



Hallandale Beach
 PROGRESS. INNOVATION. OPPORTUNITY.

ADDENDUM # 6
RFP # FY 2016-2017-003
FULLY INSURED GROUP MEDICAL AND PRESCRIPTION BENEFITS

ANSWERS TO QUESTIONS RECEIVED BY THE MAY 12, 2017 11:00 AM EXTENDED DEADLINE:

QUESTION #1:

I've been asked to follow up and clarify the response to question # 3 in addendum # 1. It is mentioned the retiree rates are reflective of the full monthly premium however when we compare the overall premium based on these rates to the claims experience reports with the exact same membership (1066) there is a 10% disconnect in the premium (see below calculation), which doesn't add up. Can you please clarify the full current Cigna rates? It appears the rates provided in exhibit e are a portion of the premium and that's why the overall premium is not adding up. This is very important and needed in order to underwrite the risk appropriately.

ENROLLMENT	Enter			
EE Only	198			
EE + 1	84			
Family	166			
Total Subscribers	448		448	
Total Members	1,066		1,066	
CURRENT RATES				
EE Only	\$631.37			
EE + 1	\$1,292.33			
Family	\$1,885.12			
Total Monthly Premium	\$546,496.90	\$546,496.90	Feb-17 Premium	Feb-17 Membs
PMPM	\$512.48	\$512.48	\$489,672.00	1,066
			\$459.35	-10.37%

ANSWER #1:

Enrollment above does not seem to include all subscribers. Please refer to the Tier Report released in Addendum #3 which outlines all categories of members including Active, COBRA and Retirees Over and Under age 65. The Total Subscribers shown above (448) are approximately 40 less than the actual number of subscribers which was shown as 487 for March 2017 in the Tier Report.

Please note on the original census included in the RFP, Exhibit D, under column H, Branch, the code CHO65 and CHU65 are retirees over and under age 65 respectively.

QUESTION #2:

In addition to the above question #1, we noticed the census released in Addendum # 4, it appears the EES gender is missing from this report. Can you please provide this census and identify the gender of each employee?

ANSWER #2:

Please see Exhibit G Full Time Employees Census 5-8-2017, released with Addendum # 6. It contains updated supplemental information which includes the gender.

QUESTION #3:

Please confirm the RFP due date has been changed from 5/18/2017 no later than 11:00AM to 5/31/2017, no later than 11:00AM.

ANSWER #3:

Yes, Please see Addendum #5.

QUESTION #4:

Is Exhibit I - Scope of Work intended to be informational only, or is it the expectation of the City that carriers provide point by point responses to each requirement (i.e. noted, or deviations / clarifications as applicable).

ANSWER #4:

Yes, all items must be addressed. Please see Addendum #3 – Question and Answer # 1.

QUESTION #5:

Please clarify if the carrier's proposal should include a response to Exhibit A, Exhibits B1 and B2, Exhibit II and Exhibit C only.

ANSWER #5:

Please see Addendum #3 – Question and Answer # 2.

QUESTION #6:

Page 4 - can you please elaborate on the Local Vendor Preference? There is no section dedicated to Local Vendor Preference.

ANSWER #6:

There is no Local Vendor Preference. Please see Addendum #3 – Question and Answer # 3.

QUESTION #7:

Page 17 - #22. *Provide COBRA and HIPAA administration and pay COBRA beneficiary claims* - If the carrier does not administer COBRA, will the City consider using an outside vendor to administer their COBRA services?

ANSWER #7:

Please see Addendum #3 – Question and Answer # 4.

QUESTION #8:

Page 30 - Instructions provided on Page 30 of Exhibit I indicate not to provide a password on the thumb drive. Cigna's company policy requires the flash drive to be password protected. Would it be acceptable to provide a password protected flash drive? Otherwise, we can provide proposal response on CD without password protection. Please advise which option is acceptable.

ANSWER #8:

No password on flash drive. No CD. Please see Addendum #3 – Question and Answer # 5.

QUESTION #9:

Page 34 - #9. Customer Service - *Proposers must present their administration capabilities and experience (including HSA administration)*. Was the HSA a typo? Because the RFP only referenced HRA administration, please confirm.

ANSWER #9:

Please see Addendum #3 – Question and Answer # 6.

QUESTION #10:

Page 4 - Within Exhibit II, Section I #3 it states - *Proposals shall be signed in INK; all forms shall be typewritten or printed with pen and ink.* Given the RFP requirements call for electronic proposal only, would it be acceptable to provide electronic signature?

