



ADDENDUM #15

RFP #FY 2018-2019-004 CITY OF HALLANDALE BEACH GROUP MEDICAL WITH PHARMACY, MEDICAL GAP PLAN, DENTAL, VISION, EMPLOYEE ASSISTANCE PROGRAM, FLEXIBLE SPENDING ACCOUNT AND COBRA ADMINISTRATION

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

Firm must provide this form signed by an authorized officer of your Firm to acknowledge receipt of ADDENDUM #15 and provide with your Firm's response.

PLEASE NOTE:

QUESTION #1.

I wanted to see if the RFP is coming out this week. Also, how many employees are currently with the city?

ANSWER #1.

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There are five hundred and twenty-one (521) employees currently in the City.

QUESTION #2.

We have received the above referenced RFP and would like to request the following additional information:

Census file – need revised file for Retirees & Cobra that provides the additional following information: Zip Code, Gender.

ANSWER #2.

See addendum #2 and addendum #6.

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QUESTION #3.

RFP states that USB drives are not to have a password. Our security protocol requires passwords be placed on the CD. Can we password protect as long as we provide the password for the USB drives.

ANSWER #3.

Firm must submit in accordance with RFP document, page 15, Instructions for Submittal of Responses.

QUESTION #4.

We have received the above referenced RFP and would like to request the following additional information:

Current Delta Dental Rates

Current United Health Care Vision Rates

ANSWER #4.

See addendum # 10 and addendum # 11.

QUESTION #5.

I have received the RFP for the above group and was going through the documents and noticed the census was missing.

If you could please send over the census at your earliest.

ANSWER #5.

See answer # 2.

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QUESTION #6.

I have located the information that was needed, however I did not see any rates for the medical & dental.

If you could send over that would be great.

ANSWER #6.

See answer #4.

QUESTION #7.

In reviewing the RFP, I noticed the City is looking at working directly with the Insurance Carriers and not utilize a Broker. When going direct to a carrier, you will be given benefits that will mirror what you currently have in place rather than working outside of the box and customizing the benefits to help drive the utilization down thus reducing the claims experience and reducing your rates.

Is there any way the City would consider working with a broker?

ANSWER #7.

See RFP document, page 4, City Hired Consultant.

QUESTION #8.

Is the City of Hallandale Beach willing to accept vision quotes that have to be bundled with Dental or Medical coverage as we do not offer Stand-alone Vision products or is the City specifically looking for Stand-Alone quotes.

ANSWER #8.

See RFP document, Scope of Work, page 5 states *“At the sole discretion of the City, the City reserves the right to contract for one or more plans independently or contract for multiple plans from the same vendor(s).”* allowing for bundled and stand-alone proposals.

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QUESTION #9.

May we get the group's current rates? What is their current MLR?

ANSWER #9.

See addenda #10 and #11.

See EXHIBIT G - 2016 YTD MEDICAL CLAIMS DATA, EXHIBIT G – 2016 YTD VISION CLAIMS EXPERIENCE, EXHIBIT G – 2017-2018 DENTAL CLAIMS DATA.

QUESTION #10.

Please provide the monthly enrollment for the claims from Oct 2018 thru Jan 2019.

ANSWER # 10.

See EXHIBIT G - 2016 YTD MEDICAL CLAIMS DATA, EXHIBIT G – 2016 YTD VISION CLAIMS EXPERIENCE, EXHIBIT G – 2017-2018 DENTAL CLAIMS DATA.

QUESTION #11.

Have there been any plan changes in the last 2 years? If so, what benefits were changed and when did the changes occur

ANSWER #11.

No, there have been no plan changes in the last two (2) years.

QUESTION #12.

Please provide the Dental PPO Certificate (Exhibit I only contained the DHMO Certificate, not the PPO).

ANSWER #12.

See addendum # 16.

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QUESTION #13.

Please provide the Dental PPO and DHMO current rates and the previous 36 months

ANSWER #13.

