a trusted advisor providing support for strategic initiatives and helping to address challenges.

Thought Leadership – Stay up to date on the latest workplace wellness industry trends with white papers, email alerts, webinars and in-person presentations.

23. Consultant must be proficient in handling all phases of fully insured and/or self-funded medical, dental, vision, and prescription drug plans, to include establishing employee contribution amounts.

CONFIRMED

McGriff MMA currently works with the City in handling all phases of the City’s fully insured and/or self-funded medical, dental, vision, and prescription drug plans, including establishing employee contribution amounts on an annual basis. McGriff MMA will continue to use various actuarial modeling tools depending on the structure and complexity of program needs. Tools commonly used include Claros Actuarial Software, Cotiviti, Scripta Analytics, industry-standard aggregate trend projection, proprietary medical and pharmacy underwriting models, and in-depth forecasting and plan modeling tools built and managed within our actuarial services.

The Claros Analytics Actuarial software platform has over 30 million enrolled lives and \$300+ billion of charged claims. Claros allows our Financial Analytics team to model, price and predict health benefits costs, provide detailed health plan modeling, and assess contribution strategies. Within Claros is an enrollment migration tool that allows the client to set budget rates based on a consistent and actuarially sound methodology to determine accurate employee migration between plans and a sophisticated analysis of the risk/reward trade-offs in stop-loss structures.

The Claros Actuarial suite includes a Plan Migration modeler and takes information from the most recent three plan years to evaluate how changes in plan designs affect future costs. This tool considers a multitude of parameters, including:

- Enrollment (by plan and tier)
- Demographics of subscribers and dependents (age, gender, etc.)
- Trend by line of service category
- Location of employees (zip codes)
- Carrier discounts
- Plan designs
- Plan utilization

The Plan Migration modeler tool is also used to:

- Determine savings/increases for specific plan design changes
- Determine an expected number of large claimants
- Estimate the cost of Specific stop loss
- Estimate the cost of Aggregate stop loss
- Estimate the likelihood of aggregate claims

24. Consultant shall be knowledgeable about Flexible Spending Accounts, Group and Supplemental Life and AD&D Insurance, Retiree Life Insurance, and Short and Long-Term Disability Insurance.

CONFIRMED

McGriff MMA currently supports the City in their voluntary benefits offering. Voluntary benefits have become an increasingly important subject within the benefits landscape. According to numerous surveys, 90% of middle-income American families express concerns about their ability to cover emergency expenses due to insufficient savings. Voluntary benefits include options such as dental, vision, life/AD&D, disability, critical illness, and legal coverage that offer essential protection that can mitigate the financial and emotional consequences of serious illnesses or unforeseen medical events. These offerings play a vital role in providing employees and their families with enhanced security and peace of mind.

McGriff believes well-designed Voluntary benefits are a creative way to help employers meet internal and total rewards objectives and employees’ needs with added flexibility:

- With today’s changing workforce, 70% of millennials and 59% of Gen X employees are looking for benefits that are more flexible and speak to their unique needs – such as Pet Insurance, ID Theft Protection and Group Legal.
- About 86% of millennials say student loan repayment assistance is an important benefit and a must have. In fact, these benefits can play a large role in recruitment and retention efforts.
- Help with overall employee engagement: for example, there is increased employee participation in consumer directed or on-demand care when complemented by strong voluntary benefits program.
- Voluntary benefits can help control costs, improve compliance and fill coverage gaps for your employees.
- For many employees, the recent pandemic has increased financial insecurity. Greater flexibility in life insurance programs, permanent protection and even financial wellness and counseling are a growing need more and more employees’ desire.

McGriff believes well-designed Voluntary benefits are a creative way to continue to help the City meet internal and total rewards objectives and employees’ needs and added flexibility. McGriff will continue to assess the City’s voluntary benefit offering in key areas such as innovations in plan design, alignment, flexibility, increase maximum limits, past performance, loss ratios, premium rates and guarantees, ease of enrollment, and successful interface with the City’s HRIS system.

25. Consultant shall be knowledgeable about assessing, designing, implementing, and evaluating employee wellness programs to include on-site health clinics.

CONFIRMED

The McGriff MMA Service Team currently works with the City in support of the City’s BetterHealth Program. McGriff takes a holistic approach to wellness programs. We will continue to provide the City with support in the following areas.

- **Program Assessment** – We help with data collection and review, historical analysis, defining goals, and understanding cultural considerations.
- **Strategic Planning and Development** – We assist in developing multi-year strategies and phased approaches, offer guidance in evaluating vendors, and provide ongoing support.
- **Consultative Support and Stewardship** – Developing and maintaining an effective clinical wellness program requires a multifaceted approach that evolves with your employees. We work with you for the long term as a trusted advisor providing support for strategic initiatives and helping to address challenges.
- **Thought Leadership** – Stay current on the latest workplace wellness industry trends with white papers, email alerts, webinars and in-person presentations.

We will continue to leverage data analytics with expert clinical and wellness consulting to drive the most effective results for the current program while meeting the needs of City employees mitigating future health risks and costs.

We consider wellness-consulting part of core services we provide to the City. Clinical wellness solutions can help clients manage financial risk by positively impacting employee health, morale, and retention. We integrate well-being with other appropriate resources in data analytics, human resource consulting, risk management, and technology to provide comprehensive, long-term solutions. By providing on-going support and identifying unique population considerations and goals, we develop multi-faceted strategic initiatives that allow employees to lead healthier lives.

Our role is to continue to support the City, as necessary. Working across many industries, we have resources available to continue to help the City continue to have an effective comprehensive wellness program, identifying barriers to engagement, using data and analytics to identify future focus, and matching appropriate solutions with the City’s goals.

Our team is intimately familiar with both third-party wellness vendors and wellness programs administered through health carriers and/or their subsidiaries including clients with in-house on-site wellness personnel. We

are familiar with the embedded programs from the major carriers or stand-alone wellness vendors including Virgin Pulse, Wellable, HealthCheck360, Bravo, Sharecare, and Wellright, among others.

Point solutions vendors can provide added value to clients plan for diabetes management, musculoskeletal challenges as examples and are becoming common programs for public entities. Weight loss vendors such as Wondr Health or Real Appeal are excellent solutions and normally embedded into a carrier's product portfolio.

McGriff MMA wellness and health management consulting team includes a unique blend of clinical experts, data management staff, and non-clinical consultants with deep expertise in population health, vendor selection and evaluation, and proven success in improving employee engagement with health programs. This team approach of clinicians and population health experts working with clinical and claims data from our data warehouse provides the highest value to our clients. Clinical staff are necessary to examine disease prevalence and medical conditions, but the programs to address and change medical conditions and resulting claims costs are designed, measured, and implemented by our expert consultants with national knowledge of vendors and their ability to produce meaningful clinical improvement through disease and care management programs, whether they are delivered through a health insurer or standalone independent consultant.

Finally, as an independent firm, vendor selection of any product or service is highly dependent on the scope of services involved; goals and objectives of the client, proposed costs and return on investment, vendor references and historical performance, and employee experience. McGriff can support and help conduct an RFP to obtain the widest view of available services and allow for strong due diligence to select the right program for the right reasons for the right outcome for the City and employees.

Onsite/Near Site Clinic Consultation

The McGriff MMA Team provides services in the design, evaluation, and assessment of Return on Investment for onsite or near-site clinics. As healthcare costs rise, many larger government entities across the country have implemented onsite or near-site health clinics to offer employees routine medical care. These organizations typically contract with third-party vendors to deliver these services. Each arrangement is tailored to the needs of the entity, but generally aims to:

- Improve understanding of care delivery and associated costs
- Address gaps in care that may be present in the broader healthcare system
- Increase access to primary care, particularly in the context of personalized healthcare, post-COVID considerations, and primary care provider shortages

McGriff MMA currently provides onsite clinic consulting for the City's employee clinic, the BetterHealth Primary & Pediatric Care Clinic, as well as the BetterHealth Mobile Clinic. McGriff MMA holds semi-annual meetings with Medici, the operator of both clinics. Medici shares data with the McGriff MMA Underwriting and Actuarial Team, where the information is incorporated into reporting systems to maintain encounter data accuracy and address care gaps.

26. Provide annual fiscal year actuarial certification of required Incurred but not Reported (IBNR) reserves for all self-funded plans at a statistical confidence level determined by individual participating agencies. Certification to be issued by a credentialed health actuary.

CONFIRMED

McGriff MMA provides actuarial services such as actuarial certification for Incurred but not Reported (IBNR) reserves on all self-funded plans. Edward Johnson, ASA, MAAA, FCA, oversees the McGriff MMA actuarial and underwriting team as the senior healthcare consulting actuary. Edward collaborates with the McGriff MMA Service Team to collect the required data and issues an annual certificate regarding IBNR reserves for the City.

27. Provide cost projections to meet required funding at participating agencies based on budgeted funding levels for all self-funded plans for each plan year and set the contribution rates for employer and employee cost share, including recommended reserve funding.

CONFIRMED

As the current Benefits Consultant McGriff MMA understands the City's needs for customized and detailed reporting. McGriff MMA currently provides cost projections to meet the required funding at participating agencies based on budgeted funding levels for all self-funded plans for each plan year and helps set the contribution rates for employer and employee cost share, including recommended reserve funding.

We will continue to work with the City and each participating agency to develop the format and timing of cost projections, monthly plan monitoring, and reporting. In addition, we will continue to offer the following services:

- Benchmarking of benefits and plan costs
- Estimates of the impact changes to benefits and contribution strategies may have
- Monthly review of financial performance against budgets and targets
- Determination of appropriate premium equivalent and COBRA rates
- Support of plan cost and fee negotiations
- Audit/review of claims compared to contracts
- Provide insight and guidance by identifying emerging trends and managing risk when developing valuations and financial projections

28. Annual updates to Fair Market Value to determine the imputed income related to domestic partner coverage.

CONFIRMED

The McGriff MMA Team will continue to provide the City with annual updates to Fair Market Value to determine the imputed income related to domestic partner coverage.

29. Review and monitor insurance claims experience on an ongoing basis. This will include periodic review with regard to past experience and trend projections, and, as applicable, discussion of alternative funding methods.

CONFIRMED

The McGriff MMA Team is committed to continuing to provide both comprehensive and ad hoc reporting capabilities as required. Throughout the year, McGriff MMA will continue to monitor plan performance relative to established goals and will continue tracking and evaluating operational results, cost efficiency, clinical outcomes, financial controls, claims activity, member services, and adherence to best practices and quality standards across key areas. Outcome measurements will continue to be assessed against baseline trends, costs, and other relevant indicators to benchmark progress and improvements. Client reports will continue to be distributed monthly, contingent upon data availability. These reports will continue to play a critical role in ongoing plan evaluation and will continue to support the identification and review of performance areas requiring attention over the coming months or year.

30. Produce monthly, quarterly, and year-end reports; provide ad-hoc reports as requested.

CONFIRMED

The McGriff MMA Team remains dedicated to delivering monthly, quarterly, and year-end reports, as well as fulfilling any ad-hoc reporting requirements for the City. We will maintain regular updates to the City's reporting package each month and provide comprehensive underwriting projections, including our five-year Health Plan Glide Path forecast. As plan designs, carrier networks, or claim risks evolve, we will make timely adjustments to these projections as necessary. McGriff MMA standard financial analysis and reporting include:

- Monitor, analyze and report based on vendor-provided monthly claim, premium, large claims, and enrollment reports (monthly)
- Monitor large claims and coordinate with stop-loss for possible reimbursement (monthly)
- Assimilate all historical claims, premium and enrollment data and continuously update to track plan trends (monthly)
- Review plan utilization to target potential plan design modifications and educational opportunities (quarterly)
- Renewal projections (semi-annually)
- Compare plan results against normative benchmarking data (annually)
- Development of funding rates (annually)
- Assist with contribution modeling (annually)
- ACA compliance contribution modeling (annually)
- Calculate COBRA rates (annually)
- Custom reports based on availability of data (as needed)

31. Prepare and present benefits plan year recommendations, cost projections, and any other necessary and/or requested reports to the leadership team or participating agency governing authorities.

CONFIRMED

The McGriff MMA Team remains dedicated to preparing and presenting benefits plan year recommendations, cost projections, and any other necessary and/or requested reports to the leadership team or any participating agency governing authorities. We will continue to work with the City and participating agencies to develop the format and timing of cost projections, monthly plan monitoring, and reporting for your plan and fiscal year. In addition, our team of underwriters and actuaries, as directed by the lead consultant, will continue to provide the following services:

- Review and modification of Incurred but Not Reported (IBNR) reserves
- Benchmarking of benefits and plan costs
- Estimates of the impact of changes to benefits and contribution strategies may have
- Monthly review of financial performance against budgets and targets
- Determination of appropriate premium equivalent and COBRA rates
- Support of plan cost and fee negotiations
- Audit/review of claims compared to contracts

The assigned McGriff MMA Service Team is from our Public Entity Employee Benefits practices, and serves municipal/county governments, private/public educational institutions, publicly funded hospitals, health districts, utilities, transportation and port authorities. We possess an expert and proven understanding of the distinctive attributes of a public entity:

- Importance of being accessible to staff – even outside “normal” business hours
- Provide accurate and timely financial reporting and actuarial analysis that meet budgeting requirements
- Aid in the design and implementation of RFPs for vendor services through procurement departments while adhering to fair practice, compliance and ethics requirements
- Assist staff to present findings and recommendations to its leadership and governing authority
- Educate staff members on current topics of interest – examples may include new compliance regulations, innovations in virtual care, and approaches to optimize a benefit plan’s performance
- Commitment to transparency and disclosure of all financial arrangements and compensation

32. Consultant shall utilize a database combining all data (medical, prescription drug, and available biometric screening and health risk assessment data) for reporting and to analyze trends and make recommendations.

CONFIRMED

Data Insights and Analytics

McGriff MMA currently provides the City an independent data warehouse option with robust analytics to complement our standard reporting services. Cotiviti, our data analytics provider, provides a cloud-based analytics platform and service model that securely, accurately, and seamlessly integrates all forms of disparate data to create a single source of truth (SSOT) that transforms individual employer data into a 360-degree view across the entire benefits landscape. McGriff supports data aggregation of claims and services (medical, pharmacy, wellness, biometrics, and point solution vendors). We load up to 36 months of historical data on implementation and provide a complete analysis of your plans and population as well as opportunities for savings and recommendations for new solutions.

Using medical intelligence combined with Cotiviti’s industry-leading DxCG science, employers and plan sponsors can better manage risk and identify opportunities for better healthcare through:

- Evidence-based clinical quality rules
- Healthcare utilization metrics
- Claims-based HEDIS® measures

We can easily stratify and segment populations (by risk, costs, utilization, predicted future cost, or location), access member-level detail (e.g., conditions, comorbidities, clinical events, gaps in care, prescription compliance), and evaluate performance by program, provider, and more. This approach uses data analytics alongside our benefits and health management expertise to advise our clients on the best ways to mitigate their own unique financial and health risks. Our platform allows us to view your detailed medical and pharmacy claims spend and combine it with data from other sources, including case management, disease management, health assessment and biometric screening, onsite clinics and more.

Additional Benefits

For population health management, our approach helps:

- Identify high-risk members in need of immediate or long-term clinical intervention
- Pinpoint those at risk for hospitalization or emergency room use in the near future
- Optimize the results and operational efficiency of outreach and engagement initiatives

For clinical program design and evaluation, our approach helps:

- Analyze population and member-level conditions, gaps in care, quality, and compliance metrics
- Monitor and measure the progress of disease management and wellness programs and vendors
- Identify new intervention programs to address conditions affecting cost and utilization

For network management, our approach helps:

- Assess the impact of out-of-network utilization
- Inform pay-for-performance, accountable care, and other alternative quality contracts

For medical cost management, our approach helps:

- Analyze utilization patterns to identify waste and drive appropriate use of medical resources
- Identify conditions and members affecting costs and utilization patterns

33. Conduct claim audits of the contracted vendors as requested by the City of Albuquerque. Scope of the audit shall be determined by the City by its discretion. (A separate fee will be negotiated and paid to the consultant for any year this service is requested.)

