



The City of Huntington

Request for Information  
for  
Group Health Insurance

**Closing Date and Time:**  
**Tuesday October 7<sup>th</sup> at 10am local time**

This communication serves to apprise you and your company of the above-mentioned Request for Information (RFI) for Group Health Insurance (medical and Rx drug). We invite your company to respond to the RFI.

All inquiries for information should be directed to Purchasing Director Dan Underwood. Mr. Underwood's contact information is listed below:

Office: 304-696-5540 x2015

Fax: 304-696-5991

Email: [underwoodd@huntingtonwv.gov](mailto:underwoodd@huntingtonwv.gov)



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**GENERAL CONDITIONS**

1. The City of Huntington will receive the RFI submissions until **Tuesday October 7<sup>th</sup> at 10am local time.**
2. Vendors are strongly encouraged to carefully read the entire Request for Information (RFI). In addition to the current benefit plan design, the City is seeking information regarding other options to consider that would be financially sustainable moving into the future.
3. Vendors must submit one (1) electronic version of submissions, with the subject line “GROUP HEALTH INSURANCE—INFORMATION SUBMISSION FORM.” The information should be emailed to Purchasing Director Dan Underwood at [underwoodd@huntingtonwv.gov](mailto:underwoodd@huntingtonwv.gov).
4. The time and date recorded by the City shall be the official time of receipt.
5. In accordance with Public Records Law, and except as may be provided by other applicable State and Federal law, all Vendors should be aware that Requests for Information and the responses thereto are in the public domain. However, the Vendors are requested to identify specifically any information contained in their submissions which they consider confidential and/or proprietary and which they believe to be exempt from disclosure, citing specifically the applicable exempting law. All submissions received from Vendors in response to this Request for Information will become the property of the City of Huntington and will not be returned to the Vendors.
6. The information presented in the RFI is not to be construed as a commitment of any kind on the part of the City. There is no expressed or implied obligation for the City to reimburse responding Vendors for any expenses incurred in preparing submissions in response to this request.
7. All Information must be submitted on the basis of the specifications attached. Information that significantly deviates or modifies the concept and ultimate objectives of this RFI will not be considered.
8. Any explanation or statement that the vendor wishes to make must be contained with the submission but shall be written separately and independently of the submission proper and attached thereto. Unless the vendor so indicates, it is understood that it has proposed in strict accordance with the RFI.
9. The City of Huntington reserves the right to cancel the RFI call, in whole or in part, at any time, for any reason, without liability being incurred by the City to any Vendor for any expense, cost, loss or damage incurred or suffered as a result of such withdrawal.
10. While the City of Huntington has used considerable efforts to ensure an accurate representation of information in this RFI document, the information contained herein is contained solely as a guideline for Vendors. The information is not guaranteed or warranted to be accurate by the City, nor is it necessarily comprehensive or exhaustive. Nothing in this RFI document is intended to relieve Vendors from forming their own opinions and conclusions with respect to the matters addressed in the RFI document.



11. The Vendor is responsible for its own verification of all information provided to it. The Vendor must satisfy itself, upon examination of this RFI, as to the intent of the specifications. After the submission of the Information, no complaint or claim that there was any misunderstanding will be entertained.

12. No verbal interpretation will be made to any Vendor as to the meaning of the RFI. Any verbal communication will be considered unofficial and non-binding on the City.

13. The Vendor shall not, under penalty of law and immediate disqualification of the submission, offer or give any gratuities, favors or anything of monetary value to an officer or an employee of the City for the purpose of influencing favorable disposition toward a submission.

14. The City may, at its option, conduct interviews after receipt of the Information. If this is necessary, the Vendor will be contacted to arrange a time for an interview.

15. By submitting Information, the Vendor certifies that it is not currently barred or otherwise prohibited from submitting the same to any political subdivision or agency of the State of West Virginia and it is not an agent of a person or entity that is currently barred or otherwise prohibited from submitting Information by any political subdivision or agency of the State of West Virginia.



## INSTRUCTIONS TO VENDORS

1. Vendors shall base their submission on the City's current plan design as provided with this RFI.
2. Vendors shall base their alternate submission on the plan designs which, in their opinion, best meet the needs of the City, based upon the information provided with this RFI. Significant variations from the current plan designs should be clearly identified. Vendors may submit up to three (3) alternative submissions.
3. Vendors shall use the Medical Active Census and Medical Retiree Census provided with this RFI in developing their submissions.
4. Vendors shall clearly disclose in their submissions all plan costs, including premiums, fees, commissions, etc.
5. Vendors shall include the properly completed and signed "INFORMATION SUBMISSION FORM."
6. Vendors shall make certain that one (1) copy of their electronic submissions is received by the specified date and time.



**INFORMATION SUBMISSION FORM**

Please submit one (1) electronic version of the submission, with the subject line “GROUP HEALTH INSURANCE—INFORMATION SUBMISSION FORM” to Purchasing Director Dan Underwood at [underwoodd@huntingtonwv.gov](mailto:underwoodd@huntingtonwv.gov) no later than **Tuesday October 7<sup>th</sup> at 10am local time.**

All Information must be emailed to the City of Huntington by the specified date and time. When submitting Information, the Vendor must:

1. Submit this form with the Information using a typewriter or ink or electronically printed.
2. Sign the Information. No facsimile signatures accepted. Signature acknowledges full acceptance of all components of the Request for Information. The Information must be completed in the name of the Proposer, corporate or other, and must be fully and properly executed by an authorized person.
3. This form should be submitted electronically to the email address listed above.