See answer #4.

QUESTION #14.

The census provided did not include the full demographics for the Retirees and Cobra dental enrollees. Please provide an updated excel census to include the DOB or Age, Gender, Zip Code, dental plan and Tier of coverage

ANSWER # 14.

See answer #2.

QUESTION #15.

Please advise how the out-of-network on the PPO reimburses non-contracted dentists?

ANSWER #15.

See Exhibit I – Dental Benefit Summaries – DPPO, within which states *“Reimbursement is based on the PPO contracted fees for PPO dentists, delta dental premier contracted fees for premier dentists and the program allowance for non-delta dental dentists.”*

QUESTION #16.

We have the Employer dental contribution levels for City Commission Members and all 4 tiers of Management employees. Does the employer contribute anything towards the other enrollees? The census did not specify occupation/job status so we don't know if the census only contains Commission Members and Mgt or others/clerical staff. Please clarify.

ANSWER #16.

See addendum #10 and addendum #11. The census data includes both Commissioners, Management and all other employees.

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QUESTION #17.

Please clarify on Exhibit "O" #16 the intent of this question? If the renewal period is completed and the group renewed with the carrier, then the rates published for the renewal should prevail. If the carrier provided the renewal 6 months in advance of the renewal date, would this be satisfactory?

ANSWER #17.

Exhibit O – General Scope of Services, item 16 has to do with maintaining the same rates for up to six (6) months after the end of the previous renewal, if needed for transition/ marketing.

QUESTION #18.

My underwriting team has scrubbed the info we've pulled and it doesn't appear we received a dental census that shows who is taking the PPO/DMO with elections. Currently, only a medical census is included.

ANSWER #18.

See addendum #2 and addendum # 6.

QUESTION #19.

Also, we need current dental and vision rates. I don't see these in the RFP.

ANSWER #19.

See answer # 4.

QUESTION #20.

Exhibit I does not contain the current dental rates and renewal information. Please indicate if and when the City will provide DHMO and DPPO rates information.

ANSWER #20.

See answer # 4.

QUESTION #21.

Exhibit I does not contain a Certificate of Coverage for the current DPPO coverage. Please indicate if and when the City will provide the current Certificate of Coverage.

ANSWER #21.

See answer 12.

QUESTION #22.

Exhibit J does not contain current vision rates and renewal information. Please indicate if and when the City will provide the current vision rates and renewal information.

ANSWER #22.

See answer # 4.

QUESTION # 23.

Exhibit J does not contain the Certificate of Coverage for the current vision coverage. Please indicate if and when the City will provide this document.

ANSWER #23.

See addendum # 13.

QUESTION #24.

Exhibit B3 – Vision Questionnaire, Question 18 states “What is the proposed claim office’s current turnaround time (in business days) for dental claims, from the receipt of properly completed claim forms to the mailing of the claim payment?” Will the City confirm this question is requesting vision claims turnaround time by the proposer’s claim office?

ANSWER #24.

See addendum # 14.

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QUESTION #25.

Will the City please specify the allocated amount requested from dental and vision carriers towards the cost of the City's online enrollment platform, as outlined in Minimum Qualification Requirement 4 of the RFP?

ANSWER #25.

See addendum # 9.

QUESTION #26.

Can Exhibit O – General Scope of Services be provided in a word version so that Vendors can respond to the Yes will comply, Yes will comply with Deviations and NO, will not comply columns. In the current PDF format it is making this difficult to respond to and when we convert to work it makes the grid an image which will not allow us to respond to each question and check the applicable box or provide deviations

ANSWER #26.

See addendum # 12.

QUESTION #27.

Will the \$40,000 requirement for the eligibility system be spread out over all carriers, or is the \$40,000 for each carrier. If it is spread over all carriers what is the amount each carrier is expected to contribute towards the \$40,000?

ANSWER #27.

See answer # 25.

QUESTION #28.