CONFIRMED

As part of our current services, McGriff MMA provides oversight and a review of all aspects of the City's benefit plans and vendors' performance, including review of administrative procedures, eligibility, customer service, clinical operations, claim administration, financial, service and administrative performance guarantees and other contractual guarantees to determine adherence to plan documents and contract provisions. We will also oversee the administrative setup of new vendors, including benefit design, eligibility provisions, and other necessary administrative rules. If desired, we can coordinate industry-standard and comprehensive implementation, medical and pharmacy claim audit services, and a dependent eligibility audit.

McGriff MMA can complete OPEB Valuation services, some pharmacy financial guarantees, and rebate audit services in-house using our internal specialty practices (Retirement and Pharmacy). We will subcontract with an outside, independent firm for medical and other specific pharmacy claim audits. BMI Audit Services is an authorized audit vendor for McGriff MMA. Based in South Bend, IN, BMI Audit has completed hundreds of claims audits. As one of the nation's independent and most reputable audit firms specializing in health care cost containment through benefits auditing, BMI is uniquely qualified to provide outstanding audit services for our clients. McGriff MMA currently utilizes BMI to provide audits for the City's account.

34. Consultant should be proactive in advising participating agencies regarding the future direction of their employee benefits plans. Suggestions regarding feasible options and viable alternatives to the current plan design are expected on an ongoing basis.

CONFIRMED

McGriff MMA will continue to follow a comprehensive process that allows us to collaborate with the City and participating agencies by continuing to review, compare and decide on appropriate plan designs and employer-employee funding levels that meet each agency's needs. The overall goal is to develop benefits programs that continue to meet needs as they change over time. To do so, we can show estimates based on multiple scenarios and how we expect them to impact the plan. Ultimately, the goal is to present a year-over-year strategy with recommended courses of action in several different categories that will help the agency attain a unified theme for the year and remain in line with favorable trends over time.

The first tools are carrier claims and utilization reporting. In addition, we leverage our McGriff MMA Analytics tools to analyze program claim data and provide insights on clinical costs and utilization compared to demographically and plan design-adjusted benchmarks. These tools and insights help clients make more informed decisions for managing cost and overall employee population health risk.

Our reporting shows rolling year trends and includes benchmarks across our book of business and the 46 million members in the Cotiviti database. Cotiviti is our data warehouse software that allows us to integrate data from various services, including the carrier. As an industry leader in predictive modeling, Cotiviti reporting includes anticipated costs for large claimants.

Lastly, McGriff MMA has a proprietary real-time benchmarking tool with information from over 3,000 companies that we use to empower our clients with sufficient market knowledge to make informed decisions. We also utilize our own McGriff MMA National Benefit Trends Survey report on plan strategy and trends, as well as reports from other industry-leading sources such as Kaiser Family Foundation, Radford, MetLife, Business Group on Health, and more.

35. Consultant to have the ability to provide benchmarking information on the benefits programs and their components on an annual basis. Benchmarking to large municipalities as well as to employers in Albuquerque, New Mexico, and in the southwest region is desirable.

CONFIRMED

McGriff MMA will continue to provide national benchmarking information on the benefits programs and their components on an annual basis. In addition, we will continue to provide benchmarking to large municipalities across our book of business as well as to employers in Albuquerque, New Mexico, and in the southwest region. Understanding how the City’s benefit plans compare to other firms across your peer group, the region and industry is an essential part of achieving well-informed decisions about your plan, and how they support your Total Rewards strategy. This is a critical first step to determining if a self-funded strategy is the right decision. To this end, McGriff has developed a proprietary real-time Benchmarking tool that we use to empower our clients with sufficient market knowledge to make informed decisions. Additionally, we utilize our internal National Trend and Wellness surveys and reports from industry-leading sources from PwC, MetLife, and Kaiser Family Foundation and others. Some of the benefit plan elements we benchmark for clients include:

Benefit Plan Elements	
• Eligibility and Waiting Period	• Affordability Indexes
• Network and Plan Access	• Turnover Analysis
• Employee and Dependent Contributions	• Mobile Applications/Usability Features
• Plan Design Parameters	• Health Management / Wellness Strategies
• Total Plan Cost	• Retirement Product Designs and Features
• Employer / Employer Contribution Matrix	• Funding Arrangements
• Voluntary Benefit Programs	• Paid Time-Off / Leave Policy

Further, we provide our clients with a Demographic Analysis report; drilling deeper into a covered population’s risk profile identifying strategies to address noted risks and help clients use financial resources more wisely when designing benefits plans. A sample Benchmarking Report, Demographic Analysis report and other documents are included as attachments.

36. Consultant shall be required to support in the assessment, design, development, evaluation, and growth of employee wellness programs.

CONFIRMED

The McGriff MMA Service Team currently works with the City in support of the City's BetterHealth Program. McGriff takes a holistic approach to wellness programs. We will continue to provide the City with support in the following areas.

- **Program Assessment** – We help with data collection and review, historical analysis, defining goals, and understanding cultural considerations.
- **Strategic Planning and Development** – We assist in developing multi-year strategies and phased approaches, offer guidance in evaluating vendors, and provide ongoing support.
- **Consultative Support and Stewardship** – Developing and maintaining an effective clinical wellness program requires a multifaceted approach that evolves with your employees. We work with you for the long term as a trusted advisor providing support for strategic initiatives and helping to address challenges.
- **Thought Leadership** – Stay current on the latest workplace wellness industry trends with white papers, email alerts, webinars and in-person presentations.

We will continue to leverage data analytics with expert clinical and wellness consulting to drive the most effective results for the current program while meeting the needs of City employees mitigating future health risks and costs.

We consider wellness-consulting part of the core services we provide to the City. Clinical wellness solutions can help clients manage financial risk by positively impacting employee health, morale, and retention. We integrate well-being with other appropriate resources in data analytics, human resource consulting, risk management, and technology to provide comprehensive, long-term solutions. By providing on-going support and identifying unique population considerations and goals, we develop multi-faceted strategic initiatives that allow employees to lead healthier lives.

Our role is to continue to support the City, as necessary. Working across many industries, we have resources available to continue to help the City continue to have an effective comprehensive wellness program, identifying barriers to engagement, using data and analytics to identify future focus, and matching appropriate solutions with the City's goals.

Our team is intimately familiar with both third-party wellness vendors and wellness programs administered through health carriers and/or their subsidiaries including clients with in-house on-site wellness personnel. We are familiar with the embedded programs from the major carriers or stand-alone wellness vendors including Virgin Pulse, Wellable, HealthCheck360, Bravo, Sharecare, and Wellright, among others.

Point solutions vendors can provide added value to clients plan for diabetes management, musculoskeletal challenges as examples and are becoming common programs for public entities. Weight loss vendors such as Wondr Health or Real Appeal are excellent solutions and normally embedded into a carrier's product portfolio.

McGriff MMA wellness and health management consulting team includes a unique blend of clinical experts, data management staff, and non-clinical consultants with deep expertise in population health, vendor selection and evaluation, and proven success in improving employee engagement with health programs. This team approach of clinicians and population health experts working with clinical and claims data from our data warehouse provides the highest value to our clients. Clinical staff are necessary to examine disease prevalence and medical conditions, but the programs to address and change medical conditions and resulting claims costs are designed, measured, and implemented by our expert consultants with national knowledge of vendors and their ability to produce meaningful clinical improvement through disease and care management programs, whether they are delivered through a health insurer or standalone independent consultant.

Finally, as an independent firm, vendor selection of any product or service is highly dependent on the scope of services involved; goals and objectives of the client, proposed costs and return on investment, vendor

references and historical performance, and employee experience. McGriff can support and help conduct an RFP to obtain the widest view of available services and allow for strong due diligence to select the right program for the right reasons for the right outcome for the City and employees.

Onsite/Near Site Clinic Consultation

The McGriff MMA Team provides services in the design, evaluation, and assessment of Return on Investment for onsite or near-site clinics. As healthcare costs rise, many larger government entities across the country have implemented onsite or near-site health clinics to offer employees routine medical care. These organizations typically contract with third-party vendors to deliver these services. Each arrangement is tailored to the needs of the entity, but generally aims to:

- Improve understanding of care delivery and associated costs
- Address gaps in care that may be present in the broader healthcare system
- Increase access to primary care, particularly in the context of personalized healthcare, post-COVID considerations, and primary care provider shortages

McGriff MMA currently provides onsite clinic consulting for the City's employee clinic, the BetterHealth Primary & Pediatric Care Clinic, as well as the BetterHealth Mobile Clinic. McGriff MMA holds semi-annual meetings with Medici, the operator of both clinics. Medici shares data with the McGriff MMA Underwriting and Actuarial Team, where the information is incorporated into reporting systems to maintain encounter data accuracy and address care gaps.

37. Consultant shall provide employee wellness support to include analysis and reporting of Population Health Management, and any other additional services required for successful wellness programming.

CONFIRMED

The McGriff MMA Service Team currently works with the City in support of the City's BetterHealth Program. McGriff takes a holistic approach to wellness programs. We will continue to provide the City with support in the following areas.

- **Program Assessment** – We help with data collection and review, historical analysis, defining goals, and understanding cultural considerations.
- **Strategic Planning and Development** – We assist in developing multi-year strategies and phased approaches, offer guidance in evaluating vendors, and provide ongoing support.
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- **Thought Leadership** – Stay current on the latest workplace wellness industry trends with white papers, email alerts, webinars and in-person presentations.

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barriers to engagement, using data and analytics to identify future focus, and matching appropriate solutions with the City's goals.

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Finally, as an independent firm, vendor selection of any product or service is highly dependent on the scope of services involved; goals and objectives of the client, proposed costs and return on investment, vendor references and historical performance, and employee experience. McGriff can support and help conduct an RFP to obtain the widest view of available services and allow for strong due diligence to select the right program for the right reasons for the right outcome for the City and employees.

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McGriff MMA currently provides onsite clinic consulting for the City's employee clinic, the BetterHealth Primary & Pediatric Care Clinic, as well as the BetterHealth Mobile Clinic. McGriff MMA holds semi-annual meetings with Medici, the operator of both clinics. Medici shares data with the McGriff MMA Underwriting and Actuarial Team, where the information is incorporated into reporting systems to maintain encounter data accuracy and address care gaps.

38. Consultant shall participate in monthly City of Albuquerque Wellness Committee meetings and other City of Albuquerque wellness initiatives as requested.

CONFIRMED

The McGriff MMA Service Team currently works with the City in support of the City's BetterHealth Program and will continue to participate in monthly wellness committee meetings.

39. Consultant shall provide continuous updates and education on wellness programming to include newsletters and communications.

CONFIRMED

The McGriff MMA Service Team currently works with the City in support of the City’s BetterHealth Program. McGriff MMA will continue to provide internal resources to create and deliver communications that build awareness, educate employees, and drive engagement in the BetterHealth Program. We provide a wide range of options to help educate employees about your wellness benefits, from standard brandable templates to fee-based, fully custom solutions.

Our capabilities include:

- Strategy and communication plan development
- Campaign project management
- Creative and graphic design services
- Messaging and content development
- Print materials preparation: benefit guides, posters, flyers, brochures, postcards, and more
- Digital media: email, text messaging, online flipbooks, video, and narrated presentations
- Print project and fulfillment management
- Translation vendor coordination (materials can be translated into any language for a fee - cost is based on the scope of the project)



Postcards



Posters/Flyers



Overviews



Digital Guides



Narrated Presentations



Animated Videos



Presentations



Brochures

40. During all legislative sessions, the consultant shall provide notification to the City of Albuquerque of bills that are introduced that may affect benefits programs.

CONFIRMED

As the current Benefits Consultant, McGriff MMA understands the need for quick analysis on any pending legislation in the New Mexico Legislature. McGriff MMA maintains a government affairs department and a regulatory team in Legal Services that supports the McGriff MMA affiliate operations. We stay abreast of state law and regulations from trade associations, such as the Council of Insurance Agents and Brokers, the Independent Agents, the Financial Services Roundtable Insurance Working Group, and participation in the National Association of Insurance Commissioners, which convenes three times a year and issues model laws and regulations via outside regional and national regulatory / legal counsel in our footprint states and nationally. Law firms and trade associations keep us abreast of the State Department of Insurance regulations and bulletins. We also have contacts in almost every insurance department in the states where we do business.

As a part of Marsh McLennan, McGriff has access to an extensive global network of professional services expertise through its sister organizations, Marsh, Mercer, Guy Carpenter, and Oliver Wyman.

41. During all legislative sessions, the consultant shall provide analysis and advice on the implications of proposed state legislation relating to employee benefits and wellness programs. This is to include both self-insured and fully-insured products.

CONFIRMED

State and Federal Legislative Compliance

As the current Benefits Consultant, McGriff MMA understands the need for quick analysis on any pending legislation in the New Mexico Legislature. We provide an in-depth compliance review for all our clients. We meet one-on-one to determine what areas of ACA-related compliance, as well as general welfare benefit plan compliance, need to be addressed. Once we determine those issues, we will work with our compliance services team to update each area of concern. If there are any issues we cannot correct internally, we will recommend other options.

In addition to the compliance review, we also provide a HIPAA toolkit and a COBRA procedure manual. We provide a comprehensive suite of ERISA and employee benefit compliance services. Administrative services include Wrap Plan Documents/ SPD creation and review, Section 125 plan documents, 5500 completion and filing support, required benefit plan notices, HIPAA toolkit, and COBRA administration services at no additional cost.

Our compliance team tracks and reports on federal and state legislative activity, highlighting important topics through:

- **Legislative alerts:** Our alerts provide our clients with the latest news regarding employee benefits. Alerts are published as needed to provide timely information and are all reviewed and interpreted by our senior consultants before they are communicated to clients.
- **Compliance newsletters:** Our monthly and quarterly newsletters provide concise, attorney-reviewed summaries of legislative and compliance updates to keep you informed of the latest regulations. Our easy-to-read articles will help you find answers to your common COBRA, FMLA, health care reform, HIPAA, Medicare Part D and Section 125 questions. Our newsletters not only provide a thorough review of the upcoming changes but also detail the steps you can take to address them within your organization.
- **Webinars and seminars:** As a McGriff MMA client, you are invited to participate in educational webinars and seminars conducted by a national law firm representing employers in all aspects of labor and

employment law, employment litigation and employee benefits. Our sessions also offer professional continuing education credits for approved meetings.

- **Compliance checklists:** Each year, our compliance team prepares a comprehensive compliance checklist that your Account Managers will review with you. In addition to the full compliance checklist, we also provide you with an abbreviated checklist with items specifically relevant to open enrollment.
- **White papers:** focusing on the latest Compliance issues.

McGriff MMA also strives to keep our staff abreast of industry and legislative changes. In addition to the continuing education licensing requirements, we encourage our staff to obtain professional designations, elevating their credibility as professionals in employee benefits. Many of the staff working directly on your account hold professional designations that allow them to better analyze your group benefits with respect to the ACA, contract provisions, marketing, underwriting, plan designs, cost containment and alternate funding methods.

42. Consultant shall at all times be current in the field and in a position to advise City of Albuquerque of any changes in applicable federal or state laws, the Affordable Care Act (ACA), industry trends and/or announcements related to health and welfare plans and assist participating agencies in complying with laws and regulations related to employee benefits. This is to include advice on both self-insured and fully-insured products.

CONFIRMED

With the hundreds of benefits-related rules and regulations, you need a trusted partner who can help manage the risks associated with providing employee benefits. Our compliance team of law-degreed advisors and experienced HR professionals proactively monitors changes in regulations that may impact your benefits, including ACA, ERISA, HIPAA, COBRA, ADA and GINA, and then provides timely and actionable guidance.

Whether you're developing a Section 125 "Premium Only" plan or Wrap documents, preparing 5500 forms, or conducting non-discrimination testing, our compliance team is ready to assist with any employee benefits compliance issue, concern, or question.

- **Affordable Care Act (ACA)** – Services and tools are available to help you comply with ACA regulations and avoid fines, penalties and excise taxes.
- **ERISA / COBRA / HIPAA / Internal Revenue Code** – We provide guidance on how these laws can affect your benefit plans.
- **Toolkits and Guides** – Compliance topics include DOL Audit, HIPAA Privacy and Security, M&A, ACA Lookback Methodology, Reporting and Disclosure, and more.
- **Wellness** – We provide recommendations to ensure your wellness program is HIPAA, ADA and GINA compliant.
- **Compliance Resource Center** – Through your account team you have access to our experts for answers to individual compliance questions.
- **Communication and Educational Resources** – McGriff keeps you up to date on all legislative and regulatory developments with our ongoing training, news alerts, webinars, monthly newsletter and white papers.
- The Internal Revenue Code, including nondiscrimination issues for self-funded group medical plans and cafeteria plans.
- Issues with related employers, i.e., controlled groups and affiliated service groups.
- Issues arising from mergers and acquisitions.

