

**City of Hallandale Beach**  
**Employee Benefits Programs**  
**RFP # FY 2012-2013-012**  
**Proposer Response to RFP Questions**



**June 5, 2013**

*Analysis by:*



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**City of Hallandale Beach**

**Questionnaire Response Evaluation - Summary**

**Effective Date: October 1, 2013**



Question*	Coventry/Aetna	Advantica	Ameritas	Aveis	Cigna
<b>GENERAL QUESTIONS</b>					
Renewal notification is required 180 days prior to the renewal date for all lines of coverage being proposed. Can you comply with this requirement?	Yes	Yes	Yes	Yes	Yes
What is the length of the rate guarantee proposed for each line of coverage proposed? N/A = no quote received					
Medical	1 year - Will consider a 2nd year rate cap if selected as a finalist	N/A	N/A	N/A	1 year
Dental	1 year with a 2nd year rate cap	2 years	N/A	N/A	2 years
Vision	4 years	4 years	2 years	3 years	1 year
Group Basic Life	3 years	N/A	N/A	N/A	3 years
Group Supplemental Life	N/A	N/A	N/A	N/A	3 years
Long-Term Disability	2 years	N/A	N/A	N/A	3 years
EAP	3 years	N/A	N/A	N/A	1 year
Proposer agrees allow Retirees to continue coverage under the same plan at the same rate as active employees?	Yes	Yes	Yes	Yes	Yes
Proposer confirms it has provided coverage options for Retirees, on a comparable level as active employees, who reside outside of the immediate South Florida area?	Yes	Yes	Yes	Yes Same benefits, no difference out-of-state	Yes
Confirm that all employees enrolled in the group's medical, dental, life and long-term disability plans, who are currently not "actively at work" due to disability, FMLA, or any other reasons, will continue to be covered under the plans implemented for the effective date stated in this RFP?	Yes	Yes (Dental and Vision)	Yes (Vision)	Yes	Life: Subject to actively-at-work provision if on leave for more than 7 days Disability: If an employee is not in active service on the effective date, he/she must return to active service for a full day in order for coverage to become effective
Confirm that all policies, identification cards, and any other correspondence will be mailed directly to the employee.	Medical: ID cards only mailed directly to employees Dental: ID cards only mailed directly to employees Vision: Additional cost to ship to City for distribution to employees	Yes	Yes	Yes	Medical and Vision ID cards mailed to employee Dental ID cards mailed to the City Life and Disability: home mailings available, if meet certain criteria

Question*	Coventry/Aetna	Advantica	Ameritas	Avesis	Cigna
GENERAL QUESTIONS					
<p>Describe any performance guarantee programs your company proposes. Please indicate the group name, address, contact person and telephone number of up to three firms in Florida to whom your company has forfeited money because of service problems in the last three years.</p>	<p>Medical: Will agree to put a lump sum or portion of group premium (as agreed upon) at risk for not meeting the following goals.                      Telephonic ASA – Average Speed of Answer of 30 seconds or less                      Telephonic Abandonment Rate – Less than 3%                      Claim Turnaround Time (TAT) – 90% of clean claims within 15 calendar days, 98% of clean claims within 30 calendar days                      ID Cards – 99% issued within 10 days or less following receipt of clean membership data                      First Call Resolution – Greater than or equal to 85%</p> <p>Dental: None offered                      Vision: None offered</p> <p>No money forfeited in last 3 years due to service problems.</p>	<p>Will agree to specific financial consequences for not meeting objectives surrounding the following.                      Enrollment: On-site representation and enrollment materials                      Information Technology: Eligibility and invoice accuracy                      Customer Service: Average speed to answer, abandonment rate and inquiries                      Claims Processing: Financial, processing/payment timeliness and accuracy                      Member Communication: ID cards and Plan/Benefit Information                      Management Reporting: Account-specific monthly, quarterly and annual reporting</p> <p>No money forfeited in last 3 years due to service problems.</p>	<p>None</p>	<p>None</p>	<p>None</p>