The RFP included the top utilized dental providers, but there was no request for a provider disruption. Will the City request a disruption report for each carrier network vs. the list of top utilized providers that was provided with the RFP?

ANSWER #28.

See addendum # 2 and addendum # 4.

QUESTION #29.

Will a geo access report for dental be required with the RFP? If so what parameters should be used?

ANSWER #29.

See Exhibit B2 – Dental Questionnaire.

QUESTION #30.

7. Firms Experience and Qualifications

Complete the appropriate Exhibits.

There are no specific Exhibits listed, can you please list which Exhibits you are referencing for this item?

ANSWER #30.

Experience and Qualifications data is requested within Exhibits B1, B2, B3 and B4, this questions relate to the proposer's experience and qualifications, references, number of experience in business, etc..

QUESTION #31.

What are the current rates? Renewal rates available?

- Are the rates the same for Active and Retirees?

ANSWER #31.

See answer #4.

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QUESTION #32.

There are 4 “tiers” or “types” of management employees, besides different levels of ER contributions, is everyone offered the same PPO/DMO benefit?

- Should they be classed out separately on the proposal or all under one?
- If they need to be classed out, a new census would need to be provided.

ANSWER #32.

See Exhibit L – Benefit Summary Tier Structure – All Benefit Plans. The benefits are the same for all eligible employees / management the difference is the level of employer contributions.

QUESTION #33.

Which PPO network(s) is Delta using?

ANSWER #33.

All PPO members have access to both the Delta Dental PPO and Delta Dental Premier Networks. All DHMO members have access to the DeltaCare USA network.

QUESTION #34.

Can you provide data/reporting on delta’s Effective Discount for both In and Out of Network providers for the PPO?

ANSWER #34.

Data is not available.

QUESTION #35.

Confirm current funding. Looks like group changed funding on 10-01-18. The experience clarify?

ANSWER #35.

Prior to 10/01/18 the City was in a medical minimum premium arrangement. As of 10/1/18 the City moved to a true fully insured medical program.

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QUESTION #36.

Current rates for actives and retirees

ANSWER #36.

See answer #4.

QUESTION #37.

Effective date of the current plan. Appears current plan was effective either 10-01-18 or 10-01-17.

ANSWER #37.

See RFP document, page 10, Background Information for the City of Hallandale Beach, and page Contract Terms for the effective dates of the plans. The City's current plan was effective as of October 1, 2018.

QUESTION # 38.

If current plan was effective 10-1-18, what was the prior plan design? Need to make plan changes to the experience.

ANSWER #38.

For the medical plan there have been no medical plan design changes from 2017 to 2018.

QUESTION #39.

Need experience reports to include pooled claims. Reports for the October 2016 thru September 2018 are net of pooled claims.

ANSWER #39.

Data is not available.

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QUESTION #40.

What level where claims pooled out of the experience reports?

ANSWER #40.

The information is an addition to the RFP Scope of Work. For policy year 2017-2018 the pooling level was \$175k; for policy year 2018-2019 the pooling level is \$100k

QUESTION #41.

Need experience from 10-1-2018 to most current available. Need a large claim report for the same period. As noted above, group appears to have changed funding on 10-1-2018 to possibly a straight fully insured product. The experience submitted for this period is runout.

ANSWER #41.

Data is not available.

QUESTION #42

Instead of an officer signing our proposal response is it acceptable to have it signed by someone with the authority to bind the proposal?

ANSWER #42.

As stated in the RFP document only an authorized officer of the Firm listed on Sunbiz is authorized to sign. If the company/Firm president or authorized signer does not sign, there must be a Secretary's Certificate Form provided to the City of Hallandale Beach, Florida indicating designee signing, has the authority to sign as such must be attested.

QUESTION #43.

References are requested in several places, is it acceptable to complete within the questionnaires instead of utilizing the Reference Form?

ANSWER #43.