ANSWER #10:

Please see Addendum #3 – Question and Answer # 7.

QUESTION #11:

Page 22 – the RFP requested 4 references but noted “Your firm must include the completed five (5) Reference Check Forms within your firm’s thumb drive”. Please confirm carriers should not *provide more or less than four (4) references.*

ANSWER #11:

Please see Addendum #3 – Question and Answer # 8.

QUESTION #12:

- a. Will the City consider a Primary Insurance Carrier and Secondary Insurance “Package” for Option 1?
- b. If yes to question 1, would the City kindly indicate which sections of “Exhibit A” would be applicable for completion by retitling it “For completion by Secondary Insurance/ Supplemental/ Gap Insurance- if applicable.”

Note: This would make it optional yet possible. You may need to insert additional boxes for completion and replicate some of the questions, as the first set would state “for Primary Insurance” and the second set of boxes and or questions would state “ for Secondary Insurance-if applicable”. Example of where this is needed is Exhibit A- Page 2 (see sample Exhibit A- Page 2B insertion page), and possibly some questions regarding claims payment, reporting, etc. The City and or its Consultant will decide what they would need specific for a “Secondary/ Supplemental/ Gap Insurance” to complete by indicating that on any and all Exhibits of the RFP. Again the attached Exhibit A- Page 2B, is a single insertion page and alone will suffice for us (along with modifications made to the Match Up Form- addressed in question C), but the City and or Consultant must decide and approve.

- c. If yes to question 1, would the City kindly also modify Exhibit B.1 by inserting TWO additional columns titled “Primary Insurance” and “Secondary/ Supplemental/ Gap Insurance” between the last two columns titled “In Network” and “Write “Match” or Fill in Differences”. See Revised Exhibit B.1 as requested.

Note: This would allow the Agent/ Broker to present the benefits as a package for a true comparison to current benefits and or any new single carrier proposals.

ANSWER #12:

No. Please see the answer to Addendum #2.

QUESTION #13:

Exhibit B.1 Benefits Match-Up A HMO Plan vs. the CIGNA SBC for plan year 10.1.2016- to current. The SBC does not note line by line like the way AvMed does. AvMed's will state line by line services that the copay is after the deductible when necessary. Please just clarify that the deductible applies as the Exhibit B.1 reflects?

ANSWER #13:

Refer to Addendum #3, question #33.

QUESTION #14:

The SBC reflects that preventive generic is at no charge and all other is a \$25 Copay. Exhibit B.1 shows all generic at \$25 Copay. If preventive generic is no charge please share the current CIGNA Preventive list that you would like AvMed to adhere to.

ANSWER #14:

As part of the prescription benefits services, proposers are asked in Exhibit A, Proposal Forms, page 15, question #2, the following question:

"Are you offering a generic listing of medications per PPACA to City members? Are you able to offer any other programs that members can take advantage of? If there are any additional costs, explain."

The current listing is not available. If your firm's proposal includes a preventative list, please provide as requested.

QUESTION #15:

We are requesting the most recent claims experience reports through April of 2017.

ANSWER #15:

This information is not available.

QUESTION #16:

We need a census in excel format that includes and identifies all:

- Eligible and enrolled employees
- Include retirees, COBRAs, what plan people are enrolled in (tiers) and if dependents are enrolled
- Dependent info
- Dates of birth, waivers, gender, zip codes, etc.
- Anything else that you can include or that others have requested.

ANSWER #16:

Please see the medical census, Exhibit D, released in the RFP. In addition, please see the tier report from Addendum #3 and the supplemental information including medical insurance opt-outs attached.

QUESTION #17:

Exhibit A, Medial Provider/Managed Care Info #12 requests a listing of hospitals by county. Lines are provided for entry. Would City accept a Word table or Excel spreadsheet containing the data as an attachment?

ANSWER #17:

Yes.

QUESTION #18:

Is it acceptable to the City that all signatures are from an Authorized Representative or does it have to be an Officer?

ANSWER #18:

All documents must be executed by a duly authorized officer of the firm as registered with the Florida Secretary of State through the Division of Corporations website at: www.sunbiz.org.

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Please ensure you check the City's website for the latest addendum released for this project. Below find the link to the City's website: www.cohb.org/solicitations.

Please note receipt of Addendum # 6 by signing below and include with your firm's submission.

I acknowledge receipt of Addendum # 6:

Company:	
Name of authorized officer of the firm:	
Title of person:	
Signature:	
Date:	

Sincerely,



Andrea Lues, Director, Procurement Department