Compliance Education and Ongoing Regulatory Updates

Our dedicated Compliance Team diligently monitors changes in Federal Regulations and promptly communicates these changes to your company via email. We provide comprehensive information on how these changes may directly impact your operations, highlight potential areas of concern, and offer detailed guidelines on how to

ensure continued compliance. Our goal is to ensure your company remains informed and prepared in the face of regulatory changes.

Upon getting a composite understanding of these changes, the recommendations and educational assistance are provided to our Account Teams for dissemination to clients who the legislative changes would directly impact through:

- **Legislative alerts:** published as needed to provide timely information, which our senior consultants review, interpret, and communicate to clients as appropriate.
- **Compliance newsletters:** published weekly and monthly to communicate industry trends, corporate wellness information, and legislative and compliance updates. These updates provide a thorough review of the upcoming changes and steps you can take to address them in your organization. These are in the form of weekly emails, Benefits News Clips, and a monthly newsletter, *It Benefits You*.
- **White papers:** focusing on the latest Compliance issues.
- **Webinars and seminars:** provided to clients and staff with in-depth information on the laws, regulations, and topics affecting employee benefits. Partner with government affairs personnel and attorneys.

Compliance Tools

We offer a complete and comprehensive set of pragmatic legal and operational tools to assist with your compliance needs, such as:

- **Reporting and Disclosure Guide** – Issued annually, this guide assists clients in meeting the varied reporting disclosure requirements of ERISA, COBRA, HIPAA, the ACA, wellness programs under the ADA and GINA, and other federal laws. The guide provides concise information on when actions must be taken, permitted delivery methods and required recipients.
- **DOL Audit Guide** – This guide provides information on the DOL audit process, what causes the DOL to audit a particular plan, and generally, what documents the DOL will request. It contains an appendix for a client to perform its own “mock audit.” The appendix provides significant detail on the documents DOL will be seeking and why, as well as repercussions and penalties for either failure to maintain the documents or compliance issues identified during the review of the documents.
- **HIPAA Privacy and Security Toolkit**—This toolkit helps clients understand their compliance obligations under HIPAA. It also provides sample resources, such as sample privacy and security policies, to help clients comply with HIPAA documentation requirements for their group health plans.
- **Employee Benefits in M&A Toolkit** – This toolkit can be used when a client is contemplating or facing a business transaction such as an asset purchase or stock purchase. It covers employee benefits matters that typically arise in M&A transactions and contains items such as due diligence checklists, M&A “talking points” and a welfare benefit plan comparison table.
- **ACA Lookback Measurement Method Policy Template** – This template can be used to accompany a group health plan document and summary plan description that sets the terms of eligibility for benefits under the ACA lookback measurement method. It comes with a detailed Explanations and Assumptions document to assist in customizing the template to the client’s own needs.

ERISA Services and Document Preparation

In addition to our Compliance Team, we have a team of analysts that provide a comprehensive suite of ERISA administrative services, including:

- Form 5500 filing preparation and support
- Summary Annual Reports,
- ERISA-compliant wrap plan documents and SPDs,
- Required participant notices,
- “Premium only” cafeteria plan documents
- Nondiscrimination for cafeteria plans and self-insured group health plans

Additional Compliance Consulting Services

Our Compliance Team is also available to consult with our clients on a fee basis, for additional consulting services. We can perform a more detailed analysis of the benefit plan design to ensure compliance with applicable laws such as MHPAEA or wellness program design under HIPAA, the ADA, and GINA. We can perform a mock DOL audit, support mergers and acquisitions, conduct HIPAA privacy and security training, etc. For clients who have failed to file a Form 5500, we prepare filings under the DOL's Delinquent Filing Voluntary Compliance Program (DFVCP).

43. Determination of the impact on the City of Albuquerque regarding the ACA to include recommendations of actions to take and plan design changes to implement to remain in compliance, and to minimize the financial impact on affected agencies.

CONFIRMED

As the current Benefits Consultant, McGriff MMA will continue to provide an in-depth compliance review annually. We meet one-on-one to determine what areas of ACA-related compliance, as well as general welfare benefit plan compliance, need to be addressed. Once we determine those issues, we will work with our compliance services team to update each area of concern. If there are any issues we cannot correct internally, we will recommend other options.

In addition to the compliance review, we also provide a HIPAA toolkit and a COBRA procedure manual. We provide a comprehensive suite of ERISA and employee benefit compliance services. Administrative services include Wrap Plan Documents/ SPD creation and review, Section 125 plan documents, 5500 completion and filing support, required benefit plan notices, HIPAA toolkit, and COBRA administration services at no additional cost.

Our compliance team tracks and reports on federal and state legislative activity, highlighting important topics through:

- **Legislative alerts:** Our alerts provide our clients with the latest news regarding employee benefits. Alerts are published as needed to provide timely information and are all reviewed and interpreted by our senior consultants before they are communicated to clients.
- **Compliance newsletters:** Our monthly and quarterly newsletters provide concise, attorney-reviewed summaries of legislative and compliance updates to keep you informed of the latest regulations. Our easy-to-read articles will help you find answers to your common COBRA, FMLA, health care reform, HIPAA, Medicare Part D and Section 125 questions. Our newsletters not only provide a thorough review of the upcoming changes but also detail the steps you can take to address them within your organization.
- **Webinars and seminars:** As a McGriff MMA client, you are invited to participate in educational webinars and seminars conducted by a national law firm representing employers in all aspects of labor and employment law, employment litigation and employee benefits. Our sessions also offer professional continuing education credits for approved meetings.
- **Compliance checklists:** Each year, our compliance team prepares a comprehensive compliance checklist that your Account Managers will review with you. In addition to the full compliance checklist, we also provide you with an abbreviated checklist with items specifically relevant to open enrollment.
- **White papers:** focusing on the latest Compliance issues.

McGriff MMA also strives to keep our staff abreast of industry and legislative changes. In addition to the continuing education licensing requirements, we encourage our staff to obtain professional designations, elevating their credibility as professionals in employee benefits. Many of the staff working directly on your account hold professional designations that allow them to better analyze your group benefits with respect to the ACA, contract provisions, marketing, underwriting, plan designs, cost containment and alternate funding methods.

44. At the discretion of the City of Albuquerque, prepare specifications for RFPs to obtain bids from interested carriers to administer or underwrite:

- a. **Medical plans**
- b. **Stop Loss Insurance**
- c. **Prescription Drug Program plans**
- d. **Group Life and AD&D**
- e. **Dental plans**
- f. **Vision plans**
- g. **Short-term Disability plans**
- h. **Long-term Disability plans**
- i. **Long-term Care plans**
- j. **Flexible Spending Account plans**
- k. **Other plans or services as directed by the City of Albuquerque (all are net of commissions)**

CONFIRMED

Overall Procurement Process

As the incumbent Benefits Consultant, McGriff MMA has worked with the City's Benefits and Purchasing Teams overseeing the proposal process for several benefit plan offerings. We will continue to discuss what considerations are most important to the City in areas such as quality of care, cost efficiency, administrative ease, employee engagement, and financial risk tolerance. We will also continue to discuss Consumer Driven Healthcare Plans, Wellness and Value-Based Plan Designs, Pharmacy Carve-Outs and other innovative approaches to healthcare.

Using these guidelines, your McGriff MMA team will continue researching innovative programs and strategies allowing you to gauge the different options in the marketplace and, ultimately, implement the best solution for your employees. Your McGriff MMA team will continue to ensure all proposed programs address legislation, compliance, and regulation constraints.

Once program/ plan options are determined, we are ready to go to the market. The McGriff MMA Team will work with the City's Purchasing Team to create a custom RFP for each specific program. We will oversee all aspects of the RFP process working in tandem with Purchasing. We will work jointly with the Benefits and Purchasing Team to identify potential markets that serve your needs and assist you with analyzing carrier/vendor networks for adequate physicians and hospitals in the areas where your employees live. Carriers/vendors also will be selected for their quality of service, available funding options, the level of claim detail they will provide, and their willingness to implement performance guarantees. Your McGriff MMA team will work with Purchasing to create a customized RFP based on determined objectives and performance expectations.

Your team in Tandem with Purchasing will oversee all aspects of the proposal process. We will meet with you to review the responses to the RFP and share our initial thoughts on each carrier/ vendor's response. This meeting allows us to identify which carriers and/or vendors should be brought in for finalist meetings. These interviews will be jointly conducted with the McGriff MMA and the City's chosen Evaluation Team. These meetings provide an opportunity for the Evaluation Team to learn which of the carriers/vendors may be the best fit for the City's needs, objectives, culture. McGriff MMA will help Purchasing with the tabulation of scoring sheets provided by the Evaluation Team and will help City Staff prepare the necessary documents for City Council approval.

Negotiating Contractual Terms and Performance Standards for Benefits Programs

We use a three-part approach when negotiating with carriers/vendors. Led by our team of underwriters, each with a minimum of five years of experience, the process includes:

- Comprehensive financial analysis of proposed renewal rates and a thorough review of all required underwriting worksheets and formulas. This is the empirical part of our negotiation strategy. Errors, inconsistencies, inappropriate items, unreasonable cost, and trend factors are scrutinized and negotiated. Our underwriters conduct this analysis and negotiation directly with the carriers' underwriters, whereas most of our competitors negotiate through sales representatives.
- Following the comprehensive financial analysis, we will reveal to carriers their competitiveness ranking based on overall cost and value. Leveraging market forces to the full extent results in price movement, which motivates serious carriers to evaluate their proposals to ensure the best possible rates, conditions, and projected renewal.
- In a few instances, the comprehensive financial analysis and market forces fail to deliver the results we expect for our clients. This is when we use our book of business membership and relationship leverage with a client's carrier(s) to obtain the best overall cost and value. A member of our senior executive team will negotiate directly with a carrier's senior executives to meet our financial objectives.

An important step throughout the plan year is to monitor plan performance to goals. We will track and measure operational results, clinical outcomes, financial controls, claim/member services, and best practices/quality of services, among other key areas. Some of the measurements will come from external sources, although most can be obtained from your data. Additionally, to ensure carriers/vendors are providing the highest levels of customer service, we propose surveying the employee population.

We can provide support for these surveys through multiple channels, including formal surveys (paper or web-based), focus groups and other forms of feedback. When a survey is used, we can then consolidate the survey responses and compare them with the service levels agreed upon during implementation to determine if the negotiated objectives have been met or exceeded.

McGriff closely monitors the security of insurance and reinsurance markets worldwide. We seek to ensure, as far as we are reasonably able, that our clients' risks are placed with secure and solvent carriers. While we do not guarantee the financial strength or solvency of any carrier, we attach the highest priority to security issues.

Once the underwriting team has negotiated the best overall cost and value, the summary of results and plan design recommendations are presented to the client in the annual audit meeting. During this meeting, the client receives a comprehensive overview of the market analysis, the recommended plan designs, McGriff underwriting methodology workup, and the detailed cost projections for the next three years. This report is an integral part of each annual renewal. Following review and discussion, the client will make the renewal selections, and the implementation process can begin.

45. Assist with negotiation of vendor contractual agreements and provide implementation support.

CONFIRMED

Once a carrier/vendor has been selected, we will begin implementing the selected programs. During this process we will develop an implementation calendar and work closely with each carrier/vendor to make certain programs are implemented correctly and in a timely manner. We will confirm all fees, plan designs, claim system setup, reporting structure and data requirements. We will help you complete the carrier/vendor application, review carrier/vendor takeover issues, ensure the eligibility file is transferred, and make sure we have all required documents (contract agreement, SPD/plan document, and administrative manual and performance agreements) prior to the effective date.

46. Consultant shall review and assist with the negotiation of all renewals and new contracts.

CONFIRMED

We use a three-part approach when negotiating with carriers/vendors. Led by our team of underwriters, each with a minimum of five years of experience, the process includes:

- Comprehensive financial analysis of proposed renewal rates and a thorough review of all required underwriting worksheets and formulas. This is the empirical part of our negotiation strategy. Errors, inconsistencies, inappropriate items, unreasonable cost, and trend factors are scrutinized and negotiated. Our underwriters conduct this analysis and negotiation directly with the carriers' underwriters, whereas most of our competitors negotiate through sales representatives.
- Following the comprehensive financial analysis, we will reveal to carriers their competitiveness ranking based on overall cost and value. Leveraging market forces to the full extent results in price movement, which motivates serious carriers to evaluate their proposals to ensure the best possible rates, conditions, and projected renewal.
- In a few instances, the comprehensive financial analysis and market forces fail to deliver the results we expect for our clients. This is when we use our book of business membership and relationship leverage with a client's carrier(s) to obtain the best overall cost and value. A member of our senior executive team will negotiate directly with a carrier's senior executives to meet our financial objectives.

47. Review all vendor and carrier contracts, Summary of Benefits, Summary Plan Descriptions, and other vendor communication pieces to ensure accuracy and compliance.

CONFIRMED

As the incumbent Benefits Consultant, McGriff MMA will continue to work with the City's Benefits Team assess performance and service quality of each vendor as it specifically relates to the City's expectations. Traditionally, key areas of our focus are:

- Review all vendor contracts for compliance on a continuing basis to ensure federal compliance
- Review and maintain copies of current plan SPDs
- Spot audit historical financial transactions for any irregularities between the City and key vendors (medical carrier/TPA, PBM, vendor partners)
- Serve as a liaison and interface for all vendors including assisting with escalated issues, claim and eligibility problems and coordinating open enrollment
- Participate in ongoing benefits strategy meetings for regular vendor evaluation
- Regular meetings and presentations from vendors to obtain updates on internal service metrics (claim and call stats, etc.)
- Continually work to identify issues and risk exposures to the City's benefit offerings
- Provide updates and commentary on the impact of legislative and regulatory changes
- Evaluate vendor-provided reports on claims, premiums and enrollments, survey and provide summary of findings
- Regular assessment of vendor account service and performance guarantees
- Provide support for understanding and implementing changes in plans and administration required under Health Care Reform legislation including affordability and minimum value.
- Act as a resource for other policies and procedures that are impacted by the insurance benefits (i.e., vacation, sick leave, LOA policies, FMLA, etc.)
- Provide ongoing education invitations to compliance webinar series
- Provide Annual Employer Reporting and Disclosure Compliance Guide

48. Monitor performance standards of contracted vendors and resolve any service issues with vendors.

CONFIRMED

As the incumbent Benefits Consultant, McGriff MMA will continue to have regularly scheduled meetings allowing us to evaluate plan performance and processes to ensure you are progressing toward meeting your overall employee benefits strategic goals and objectives. The McGriff MMA Service Team currently has a standing service call every week.

Through these calls we will monitor the City's satisfaction with each vendor partner and their client service team. We will continue to review claims experience on a regular basis and frequently discuss how the plan is running and how the carrier is performing. When negative comments are received, we continue to discuss with the carrier as soon as possible, and we expect those problems to be resolved. In short, we will continue to serve as a liaison between the City and your vendor partners to resolve any issues that arise.

It is always our goal both personally and professionally to maintain quality business relationships that include honesty and integrity as core values. We treat clients, carriers and our competition with the utmost respect. It is important to note that our allegiance is to the client first, and we will always represent and advocate for you in the most prudent and ethical manner.

49. Provide information and/or Employee Benefits staff training on new and existing regulations (COBRA, HIPAA, ACA, etc.) as requested.

CONFIRMED

As a full-service risk management and employee benefits advisory firm, McGriff maintains the widest view of potential programs available to employers. Our diverse client base allows us to understand trends by industry, market and region.

