

MAYOR
Riley Ramsey

PUBLIC WORKS DIRECTOR
Michael Hurff Jr.



POLICE CHIEF
Paul M. George Jr.

FINANCE OFFICER/CITY CLERK
Andrew Lehr

Request for Proposals

The City of Hardin, Montana is requesting proposals for Employee Group Benefits Coverage inclusive of medical, prescription, dental, vision and life insurance for the plan year beginning July 1, 2026 through June 30, 2027 (Initial Plan Year) and may be extended for additional years without calling for subsequent proposal at the discretion of the City of Hardin.

The proposals must be sealed, include five paper copies and one thumb drive with an electronic copy of the RFP of the proposal, include Attachment A, and be marked on the outside of the envelope "Employee Group Benefits Coverage Proposal", and must be submitted by March 24, 2026, by 3:00 p.m. to Andrew Lehr, Finance Officer/ City Clerk, 406 North Cheyenne Avenue, Hardin, MT 59034. It is the sole responsibility of the proposing firm to ensure that submissions are received prior to the closing time as late submittals will not be accepted and will be returned unopened.

Failure to submit all information as detailed on the Proposer's Document Checklist and/or submission of an unbalanced proposal are sufficient reason to declare a proposal as nonresponsive and subject to disqualification.

Copies of the detailed request for proposals (RFP), including a description of the services to be provided by respondents can be obtained by contacting Andrew Lehr, Finance Officer/City Clerk, 406 North Cheyenne Avenue, Hardin, Montana 59034, phone 406-665-9260 or by email cityfinance@hardinmt.com, reference in the subject line: Employee Group Benefits Coverage. The RFP can also be found on the City of Hardin website, hardinmt.com, under the public notices page.

Dated this 10th Day of March 2026

Andrew Lehr, Finance Officer/City Clerk

Publish: Billings Gazette – March 10 and March 17

Big Horn County News – March 11 and March 18



REQUEST FOR PROPOSALS

EMPLOYEE GROUP BENEFITS COVERAGE

City of Hardin

Hardin, Montana

RFP Submittal Deadline:

March 24, 2026 3:00 PM

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Correspondence concerning this RFP is to be sent to the following individuals:

Andrew Lehr
Finance Officer/ City Clerk
City of Hardin
406 N. Cheyenne Ave.
Hardin, MT 59034
406-665-9260 Ext. 102
cityfinance@hardinmt.com

Alexandria Edwards
Project Manager
City of Hardin
406 N. Cheyenne Ave.
Hardin, MT 59034
406-665-9260
aedwards@hardinmt.com



City of Hardin
406 N Cheyenne Ave, Hardin, MT 59034
March 24, 2026

REQUEST FOR PROPOSALS

The City of Hardin, Montana is requesting proposals from qualified health insurance carriers to provide employee group health insurance coverage and related administrative services. The successful firm must be lawfully engaged in the service of providing health insurance benefits in the State of Montana. This is an RFP for a health insurance carrier to provide a proposal to replace the current health insurance carrier, network and plan designs. An overview and detailed specifications are provided later in the Request for Proposal (RFP).

Proposals must be received no later than 3:00 PM on March 24, 2026 from interested firms, to be eligible for consideration by the City. All responses must be submitted in the required format, enclosed in a sealed envelope clearly labeled with the RFP title, company name, and due date, and provided in both hard copy and electronic copy. **It is the sole responsibility of the proposing firm to ensure that submissions are received prior to the closing time as late submittals will not be accepted and will be returned unopened.**

Failure to submit all information as detailed on the Proposer's Document Checklist and/or submission of an unbalanced proposal are sufficient reason to declare a proposal as nonresponsive and subject to disqualification.