Question*	Coventry/Aetna	Advantica	Ameritas	Avesis	Cigna
GENERAL QUESTIONS					
Please describe your out-of-area coverage for retirees, dependent students or other dependents not residing with the employee (as a result of divorce or other reasons) but covered under their medical, dental or vision plans.	<p>Medical: HMO - Dependents may select a PCP and access local participating providers in their state. Students can access the Coventry National Network (CNN).</p> <p>PPO - Members may access care from any participating nationwide PPO provider.</p> <p>Dental: PPO-Members may choose a network dentist in their state.</p> <p>DMO - Out-of-network authorization will be provided for states without networks (MT, ND, SD, VT &amp; WY). If an emergency occurs more than 50 miles away, participants are covered up to \$100.</p> <p>Vision: Dependents may access the national vision network, featuring EyeMed providers.</p>	<p>Dental PPO - Access to nationwide network of participating providers.</p> <p>DHMO prepaid plan is only offered in the state of Florida. Therefore, any services rendered in another state would be processed as out of network.</p>	<p>For Vision: Retirees will receive the same coverage as all eligible employees.</p> <p>Dependent students are covered to age 26. Dependents are covered under primary care provider.</p>	<p>Do not have defined "service area" National network of providers, members are free to select any provider and receive their benefits</p>	<p>Medical : Members may access care from any participating provider in the national network.</p> <p>Dental: DHMO - Dependents living away from home can choose a dentist in their area.</p> <p>DPPO - Members may visit any participating network dentist where they reside.</p> <p>Vision: Eye care practitioner network is nationwide.</p>
Is COBRA administration included in your proposal?	Yes COBRA services provided through Ceridian at no additional cost.	Yes Applicable to Group Dental and Vision insurance	No	No	Yes

City of Hallandale Beach

Questionnaire Response Evaluation - Sur

Effective Date: October 1, 2013



Question*	Delta Dental	Humana	MetLife	Minnesota Life	New Directions Behavior Health
<b>GENERAL QUESTIONS</b>					
Renewal notification is required 180 days prior to the renewal date for all lines of coverage being proposed. Can you comply with this requirement?	Yes	Yes	Yes	Yes	Yes
What is the length of the rate guarantee proposed for each line of coverage proposed? N/A = no quote received					
Medical	N/A	1 year	N/A	N/A	N/A
Dental	2 years	2 years	2 years	N/A	N/A
Vision	N/A	2 years	N/A	N/A	N/A
Group Basic Life	N/A	N/A	N/A	3 years	N/A
Group Supplemental Life	N/A	N/A	N/A	3 years	N/A
Long-Term Disability	N/A	N/A	N/A	N/A	N/A
EAP	N/A	1 year	N/A	3 years	2 years
Proposer agrees allow Retirees to continue coverage under the same plan at the same rate as active employees?	Yes	Yes	Yes	Yes	Yes
Proposer confirms it has provided coverage options for Retirees, on a comparable level as active employees, who reside outside of the immediate South Florida area?	Yes	Yes	Yes	N/A	Yes
Confirm that all employees enrolled in the group's medical, dental, life and long-term disability plans, who are currently not "actively at work" due to disability, FMLA, or any other reasons, will continue to be covered under the plans implemented for the effective date stated in this RFP?	Yes	Yes	Yes	If the employee is disabled and on waiver the incumbent carrier is responsible. If the employee is disabled and satisfies the elimination period either Minnesota Life or the incumbent carrier will provide coverage. Minnesota Life will waive the active at work provision for dependents on a no/loss no/gain basis.	N/A
Confirm that all policies, identification cards, and any other correspondence will be mailed directly to the employee.	Yes for DHMO	Yes	No	If desired, copies sent to City for distribution to employees	N/A

Question*	Delta Dental	Humana	MetLife	Minnesota Life	New Directions Behavior Health
GENERAL QUESTIONS					
<p>Describe any performance guarantee programs your company proposes. Please indicate the group name, address, contact person and telephone number of up to three firms in Florida to whom your company has forfeited money because of service problems in the last three years.</p>	None	None	None	<p>\$170= satisfaction rating of less than 4.0                      \$140= 95% of all claims paid within 10 days of receipt of completed claim.                      \$140= 99% overall accuracy in payment and distribution                      \$140= Review and action on 95% of all E of I within 3 days of receipt                      \$140= final decision of 95% of all E of I within 10 days                      \$140= Achieve an avg call center answer speed of 30 seconds or less                      \$170= Overall satisfaction of implementation</p>	None