Today, McGriff MMA serves 15 broker advisory councils representing all major health carriers and many of the major specialty carriers. McGriff MMA has market practice leaders across 16 industries (e.g., Public Entity), and coverage lines (e.g., Voluntary Benefits) further strengthening our practice. We are active participants and sponsors of industry associations focused on the public entity buyer. Additionally, many of our consultants have experience in leadership positions with major insurance companies and health plans offering our clients insights into leading innovations and internal carriers' health plan operations. Our proposed client team has earned professional designations including CEBS (Certified Employee Benefit Specialist) and CGBA (Certified Government Benefit Administrator) which demonstrates our commitment to understanding the public entity buyer.

We provide educational training and transfer of knowledge to HR, benefits staff and senior leadership; helping make the complex simple yet highly informative. We have experience projecting costs across all forms of funding including fully insured, fully unbundled Third-Party Administrator (TPA) and standalone stop loss insurance, risk pools, bundled Administrative Services Only (ASO), and medical captive programs. Our benefit professionals provide insight and guidance by identifying emerging trends and managing risk when developing valuations and financial projections.

50. Assist with providing educational tools and resources, such as videos, print materials, and website publications, to promote benefit awareness.

CONFIRMED

The McGriff MMA Service Team currently works with the City in support of the City's employee communication program. McGriff MMA will continue to provide internal resources to create and deliver communications that build awareness, educate employees, and drive engagement in your benefit programs. Benefits are complex but communicating them to your employees doesn't have to be. We will continue to deliver an approach that incorporates many successful consumer marketing techniques when developing an effective benefits

communication campaign. That means continuing to understand the City’s demographics, presenting information clearly and creatively, and using a variety of media to reinforce messaging and maximize value. We will continue to provide a wide range of options to help educate the City’s employees about their benefits from standard, do-it-yourself templates to fully-custom solutions.

Our capabilities include:

- Strategy and communication plan development
- Campaign project management
- Creative and graphic design services
- Messaging and content development
- Print materials preparation: benefit guides, posters, flyers, brochures, postcards, and more
- Digital media: email, text messaging, online flipbooks, video, and narrated presentations
- Print project and fulfillment management
- Translation vendor coordination (materials can be translated into any language for a fee - cost is based on the scope of the project)



Postcards



Posters/Flyers



Overviews



Digital Guides



Narrated Presentations



Animated Videos



Presentations



Brochures

51. Conduct studies, research, and analysis as requested.

CONFIRMED

McGriff MMA understands the City's needs to ensure carriers/vendors provide the highest levels of customer service to their employees. We propose continuing to survey the employee population for satisfaction levels. McGriff MMA will continue to utilize a state-of-the-art survey platform that is accessible via phone, computer, or tablet. In addition, if paper is necessary, we can provide a printable file. We will collaborate with you to formulate questions and response formats to help us gain insight and direction while respecting the employee's time and attention constraints. We can hold large or small groups in multiple sessions through live online webinars when focus groups are preferred.

52. Assist with the development and evaluation of communication strategies.

CONFIRMED

The McGriff Employee Benefits communication team has everything you need to develop and deliver strategic campaigns that build awareness, educate employees, and drive engagement in your benefits programs. Benefits are complex but communicating them to your employees doesn't have to be. We prefer an approach that incorporates many successful consumer marketing techniques when developing an effective benefits communication campaign. That means understanding employee demographics, presenting information clearly and creatively, and using a variety of media to reinforce messaging and maximize value.

We begin by asking detailed questions about your company and culture, employees, existing communication methods, and your organizational goals. Our experts then develop a strategy and plan tailored to you. Once the plan is approved, we execute and measure effectiveness along the way. McGriff provides a wide range of options to help educate employees about your benefits from standard, do-it-yourself templates to fully custom solutions.

The value of a benefits program is driven by how well employees (and their family members) understand the resources and coverage the program provides. Our core services include communication throughout the year, not just at annual open enrollment.

We can also provide a branded Employee Benefits Call Center with multi-language support for a nominal fee. The call center allows for customized greetings and phone prompts, and employees will have a dedicated toll-free number and email address.

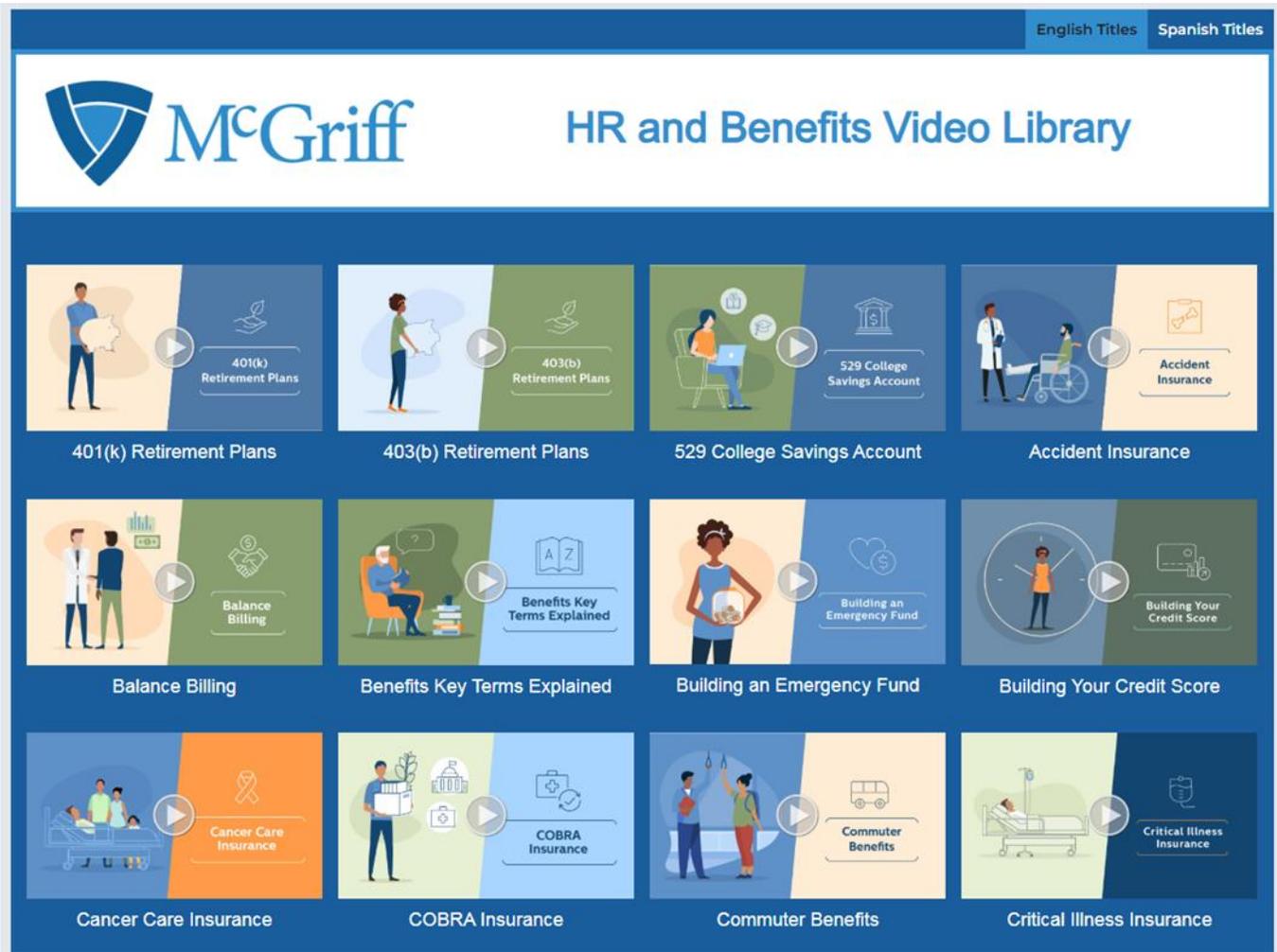
Zywave

McGriff can also provide monthly employee-facing benefits education and content utilizing Zywave. Zywave offers the industry's most expansive employee benefits content library to help educate your employees. The library includes both Human Resources content and employee communications, including:

- Compliance guidance on all aspects of ERISA, DOL, ACA, FMLA and COBRA
- HR insights to assist with recruiting, hiring, onboarding, and terminating employees
- Tips, guides and resources to build a greater understanding of benefit plan options and other key employee benefits topics
- Content to foster a culture of health and wellness
- Communication tools that educate and inform employees about open enrollment and benefit plan options

Benefits Video Library

McGriff also offers an extensive library of employee-facing, ready-to-use videos in English and Spanish. The current library is available here: https://flimp.live/McGriff-Video_Library-English. Clients can choose specific videos and create a custom video player that features only those videos.



McGriff Journey (Additional Cost)

McGriff Journey. Journey is a customizable employee engagement app that connects employees with 24/7 access to your company’s health and financial resources. In addition to McGriff Journey we also offer a mobile engagement platform, CarePlus Mobile Health.

McGriff Journey Features

- **Push Notifications** - Drive engagement through segmented push notifications sent to employees.
- **Find a Provider** - Find in-network providers to help manage costs.
- **Store ID Cards** - Store multiple ID cards directly in the app and send them seamlessly to providers.
- **All Things Benefits** - Quickly connect to benefits resources, including member-specific plan info, benefits guide, contacts and more.
- **Integrated Advocacy** - Access advocacy directly in the app to receive help regarding benefits or claims.
- **Telemedicine Integration** - Access telemedicine with one click and instantly connect to a virtual provider
- **Financial Management** - Centralize access to payroll, 401(k), HAS/FSA, and other financial well-being resources.
- **Activity Tracker** - Prioritize health and well-being by utilizing the Activity Tracker to track steps, miles and floors climbed.
- **Seamless Integration** - Connect easily with benefits administration, HR technology and carrier systems.

53. Provide other benefits and wellness-related services as may be requested or identified.

CONFIRMED

The McGriff MMA Service Team currently works with the City in support of the City’s BetterHealth Program. McGriff takes a holistic approach to wellness programs. We will continue to provide the City with support in the following areas.

- **Program Assessment** – We help with data collection and review, historical analysis, defining goals, and understanding cultural considerations.
- **Strategic Planning and Development** – We assist in developing multi-year strategies and phased approaches, offer guidance in evaluating vendors, and provide ongoing support.
- **Consultative Support and Stewardship** – Developing and maintaining an effective clinical wellness program requires a multifaceted approach that evolves with your employees. We work with you for the long term as a trusted advisor providing support for strategic initiatives and helping to address challenges.
- **Thought Leadership** – Stay current on the latest workplace wellness industry trends with white papers, email alerts, webinars and in-person presentations.

We will continue to leverage data analytics with expert clinical and wellness consulting to drive the most effective health management strategy to meet the needs of your workforce while mitigating future health risks and costs. Comprehensive data-based care management and well-being strategies will continue to improve employee health outcomes resulting in better utilization, favorable chronic disease progression and lower costs.

Our team of clinicians and wellness consultants will continue to proactively translate complex medical and Rx claims, health risks, and participation data into actionable insights and well-being strategies that support your top claimants and workforce health challenges throughout the continuum of illness to health.

Clinical and Wellness Expertise

- Data-driven, multi-year strategy and program development with compliance review
- Clinical and health engagement analytics review, insights, and performance reporting
- Quality risk measure insights and Gap-in-Care targeted strategies and communications
- Health plan care management and wellness activities oversight
- Client, carrier and vendor liaison and relationship development
- Innovative data analytics and engagement technologies (optional)

Improve What Matters

Delivering care management and total well-being programming to support employees and workforce health challenges, resulting in cost savings, improved morale, and retention through increased employee engagement and utilization.

Health Engagement and Wellness Program Management

- Comprehensive, data-driven well-being program management
- Health plan and wellness program activities integration
- Communication oversight and implementation
- Incentive rewards program oversight and management
- Engagement program review and performance reporting
- Client, carrier and vendor relationship development

Peak Health (Additional Cost)

Peak Health takes your wellness strategy to a new level. With registered nurses to provide health risk assessments, coaching, and navigation, your medically enrolled population:

- Increases their health literacy
- Becomes aware of health issues that they can take action on before they get worse
- Feels more accountable for their health

Program Impact

- 50-70% savings for employers on comprehensive labs
- Across the participant population, the program has contributed to a 25%-80% reduction in modifiable health risk factors, including obesity, high blood pressure, high blood glucose, and inactivity
- The program has resulted in a lower frequency of hospital admissions and emergency department visits for common chronic conditions such as asthma, coronary artery disease, chronic obstructive pulmonary disease (COPD), congestive heart failure, diabetes, and hypertension

Participants learn about (often free) employer-sponsored programs that have improved overall health results. This maximizes the appropriate use of the employer's wellness ecosystem, increasing the overall ROI.

A clinically driven coaching program to help your medically enrolled population improve their health and help employers get better control over their medical costs.

54. Consultant shall provide assistance with evaluating and implementing value-based initiatives.

CONFIRMED

The McGriff MMA Service Team currently works with the City's Benefits Team developing strategies around the leading edge of benefit trends; what is prevalent in the public entity space, what is changing and how effective the City's current benefit plans are meeting the needs of participating City employees. Navigating the trends and complex challenges of today's healthcare landscape is not an easy task and there is no "one size fits all solution." Historical claim data and utilization patterns continue to provide a solid roadmap for adjustments to plan design, clinical and consumer support services and other arrangements to support employee decision making. We will continue to work with the City to recommend and consider plan design changes that continue to incentivize employees to make optimal decisions when choosing a health care provider or seeking care, and strategies to improve the clinical coordination and quality of care received. We estimate that appropriate medical benefit plan design can save between 2-5% simply through plan incentives and alternative approaches to traditional coverages.

Employee advocacy and guidance programs along with strong provider steerage mechanisms to high performing physicians and other health care providers, and innovative uses of technology can favorably impact plan costs too – as much as 10% or more. Employee oriented and value-based benefit design, forward thinking pharmacy and specialty drug management, and unique pricing models are a few of the areas that differentiate McGriff MMA. Our teams are knowledgeable and will continue to assist the City by incorporating the latest innovations in your medical and pharmacy plan designs and benefit strategies. Our primary goal continues to be to bring innovative ideas and resources to the City based on organizational goals, culture, and budgetary requirements.

55. In general, the Consultant shall be prepared to serve as a Consultant and advisor to the City of Albuquerque, and to assume the degree of responsibility, as mutually agreed upon between the City and the Consultant, for the overall sound and efficient operation of the City's & Participating Entities employee benefits programs. The contractor shall have available staff sufficient in number and qualifications to perform contracted services.

CONFIRMED

Since 2021, McGriff MMA has served as the Benefits Consultant for the City and remains fully committed to continuing its role as consultant and advisor to the City of Albuquerque. McGriff MMA is prepared to uphold all mutually agreed responsibilities, ensuring the effective and efficient management of employee benefits programs for the City and participating entities. The firm will continue to allocate staff with appropriate expertise and in sufficient numbers to meet all contracted service requirements.

56. The consultant shall provide annual calculations on GASB liabilities and prepare the report used for financial disclosures.

CONFIRMED

Currently McGriff MMA is not providing the GASB 75 report for the City. However, McGriff MMA Actuaries are fully certified and are prepared to provide this service moving forward. Our method for completing GASB 75 valuations involves a systematic process that includes data collection, assumption setting, compliance assurance, full scope, and roll-forward valuations: along with reviews of regulation changes and industry trends.

At the beginning of each valuation project, our actuaries conduct a review call with clients to discuss their needs, changes to their benefits, and their current goals. Following this, we provide a detailed letter outlining the information required from the client to complete the valuation. The data requested in the letter incorporates the latest GASB standards and reporting requirements to ensure compliance.

2.1.4 Management Summary:

Describe individual staff and subcontractor's responsibilities with lines of authority and interface with the City of Albuquerque staff. Describe resources to be drawn from in order to complete tasks.

Below is an organizational chart outlining the duties of each service team member. We are not proposing any subcontractors on this project. Scott Gibbs and John Bass have ultimate responsibility for the City contract and will continue to work directly with the City's Staff and Executive Team. We have also included estimated time to be spent on the project.