The physical address is:

City Hall, 406 N Cheyenne, Ave, Hardin, Montana

For additional information on this RFP, contact Andrew Lehr, Finance Officer/City Clerk cityfinance@hardinmt.com or Alexandria Edwards, Project Manager aedwards@hardinmt.com

DATED at Hardin, Montana, this 10th day of March 2026

Andrew Lehr
City Finance Officer/City Clerk

Publish: Billings Gazette – March 10 and March 17
Big Horn County News – March 11 and March 18

I. PURPOSE OF REQUEST FOR PROPOSALS

It is through this Request for Proposals (RFP) that the City of Hardin (hereinafter “City”) is seeking qualified firms to provide Employee Group Benefits Coverage for the employees of the City of Hardin. The City will use the RFP process to evaluate each of the Proposers’ qualifications and proposed coverage offerings. Final selection will be determined from the deliverables submitted in response to the RFP document, interviews and any other information sought by the City to assess a firm’s ability to conduct the work required.

The City expects the organization to demonstrate that all benefit plan premium rates are developed to only generate revenue necessary to fund expected claim and administration costs and recommended incurred but not reported (IBNR) and rate stabilization reserves.

The services include but are not limited to benefit plan design, specification input for requests for proposals, vendor evaluation and selection, program implementation, compliance advisory guidance, actuarial rate development, and ongoing general benefits support and administration of the City’s employee benefits program. The scope of work for these services is fluid and subject to addition based on the ever-changing health care and benefits environment.

This RFP does not commit the City to award a contract or to pay any costs incurred in preparation of a proposal. The City reserves the right to reject any or all proposals if it is in the City’s best interest. This Procurement is governed by the laws of the State of Montana and venue for all legal proceedings shall be the City of Hardin, Big Horn County. By offering to perform services under this Procurement, all Proposers agree to be bound by the laws of the State of Montana, and including, but not limited to, applicable wage rates, payments, gross receipts taxes, building codes, equal opportunity employment practices, safety, etc.

II. COMPANY BACKGROUND

The City of Hardin is a municipality located in Big Horn County, Montana with approximately 46 budgeted full-time employees, including the Hardin Police Department. The City’s fiscal year begins July 1 ending June 30, with benefits provided on a fiscal year basis. The City provides a full scope of benefit offerings to approximately 46 benefit-eligible employees. 24 employees are currently utilizing the offered benefits.

Currently the City offers coverage to eligible active and retired employees. A person is eligible for employee coverage on the first day he or she becomes a full-time, active employee of the City. An employee is considered to be eligible if he or she normally works at least 32 hours per week and is on the regular payroll of the City for that work. The current waiting period is a full calendar month as an active employee. Eligible employees are all active and retired employees of the employer, not to include elected officials; part-time employees with normally less than 32 hours per week of work; seasonal, temporary, emergency hire, or short-term employees.

Current coverage is provided through Joint Powers Trust (JPT) with two (2) distinct medical plans which include prescription services. A dental plan is offered through JPT. A vision plan is

offered through JPT. Life insurance and AD&D is through JPT. A Medicare plan for retirees over age 65 is provided through JPT.

III. PROPOSAL SUBMISSION INSTRUCTIONS

Submissions must be received by the City of Hardin no later than 3:00 PM on March 24 2026. Each proposal shall be submitted in a sealed envelope which is clearly marked: Employee Group Benefits Coverage. Proposers are to submit five (5) proposals and one (1) electronic copy on a thumb drive to:

City of Hardin
Andrew Lehr
City Finance Officer/City Clerk
406 N Cheyenne Ave
Hardin, Montana 59034

IV. PROPOSAL REQUIREMENTS

To assist in reviewing the responses, it is required that the proposals be organized in the following manner:

1. Letter of Transmittal - limit to one or two pages.
 - a. Briefly state your understanding of proposal requirements as well as make a positive commitment to successful program implementation within the time period specified in the proposal specifications.
 - b. Give the name(s) of the person(s) who will be authorized to make representation for the proposer, their titles, addresses, and telephone numbers.
2. Table of Contents, including clear identification of the material by section and number.
 - a. Define the organization's plan structure: insured plan, self-insured plan, insured pool plan, self-insured pool plan or other.
3. Summary of Proposer's Qualifications - Please outline in detail any experience your organization has had working with local government groups.
4. Proposals must be signed by a person legally authorized to bind the proposer and must contain a statement that the proposal and fees contained therein will remain firm for an effective implementation date of 07/01/26. You may submit more than one set of plan options. Proposers are responsible for determining that all recommendations comply with all applicable laws and regulations of the State of Montana, ERISA, and the federal government.
5. Provide the following information about the organization:
 - a. Organization's history and governing structure.
 - i. If incorporated, the state in which the organization is incorporated and the date of incorporation.
 - ii. Date that the organization began providing the services required by the City, as represented by this RFP.