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Proposer’s Name

Phone Number

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Address

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City

State

Zip Code

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Proposer’s Signature

Title

Date

**CITY OF HUNTINGTON RESIDENT VENDOR PREFERENCE REQUEST**

I hereby certify that the above-listed firm qualifies as a resident vendor and further requests the four percent (4%) preference to be applied to this bid.

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SIGNATURE

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DATE



## STATEMENT OF NEEDS

The City of Huntington is seeking Information for its group health insurance (medical and Rx drug). The plan includes group health insurance for active and retired (pre-Medicare) employees of the City and their eligible dependents.

- A. The Vendor shall provide submissions for all products that said Vendor is available to administer; for example, a partially self-funded plan and a fully-insured product.
- B. **The Vendor shall provide benefits similar to the current plan design.** Submissions and pricing based on the current plan design as provided with this RFI shall be clearly identified as “Current Plan Submission.”
- C. The City will consider up to three (3) alternative plan designs. Submissions and pricing based on alternative plan design should be clearly identified as “Alternative Plan Submission # \_\_\_\_.”
- D. The Vendor shall provide plans priced **without** any commission loaded into the rate.
- E. Recognizing that provider discounts will play an important part in comparing Information, the Vendor shall provide actual discount information.



## BACKGROUND

The City of Huntington is located in western West Virginia. It is the second largest city in West Virginia with a population of 44,400. The City of Huntington operates under a Mayor-Council form of government. The City's budget for fiscal year starting July 1, 2025 is \$78 million.

Services are provided to City residents by approximately 370 full-time City employees. The City employs both union and non-union employees.

- Highmark BlueCross BlueShield WV administers a partially self-funded program for the City.
- Medical and Rx drug benefits are provided for active employees and pre-Medicare retirees and their eligible dependents.
- The City requires active employees and retirees to contribute to the cost of the insurance.
- The City provides both explicit and implicit subsidies to its eligible retirees.
- The City provides one (1) high-deductible plan, Option U1G. Active employees and some retirees also participate in a Health Reimbursement Arrangement (HRA) through The Health Plan.
- Union contracts mandate that the City provides annual HRA contributions of \$1,000 for individual coverage and \$2,000 for family coverage for all active employees covered under the group health plan.

As of June 30, 2025, the City had 441 contracts (see attached breakdown).

For more details regarding insured employees, please contact Human Resources Director Sherry Lewis at 304-696-5540, x2012 or [lewiss@huntingtonwv.gov](mailto:lewiss@huntingtonwv.gov).

Option U1G was implemented on April 1, 2017. It is a high-deductible \$2,000 individual/\$4,000 family deductible 80/60%, \$2,000/\$4,000 co-insurance limit. Total Maximum Out of Pocket (TMOOP) of \$6,850 single/\$13,700 family. \$20/\$30 (PCP/Specialist) office visit co-pays and ER visit at 80% after network deductible.



**PROPOSED INFORMATION SPECIFICATIONS**

- A. It is the City's intent to seek Information for health insurance equal to or exceeding the existing coverage provided by Highmark BlueCross BlueShield WV.
  
- C. The Vendor shall provide Information for the following:
  - 1. Full-time employees working 30 hours per week or 130 hours per month average as mandated by the Affordable Care Act;
  - 2. Legally married spouse;
  - 3. Children up to age 26;
  - 4. Step children;
  - 5. Grandchildren, if employee is legal guardian;
  - 6. Medicare benefit coordination as per Federal law or regulations;
  - 7. Compliance with all COBRA requirements;
  - 8. Present and future pre-Medicare retirees.
  
- D. Specific Reinsurance Coverage with \$260,000 specific deductible (incurred in 12 months and paid out in 15 months). Reinsurance to cover both medical and Rx drug coverage.
  
- E. No Aggregate Reinsurance.
  
- F. The Vendor shall identify its provider network by name, address and telephone number, and shall include its directory of hospitals, physicians, laboratory service providers, Durable Medical Equipment (DME) and respiratory/home infusion therapy providers
  
- G. The Vendor shall provide re-pricing of the paid claims for Plan Year 2024-25. The Vendor must contact Human Resources Director Sherry Lewis to obtain an electronic version of the report.



**SUMMARY OF BENEFITS**

**Appendix A**

Summary of Benefits and Coverage (SBC) for Option U1G for Plan Year 2025-26 (July 1, 2025–June 30, 2026).

**Appendix B**

1. Employee and Pre-Medicare Retiree Census
2. Listing of Group Numbers and Description
3. Highmark WV Information on the Last Three (3) Renewal Periods:
  - 07/01/22 – 06/30/23
  - 07/01/23 – 06/30/24
  - 07/01/24 – 06/30/25

**Appendix C**

1. Highmark WV Utilization Package for Plan Year 2025-26
2. Financial Summary — enrollment and paid claims by month by service category for the last 24 months
3. Top 20 Prescription Drugs (Paid)

**Appendix D**

High-Cost Claimant Report <\$50K (with diagnosis)