

**RFP 19-10 Selected Employee Benefits  
Q&A**

1. Thank you for the opportunity to review the RFP – Number 19-10 Selected Employee Benefits. Can you please outline what commission level we should include by line of coverage being requested.

Answer:

Most of the plans (Dental, Vision, Disability, and Group Term Life) the level commissions to include are listed in the RFP.

-Dental DHMO, Vision, Disability, and Group Term Life are level 15%

-Dental PPO and Gap are at 10%

The Critical Illness, Cancer, Accident, Hospital Indemnity, we asked for your schedule for heaped commissions (Front loaded). You are welcome to include the level commission option for these plans as well.

2. Please provide guidance on the plan design to quote for the CI, Accident and HIP? Will we receive any current product information or certs for the Accident, CI and HIP?

Answer:

We are not able to provide current plans. We would like plans to be innovative and what you feel is the best offer you can give on Guarantee Issue limits, new features, value adds, competitive rates, GI every year, if possible. What makes your plan the best on market.

3. Regarding CI, do you want to see attained age rates or issue age?

Answer:

Provide rates that lock in at age attained coverage.

4. My firm is one of the largest long term care planning firms in the country and we specialize in employer LTC enrollments. I did not see Long Term Care listed as a cafeteria based plan in the RFP. We have a similar agreement with School District Council that offers a menu of benefits, including LTC to the various public school entities. Are you interested in seeing a response specific to employer based LTC?

Answer:

No, we are not seeking employer based LTC.

5. What is the current carrier we should assume for the sample plan?

Answer:

It is a sample company with "ABC Ins Co" represented as the fictional company.

6. What is the in network utilization for the last 12 months on the sample plan?

Answer:

74.35%

7. What is the in network discount for the last 12 months on the sample plan?

Answer:

They are MAC plans.

8. Can we get the plan of benefits for the sample DHMO plan?

Answer:

We are asking you to send in your best coverage and largest discounts for the plan; a very rich plan.

9. Can we get the sample census you want us to use for the DHMO quote?

Answer:

Use the same census, as if you were adding a 3rd plan for that client. PPO High, PPO Low, and new offering with the DHMO plan

10. Of the current 48 ISDs and 34 charter schools how many currently have Dental thru your plan?

Answer:

We have stated that there are currently 31 districts that have joined this Coop with 98,141 participants, out of those all but 4 have one of our dental vendors/ plans

11. What is the average Dental enrollment in the ISDs and charter schools that have Dental thru your plan?

Answer:

Averages 32% participation

12. On page 35, Item 19 refers to a PEPM fee to be paid by us for Dental. What is the dollar amount PEPM fee we are to pay?

Answer:

You would put that in your bid to help pay for the benefit website platform and administrative expenses. Base on participating, not eligible.

13. How long are initial rates on each ISD to be guaranteed?

Answer:

3 years

14. You indicate you want performance guarantees. Who would receive the payout?

Answer:

If suppliers are able to guarantee sales in Years 1 through 3, they will be responsible for any administration fee based on the greater of the actual Contract Sales and the Guaranteed Contract Sales. Suppliers are not required to guarantee sales. Reporting and payout will receive through same process as commission payment process.

15. How many current vendors for Dental do you currently offer?

Answer:

We have 5 current vendors.

16. We do not standardly include ID cards, rather we allow the members to print their own. Is this acceptable?

Answer:

Yes. For PPO plans that is fine, as long as we can post a generic ID card. But on the DHMO clients, as they have to choose a network doctor the ID cards need to be mailed to the employee's homes reflecting their chosen doctor.

17. We are not currently part of Omnia Partners. Do we need to review and sign all of the Sample documents in Appendix F, or would we only sign those if we are chosen and provided with actual documents?

Answer:

Respond with completed documents for Exhibits A, B, E and F, Exhibits C and D are informational. For the form 1295, who is the intermediary entity, if any?

Answer:

Region 4 ESC.

18. Thank you for the opportunity to bid on the above-mentioned group. We are excited to be working with you on this case, and have information we need to request to complete the RFP review process.

Please forward to me the following information:

- **A Voluntary Life census or billing** - showing who is participating with current amounts in force.
- **ER Contribution – ALL Lines** – Voluntary, ER Paid or ER Contributory? If Contributory, what % is ER paid?
- **A full dental certificate** - showing procedures placements, frequencies and ages.
- **Current Carrier & Plan Design – ALL Lines** – Please provide current carriers and in force plan designs.

- **Current & Renewal Rates – ALL Lines** – Please provide current and/or renewal rates.
- **Claims / Experience Info – ALL Lines** – Experience should be listed by month, and show premiums received, claims paid & lives covered (or premium & claims, or claims & lives). At least 24 months of experience is needed, 36 months of experience allows your underwriter to do the most accurate evaluation of the group's claims.
- **Disruption Reports – Dental & Vision** – I have attached a template that may help in what info is needed for both lines.