- iii. Does the organization release financial statements and audit reports?
 - b. Location of the organization's office(s) that will be responsible for servicing the City.
 - i. Name, address, email address and telephone number of the organization's point of contact with regard to this RFP.
 - c. Does the organization require a multi-year contract?
 - i. Is an incentive offered if the City commits to a subsequent multi-year renewal contract?
 - d. What are the organization's requirements for an employer-group to withdraw?
 - i. Are employer-groups responsible for any financial liability, post withdrawal?
 - e. A copy of the organization's current Plan Document.
 - f. A copy of the organization's Trust Document and Bylaws or other similar documents.
 - g. Copies of all documents that the City will be required to sign if the Employee Group Benefits contract is awarded to the organization.
- 6. A description of the organization's member services.
 - a. Does the organization have a designated representative and/or team to assist the City and its employees with administrative issues, questions and problem solving?
 - b. Describe the annual Open Enrollment process.
 - c. Does the organization make a designated representative available to facilitate employee meetings?
 - i. Does the designated representative accommodate requests for individual employee meetings and assistance?
 - d. Will the organization provide customized communication materials for the City?
 - i. Provide a description/sample of communication materials.

V. GENERAL QUESTIONS

- 1. References: Provide a minimum of three (3) public-entity references, including one (1) entity that terminated, preferably entities with similar complexities as those anticipated by the City. Include the information listed below:
 - a. Name
 - b. Contact Name and Title
 - c. Contact Telephone Number
 - d. Contact Email Address
 - e. Effective Date and Termination Date (if applicable) of Contract
- 2. Reports: What reports are made on a group-specific basis?
 - a. Is there an additional cost for group-specific reports or is the cost included in the proposed premium rates?
 - b. What is the frequency of group-specific reports?
- 3. Affordable Care Act (ACA): Describe the ACA assistance provided by the organization in reference to:

- a. Training
 - b. Support
 - c. Reporting, including 1094 and 1095 forms, and PCORI reports and forms
 - d. Summaries of Benefits and Coverage (SBCs)
4. Value-added Services: Describe any value-added services provided.

VI. BENEFITS

To assist in reviewing the responses, please provide a response to the following questions:

1. Eligibility Requirements:
 - a. What is the definition of “active-status” employee?
 - b. Identify the eligibility requirements for each of the following:
 - i. Active-status employees
 - ii. Employee on Workers’ Compensation
 - iii. Retirees
 - iv. Dependent coverage
 - v. COBRA coverage
2. Medical Benefits
 - a. Complete the attached Medical Benefit Plan Comparison.
 - b. What are the minimum enrollment participation requirements for the medical benefit plan?
 - c. What medical Provider Network(s) are included in the proposal? Provide the medical Provider Network list(s)/website reference.
 - i. Identify all states included in the medical Provider Network(s).
 - ii. Identify local (e.g., Hardin, Crow Agency, Lodge Grass, etc.) and regional providers (e.g. Billings [MT], Sheridan [WY], etc.) included in the medical Provider Network(s).
 - iii. Provide a comparison between in-network and out-of-network claims, including penalties, co-pays, deductibles and/or maximum out-of-pocket expenses, etc.
 - iv. Describe eligibility for international claims, covered expenses, etc.
 - d. Is selection/designation of a Primary Care Physician required?
 - i. Is a referral required to see a specialist?
 - ii. Are specialty services (e.g., oncology treatments, transplants, etc.) required to be provided at the nearest in-network location?
 - e. Are all preventative services covered at 100% with no limits? If not, describe.
 - i. How are Department of Transportation (DOT) physicals covered for an enrolled employee whose job requires a commercial driver license (CDL)?
 - ii. How are County Health Department-provided services covered?
 - f. Describe the alternative medicine services (e.g. chiropractic, acupuncture, etc.) covered.