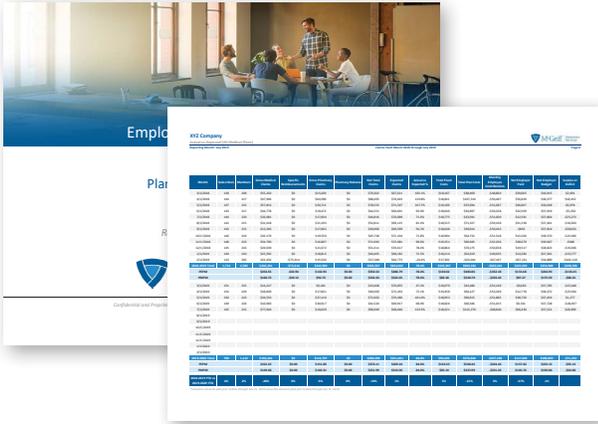
Organizational Chart and Staffing

Name	Contact Information	Role / Responsibility
Scott M. Gibbs, CGBA <i>National Practice Lead Employee Benefits - Public Entity</i>	D: 469.232.2188 M: 469.766.7612 sgibbs@mcgriff.com	<ul style="list-style-type: none"> Serves as the City's co-consultant Expertise in financial underwriting and vendor management Executive Sponsor for the City
John D. Bass, CEBS <i>Senior Vice President – Public Entity</i>	D: 210.339.2481 M: 210.596.8639 john.bass@mcgriff.com	<ul style="list-style-type: none"> Serves as the City's co-consultant Expertise in health strategy, program design, and clinical strategies Strategic Planning and Innovations
Sandy Brown, CGBA <i>Senior Vice President Client Leadership</i>	D: 469.232.2174 M: 469.951.4381 sbrown@mcgriff.com	<ul style="list-style-type: none"> Provides overall leadership support to the assigned service team Meets regularly with all service team members for best practices and account services. Serves as the "Voice of the Customer"
Anna Rodriguez <i>Senior Account Manager</i>	D: 469.232.2132 annarodriguez@mcgriff.com	<ul style="list-style-type: none"> External client support Meets with clients regularly Responsible for day-to-day customer service Tracking and analysis of RFP responses Open enrollment coordination
Cynthia Lopez <i>Client Service Specialist</i>	D: 214-558-8945 cynthia.Lopez@mcgriff.com	<ul style="list-style-type: none"> Internal client support Tracking and analysis of RFP responses Open enrollment coordination
Jordan Nixon <i>Sr. Account Manager Financial Analyst</i>	D: 469.232.2134 M: 214.684.7608 jnixon@mcgriff.com	<ul style="list-style-type: none"> Tracking and analysis of benefit plan performance Proposal comparison and analysis Underwriting services Benefits administration, including transfer of eligibility data to vendors Benchmarking analysis Stop Loss threshold analysis Data Analytics platform specialist

The amount of time each individual spends on the City of Albuquerque’s account will depend on factors such as the relationship stage, scope of work, and time of year. For example, some team members may be required to dedicate more time during the initial months due to contract transition, RFP processes, or other general support services. The team is prepared to provide the necessary support for HR and Benefits throughout the duration of the contract and partnership.

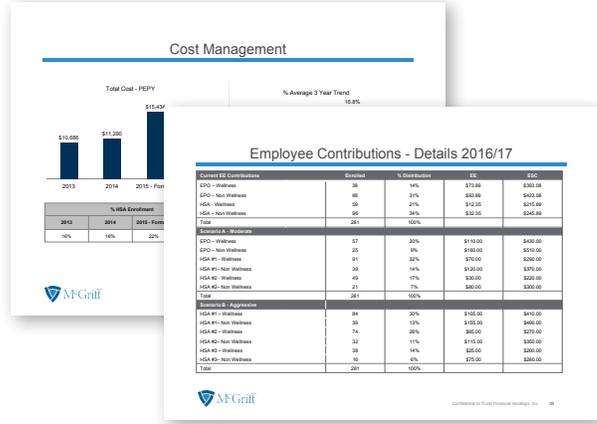
Name	Primary Role	Industry Experience	Time Dedicated to this Project *
Consultant and Client Service Team			
John Bass	Co-Consultant	40	15%
Scott Gibbs	Co-Consultant Executive Sponsor	27	15%
Sandy Brown	Lead Client Manager	27	20%
Anna Rodriguez	Senior Account Manager	6	15%
Cynthia Lopez	Account Manager	5	10%
Jordan Nixon	Financial Analyst	7	5%

Specialty Practice Leaders and Teammates			
Anne Hensley	Compliance	17	As Needed
Denise Cabrera	Pharmacy	27	5%
Nick Pearce	Insights and Analytics	15	As Needed
Edward Johnson	Actuarial and Underwriting	23	As Needed
Janie Warner	HR Advisory	35	As Needed
Kisha Moliere	Benefit Admin Technology	22	As Needed
David Meckle	Communications	22	As Needed
Katie O’Neill	Clinical Wellness	23	As Needed
Cole Rodgers	Voluntary Benefits	15	AS Needed
Eddie Vaughn	Retirement Consulting	40	5%



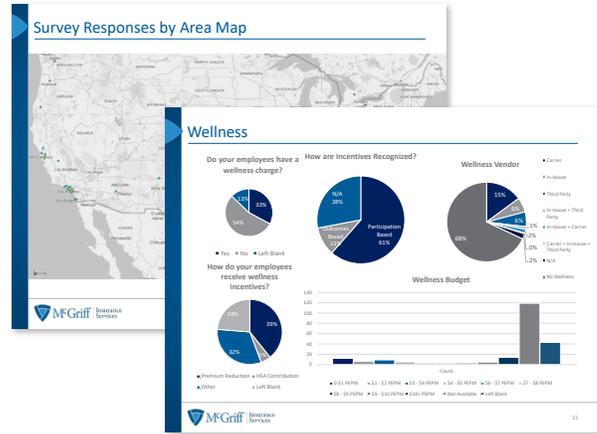
Employee Contributions - Details 2016/17

Contributor	Plan	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030
ABC Company	401(k)	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400



Plan Performance Report

Program Strategies



Data Analytics

Benchmarking Report

Reprice Analysis - Shared Records (Combined)

ABC Company

Plan	Current Rate	Proposed Rate	Change	Current Rate	Proposed Rate	Change
401(k)	1000	1100	10%	1200	1300	8%

Disruption Analysis - Shared Records (Combined) Cont.

ABC Company

Category	Current	Proposed	Change	Current	Proposed	Change
401(k)	1000	1100	10%	1200	1300	8%

Reprice Analysis

Disruption Analysis



Appendices

About McGriff

When it comes to protecting what matters most in business and everyday life, we believe our clients should never settle for less than the best. For more than a century, we've relied on expertise, resources, and relationships to deliver insurance and risk management solutions focused on our clients' priorities and what they value most.

McGriff is part of Marsh McLennan Agency, one of the largest insurance brokers in the U.S. Our solutions include commercial property and casualty, corporate bonding and surety, cyber, executive risk, management and professional liability, captives and alternative risk transfer programs, employee benefits, small business and personal lines insurance.

Our experienced risk management specialists develop highly tailored solutions while listening, learning, and executing with precision under the guidance of our four core principles:

Integrity: We do what we say, every time.

Determination: We relentlessly pursue success on your behalf.

Passion: We are specialists in our field driven to serve you.

Collaboration: We build strong relationships with colleagues, partners, and you to create the best solutions.

The world is ever changing as is the risk environment facing businesses and individuals alike. McGriff is committed to providing our clients with the guidance necessary to help them successfully navigate their risk path.

Join the thousands of businesses, organizations and individuals across the country who choose McGriff, a firm dedicated to building longterm relationships and helping protect your most valuable assets.

With McGriff, you'll never have to settle for less.

MMA By the Numbers

\$5 Billion
Annual Revenue

15,000
Colleagues

300
Office Locations
in the U.S.

130
Countries with
Marsh McLennan offices





Our Service Philosophy

Our philosophy on client service rests heavily on McGriff's rich experience, proactive engagement and the consistency to deliver innovative and client-focused solutions. This approach empowers our clients to conduct their business responsibilities and fulfill similar obligations to their customers.

Our Staff

McGriff is committed to hiring, developing and retaining the best and brightest people within our industry. We place an emphasis on hiring individuals that are experienced in the niche industries on which we focus. Our goal is to provide our customers with the highest level of professionalism, creative thinking and service available.

Our Structure

McGriff's organizational structure supports its client-centered approach to doing business. We are a flat organization that operates with a minimum of bureaucracy. Each group is uniquely positioned to respond immediately to customer requests.

Our Leadership

Our senior management maintains hands-on involvement with account service activities to ensure the highest level of service and responsiveness. Regardless of what leadership level they have obtained, all of our employees are first and foremost in the insurance business.

Our Work Product

Our focus on the customer enables us to provide solutions that are as unique as each of our clients. From comprehensive program design to alternative risk transfer mechanisms, we provide the solution that is the best fit for each client. Throughout the consulting engagement, we never lose sight of who we are working for and continually search for ways to improve and deepen our product and service offerings.



[Visit McGriff.com.](https://www.mcgriff.com)

McGriff, a Marsh & McLennan Agency LLC Company
5080 Spectrum Drive, Suite 900E
Addison, TX 78209
McGriff.com

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CA License #0H18131

Appendix A

Offeror Identification, Management, Firm Expertise, and Resources Available Questionnaire:

The experience and reliability of the offeror's organization are considered subjective in the evaluation process. Therefore, the Offeror is advised to submit any information that documents successful and reliable experience in past performances, especially those performances related to the requirements of this RFP.

Provide responses to the following questionnaire:

- The successful respondent(s) organization(s) shall have been in business for at least 10 years or have staff with equivalent length of experience in the appropriate benefit areas. Please provide details on your organization and/or staff to support this requirement.**

McGriff has been serving employers with diverse risk management, insurance, and employee benefits needs for over 100 years. McGriff was acquired in 2024 by Marsh McLennan (NYSE: MMC), the world's leading global insurance broker and risk management advisor and is now a part of Marsh McLennan Agency (MMA). MMA specializes in serving the business insurance, employee benefits, and wealth services needs of local and middle-market businesses and individuals across North America. Backed by the strength of our combined resources, thought leadership, and expertise, MMA and McGriff are fully committed to making our clients' lives better and protecting what they value most.

McGriff and MMA at a Glance

- Business insurance, employee health and benefits, retirement and wealth, private client, small business, and personal lines
- Comprehensive Employee Benefit Solutions with national practices in compliance, actuarial & underwriting, health & wellness, benefits administration technology, communications, pharmacy, flexible benefits TPA services, HR and data insights & analytics
- Property & casualty, executive risk, management and professional liability, transactional liability, cyber, workers' compensation, bonding & surety, and captives
- Risk control consulting, claims management, claims advocacy, and data analytics
- Expertise across prominent industries, including aviation & aerospace, construction, energy, senior living, marine, public entity/education, transportation, real estate & hospitality, executive risk, private equity, and more
- Proprietary solutions and partnerships (Captives, Cyber Resiliency Network, Workers' Health 360, Rx Solutions)
- 300 Offices and 15,000 teammates across North America
- \$5 Billion in Annual Revenue
- Award-winning corporate culture
- Access to Marsh McLennan's global network of risk, strategy, and people specialists

Each of the proposed account team members brings a unique and extensive amount of knowledge and experience in risk management, health, and employee benefits to the relationship. Staff resumes and biographies of our account team and specialty practice partners are highlighted on the following pages and throughout our response.

Organizational Chart and Staffing – Core Team

Consulting Relationship Managers/ Executive Sponsor

John D. Bass, CEBS

*Senior Vice
President,
Public Entity
Consultant*



Scott Gibbs, CGBA

*Executive Vice
President and
Practice Leader -
Public Entity*



Account Management

Sandy Brown, CGBA

*Senior Vice
President Client
Leadership*



Anna Rodriguez

*Senior Account
Manager/ Day-to-
Day Service*



Cynthia Lopez

*Client Service
Specialist/ Day-to-
Day Service*



Jordan Nixon

*Senior Account
Manager and
Financial Analyst*





Consulting Relationship Managers

Scott Gibbs, CGBA, serves as Co-consultant and Executive Sponsor for the City. Scott is a highly experienced senior consultant at McGriff MMA, specializing in providing strategic oversight and program design for public entities. With over 28 years of experience in the benefits industry and more than 23 years at McGriff MMA, he has developed a deep expertise in serving public sector clients. As the National Public Entity Benefits Practice Leader, Scott plays a crucial role in managing relationships and delivering tailored solutions for health and welfare benefit plans.

His credentials include being a Lifetime Certified Government Benefits Administrator (CGBA) and holding a Life and Health Insurance Counselor's License. Scott's involvement with the State and Local Government Benefits Association (SALGBA) underscores his commitment to professional development and collaboration within the public entity industry.

John Bass will serve as the City's Co-consultant. John is a public entity expert with McGriff and holds a Certified Employee Benefit Specialist (CEBS) designation. John has over 40 years of experience in employee benefits administration and client-facing leadership roles within the health and benefits industry, including serving as the National Practice Lead for Public Sector and Labor markets at a major managed care organization.

John is an industry expert in health strategy and innovation, provider networks, financial analysis, and clinical applications. He also has extensive knowledge of benefit plan design and vendor management. Throughout his career, he has served numerous large and complex plan sponsors, including major commercial employers, state governments, and numerous large public entities throughout the Southwest and nationwide.

Account Management

Sandy Brown, CGBA, Senior Vice President, is the overall service leader with emphasis on strategy and operational execution. Sandy has been with McGriff for over 22 years and over 26 years in the industry. In addition, she holds the certification of Certified Government Benefits Administrator through State and Local Government Benefits Association (SALGBA). SALGBA is one of the largest professional organizations providing government entities with educational and collaborative support. Sandy has significant expertise in helping public sector clients develop creative solutions surrounding their health and welfare benefit programs, enhance communications strategies, and lead the account team in providing excellent service to our clients.

Anna Rodriguez, Senior Account Manager, provides first line support to the City working close with Sandy Brown. Anna is an experience account manager who has recently joined the organization. Anna has a strong benefit administration background, seasoned in client operations including RFP marketing and vendor analysis, and open enrollment and communication strategies. She leads special client projects including coordination of employee surveys

Cynthia Lopez, Client Service Specialist, will provide additional client service support. Cynthia is an excellent communicator with the ability to support and assist in a wide array of project endeavors. She embraces McGriff's client centric culture and places her client interactions as top priority. She is skilled in understanding benefits designs, the innovations in health care communications and bring great energy and passion to her work.

Jordan Nixon, Senior Account Manager, is the assigned financial data and reporting analyst. Jordan is highly engaged in his clients' data needs, working to customize data reports and analytics for the benefit of the client. Jordan will listen to the City for specific reporting needs and is the primary analyst using our data warehouse applications. He will also perform first-line plan underwriting, budget projections, and analyses of all carrier renewals.

National Specialty Practice Team

McGriff's National Specialty Practice teams, comprising industry experts and extensive resources, support our local account team. These practice leaders and their respective teams coordinate the efforts of numerous specialized resources dedicated to fulfilling specific client needs within our employee benefits practice, aligning with the City's scope of services. Key members of this team are:

Anne Hensley, JD
*Practice Leader
Compliance*



**Denise Cabrera,
Pharm D**
*Practice Leader
Pharmacy Benefits
Consulting*



**Linda Bright AIF®,
CRA, C(P)K®**
*Senior Vice President
Managing Director,
Retirement Advisory
Services*



Cole Rodgers
*Senior Vice President
Voluntary Benefits*



**Janie Warner, SHRM-
CP**
*Practice Leader
HR Advisory Services*



Kisha Moliere
*Practice Leader
Benefit Admin
Technology*



Christina Biddle
*Marketing
Communications*



Katie O'Neill
*Practice Leader
Clinical Wellness
Consulting*



**Ed Johnson, ASA,
MAAA, FCA**
*Senior Vice President
Practice Leader,
Actuarial and
Underwriting*



**Nick Pearce, ASA,
MAAA, FCA**
*Director
Insights and Analytics*



Specialty Practice Teammates Bios

Compliance and Monitoring

Anne Hensley, JD, leads a team of McGriff attorneys and other compliance staff assisting clients with a wide range of legislative, regulatory and plan administration challenges. Anne Hensley joined McGriff in 2010 and has over a decade of experience in the insurance industry, with a focus on insurance and ERISA and non-ERISA employee benefits compliance. She brings both law firm and corporate legal experience to her current role. Prior to joining McGriff, Anne worked as a Senior Associate, Compliance and Advisory Specialist, and Contracts Manager at a global employee benefits consulting firm, providing legal and compliance advice related to the healthcare, insurance, and employee benefits industries.