Question*	Delta Dental	Humana	MetLife	Minnesota Life	New Directions Behavior Health
GENERAL QUESTIONS					
Please describe your out-of-area coverage for retirees, dependent students or other dependents not residing with the employee (as a result of divorce or other reasons) but covered under their medical, dental or vision plans.	Dental PPO enrollees may use any participating dentist in any state. Individual DHMO family members may select different dentists, up to three network facilities per family.	HMO: Eligible students (not exceeding the age of 26) are covered for emergency care and urgent care illness outside of the service area, for routine care, the student must return to primary care physician PPO: Dependent students are fully covered for emergency care.	Eligible participants utilizing MetLife's nationwide network will receive in-network benefits. Eligible participants who receive care from a non-participating Dentist will receive out-of-network benefits.	N/A	New Directions has a national network of affiliate providers. In remote areas with a single member or in an emergency New Directions will recruit and sign single-case agreements with providers.
Is COBRA administration included in your proposal?	No	Yes Contracted through Ceridian Includes: initial notification, event notices, telephone support, premium billing and collection, employer reporting and rate renewal notification	No	No	No

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**Questionnaire Response Evaluation - Sur**

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Question*	Superior Vision	Symetra	The Standard	United Concordia	United Health Care
<b>GENERAL QUESTIONS</b>					
Renewal notification is required 180 days prior to the renewal date for all lines of coverage being proposed. Can you comply with this requirement?	Yes	Yes	Yes	Yes	No
What is the length of the rate guarantee proposed for each line of coverage proposed? N/A = no quote received					
Medical	N/A	N/A	N/A	N/A	1 Year
Dental	N/A	N/A	N/A	2 Years	1 Year
Vision	4 years	N/A	N/A	N/A	1 Year
Group Basic Life	N/A	3 years	2 Years	N/A	N/A
Group Supplemental Life	N/A	3 years	2 Years	N/A	N/A
Long-Term Disability	N/A	3 years	2 Years	N/A	N/A
EAP	N/A	3 years	2 Years	N/A	N/A
Proposer agrees allow Retirees to continue coverage under the same plan at the same rate as active employees?	Yes	Yes	Yes	Yes	Yes
Proposer confirms it has provided coverage options for Retirees, on a comparable level as active employees, who reside outside of the immediate South Florida area?	Yes	Yes	Yes	Yes	Yes
Confirm that all employees enrolled in the group's medical, dental, life and long-term disability plans, who are currently not "actively at work" due to disability, FMLA, or any other reasons, will continue to be covered under the plans implemented for the effective date stated in this RFP?	Yes	Yes	If the employee is disabled and on waiver the incumbent carrier is responsible. If employee is not active at work due to disability the incumbent carrier will be responsible for coverage.	Yes	Yes  Except for dependents who are confined in a hospital or other health care facility on the effective date of their coverage.
Confirm that all policies, identification cards, and any other correspondence will be mailed directly to the employee.	Yes	Individual employee ID cards are not issued. Policyholder will receive policy employees will have policy available online.	Available for an additional cost.	Yes	ID cards will be mailed directly to the homes of members. Other mailings available for an additional fee.