- g. Is a group Medicare supplement/advantage plan available for retirees over 65? If yes, describe.
 - i. Are retirees eligible to keep the Medicare supplement/advantage plan if the City were to leave the organization?
- 3. Pharmacy Benefits
 - a. Complete the attached Pharmacy Benefit Plan Comparison.
 - b. Provide a current Preferred Drug list/website reference.
 - c. Provide a Pharmacy Network(s) list/website reference.
 - i. Identify all states included in the Pharmacy Network(s).
 - ii. Provide a list of local (e.g., Hardin, Crow Agency, Lodge Grass, etc.) and regional (e.g., Billings [MT], Sheridan [WY], etc.) Network pharmacies.
 - iii. Describe the difference between in-network and out-of-network pricing for pharmaceuticals.
 - d. Provide a description of mail-order prescription services.
 - e. Are 90-day prescriptions available through mail-order services or at Network pharmacies or local/regional pharmacies?
 - i. If so, describe pricing difference, if any, between mail-order and pharmacy 90-day prescriptions.
 - ii. Describe any additional pharmacy discounts or discounts for store-brand, non-pharmacy products and other retail products.
 - f. Describe how Specialty Pharmaceuticals are administered by the plan.
 - i. Does the plan offer a payment plan for specialty drugs?
- 4. Dental Benefits
 - a. Complete the attached Dental Benefit Plan Comparison.
 - b. What are the minimum enrollment participation requirements for the dental benefit plan?
 - c. Does the dental benefit plan have a provider network? If so, provide local/regional network list/website reference.
 - d. Can employees enroll separately in the dental benefit plan, is enrollment included in the medical benefit plan enrollment, or are there other enrollment stipulations required?
 - i. Can dependents enroll in the dental benefit plan? If so, under what requirement?
 - e. Describe the orthodontia benefits for dependents and adults.
- 5. Vision Benefits
 - a. Complete the attached Vision Benefit Plan Comparison.
 - b. What are the minimum enrollment participation requirements for the vision benefit plan?
 - c. Does the vision benefit plan have a provider network? If so, provide local/regional network list/website reference.

- d. Can employees enroll separately in the vision benefit plan, is enrollment included in the medical benefit plan enrollment, or are there other enrollment stipulations required?
 - i. Can dependents enroll in the vision benefit plan? If so, under what requirements?
- 6. Life Insurance Benefits
 - a. Describe the life insurance benefits available.
 - i. Is a life insurance benefit included with the medical benefit plan enrollment?
 - ii. Is there an additional cost for life insurance benefits?
 - iii. Can employees purchase additional life insurance benefits?
 - iv. Can employees purchase life insurance benefits for dependents?
- 7. Employee Assistance Program (EAP)
 - a. Describe the EAP benefits available.
 - b. Is there an additional cost for an EAP program, benefits or services?
- 8. Wellness Program
 - a. What wellness benefits/services are provided?
 - i. What wellness activities are provided?
 - ii. Is there a mechanism to track wellness activities, such as an online portal?
 - b. What wellness provider does the organization contract with and what services are provided?
 - c. How does the organization achieve high employee participation?
 - i. Is there a minimum participation requirement for wellness services?
 - d. Are the costs for wellness services included in the proposed premium rates?
 - i. If not, what is the additional cost for wellness?
 - e. Are incentives available to those employees who participate in the wellness program?
 - i. If yes, what incentives are offered?

VII. SUBCONTRACTOR INFORMATION

If the proposal will include the use of subcontractors for plan administration, claims administration or other services, identify each subcontractor and the specific service(s) performed, including commissions related to those services.