Actuarial and Underwriting

Edward Johnson, ASA, MAAA, FCA, leads our actuarial and underwriting team and is our senior healthcare consulting actuary with more than 25 years' experience and over 14 years with McGriff. Edward's experience encompasses actuarial work for both fully insured and self-insured groups, with expertise ranging from individual products to Medicare products, as well as underwriting for complex self-funded plans. Ed is a graduate of The University of North Carolina at Chapel Hill with a Bachelor of Arts Degree in Economics. He also holds an Associate designation with the society of actuaries (ASA) and has been a member of the American Academy of Actuaries since 2009.

Insights and Analytics

Nick Pearce, ASA, MAAA, FCA, leads our Insights and Analytics practice. He is an Actuary with over 10 years of experience working in the healthcare consulting field. His primary responsibilities include managing the development and delivery of healthcare analytics for clients, helping them achieve their long-term financial and wellness objectives. In addition, he oversees McGriff's annual client survey activities and the development of internal benchmarking resources. Nick's experience covers both fully insured and self-funded groups, including plan performance tracking, employee contribution modeling and multi-year experience studies.

Nick is a graduate of The University of North Carolina at Chapel Hill with a Bachelor of Arts Degree in Economics. He also holds an Associate designation with the Society of Actuaries (ASA) and has been a member of the American Academy of Actuaries since 2018.

Pharmacy Benefit Consulting

Denise Cabrera, PharmD, is a licensed pharmacist and our National Pharmacy Practice Leader. Denise joined McGriff in 2020. Denise earned her degree from The Ohio State University. Denise has had an opportunity to view the healthcare landscape from multiple stakeholder perspectives. Her experience in managed healthcare and employee benefits consulting spans 27 years, including positions with Medco, CatalystRx and Cigna Pharmacy. Denise brings aptitude in all areas of the Pharmacy Benefit Management (PBM) industry, including clinical program development, data analysis, trend control, contract review, pricing negotiation and performance guarantee reconciliation.

Clinical Wellness/ Health Management

Katie O'Neill, DC, BS, serves as McGriff's Practice Leader and Director of Clinical Wellness. As an experienced researcher, clinician, and consultant, she offers strategic direction and best practices for enhancing employee health and well-being. Katie has published and presented on both the impacts and strategies for cost mitigation on topics such as obesity, chronic pain, and specialty medications. Prior to joining the team at McGriff in 2018, she worked as a consultant for a national consulting firm, providing clinical insights and solutions to clients across



various industries and locations. As a practitioner, she worked in direct patient care, handled workers' compensation cases, and conducted research projects focused on health and productivity.

Retirement Advisory Services

Linda Bright, AIF®, CRA, C(P)K® has over 27 years of Plan Consulting and Investment Advisory Experience. Linda is responsible for overseeing the Retirement Practice at McGriff Retirement Advisory Group and managing the overall client relationships. In her consulting capabilities, Linda has assisted fiduciaries of public, private, and nonprofit organizations with implementation, monitoring, and corporate actions related to retirement plans. Her focus over the past 27 years has included fiduciary roles and responsibilities oversight, Vendor analysis and selection, and Plan design consultation for 401(k), 403(b), and 457 Plans.

Communications

Christina Biddle serves as Director of Marketing Communications for McGriff, leading a team that manages all branding, marketing, communications, and sales support initiatives for McGriff, as well as internal teammate communications and employee benefits client communications.

Communicating benefits-related information in a way that is understandable and relatable is critical to the success of our clients' benefits programs. Throughout her career and tenure at McGriff, Christina has demonstrated deep knowledge and experience in communicating benefits, with a focus on increasing employee awareness, value, and a clearer understanding of company benefits programs

Benefit Administrative Technology

Kisha Moliere has over 20 years of experience in various roles within the insurance industry, utilizing technology for employee benefits education, enrollment and administration. She routinely has articles published by HR Professional magazine. Her tenure includes roles as a benefits educator and enroller, Client Success Manager with Benefit Express, and Director of Implementation with Benefit Harbor. She is an expert in benefits administration technologies in the marketplace and supports account teams and clients in the design and structure of benefit administration systems and RFP processes

Voluntary Benefits

Cole Rodgers leads our practice of supporting employers in rethinking and redesigning their voluntary benefits. Cole has over 15 years of experience in developing innovative voluntary benefit programs, providing consulting support to McGriff's clients. Cole joined McGriff in 2018 and has previously worked with another brokerage and consulting firm. Cole began his career with a Blue Cross Blue Shield plan. Cole has spent his entire career designing and administering a voluntary benefits portfolio focusing on personalizing benefits to meet the changing and diverse needs of today's workforce.

HR Advisory Consulting

Janie Warner has over 35 years of experience and currently serves as National Practice Leader for HR Advisory Services for McGriff. In this role, she leads a team of HR Specialists who consult with clients to identify and mitigate risk associated with human resource policies, processes and practices. Prior to joining McGriff, she held executive management and human resources roles with two financial institutions. She served on the adjunct faculty of Embry-Riddle Aeronautical University, teaching human resources management, organizational development and labor relations. She is a nationally recognized speaker in the areas of executive management, leadership, ethics, employee benefits and human resources.



2. The firm should have at least one group actuary on staff or under contract.

Confirmed. Edward Johnson, ASA, MAAA, FCA, leads McGriff’s actuarial and underwriting teams and is our senior healthcare consulting actuary with more than 25 years’ experience and over 14 years with McGriff.

3. Provide the most recent year’s annual reports, or comparable document, including detailed current profit and loss, assets and liabilities, and other relevant financial data.

McGriff is a business of Marsh & McLennan Agency, LLC (MMA). MMA is a Limited Liability Company incorporated in the State of Delaware. MMA is part of Marsh McLennan, a global professional services firm with an annual revenue of approximately \$25 billion. Marsh McLennan is a publicly traded firm listed on the New York, Chicago, and London stock exchanges (ticker symbol: MMC). The most recent financial statement is published in MMC’s 2024 Annual Report. The Annual Report can be found in its entirety using the link below.

<https://www.marshmclennan.com/investors/reporting/annual-reports-proxy-statements.html>

4. Experience with public agencies is required. Experience with public agencies with significant union representation is also desirable. Please detail your organization’s experience with public agencies and union-represented agencies.

McGriff has been actively serving public entities for over 40 years. Our Public Entity practice is one of the strongest industry verticals within McGriff MMA operations serving thousands of public entities across our risk and benefit platforms.

Further, the McGriff MMA Team has experience working with public entity clients with union organizations which may or may not be under formal Collective Bargaining Agreements. Employees represented by unions are traditional police departments, sheriff’s departments, firefighters and other unions representing the governmental civilian workforce(AFSCME). As necessary we assist in developing and implementing strategies to best guide to your desired goals and if preferred, develop a roadmap to consolidate plans, migrate vendors to newly designed plans, and assist City labor negotiators by providing bargaining options with the associated financial impact to leverage during negotiations. These discussion are most often guided by our consulting actuarial team.

Understanding the complexity of these arrangements, we are experienced in dissecting the agreement language to guide you during the CBA renewal negotiations and helping to develop a strategy that meets the City’s objectives while maintaining adherence to the in-force agreement and/or framework for the future state.

We believe we have a unique advantage over our competitors, and it is our people. We have some of the industry's most knowledgeable, experienced, and passionate people – especially working with government buyers. We recruit talent with unique backgrounds, experiences, and perspectives. Our team consists of former underwriters and account executives from large insurance carriers, account managers from competitors, and leaders from within and outside our industry. The McGriff team has the knowledge, resources, and expertise to solve any number of risk management and employee benefits challenges.

In our Public Entity Risk Management and Employee Benefits practices, we serve municipal and county governments, private and public educational institutions, publicly funded hospitals, health districts, utilities, transportation, and port authorities. We possess an expert and proven understanding of the distinctive attributes of a public entity:

- Importance of being accessible to staff – even outside “normal” business hours
- Provide accurate and timely financial reporting and actuarial analysis that meet budgeting requirements



- Aid in the design and implementation of RFPs for vendor services through procurement departments while adhering to fair practice, compliance, and ethics requirements
- Assist staff in presenting findings and recommendations to its leadership
- Educate staff members on current topics of interest – examples may include new compliance regulations, innovations in virtual care, and approaches to optimize a benefit plan’s performance
- Commitment to transparency and disclosure of all financial arrangements and compensation

McGriff is active in national industry associations, including Public Risk Management Association (PRIMA), a founding member of the Texas PRIMA Chapter, PSHRA (formerly IPMA-HR), and State and Local Government Benefit Association (SALGBA), among others. We are often presenters at these conferences on topics ranging from best practices in holistic risk management, clinical engagement, wellness and retiree strategies.

5. Name four (4) government agencies/municipalities for which you have provided similar services in the last five years, and provide a current contact name, email address, and phone number for each account.

	Harlingen Consolidated Independent School District	Bexar County	City of Tucson (Implementation Reference)	Northside Independent School District	Montgomery County
Contact	Raquel Cortez	Manuel Gonzalez	Linda Kile	Leticia Ramirez	Michael Howard
Phone	(956) 430-9553	(210) 335-0786	(520) 837-4299	(210) 397-7888	(936) 760-6935
Email	Raquel.cortez@hcisd.org	manuel.gonzalez@bexar.org	linda.kile@tucsonaz.gov	leticia.ramirez@nisd.net	michael.howard@montgomerycountytexas.org
# of Ees	2,500	5,500	4,500	13,000	2,600
Services	Comprehensive benefit consulting for self-funded medical, RX and all ancillary lines,	Comprehensive benefit consulting for self-funded medical, RX and all ancillary lines.	Comprehensive benefit consulting for self-funded medical, RX and all ancillary lines	Comprehensive benefit consulting for self-funded medical, RX and all ancillary lines.	Comprehensive benefit consulting for self-funded medical, RX and all ancillary lines.

6. What resources will your firm bring to this engagement? Discuss years of experience, client base, relevant expertise, and anything else you think would be important in convincing us that your firm is best suited to meet the requirements of this engagement.

Serving the public entity buyer is our specialty and for over 40 years, a significant focus of our organization and equipped us with a thorough knowledge of market trends and historical successes and failures. With our understanding of the day-to-day operations of a public entity – such as the City, we counsel our clients through the various ways they can use employee benefits and the innovations in health care and voluntary benefits to accomplish stated objectives and make a meaningful difference in the lives of their employees and the communities in which they serve. This requires identifying and understanding the organization’s culture, available resources, and risk tolerance.



The values and culture that McGriff embodies set us apart from our competitors. At McGriff, we believe every colleague has an obligation to help make our clients’ lives better and to help protect their most valuable assets. This is our primary mission and is supported by our core principles:

Integrity: We do what we say, every time.

Determination: We relentlessly pursue success on behalf of our clients.

Passion: We are specialists in our field, driven to serve our clients.

Collaboration: We build relationships with our colleagues, clients, carriers, and trading partners, working together for the best solutions.

Employee Benefits Capabilities

If you are looking for an experienced partner to provide innovative employee benefit solutions to help you manage costs, mitigate risk, and engage employees, then look to McGriff. Our approach is simple. We understand your needs and execute with precision. We do what we say we’ll do every single time. We are passionate about making our clients successful.

Strategic Planning and Consulting: A thorough needs analysis that delivers multi-year, strategic recommendations that meet HR objectives and financial goals

Client Onboarding: We review existing benefits, policies, and client needs to ensure there are no disruptions to your HR staff or employees

Implementation: Support to ensure a seamless transition by supporting HR with core administrative services, communications, and enrollment

Administration and Service: Dedicated service professionals who provide ongoing support to plan administrators, covered employees, and dependents

Brokerage/Renewal Services: We identify the most cost-effective benefits and funding methods, provide in-depth analysis of proposals, and assist with selecting renewal options that align with your goals

Actuarial and Underwriting: Actuarial and underwriting resources to optimize the financial outcomes of your benefits program

Compliance: Law-degreed advisors and HR professionals who monitor legislation and regulations and provide actionable guidance

Pharmacy Benefit Consulting: Strategies to help you reduce prescription drug costs

HR Advisory: Best practices and expert advice to help guide your HR strategy

Benefits Administration Technology: Guidance to help you select the best technology that aligns with your benefits strategy

Communications: Strategies that build awareness, educate employees, and drive engagement in your benefits

Clinical Wellness: Resources to effectively promote better employee health and well-being, improve productivity, and reduce future costs

Flexible Benefits: Trusted and reliable FSA, HSA, HRA, Transit, and COBRA administration services



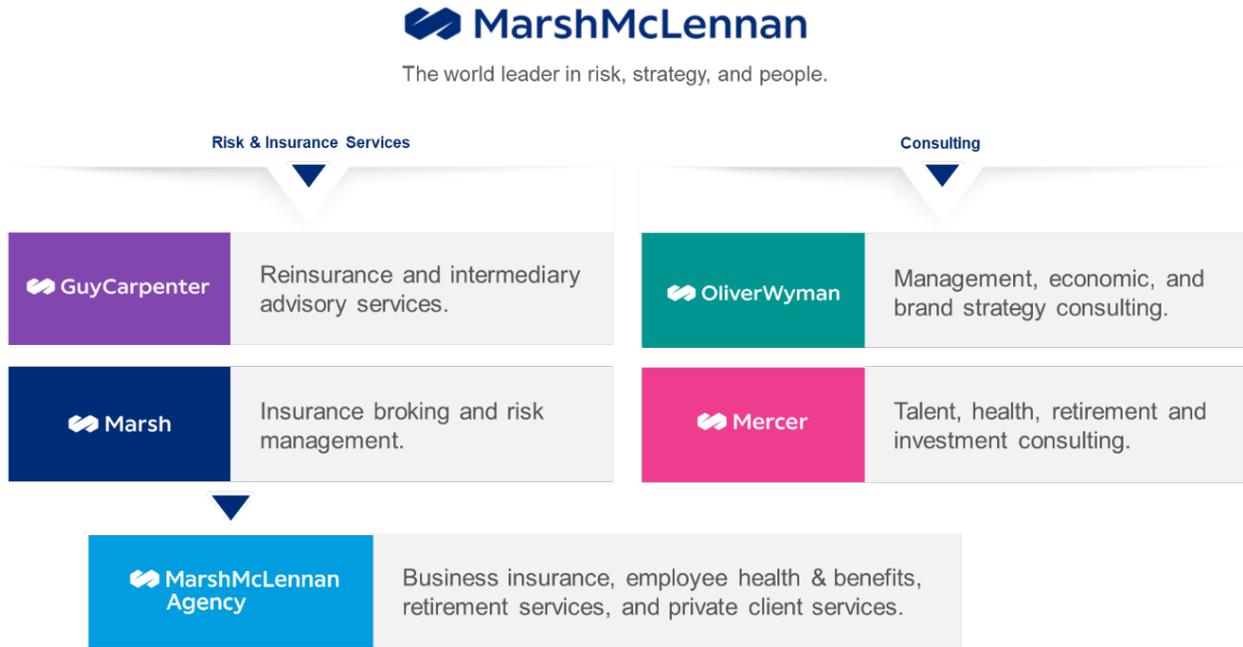
Retirement Consulting: Expertise to help you make informed decisions about your retirement plan

Ongoing Performance Management: Ongoing monitoring of the financial performance of your benefits program and proactively identifying future risks and cost drivers

We have proposed a highly qualified team; each colleague is passionate and relentless about making you successful. We are confident in our ability to provide all requested services consistent with the standards and service experience the City of Albuquerque expects from its consulting partner. With McGriff, you'll never have to settle for less.

7. Is your firm part of a national or regional organization? If yes, provide the corporation’s name and address. Describe how this relationship impacts your corporate philosophy, operation, and delivery of services.

In November 2024, McGriff was acquired by Marsh McLennan and was integrated into Marsh McLennan Agency (MMA). MMA is a separate operating subsidiary of Marsh, the world's leading global insurance broker and risk management advisor. As a part of Marsh McLennan, McGriff has access to an extensive global network of professional services expertise through its sister organizations, Marsh, Mercer, Guy Carpenter, and Oliver Wyman.