Question*	Superior Vision	Symetra	The Standard	United Concordia	United Health Care
GENERAL QUESTIONS					
<p>Describe any performance guarantee programs your company proposes. Please indicate the group name, address, contact person and telephone number of up to three firms in Florida to whom your company has forfeited money because of service problems in the last three years.</p>	<p>Funds at risk, not to exceed \$500                      10% for Claims processing accuracy- 98%                      10% for Claims financial accuracy- 98%                      10% for Claim turnaround for both in-network and out-of-network claims: average of 18 days in-network, 10 days out-of-network, 100% in 30 days                      5% for Telephone answer time to auto-attendant: 10 seconds                      5% for Telephone hold time Average of 90% in 30 seconds                      5% for Telephone abandonment rate- less than 5%                      5% for Client to receive premium/claim/retention reports- no later than 20 days following the end of the time period and 60 days at the end of the plan year                      5% for Contractual amendments- Provided to the client within 20 calender days of a written request for change                      15% for agreed upon implementation timeline                      5% for Attendance at client meetings on mutually agreed schedule                      10% for Billin &amp; eligibility deliverables</p>	<p>Performance guarantees available upon finalist selection</p>	<p>None</p>	<p>None</p>	<p>None</p>

Question*	Superior Vision	Symetra	The Standard	United Concordia	United Health Care
<p>GENERAL QUESTIONS</p> <p>Please describe your out-of-area coverage for retirees, dependent students or other dependents not residing with the employee (as a result of divorce or other reasons) but covered under their medical, dental or vision plans.</p>	<p>Eligible participants utilizing Superior Vision's nationwide network will receive in-network benefits. Eligible participants who receive care from a non-participating provider will receive out-of-network benefits.</p>	<p>N/A</p>	<p>N/A</p>	<p>PPO: under proposed plan members can receive care from any licensed dentist DHMO: Out-of-network members who reside in Florida would need to select a PDO convenient to their location</p>	<p>MNRP allows for either network or non-network services which carry significantly more financial responsibility.</p>
<p>Is COBRA administration included in your proposal?</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No</p>

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**Questionnaire Response Evaluation - Sur**

**Effective Date: October 1, 2013**

Question*	Unum	VSP
<b>GENERAL QUESTIONS</b>		
Renewal notification is required 180 days prior to the renewal date for all lines of coverage being proposed. Can you comply with this requirement?	Yes	Yes
What is the length of the rate guarantee proposed for each line of coverage proposed? N/A = no quote received		
Medical	N/A	N/A
Dental	N/A	N/A
Vision	N/A	4 Years
Group Basic Life	3 years	N/A
Group Supplemental Life	3 years	N/A
Long-Term Disability	N/A	N/A
EAP	N/A	N/A
Proposer agrees allow Retirees to continue coverage under the same plan at the same rate as active employees?	Yes	Yes
Proposer confirms it has provided coverage options for Retirees, on a comparable level as active employees, who reside outside of the immediate South Florida area?	Yes	Yes
Confirm that all employees enrolled in the group's medical, dental, life and long-term disability plans, who are currently not "actively at work" due to disability, FMLA, or any other reasons, will continue to be covered under the plans implemented for the effective date stated in this RFP?	Unum will offer continuity of coverage to all employees. Benefits may be payable for a disability due to a pre-existing condition for an employee who: 1. Is insured by the prior carrier at the time of transfer; and 2. is in active employment and insured under this policy on its effective date. The employee must satisfy the pre-existing exclusion under: 1. this policy; or 2. the prior carrier's policy, with consideration for continuous time insured under both policies.	Yes
Confirm that all policies, identification cards, and any other correspondence will be mailed directly to the employee.	Life/ AD&D certificates are available online	No

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Question*	Unum	VSP
GENERAL QUESTIONS		
<p>Describe any performance guarantee programs your company proposes. Please indicate the group name, address, contact person and telephone number of up to three firms in Florida to whom your company has forfeited money because of service problems in the last three years.</p>	<p>If your concern is not addressed to your satisfaction within a mutually agreed upon timeframe, we'll deliver on our guarantee. which is: we pay you 1% of your annual premium for each incident up to \$2,500 per incident</p>	<p>None</p>

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Question*	Unum	VSP
GENERAL QUESTIONS		
<p>Please describe your out-of-area coverage for retirees, dependent students or other dependents not residing with the employee (as a result of divorce or other reasons) but covered under their medical, dental or vision plans.</p>	<p>N/A</p>	<p>VSP allows for either network or non-network services which carry significantly more financial responsibility.</p>
<p>Is COBRA administration included in your proposal?</p>	<p>N/A</p>	<p>No</p>





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