



April 12, 2018

**CALHOUN COUNTY SCHOOL DISTRICT
ADDENDUM No. 3**

**RFP for
Group Medical Insurance**

***Proposers are required to acknowledge this addendum in their proposal response**

The following is additional information, clarifications, questions and responses related to the above referenced RFP.

1. Can you clarify how many rate tiers are being requested?

The District is not currently considering changing rate tiers. The current tiers are:

Employee/Retiree

Employee/Retiree + One Dependent

Full Family

2. Can claims information be broken out by actives versus retirees and Medicare retirees?

Available claims data has been provided.

3. For each of the two years of claims information provided, can we have subs, members, claims for medical and pharmacy broken out for these three categories, active employees, early retirees, post 65 retirees.

Available claims data has been provided.

4. Can you provide the benefit match up matrix – a, b, c (Exhibit 4)?

This is now available on the District's website.

5. Please provide large claims by experience period. Experience periods being (2-1-2017 through 1-31-2018). In addition, a separate large claim report for (2-1-2016 through 1-31-2017).

Available claims data has been provided.

6. Please provide diagnoses for the large claimants.

Available claims data has been provided.

7. Please confirm that we are to assume no commissions.

Proposals are requested net of commissions. If commissions apply, proposers are requested to show the basis (percentage, per employee, etc.) and estimated amount in the proposal forms.

8. Please provide details on your current wellness program.

There is currently no wellness program.

9. The most recent month of claims (1-2018) has 269 subs, then according to the census there is a drop in enrollment, is there a reason for this drop in enrollment? Or is the Census incorrect (202)?

Please see the attached corrected census.

10. Please provide how the current minimum premium arrangement works with BCBS. If they term, what, if anything, do they have to pay to leave? Please provide details.

The District does not have a minimum premium arrangement with BCBS. The District is currently self-insured through PAEC with Florida Blue as the ASO administrator. There is no pooling between the PAEC participants for medical coverage.

11. Would the District provide copies of contracts with PAEC, Florida Blue, Gallagher and Symetra (Stop Loss provider)?

The current stop-loss contract, Florida Blue and Gallagher agreements are attached.

12. Do you currently have a Wellness Plan? What have been your successes and challenges? What is your Wellness budget?

See #8 above.

13. Are there any penalties for leaving the PAEC program for a fully insured program or a different self-funded plan/group?

There are no penalties for leaving the PAEC program, but the District must pay the run out costs of the self-insured plan.

14. Is your Stop Loss carrier's rate a pooled rate with other school districts, or does it stand alone? Will the District provide the premiums for your Stop Loss coverage for the last three years?

Stop-Loss is stand-alone. Stop loss premiums have been:

2017 – 2018 Rates are included in the attached sample.
2016 – 2017 \$562,281
2015 – 2016 \$449,941

15. What is your aggregate amount? Do you have a specific aggregate amount with your Stop Loss? If so, what is it?

Please see attached 2017-2018 stop-loss policy declarations.

16. Will the District furnish a copy of your Stop Loss policy?

Please see the attached document.

17. How many employees are participating in your FSA Plan?

Approximately ninety-three (93) employees.

18. Describe your Benefits communications/education process and are there any costs associated with it?

Nothing in addition to what Florida Blue offers and no costs are passed onto the District's employees.

19. Do you currently have actuarial services? What are the costs associated with it?

Actuarial services are currently provided by Merlinos & Associates, Inc. The costs are not known at this time.

20. Do you have an online enrollment system with 834 compliant file feeds to carriers? What is the cost and who provides that service?

No.

21. Is your intent to choose insurance carriers during this process and then select a broker to represent you and work with said carriers to negotiate coverage options and rates, or the other way around?

Please see RFP Section II – Page 8:

An agent may be considered only if the winning or shortlisted insurer or administrator names such agent in their RFP response.

22. Who is responsible for benefits compliance at the District office? Are they a member of the insurance/selection committee?

Rhonda O'Bryan and Elaine Barber. They are members of the Advisory Committee.

23. Who is advising you on your Federal regulations under the ACA, COBRA, HIPPA, FMLA, Section 125 Plan, discrimination testing for the 125 plan, and ADA? Are there costs associated with this assistance? When was the District's last benefits compliance audit and what were the results? Who is handling the Districts COBRA administration? Who is supplying the Federal required notices to employees.

Florida Blue is providing COBRA administration. TASC is the Section 125 administrator. Arthur J. Gallagher's attorneys and staff also provide guidance on Federal Regulations. There are no costs associated with this assistance. Elaine Barber and Rhonda O'Bryan provide the federal required notices to employees. It is unknown when the District's last benefits compliance audit occurred.

24. Considering the unique healthcare market in the seven counties that Capital Healthcare represents in our state, of which Calhoun is one, and your desire to look at fully insured group healthcare options for the District, is it important for the District to know the relationship that proposing agents/brokers have with CHP including how much business they write with the dominant carrier in this marketplace?

Proposers are encouraged to provide this detail in their proposal.

25. What is the primary objective of CCSD for issuing this RFP?

To procure competitive proposals for health coverage.

26. How comfortable is CCSD that they are fulfilling their Fiduciary responsibility to their employees and the taxpayers?

Proposers are encouraged to detail, in their proposal, how they will improve such services.

27. Do your current PPO contracts allow your TPA to audit or review bills for accuracy and appropriateness of care?

Yes.

28. How comfortable are you that hospital bills are being audited and reviewed to make sure that CCSD is not paying too much for services or for services they should not be paying for at all?

Proposers are encouraged to detail, in their proposal, how they will improve such services.

29. 5% of members drive 50% of the cost in every Health Plan. What is CCD's administrator doing to identify who are the members in your plan and working with them to reduce and manage costs?

Proposers are encouraged to detail, in their proposal, how they will improve such services.

30. Is CCSD familiar with the Reference Based Pricing Model? If so are you willing to consider moving to this approach as part of this process?

All competitive proposals that meet the RFP criteria will be considered.

All other terms and conditions of the Request for Proposal remain unchanged.