No. See RFP document, page 33-37, Reference Check Form. You must use the Reference Check Form provided.

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QUESTION #44.

Confirm Exhibit E is for reference only, and not to be signed till contract award?

ANSWER #44.

No, the City does not confirm. Exhibit E1 - Exhibit E5 - is your proposal pricing for each line of coverage that you are proposing.

QUESTION #45.

Please provide current Cigna rates for all lines of coverage.

ANSWER #45.

See answer # 4.

QUESTION #46.

Please provide renewal for all lines of coverage.

ANSWER #46.

Data is not available.

QUESTION #47.

Please provide the a premium vs. claims report to include overall medical loss ratio for the past 24 months, through January 2019.

ANSWER #47.

See answer # 10.

QUESTION #48.

Please provide the monthly enrollment for the claims from Oct 2018 thru Jan 2019.

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ANSWER #48.

See answer # 10.

QUESTION #49.

Please provide medical monthly claims and enrollment through January 2019.

ANSWER #49.

See answer # 10.

QUESTION #50.

Have there been any plan changes in the last 2 years? If so, what benefits were changed and when did the changes occur?

ANSWER #50.

See answer #38.

QUESTION #51.

Page 15 of the RFP document states that the files on USB have to be in a searchable format. Do the files all need to be in PDF or can they be in excel/word as long as they are searchable?

ANSWER #51.

See RFP document, page 15, Instructions for Submittal of Responses. The documents can be in Word/ Excel or PDF format, as long as the documents are searchable.

QUESTION #52.

For the Gap plan, will it be fully funded by the City or will it be paid by the Employees? If it will be partially funded, what amount will be the employer be contributing?

ANSWER #52.

See RFP document, Scope of Work, page 5 states *“At the sole discretion of the City, the City reserves the right to contract for one or more plans independently or contract for multiple plans from the same vendor(s).”* Funding of the Gap plan will be determined after the proposal are received and at the City’s sole discretion.

QUESTION #53.

What is the OON reimbursement level for the Dental PPO plan?

ANSWER #53.

See Exhibit I– Dental Benefit Summaries – DPPO, within which states *“Reimbursement is based on the PPO contracted fees for PPO dentists, delta dental premier contracted fees for premier dentists and the program allowance for non-delta dental dentists.”*

QUESTION #54.

For question 69 in the Dental Questionnaire, please provide the ADA codes associated with the listed dental procedures.

ANSWER #54.

Regarding question 69, we are requesting that each proposer complete the ADA codes that your company has within each of the areas.

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QUESTION #55

Are we to quote only the current plan designs, or would the City be open to plan changes to be quoted as an alternate in addition to quoting the current plan designs?

ANSWER 55.

See RFP document, pages 4-8, Scope of Work and Exhibits C1, C2 and C3. Propose on the current plan designs.

QUESTION # 56.

Medical and Pharmacy

Please provide the members' premium for Oct'18 through Jan'2019 if possible.

ANSWER # 56.

See EXHIBIT G - 2016 YTD MEDICAL CLAIMS DATA, EXHIBIT G – 2016 YTD VISION CLAIMS EXPERIENCE, EXHIBIT G – 2017-2018 DENTAL CLAIMS DATA.

QUESTION # 57.

Medical and Pharmacy

Please confirm the medical claims are correct from November 2018 through January 2019 – the claims dropped a lot and we want to confirm there isn't an error.

ANSWER # 57.

Claims have improved in the most recent months.

QUESTION #58.

Medical and Pharmacy

Please provide large claims for February 2017 through January 2018 and February 2018 through January 2019.

ANSWER #58.

See EXHIBIT G - 2016 YTD MEDICAL CLAIMS DATA, EXHIBIT G – 2016 YTD VISION CLAIMS EXPERIENCE, EXHIBIT G – 2017-2018 DENTAL CLAIMS DATA.

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QUESTION #59.

Medical and Pharmacy

Are the current drug lists (formularies) open or closed?