Together, MMA and McGriff’s collective insights, thought leadership, and expertise enable clients to make better, more informed decisions with lasting, positive impact.

8. Where is the office located that will be providing the actuarial and consulting services to the city?

We have multiple office locations where actuarial and consulting services are provided to support the City contract. These include:

- 5080 Spectrum Dr, Suite 900E, Addison, Texas 75001
- 7701 Airport Center Dr., Suite 2100, Greensboro, NC 27409
- 2301 Sugar Bush Road, Suite 600, Raleigh, NC 27612



9. Does your office have access to a national network and/or links to a Washington, D.C. division or bureau that tracks legislation and regulatory compliance issues? If so, be sure access to this service is included within your proposed annual fee.

Yes. As part of Marsh McLennan Companies (NYSE:MMC), the resources available for legislative compliance for internal needs and client support are significant and unmatched by other competitors.

More specifically for the City, and confirmed in our technical response, our compliance team of law-degreed advisors and experienced HR professionals proactively monitors changes in regulations that may impact your benefits, including ACA, ERISA, HIPAA, COBRA, ADA and GINA, and then provides timely and actionable guidance.

Whether you are working to understand new federal legislation, developing a plan document or conducting non-discrimination testing, our compliance team is ready to assist with any employee benefits compliance issue, concern, or question.

10. Describe any staff relocations, computer system changes/upgrades, program changes, or telephone system changes that have occurred within the past twelve (12) months. What is the status of these projects? Do you anticipate any additional changes in your organizational or operational structure within the next 12-24 months? If so, how may those changes affect the scope of services detailed in this RFP?

Since January, 2025, the MMA IT and Technology team working collaboratively with McGriff IT and Technology team has been preparing the transition of legacy McGriff internal systems (email, intranet, servers etc.) to the MMA technology platform. This conversion is underway and to be completed by October, 2025.

We do not expect nor have we encountered any issues which will disrupt our ability to fulfill the obligations under this contract.

11. In your experience, what are the essential elements of a successful partnership between a consultant and a public sector client?

Successful partnerships for any business are built on common values and shared alignment of goals and objectives. McGriff is driven by our culture values of **Integrity, Determination Passion and Collaboration**. Our team prides itself on delivering a client experience by being reliable, responsive, competent, and empathetic to any service or support issue – especially to the public entity buyer whose mission and values are embedded into the framework of its community.

We believe together, the City and McGriff share common goals of promoting an employer experience that eases the burden of benefits administration, provides intelligent consulting guidance and support, measure successes, and provides information timely and accurately.

The foundation of our relationship with the City of Albuquerque also reflects the following attributes:

- Mutual respect and understanding
- Open and honest communication
- Adaptation to the City’s unique culture
- Transparency of actions and financial compensation
- Understanding our role as the City’s strategic Health and Wellness Benefits consulting partner
- Adherence to the methods of communication and interaction as set by the City.
- Acknowledgement our relationship is a team effort as teams accomplish more than individuals



We have proposed a highly qualified team; each colleague is passionate and relentless about making you successful. We are confident in our ability to provide all requested services consistent with the standards and service experience the City of Albuquerque expects from its consulting partner. With McGriff, you'll never have to settle for less.

12. Has your company ever been terminated from a contract prior to expiration? If so, whom, when, and why?

No.

13. Provide detailed information regarding any pending or threatened bankruptcy, litigation, liens, or claims involving the Offeror.

We are not aware of any situation as noted above. In the ordinary course of business, McGriff may be involved with litigation and other legal proceedings, investigations and inquiries, some of which are conducted on an industry-wide basis. Details regarding certain outstanding legal proceedings pertaining to McGriff, a Marsh & McLennan Agency, are disclosed in the public Securities and Exchange Commission filings of Marsh & McLennan Companies, Inc., MMA's parent company.

Pay Equity Reporting Form



City of Albuquerque
www.cabq.gov



Bernalillo County
www.bernco.gov



Water Authority
www.abcwua.org

Company Details

Company Name	McGriff, a Marsh & McLennan Agency, LLC Company
Phone	469 232-2188
Email Address	sgibbs@mcgriff.com

Mailing Address	5080 Spectrum Dr., 900E Addison, Texas 75001
NM Employees?	0

Job Category	No. Females	No. Males	Gap (Abs. %)
1.1 Exec/Senior Level Officials/Mgrs			
1.2 First/Mid Level Officials/Mgrs			
2 Professionals			
3 Technicians			
4 Sales Workers			
5 Office and Admin. Support			
6 Craft Workers (Skilled)			
7 Operatives (Semi-Skilled)			
8 Laborers (Unskilled)			
9 Service Workers			
Overall Total			

Total # of Females (all categories)		Total # of Males (all categories)	
Total # Female Only Job Categories		Total # Male Only Job Categories	
Total # Part Time Females		Total # Part Time Males	
Female % Workforce		Male % of Workforce	
Total # Employees		Total # Non-Binary Employees	

Must be signed by a representative of the company. Signature certifies that all employees working in New Mexico are included, the data is for one year ending when the form is signed, and any challenges to your information may require you to get third party verification at your own expense.

Scott M. Gibbs, Executive Vice President  August 9, 2025

Name and Title Signature Date Submitted

Following your submission, the system will calculate and certify your Overall Total Pay Gap. A copy of the Pay Equity Reporting Form will be emailed to you for inclusion with your bid or proposal. If the Overall Total Pay Gap on your form is 0%, you are eligible for a 5% preference. Please keep in mind that a completed Pay Equity Reporting Form must be submitted with all bids and proposals, regardless of the Overall Total Pay Gap. Please contact the contact person identified in the applicable Agency's solicitation documents with any questions about the Pay Equity Reporting Form.

As an out of state contractor, McGriff, a Marsh & McLennan Agency is exempt from reporting since we no facilities and no employees working in New Mexico which are employed at McGriff.

Appendix B

Team Experience & Management Summary

Please identify the members of the project team that will be responsible for working with the City. Include a resume of their background and experience in similar accounts and for similar projects. Indicate those individuals with actuarial experience. Any individual assigned by the Consultant who does not perform assigned duties in a manner satisfactory to the City shall be removed or replaced by the Consultant within 24 hours. The Consultant shall obtain prior approval from the City for all personnel they assign within the scope of work. Provide an organizational chart showing lines of reporting and responsibility, and how the team assigned to the City fits within the organization. Describe individual staff and subcontractors' responsibilities with lines of authority and interface with the City of Albuquerque staff. Describe resources to be drawn from in order to complete tasks.

The Consultant will provide the following staff:

1. **A Project Manager/Lead Consultant for the City who will be the designated contact and shall be available for consultation during normal City business hours. This individual shall be responsible for the planning, conduct, progress, and successful completion of all activities during the term of this contract. This individual will serve as the management contact for all issues related to communication regarding contract changes, requirements, and terms.**



Scott Gibbs, CGBA, will serve as the Project Manager/Lead Consultant and Executive Sponsor for the City. Scott is a highly experienced senior consultant at McGriff MMA, specializing in providing strategic oversight and program design for public entities. With over 28 years of experience in the benefits industry and more than 23 years at McGriff MMA, he has developed a deep expertise in serving public sector clients. As the National Public Entity Benefits Practice Leader, Scott plays a crucial role in managing relationships and delivering tailored solutions for health and welfare benefit plans.

His credentials include being a Lifetime Certified Government Benefits Administrator (CGBA) and holding a Life and Health Insurance Counselor's License. Scott's involvement with the State and Local Government Benefits Association (SALGBA) underscores his commitment to professional development and collaboration within the public entity industry.

2. Assemble and coordinate a project team to support the nature and complexity of city project and programs.

Each of the proposed account team members brings a unique and extensive amount of knowledge and experience in risk management, health, and employee benefits to the relationship. Staff resumes and biographies of our account team and specialty practice partners are highlighted on the following pages and throughout our response.

Organizational Chart and Staffing – Core Team

Consulting Relationship Managers/ Executive Sponsor

John D. Bass, CEBS
*Senior Vice
President,
Public Entity
Consultant*



Scott Gibbs, CGBA
*Executive Vice
President and
Practice Leader -
Public Entity*



Account Management

Sandy Brown, CGBA
*Senior Vice
President Client
Leadership*



Anna Rodriguez
*Senior Account
Manager/ Day-to-
Day Service*



Cynthia Lopez
*Client Service
Specialist/ Day-to-
Day Service*



Jordan Nixon
*Senior Account
Manager and
Financial Analyst*



We are confident our team, our resources and our client centric services can assist in achieving your goals and objectives for your employee benefit plans. We commit to regular meetings (in person, virtual) and are available for special meetings and workshops – especially during budget sessions. You will have full contact information for all teammates including cell phone numbers. Emails and calls are returned the same day, if possible but no later than the next day and urgent and sensitive issues are given immediate priority.



Consulting Relationship Managers

Scott Gibbs, CGBA, serves as Co-consultant and Executive Sponsor for the City. Scott is a highly experienced senior consultant at McGriff MMA, specializing in providing strategic oversight and program design for public entities. With over 28 years of experience in the benefits industry and more than 23 years at McGriff MMA, he has developed a deep expertise in serving public sector clients. As the National Public Entity Benefits Practice Leader, Scott plays a crucial role in managing relationships and delivering tailored solutions for health and welfare benefit plans.

His credentials include being a Lifetime Certified Government Benefits Administrator (CGBA) and holding a Life and Health Insurance Counselor's License. Scott's involvement with the State and Local Government Benefits Association (SALGBA) underscores his commitment to professional development and collaboration within the public entity industry.

John Bass will serve as the City's Co-consultant. John is a public entity expert with McGriff and holds a Certified Employee Benefit Specialist (CEBS) designation. John has over 40 years of experience in employee benefits administration and client-facing leadership roles within the health and benefits industry, including serving as the National Practice Lead for Public Sector and Labor markets at a major managed care organization.

John is an industry expert in health strategy and innovation, provider networks, financial analysis, and clinical applications. He also has extensive knowledge of benefit plan design and vendor management. Throughout his career, he has served numerous large and complex plan sponsors, including major commercial employers, state governments, and numerous large public entities throughout the Southwest and nationwide.

Account Management

Sandy Brown, CGBA, Senior Vice President, is the overall service leader with emphasis on strategy and operational execution. Sandy has been with McGriff for over 22 years and over 26 years in the industry. In addition, she holds the certification of Certified Government Benefits Administrator through State and Local Government Benefits Association (SALGBA). SALGBA is one of the largest professional organizations providing government entities with educational and collaborative support. Sandy has significant expertise in helping public sector clients develop creative solutions surrounding their health and welfare benefit programs, enhance communications strategies, and lead the account team in providing excellent service to our clients.

Anna Rodriguez, Senior Account Manager, provides first line support to the City working close with Sandy Brown. Anna is an experience account manager who has recently joined the organization. Anna has a strong benefit administration background, seasoned in client operations including RFP marketing and vendor analysis, and open enrollment and communication strategies. She leads special client projects including coordination of employee surveys

Cynthia Lopez, Client Service Specialist, will provide additional client service support. Cynthia is an excellent communicator with the ability to support and assist in a wide array of project endeavors. She embraces McGriff's client centric culture and places her client interactions as top priority. She is skilled in understanding benefits designs, the innovations in health care communications and bring great energy and passion to her work.

Jordan Nixon, Senior Account Manager, is the assigned financial data and reporting analyst. Jordan is highly engaged in his clients' data needs, working to customize data reports and analytics for the benefit of the client. Jordan will listen to the City for specific reporting needs and is the primary analyst using our data warehouse applications. He will also perform first-line plan underwriting, budget projections, and analyses of all carrier renewals.

National Specialty Practice Team

McGriff's National Specialty Practice teams, comprising industry experts and extensive resources, support our local account team. These practice leaders and their respective teams coordinate the efforts of numerous specialized resources dedicated to fulfilling specific client needs within our employee benefits practice, aligning with the City's scope of services. Key members of this team are:

Anne Hensley, JD
*Practice Leader
Compliance*



**Denise Cabrera,
Pharm D**
*Practice Leader
Pharmacy Benefits
Consulting*



**Linda Bright AIF®,
CRA, C(P)K®**
*Senior Vice President
Managing Director,
Retirement Advisory
Services*



Cole Rodgers
*Senior Vice President
Voluntary Benefits*



**Janie Warner, SHRM-
CP**
*Practice Leader
HR Advisory Services*



Kisha Moliere
*Practice Leader
Benefit Admin
Technology*



Christina Biddle
*Marketing
Communications*



Katie O'Neill
*Practice Leader
Clinical Wellness
Consulting*



**Ed Johnson, ASA,
MAAA, FCA**
*Senior Vice President
Practice Leader,
Actuarial and
Underwriting*



**Nick Pearce, ASA,
MAAA, FCA**
*Director
Insights and Analytics*





Specialty Practice Teammates Bios

Compliance and Monitoring

Anne Hensley, JD, leads a team of McGriff attorneys and other compliance staff assisting clients with a wide range of legislative, regulatory and plan administration challenges. Anne Hensley joined McGriff in 2010 and has over a decade of experience in the insurance industry, with a focus on insurance and ERISA and non-ERISA employee benefits compliance. She brings both law firm and corporate legal experience to her current role. Prior to joining McGriff, Anne worked as a Senior Associate, Compliance and Advisory Specialist, and Contracts Manager at a global employee benefits consulting firm, providing legal and compliance advice related to the healthcare, insurance, and employee benefits industries.

Actuarial and Underwriting

Edward Johnson, ASA, MAAA, FCA, leads our actuarial and underwriting team and is our senior healthcare consulting actuary with more than 25 years' experience and over 14 years with McGriff. Edward's experience encompasses actuarial work for both fully insured and self-insured groups, with expertise ranging from individual products to Medicare products, as well as underwriting for complex self-funded plans. Ed is a graduate of The University of North Carolina at Chapel Hill with a Bachelor of Arts Degree in Economics. He also holds an Associate designation with the Society of Actuaries (ASA) and has been a member of the American Academy of Actuaries since 2009.

Insights and Analytics

Nick Pearce, ASA, MAAA, FCA, leads our Insights and Analytics practice. He is an Actuary with over 10 years of experience working in the healthcare consulting field. His primary responsibilities include managing the development and delivery of healthcare analytics for clients, helping them achieve their long-term financial and wellness objectives. In addition, he oversees McGriff's annual client survey activities and the development of internal benchmarking resources. Nick's experience covers both fully insured and self-funded groups, including plan performance tracking, employee contribution modeling, and multi-year experience studies.

Nick is a graduate of The University of North Carolina at Chapel Hill with a Bachelor of Arts Degree in Economics. He also holds an Associate designation with the Society of Actuaries (ASA) and has been a member of the American Academy of Actuaries since 2018.

Pharmacy Benefit Consulting

Denise Cabrera, PharmD, is a licensed pharmacist and our National Pharmacy Practice Leader. Denise joined McGriff in 2020. Denise earned her degree from The Ohio State University. Denise has had an opportunity to view the healthcare landscape from multiple stakeholder perspectives. Her experience in managed healthcare and employee benefits consulting spans 27 years, including positions with Medco, CatalystRx, and Cigna Pharmacy. Denise brings aptitude in all areas of the Pharmacy Benefit Management (PBM) industry, including clinical program development, data analysis, trend control, contract review, pricing negotiation, and performance guarantee reconciliation.

Clinical Wellness/ Health Management

Katie O'Neill, DC, BS, serves as McGriff's Practice Leader and Director of Clinical Wellness. As an experienced researcher, clinician, and consultant, she offers strategic direction and best practices for enhancing employee health and well-being. Katie has published and presented on both the impacts and strategies for cost mitigation on topics such as obesity, chronic pain, and specialty medications. Prior to joining the team at McGriff in 2018, she worked as a consultant for a national consulting firm, providing clinical insights and solutions to clients across



various industries and locations. As a practitioner, she worked in direct patient care, handled workers' compensation cases, and conducted research projects focused on health and productivity.

Retirement Advisory Services

Linda Bright, AIF®, CRA, C(P)K®, has over 27 years of Plan Consulting and Investment Advisory Experience. Linda is responsible for overseeing the Retirement Practice at McGriff Retirement Advisory Group and managing the overall client relationships. In her consulting capabilities, Linda has assisted fiduciaries of public, private, and nonprofit organizations with implementation, monitoring, and corporate actions related to retirement plans. Her focus over the past 27 years has included fiduciary roles and responsibilities oversight, Vendor analysis and selection, and Plan design consultation for 401(k), 403(b), and 457 Plans.

