



ADDENDUM # 1

RFP # FY 2012-2013-012 EMPLOYEE BENEFIT PROGRAMS

Below find questions that the City has received through May 9, 2013 in reference to the above subject RFP.

Please note that the City of Hallandale Beach is not requesting services for Short Term Disability. The RFP title page includes Short Term Disability but this is incorrect.

1. RFP references 5 thumb drives to be submitted. Will you allow 5 CD's in lieu of the thumb drive.

All responses must be provided as requested in the RFP.

2. RFP references all inclusive contract, are you expecting a quote for all lines of business under one carrier.

The Carriers should submit responses on all the services that the provider/carrier can provide. A partial submission of services is acceptable.

3. Can you give me more detail on the Group Employee Assistance Program.

The current Employee Assistance Program (EAP) a stand-alone.

4. For the Accidental Death and Dismemberment Benefit, are you looking for a Stand Alone Plan or can it be incorporated into an Accident Plan with additional benefits.

The City is requesting a group AD&D benefit to be provided in conjunction with the group Basic and Supplemental Life insurance coverages. No additional accident plans are being requested.

5. Are you entertaining proposals for "Voluntary Benefits" similar to your existing Aflac Plans.

No, the City is not requesting for responses on the Supplemental insurances similar to Aflac.

6. Waiting period length. Please indicate if there are any people in the waiting period - if so, please provide DOH, HOME zip codes, coverage type & tier, DOB/age, gender in Excel Format.

1st of the month following 30 days. As of the date of the census, there are no individuals in their waiting period.

7. Number of declines, spousal waivers and COBRAs. Please indicate if there are any COBRAs - if so, please provide election date, DOH, HOME zip codes, coverage type & tier, DOB/age, gender in Excel Format

See ATTACHMENT 1 of this ADDENDUM.

8. Please indicate if there are any declines or spousal waivers- if so, please provide DOH, home zip codes, DOB/age and gender in Excel Format.

See ATTACHMENT 1 of this ADDENDUM.

9. Large claims report-time period matching the monthly claims provided- above-over \$25,000 with diagnosis and amount paid, within 6 months of proposed effective date.

See ATTACHMENT 6 of this ADDENDUM.

10. Do you want a vision quote packaged with medical?

Vision coverage packaged with medical coverage is acceptable. Stand-alone vision coverage is being requested as well.

11. Is the (Vision) employer paid or employee paid.

If a stand-alone vision plan is selected through the RFP process, the City intends to have it be Employer Paid. However, should the City deem it necessary, it reserves the right to change this to Employee Paid.

12. The current plan looks like a plan that covers the exam and has a reimbursement schedule for the materials, do you want to see a quote like this or a full service quote.

A quote matching the current benefits on the vision plan embedded in the medical plan, or a quote for a stand-alone full-service vision plan will be acceptable.

13. There is a census provided in excel. That is the correct, most up to date census since it is listed as 2013. There are no Optional Life/Dep Life spouse/DGL child volumes listed on it. There is a PDF census from 2011-2012 that shows actives/retirees/voluntary volumes. However, we cannot use that census since it is not accurate. Adding up some numbers on the PDF census yields many less retirees than the 2013 excel census. Please have client provide a current voluntary census in excel that goes with the current actives/retiree census we already have.

See ATTACHMENT 1 of this ADDENDUM.

14. Since this group has over 100 retirees, we are going to need to run with experience. Please provide complete life experience for the past 3 years that shows the retiree experience. We will need this to be separated from the active employees experience.

See ATTACHMENT 2 of this ADDENDUM. It represents the available claims experience.

15. We were looking through the census and had a question about it. I **assume** the ACTIVE eligible employees should be the same for the Life and Disability. There is a big difference in job titles between the two census tabs. There are no firefighters and a lot less Police included on the LTD tab. The Life tab of 416 active employees is 40% Police & Fire. The LTD tab of 425 employees is only 4% Police & Fire. I will need this explained to me what the difference is.

Union Police and Fire employees are provided Disability Coverage through another plan affiliated with their retirement. The non-union Police employees are the only members covered under the group Long Term Disability program.

16. Please provide:
LTD booklet

See ATTACHMENT H in the RFP.

17. Confirm if the group participates in a PERS plan.

The City of Hallandale Beach sponsors a retirement plan for the Police and Fire employees who are union members.

18. Competitive info

Question is unclear, unable to respond.

19. Can you please provide the following:

- Open and closed claims report for LTD.
See ATTACHMENT I in the RFP.
- At least the past 3 years of basic life experience
See ATTACHMENT 2 of this ADDENDUM.
- Reserves

There are no active Waiver of Premium claims with the Basic Life

20. In reviewing ATTACHMENT A for the Medical Benefit summaries it appears the group has a PPO Plan (medical). I do not see a Price and Benefits grids for the PPO.

See ATTACHMENT 7 of this ADDENDUM. The PPO medical plan is for Retirees and COBRA participants who reside outside the Coventry HMO service area only.