- 1. Third Party Administrator (TPA)
 - a. What TPA does the organization contract with and what services are provided?
 - b. What services are provided on the TPA’s website to assist members?
- 2. Case/Disease/Maternity/Utilization Management
 - a. For all services described below, identify the provider the organization contracts with and describe the services offered. Indicate whether costs are included in the proposed premium rates or charged separately:

- i. Case Management
 - ii. Disease Management
 - iii. Maternity Management
 - iv. Utilization
3. Pharmacy Benefit Manager (PBM)
- a. What PBM does the organization contract with for management of the prescription drug benefit and what services does the PBM provide?
 - b. What services are provided on the PBM’s website to assist members?
 - c. Are drug manufacturer rebates returned to the plan or retained by the PBM?

VIII. PREMIUM RATE CALCULATIONS

Describe the methodology used by the organization to establish premium rates and subsequent renewal rates.

- 1. Does the rating methodology apply equally to all employer groups and plan designs or is there flexibility/subjectivity in the rating methodology and subsequent premium pricing?
 - a. Describe any caps on renewal rate increases.
 - b. Describe if and how any renewal rate decreases are granted.
 - c. By what date are guaranteed annual renewal rates provided to the employer?
- 2. Complete the following table:

Annual Renewal Rate Increases for Employer-sponsored Group Medical Plans			
Year	Average	Highest	Lowest

IX. PROPOSAL TIMELINE

Effective Date: The effective date for the new policy year is July 1, 2026, concurrent with the start of the City fiscal year (FY2027).

The following is the intended timeline for the Project

RFP Issued:	March 10, 2026
Deadline for questions or clarifications	5:00 PM March 17, 2026
Responses to Questions	5:00 PM March 20, 2026
RFP Submission and Public Opening	3:00 PM March 24, 2026
Finalists Notified	5:00 PM March 27, 2026
Finalist Interviews:	March 30-31, 2026
Final Selection and Recommendation to Council	April 1, 2026
Approval by Hardin City Council:	April 7, 2026

X. COMPENSATION

Payment will be made by ACH electronic funds transfer. Proposers must indicate their ability to accept ACH payments and agree to provide required ACH authorization documentation prior to contract execution.

XI. SELECTION CRITERIA

The award of the contract shall be made to the organization that demonstrates that the organization:

- a. Is capable and qualified to provide the services and coverage desired;
- b. Offers transparency in rating methodology;
- c. Is financially stable and maintains adequate reserves;
- d. Offers comprehensive, high-quality coverage at competitive premium rates;
- e. Offers technological reporting capabilities;
- f. Provides Affordable Care Act (ACA) or other relevant health law-related compliance training, support and reporting; and
- g. Offers competitive network discounts and comprehensive network providers for all benefits.

**ATTACHMENT A – Proposer Information
Proposer’s Information Form**

ACKNOWLEDGEMENT

The undersigned declares that she or he:

- Has carefully examined the RFP specifications
- Is thoroughly familiar with its content
- Is authorized to represent the proposing firm; and
- Agrees to perform the work as set forth in the specifications of this request for proposals.

PROPOSER (please print):

Firm Name: _____

Address: _____

Telephone: _____

Email(s): _____

Contact person, title, email, and telephone: _____

Proposer, if selected, intends to carry on the business as (check one):

- Individual (sole proprietor)
- Partnership
- Corporation
 When incorporated? _____
 In which State? _____
- Other (explain): _____

PROPOSER’S SIGNATURE

No submission shall be accepted which has not been signed in ink in the appropriate space below:

1. If Proposer is INDIVIDUAL/SOLE PROPRIETOR, sign here

Date: _____
Proposer's Signature

Proposer's typed name and title

2. If Proposer is PARTNERSHIP, at least two (2) Partners shall sign here:

Partnership Name (type or print)

Date: _____
Member of Partnership Signature

Date: _____
Member of Partnership Signature

3. If Proposer is a CORPORATION, the duly authorized officer shall sign as follows:
The undersigned certify that he/she is respectively:

_____ and _____
Signature Title

Of the corporation named below; that they are designated to sign the Proposal Cost Form by resolution (attach a certified copy, with corporate seal, if applicable, notarized as to its authenticity or Secretary's certificate of authorization) for and on behalf of the below named CORPORATION, and that they are authorized to execute same for and on behalf of said CORPORATION.

Corporation Name (type or print)