Communications

Christina Biddle serves as Director of Marketing Communications for McGriff, leading a team that manages all branding, marketing, communications, and sales support initiatives for McGriff, as well as internal teammate communications and employee benefits client communications.

Communicating benefits-related information in a way that is understandable and relatable is critical to the success of our clients' benefits programs. Throughout her career and tenure at McGriff, Christina has demonstrated deep knowledge and experience in communicating benefits, with a focus on increasing employee awareness, value, and a clearer understanding of company benefits programs

Benefit Administrative Technology

Kisha Moliere has over 20 years of experience in various roles within the insurance industry, utilizing technology for employee benefits education, enrollment, and administration. She routinely has articles published by HR Professional magazine. Her tenure includes roles as a benefits educator and enroller, Client Success Manager with Benefit Express, and Director of Implementation with Benefit Harbor. She is an expert in benefits administration technologies in the marketplace and supports account teams and clients in the design and structure of benefit administration systems and RFP processes

Voluntary Benefits

Cole Rodgers leads our practice of supporting employers in rethinking and redesigning their voluntary benefits. Cole has over 15 years of experience in developing innovative voluntary benefit programs, providing consulting support to McGriff's clients. Cole joined McGriff in 2018 and has previously worked with another brokerage and consulting firm. Cole began his career with a Blue Cross Blue Shield plan. Cole has spent his entire career designing and administering a voluntary benefits portfolio focusing on personalizing benefits to meet the changing and diverse needs of today's workforce.

HR Advisory Consulting

Janie Warner has over 35 years of experience and currently serves as National Practice Leader for HR Advisory Services for McGriff. In this role, she leads a team of HR Specialists who consult with clients to identify and mitigate risk associated with human resource policies, processes, and practices. Prior to joining McGriff, she held executive management and human resources roles with two financial institutions. She served on the adjunct faculty of Embry-Riddle Aeronautical University, teaching human resources management, organizational development, and labor relations. She is a nationally recognized speaker in the areas of executive management, leadership, ethics, employee benefits, and human resources.

Appendix C

Clear Project Plan on Meeting Scope of Services and Following Questions.

Respondents should provide a formal response on their approach to meet the criteria detailed in the Scope of Services and an explanation of how the respondent's organization will comply with all contract provisions. Offerors are advised to be concise and to the point in their responses.

Proposals will be subjectively evaluated based on the Offeror's distinctive plan for performing the requirements of the RFP. Therefore, the Offeror should present a written narrative demonstrating the method or manner in which the Offeror proposes to satisfy these requirements. The language of the narrative should be straightforward and limited to facts, solutions to problems, and plans of action.

Provide responses to the following questionnaire:

1. The selected firm shall be required to recommend insurance products based upon an objective review thereof, and the consultant shall not be engaged as an agent or broker or participate in any capacity whatsoever in the sale or placement of employee benefit insurance coverages on behalf of the City.

a. Do you agree with this requirement?

Yes. McGriff understands our role as a benefit consultant. We maintain the highest level of integrity and each teammate is bound by our corporate governance standards regarding business ethics and code of conduct.

2. Will you provide performance guarantees?

a. If so, include the terms, conditions, and amount of the contract fees at risk.

Yes. We will agree to provide service performance guarantees associated with our contract. We prefer to negotiate with each client the service requirements and guarantees most appropriate and important to the City. It is customary for each performance measure be clear to all parties with an acceptable performance level that is also clear and well defined. Additionally, we prefer any remedy (financial penalty) be aligned with a "per occurrence" arrangement rather than a global penalty.

Below are samples for the City to consider. We are open to negotiation of additional or alternative guarantees, as well as discussion of the dollars at risk for each category and per occurrence remedy.



ACCEPTABLE PERFORMANCE LEVEL	Remedy
Contractor will respond to electronic mail from City staff by the end of the next business day. The City will document the dates and times of un-returned electronic mail.	\$XXX per occurrence. The Contractor’s failure to meet this measure will result in the Contractor’s payment to the City.
Provide monthly newsletter of market trends and benefit updates to the City by the established deadline given by the City with no material content or typing errors.	\$XXX per occurrence. The Contractor’s failure to meet this measure will result in the Contractor’s payment to the City.
Participate and host in-person quarterly meetings with the City and key vendors providing an agenda for each meeting benefiting the City staff. Discussion topics shall include current plan operations, financial performance, market trends, new product releases and other current topics of interest.	\$XXX per occurrence The Contractor’s failure to meet this measure will result in the Contractor’s payment to the City.
Deliver requested changes/recommendations to the City annually by XXX date with no material content or typing errors.	\$XXX per occurrence The Contractor’s failure to meet this measure will result in the Contractor’s payment to the City.
Provide quarterly reports no later than 45 days after each quarter ends with no material content or data errors.	\$XXX per occurrence. The Contractor’s failure to meet this measure will result in the Contractor’s payment to the City.
Assist the City in developing, evaluating, and negotiating vendor proposals for current and future projects by the agreed upon timeframe with no material content or typing errors.	\$XXX per occurrence. The Contractor’s failure to meet this measure will result in the Contractor’s payment to the City.



3. Are you willing to provide any performance guarantees regarding your service and fees?

a. If yes, please describe the measures and fees at risk each year.

Yes. Please refer to response #2.

4. Unless otherwise prohibited by federal and/or state law, any and all reports, photographs, surveys, and other data and documents provided or created at the request of the City in connection with this Agreement are and shall remain the property of the City.

a. Do you agree to this stipulation?

Yes.



Appendix D

COST PROPOSAL

I. Hourly Costs:

Hourly Costs are not anticipated. Our cost proposal for the stated scope of work is an all-in benefit consulting fee. If necessary and for services and/or projects the City and McGriff mutually agree to an hourly rate, the cost per hour based on the specific personnel is noted below:

Position	Hourly Rate
Senior Consultant	\$475
Actuary or Attorney	\$475
Senior Client Manager	\$325
Pharmacist/PharmD	\$325
Account Manager	\$250
Financial Analyst and Underwriter	\$250
HR Technology / Communications	\$250
Administrative	\$150

II. Any Additional Charges:

(i.e., hourly/mileage charges for travel, direct expenses, implementation or set up fees, etc.)

We do not expect any additional charges unless the City request services outside the stated scope of work. The City and McGriff will mutually agree on any additional cost and the method for payment.

III. Maximum (“not to exceed”) Annual Cost: Year 1 - \$300,000; Year 2, \$300,000; Year 3 - \$310,000; Year 4 - \$320,000; and Year 5 - \$330,000 (See following pages for cost summary and assumptions)

Fees should not include New Mexico Gross Receipts Tax.

The rates quoted above are “firm” until: December 31, 2030
(Date)

McGriff, a Marsh & McLennan Agency LLC Company
Name of Consulting Firm



Signature of Duly Authorized Officer

August 7, 2025
Date

Scott Gibbs, Executive Vice President
Printed Name and Title

All offers must be inclusive of travel, postage, production, and any other associated fees. The consultant shall be remunerated solely on a fee basis. The consultant shall not receive income with respect to this agreement, directly or indirectly, from any insurer, administrator, or other source of services to be provided in a recommended program.



2.1 Total Cost

Submit your Cost Proposal (Appendix D) separately from your Technical Proposal (upload Appendix D in the City’s eProcurement system). Failure to submit your cost separately from your Technical Proposal shall result in your proposal being deemed non-responsive.

Confirmed.

Term	Annual Fee	Maximum Annual Fee
Year 1 - 2026	\$300,000	\$300,000
Year 1 - 2027	\$300,000	\$300,000
Year 3 - 2028	\$310,000	\$310,000
Year 4 - 2029	\$320,000	\$320,000
Year 5 - 2030	\$330,000	\$330,000

Assumptions:

- Fees include all costs associated with scope of work, contract terms, administrative and travel costs and other normal expenses.
- Fees assume commission compensation previously included in stop-loss contract. City and McGriff will mutually agree to amend/not amend the current stop-loss agreement prior to its renewal date of July 1, 2026 or make other arrangements which are mutually agreed upon.
- No commissions will be accepted for placement of insurance products.
- Consistent with the current arrangement and authorized by the City, McGriff will continue to be compensated separately by the PBM through the pharmacy management fund for pharmacy consulting and other related benefit management services at no direct cost to the City.
- Based on the scope of work, maximum cost paid by the City in a consulting fee shall not \$330,000 annually, excluding costs for audits.

2.2 The Cost Proposal should, at a minimum, contain the following information:

- **Cost or pricing details should be shown by task. This might include, but is not limited to:**
- **Hours by category, hourly rates, and total labor broken out by professional and other labor. Rates are to include all overhead and profit.**
- **Purchased materials, unit costs, and quantities.**
- **Travel, lodging, and other direct expenses.**
- **Subcontract costs if applicable, and additional consulting beyond the scope of the described tasks (if requested).**

Confirmed

2.3 Offerors should show detailed costs by task and number of hours dedicated to each task as listed in the specifications.

Confirmed. A Cost by Task and Estimated hours is included.



2.4 All Costs:

All costs to be incurred and billed to the City should be described by the Offeror for each item, to allow for a clear evaluation and comparison, relative to other Proposals received. All costs should include any applicable gross receipts taxes. The Offeror should understand that the City will not pay for any amounts not included in the cost Proposal -- for example, insurance or taxes -- and that liability for items not included remains with the Offeror.

Confirmed

City of Albuquerque – Core Benefit Consulting Services		
Strategic Planning		
Executive management meetings and benefits philosophy development Development of 3-5 year strategy Benchmark plan design, costs and cost sharing	Employee contribution strategies Development of new plan designs for anticipated cost savings	Included in Core Fee
Underwriting and Actuarial		
Budget development, tracking, variance analysis COBRA rate development Multi-year cost projections and renewal forecasting Plan design modeling Comprehensive Data Reporting Cotiviti Data Warehouse and Analytic Consulting	Experience monitoring (according to data availability), including: <ul style="list-style-type: none"> – Trend analysis – Claim utilization analysis – Pharmacy utilization analysis – Contribution modeling – Workforce demographic analysis and profiling – Review of medical network usage – Benchmarking 	Included in Core Fee
Benefit Plan Renewal Process		
Evaluate alternatives to the current plan strategy and funding options that may better support the City’s long-term needs Prepare alternative funding analysis and actuarial analysis of claim reserves, if necessary Develop a multi-year strategy and objectives for benefit plans focused on reducing and preventing health risks Conduct renewal negotiations with insurance carriers and vendors Evaluate and make recommendations on employee cost-sharing strategies	Produce renewal projections Collaborate with vendors to review the performance of medical and prescription programs in areas such as large claims, network utilization, provider discounts, and drug utilization. Provide recommendations for improving cost-management performance Analyze employee demographics to identify trends, patterns and potential cost drivers Recommend the latest programs that increase plan value and support plan objectives	Included in Core Fee

City of Albuquerque – Core Benefit Consulting Services (cont.)

Vendor Marketing Review & Vendor Management

<p>Develop requests to solicit proposals from medical, pharmacy and ancillary vendors Request proposals and analyze vendor submissions to assess product capability and fit, network access and quality, health management capabilities and tools, employee resources and tools, reporting and analytics and overall costs Summarize results and provide recommendations for selecting a vendor that will best support your objectives going forward</p>	<p>Deploy proprietary network analysis tools to evaluate cost of care and discounts Engage RX Solutions team for custom RFP support and ongoing pharmacy consultation, as currently arranged Assist with changes to vendors, processes and programs Negotiate performance guarantees with vendors, if necessary Assist with ongoing vendor management and resolution of problems as they occur</p>	<p>Included in Core Fee</p>
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Plan Communications & Open Enrollment Service and Support

<p>Coordinate open enrollment and develop a communication strategy Design and develop a customized benefits enrollment guide for new hires and open enrollments that can be distributed electronically Develop customized open enrollment presentations (e.g., Brainshark) for employees and facilitate enrollment meetings, conference calls or webinars as necessary</p>	<p>Coordinate and communicate renewal decisions with all vendors to ensure accuracy of systems and benefit information Provide support for administrative system updates and file fees. Coordinate and attend on-site enrollment meetings, as necessary Basic benefit administration system consulting</p>	<p>Included in Core Fee</p>
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Ongoing Service Support for Plan Management & Compliance

<p>Review all vendor contracts for compliance on a continuing basis to ensure federal compliance Review and maintain copies of current plan Certificates of Coverage / SPDs. Participate in ongoing benefits strategy meetings with the City. Continually work to identify issues and exposures to the City’s benefit offerings Provide updates and commentary on the impact of legislative and regulatory changes Evaluate vendor-provided reports on claims, premiums and enrollments and provide a summary of findings Arrange for medical and pharmacy claim and/or dependent eligibility audits, as necessary (audit costs are separate)</p>	<p>Provide support for understanding and implementing changes in plans and administration required under Health Care Reform legislation, including affordability and minimum value. Function as a resource for other policies and procedures that are impacted by the insurance benefits (i.e., vacation, sick leave, LOA policies, FMLA, etc.) Ongoing invitations to compliance seminar series Provide annual compliance guide</p>	<p>Included in Core Fee</p>
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City of Albuquerque – Core Benefit Consulting Services (cont.)

Clinical Wellness Consulting Services

<p>Review of claims, demographics, and utilization data to identify key health issues and cost drivers in your population and provide recommendations for improving performance</p> <p>Provide recommendation for developing a corporate wellness strategy based on key clinical and cost issues identified in your population</p> <p>Provide recommendations for implementing online health risk assessments, on-site biometric screenings and other programs that can be used to augment current wellness initiatives</p>	<p>Review health plan benefits to assess potential integration with wellness initiatives</p> <p>Manage and administer wellness marketing and communications</p> <p>Supervise the performance of the program overall</p> <p>Analyze results and recommend wellness program activities and modifications</p> <p>Provide wellness communications</p> <p>Flu Shot Clinic coordination and oversight</p> <p>Conduct Employee Clinic oversight and analysis</p>	<p>Included in Core Fee</p>
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HR Support Services (HR Training – Provided by McGriff MMA)

<p>Monthly HR educational webinars on a broad range of HR topics</p> <p>SHRM approved for CE credit</p> <p>Mineral HR – robust online resource with live advisor, reliable content, and interactive technology solutions for end-to-end People and Risk Management services</p>	<p>Included in Core Fee</p>
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City of Albuquerque

Appendix D - Cost by Task and Hours

	BENEFITS CONSULTING FEE	ESTIMATED NUMBER OF HOURS	ANNUAL FEE YEAR 1	ANNUAL FEE YEAR 2	ANNUAL FEE YEAR 3	ANNUAL FEE YEAR 4	ANNUAL FEE YEAR 5
1.0	General Benefit Consulting and Overall Plan Management	300	\$90,000	\$90,000	\$100,000	\$110,000	\$120,000
2.0	Data Warehouse Services and Actuarial Consulting	90	\$35,000	\$35,000	\$35,000	\$35,000	\$35,000
3.0	Current and Proposed Fiscal Year Analysis and Annual Rates	100	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000
4.0	Strategic Planning	50	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000
5.0	Plan Design Changes	50	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000
6.0	Quarterly Performance Reports	70	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000
7.0	Annual Reporting	50	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000
8.0	Annual Employer Survey	30	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
9.0	Solicitation Development/Negotiation/Contract Assistance	200	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000
10.0	Stop-Loss Annual Marketing and Renewal Assistance	40	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000
11.0	Regulatory Compliance	20	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
		1000	\$300,000.00	\$300,000.00	\$310,000.00	\$320,000.00	\$330,000.00

	AUDIT SERVICES (On-demand)*	ESTIMATED NUMBER OF HOURS	COST PER AUDIT (Not to Exceed)
	Medical Claim Audit	150	Random - \$27,500 Focused - \$43,750
	Pharmacy Audit	150	\$27,500
	Dental Audit	80	\$22,300
	Section 125 Audit	80	\$22,300
	Comprehensive Dependent Eligibility	250	\$62,500

*Audit services are coordinated by McGriff. Costs are separate and billed to the City.