21. Can you please confirm the out of network reimbursement level for the Delta DPPO plan?

Delta Dental has two network levels, PPO and Premier. The out of network Dentists are reimbursed at the Premier Network level at "Maximum Plan Allowance".

22. Supplemental Life Premium/Claims and detail claims listing for 4/1/10-3/1/13 was provided, could you please provide the basic life experience for this period?

See ATTACHMENT 2 of this ADDENDUM.

23. Could you please provide the Supplemental Life volumes?

See ATTACHMENT 1 of this ADDENDUM.

24. Delta Indemnity Plan – It states that the employee only rate for 2010-2011 was \$64.18. Is this a typographical error? Should the employee only rate be \$46.18 for 2010-2011?

The Employee only rate is \$46.18.

25. Delta Indemnity Plan – It states that the Out of Network Benefits are Paid at “Premier contracted fees”. What exactly does that mean? Is it a MAC reimbursement or a percentile? How does it differ from the PPO allowable fees?

Delta Dental has two network levels, PPO and Premier. The out of network Dentists are reimbursed at the Premier Network level at “Maximum Plan Allowance”.

26. A Coventry Dental Plan benefit schedule was included. Are we correct in assuming that this is an embedded plan with the medical? Will this still be offered?

It is an embedded plan offered with the medical coverage through Coventry.

27. Delta Care USA Plan FLM64. There seems to be pages missing in the ATTACHMENT. It starts with page 4. Page 5 and 7 seem to be missing. Can we get a copy of the full plan schedule along with the exclusions and limitations?

See ATTACHMENT 3 of this ADDENDUM.

28. Can we get a clarification of the “Estimated Premier Fee Savings”?

This is referring to the amount of discount in the Premier Network. Savings are based on submitted fees.

29. Are there any carryover benefits for the annual maximum?

See ATTACHMENTS 3 and 4 of this ADDENDUM

30. In “ATTACHMENT D Group Dental Claims Experience” there are 3 different types of plans listed in the Network Utilization Report and Benefit Cost Savings Report. Please explain the difference between the PPO & Delta Premier?

Delta Dental PPO and Delta Dental Premier refer to the networks being utilized. See ATTACHMENT 8 to this ADDENDUM

31. A census that lists all eligible employees; the census received only lists enrolled employees, and has different numbers of covered employees between coverages.

See ATTACHMENT 1 of this ADDENDUM.

32. More recent dental experience; the experience received ends at 12/12/12, we would prefer experience no older than 60 days.

See ATTACHMENT 9 of this ADDENDUM

33. A detailed plan booklet that includes procedure placement, frequencies, and age limitations

See ATTACHMENTS 3 and 4 of this ADDENDUM.

34. Renewal rates for dental.

Delta Dental renewal rates have not been provided as of the issuance of this RFP

35. Please provide Voluntary Life elections on the census.

See ATTACHMENT 1 of this ADDENDUM.

36. Need complete booklet for the Voluntary Life – currently with Reliance Standard

See ATTACHMENT F of the RFP.

37. Confirm effective date of coverage for the Basic Life with Fort Dearborn

Coverage went into force on August 1, 2004 with Ft. Dearborn

38. Need a minimum of 36 months premium and claims experience for the Basic Life on both Active and Retiree employees.

See ATTACHMENT 2 of this ADDENDUM.

39. Confirm any current Open Life Waiver claims

There are no active Waiver of Premium claims with the Basic Life

40. The DHMO copayment schedule looks to be missing the first few pages. It starts off with Class III Restorative Services. We are missing the Class I Preventive services and I cannot verify if there is an office visit copay.

See ATTACHMENT 3 of this ADDENDUM.

41. Can you also confirm if the Delta FLM 64 plan has a \$5 office visit copay?

See ATTACHMENT 3 of this ADDENDUM.

42. Please confirm that a non-officer individual with the authority to bind a contract is sufficient to sign all applicable signature documents required for this RFP submission.

The City reviews the name of the company in Sunbiz (Florida Department of State Division of Corporations): <http://www.sunbiz.org/search.html>. Your firm must review the list of officers/director details found in Sunbiz for your firm to ascertain who is authorized. If someone other than the officers listed in Sunbiz will be executing documents in response to the RFP, then your firm must provide a letter signed by the authorized officer providing authority to those individuals.

43. Please confirm that no binders are requested; only thumb drives.

All responses must be provided as requested in the RFP.

44. Please confirm if CDs are acceptable in place of thumb drives.

All responses must be provided as requested in the RFP.

45. It is requested that sections be marked by page number. Please confirm if each section must be page numbered or if sequential page numbering is requested from beginning to end of the entire proposal

Page 14 of the RFP states: 2. Table of Contents - Include clear identification of the material by section and by page.

46. Please provide EAP utilization data for the past 2 years.

See ATTACHMENT 5 of this ADDENDUM.

47. Is the vision currently included in the medical or is it standalone? Please confirm if you would like to see a standalone vision quote or vision embedded in the medical.