ANSWER #59.

The information is an addition to the RFP Scope of Work. The current drug lists are open.

QUESTION #60.

Medical and Pharmacy

Please provide the claims report for the retirees, also, please confirm that these retirees are included in the experience.

ANSWER #60.

The retirees are included in the experience reports. Retiree data broken out is not available.

QUESTION #61.

Dental and Vision

Please provide the current dental and vision rates.

ANSWER #61.

See answer # 4.

QUESTION 62.

Exhibit O – General Scope of Services

Service requested # 3: Are we required to provide a full-time, onsite, dedicated account manager or is part-time acceptable?

ANSWER #62.

Currently, there is a member of the CIGNA team that is onsite on a monthly/as needed basis to assist members with claims issues, answer benefit questions, etc.

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QUESTION #63.

Exhibit O – General Scope of Services

Does the current carrier offer a dedicated account manager?

- If yes, is it telephonic, onsite or only onsite as needed?

ANSWER #63.

Yes, the account manager is available to the City via telephonic and onsite as needed. The account manager also works with other clients in addition to the City.

QUESTION #64.

Exhibit O – General Scope of Services

If we are unable to agree to the Performance Guarantees, will this remove us from consideration?

ANSWER #64.

See RFP document, pages 8-10 Minimum Qualification Requirements. No, the performance guarantees will be taken into consideration under the Evaluation Committee's evaluation process.

QUESTION #65.

Exhibit O – General Scope of Services

If we are unable to offer the \$40,000 technology fund – will this remove us from consideration?

- Is it \$40,000 per line of coverage quoted or \$40,000 per carrier (regardless of how many lines are quoted)? Meaning if carrier quotes Medical, Dental, Vision and EAP – is it a \$40,000 total or \$160,000 or \$40,000 per line?

ANSWER #65.

See addendum # 9. See RFP document, page 8, Minimum Qualification Requirements (MQRs), bullet points 1-5.

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QUESTION #66.

Exhibit O – General Scope of Services

Regarding benefit Admin platform, is the current is going away?

ANSWER #66.

Yes.

QUESTION #67.

Exhibit O – General Scope of Services

If we offer an online enrollment platform do we have to still quote \$40,000 for technology platform?

ANSWER #67.

See addendum # 9.

QUESTION #68.

Exhibit O – General Scope of Services

If we are unable to offer the \$65,000 annual wellness fund – but we can offer a comprehensive wellness program with biometrics – will this be acceptable or will this remove us from consideration?

ANSWER #68.

See addendum # 9. See RFP document, page 8, Minimum Qualification Requirements (MQRs), bullet points 1-5.

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QUESTION #69.

QUESTIONS PERTAINING TO VISION SECTION:

MQR #4 – Online Enrollment Platform.

- Is the online enrollment platform fee of \$40,000 a total fee cost for all lines of coverage or is it the cost per a carrier?
- If total, would the city consider partial contribution/implementation sales credit toward the cost?

ANSWER # 69.

See answer # 65.

QUESTION # 70.

Exhibit D – Provider Utilization. We are unable to locate any form or instructions pertaining to vision carriers for Exhibit D2, D4.1, D4.2; and D4.3. Please forward to as soon as it is available.

ANSWER # 70.

See addendum # 2, addendum # 4, and addendum # 5.

QUESTION # 71.

What are the current Medical, Dental, Vision, FSA and COBRA rates?

ANSWER #71.

See addendum # 11 for Medical, Dental, Vision, and COBRA rates.

The FSA rates are \$47.52 per year.

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PLEASE NOTE RECEIPT OF ADDENDUM #15 BY SIGNING BELOW AND INCLUDE WITH YOUR FIRM'S SUBMISSION.

I ACKNOWLEDGE RECEIPT OF ADDENDUM #15:

Company:	
Name:	
Title:	
Signature:	
Date:	

Sincerely,



Andrea Lues, Director, Procurement Department