Currently vision is embedded in the medical plan. A quote matching the current benefits on the vision plan embedded in the medical plan or a quote for a stand-alone full-service vision plan will be acceptable.

48. Please provide the Basic Life claims experience.

See ATTACHMENT 2 of this ADDENDUM.

49. Please provide the LTD open and closed claim listing.

See ATTACHMENT I in the RFP.

50. Please provide provider/hospital utilization by facility.

These reports are not available in the time frame of this RFP. They will be provided for finalists selected.

51. Please confirm that the Dental Solstice DMO benefit summary in the benefit summary PDF is supposed to be included? Please confirm that the current DMO is with Delta and that we are only quoting the Delta DMO and PPO?

The Solstice DMO benefit is an embedded plan offered with the medical coverage through Coventry. The Delta Dental plans are stand-alone dental plans.

52. Please provide an updated census which includes the EAP lives separated.

EAP coverage is provided by the City to all active employees.

53. For Supplemental life, please provide the census of those who are participating.

See ATTACHMENT 1 of this ADDENDUM.

54. Please provide clarification for the responsibilities listed on pages 27-28 of the RFP. What communication materials are included in your request for required Postage Costs to be paid by the proposer?

In the normal course of operations, carriers communicate with employees (New and initial Cards, Introductory materials, EOB's, Etc.) and will be expected to bear the cost of postage when the communications are mailed to the group or employees.

55. It seems that we are missing the first page (or possibly two) of the Delta Prepaid DMO Plan (FLM64). Please provide the full benefit summary.

See ATTACHMENT 3 of this ADDENDUM.

56. Please confirm if the Submission of Proposals section on page 14 of the RFP is the format that the Table of Contents should follow (each # will be a tab within the binder) or if it's just requested that these documents be provided within our proposal.

Firms must ascertain that someone looking for the information is able to reference the table of content and match it to each section provided.

57. Is the RFP available in word format for us to enter our responses?

The RFP will not be provided in Word Format. The RFP posting included the Questionnaire (ATTACHMENT) and the Price and Benefits response forms (ATTACHMENT) in Word format.

58. Is the City of Hallandale requesting STD to be quoted?

Quotes for STD are not being requested.

ATTACHMENTS:

ATTACHMENT 1: Updated Census

ATTACHMENT 2: Life Claim Report

ATTACHMENT 3: Delta Dental FLM64 Certificate of Coverage

ATTACHMENT 4: Delta Dental PPO Certificate of Coverage

ATTACHMENT 5: EAP Claims Report

ATTACHMENT 6: Updated Coventry Claims Report

ATTACHMENT 7: Additional Price Sheet – to be added to Attachment M – to be submitted with your firm's response

ATTACHMENT 8: Delta Dental Network Information

Additional to Attachment M released with the RFP – added 5-9-2013

FIRMS MUST INCLUDE THIS ADDITIONAL PRICE SHEET ATTACHMENT M WITH THEIR RESPONSES

Price and Benefits – PPO Option - Medical Plan Response Form *Please provide a Medical Summary of Benefits along with your proposal.*

NAME OF PROPOSED PLAN:

Schedule of Insurance Coventry	Current PPO Value 2000 Plan		Proposed Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Maximum	Unlimited			
Calendar Year Deductible (CYD)				
Single	\$2,000	\$3,000		
Family	\$4,000	\$6,000		
Out-of-Pocket Maximum**	Includes Ded & Coinsurance, RX excluded			
Single	\$4,000	\$7,000		
Family	\$10,000	\$18,000		
Member Coinsurance	20%	40%		
Physician Services				
Physician Office Visit	\$25 copay	CYD + 40%		
Specialist Office Visit	\$45 copay	CYD + 40%		
Laboratory Services at diagnostic center	CYD + 20%	CYD + 40%		
Preventive Care	\$0 Copay	CYD + 40%		
Hospital Services				
Inpatient	CYD + 20%	CYD + 40%		
Outpatient Surgery	CYD + 20%	CYD + 40%		
Emergency Room Visits (copay waived if admitted)	\$200 copay	\$200 Copay		
Physician Services at Hospital	CYD + 20%	CYD + 40%		
Mental Health & Substance Abuse				
Inpatient	CYD + 20%	CYD + 40%		
Outpatient	\$45 copay	CYD + 40%		
Prescription Drug Retail (30 day Supply)				
Tier 1	\$20	\$20		
Tier 2	\$40	\$40		
Tier 3	\$60	\$60		
Tier 4	N/A	N/A		
Mail Order (90 day Supply)	\$20/\$80/\$180	N/A		
Rates				
Employee Only	\$604.55			
Employee plus One	\$1,221.18			

Employee and Family	\$1,777.40	
---------------------	------------	--

PLEASE NOTE RECEIPT OF ADDENDUM #1 BY SIGNING BELOW AND INCLUDE WITH YOUR RFP SUBMISSION.

I ACKNOWLEDGE RECEIPT OF ADDENDUM # 1:

Company	
Name	
Title	
Signature	
Date	

Sincerely,



Andrea Lues, Director
General Services/Purchasing Department