Answer:

See Appendix E for related information.

Regarding the provider data (**both dental and vision**), in order for us to run a disruption, we need the following in an excel document:

Provider Tax ID Number

Provider Name

Provider Address

Provider City

Provider Zip Code

Provider Network Indicator for Current Carrier

Claim Allowance

Submitted Charge

Paid Claim Amount

Allowable Charge

Dental/Vision Plan Indicator (if more than one plan is offered).

Procedures by ADA code if available

Answer:

Submit requests for word/excel versions (one contact per supplier) to Solicitations at [solicitations@omniapartners.com](mailto:solicitations@omniapartners.com). Please submit one contact person to receive documents. Please note, there are document in PDF format only.

19. We would like to thank you for the opportunity to bid on your employee benefits. In response to the bid, can you please confirm that the BSCL rate is \$0.062?

Answer:

Basic Life rate is 0.062 per \$1,000 and the Basic AD&D is \$0.020 = total for Basic Life and AD&D = \$0.082 per \$1,000

Also, could you please provide a Word version of the RFP document?

Answer:

Submit requests for word/excel versions (one contact per supplier) to Solicitations at [solicitations@omniapartners.com](mailto:solicitations@omniapartners.com). Please submit one contact person to receive documents. Please note, there are document in PDF format only.

20. Can a larger sample size of Life insurance data be provided? Can you please provide additional experience data prior to 2016?

Answer:

The information has been supplied see Appendix E, submit an offer based on the supplied information.

Can a detail claim listing be provided?

Answer:

See Appendix E. submit a proposal off the supplied information.

Is there plan/rate information that has changed during the experience period?

Answer:

No, the plan rates have stayed the same during the claim experience period.

21. The RFP provided a few sample life contracts – a flat \$15,000 basic life, a flex life with \$15,000 of basic life and a flat \$50,000 buy-up and a stand-alone lifestyle life plan with a \$500,000 max. Can you confirm what life plan design we should quote? Flex life \$15,000 basic with flat \$50,000 buy-up, or flat \$15,000 traditional life and lifestyle life with \$500,000 maximum, or something else?

Answer:

Respond with a flex life with a \$15,000 of basic life and a flat \$50,000 life buy up and a stand-alone lifestyle life plan with a \$500,000 max (if possible). If not, submit the Flat 15,000 Basic Life with a Voluntary life plan with the \$500,000 maximum.

22. Is the intention that separate policies will be issued to each entity/group or that one policy would be issued to Region 4 Education Service Center or OMNIA Partners (cooperative purchasing program)?

Answer:

As the entity/group join the Coop, they will be issued a separate policy based on their census and utilization. This is a sample entity/group, so we can utilize to compare against other carriers and use our scoring matrix to determine who will be approved vendors for that type of benefit. We are looking to have 3 – 5 approved vendor per type of Benefit (dental, vision, GTL, Disability, Cancer, etc.).

23. Please provide details relative to the total current vision enrollment under this program – number of groups, number of covered subscribers, number of covered member, by state.

Answer:

We have provided the information for the bid. Currently 31 districts and 98141 employees. All of those districts offer Vision plans, these are currently all in Texas but we will be reaching out marketing efforts in other states.

24. Please provide complete census information for the vision enrollment information under this program – by vision carrier, plan and group; with state and/or zip code and enrollment by rate tier.

Answer:

We have provided the information for the bid

25. Please provide complete experience information for the total vision enrollment under this program – by vision carrier, plan and group; with claims, premium and enrollment by month for the most recent 24 months that are available.

Answer:

We have provided the information needed for the sample district for the bid.

26. Please provide complete utilization information (counts by type of service) for the total vision enrollment under this program – by vision carrier, plan and group; for the most recent 24 months that are available.

Answer:

We have provided the information needed for the sample district for the bid.

27. Will each district within the region be required to offer the benefits provided by the selected vendor(s)?

Answer:

As the entity/group join the CoOp, they will be issued a separate policy based on their census and utilization. This is a sample entity/group, so we can utilize to compare against other carriers and use our scoring matrix to determine who will be approved vendors for that type of benefit. We are looking to have 3 – 5 approved vendor per type of Benefit (dental, vision, GTL, Disability, Cancer, etc.). In the 125 CoOp, the entity/group will get to decide to keep their existing IF we cannot offer a better/same plan with Better/same rates. Or go with a bid from one of our approved vendors.

a. Will the district choose which of the available benefits will be offered in a given year?  
Yes, most will be looking if they are out of rate guarantee and have a rate increase or if unhappy with service issue (limited network, claim problem, employee feedback) with a vendor

28. What enrollment technology is currently being utilized?

Answer:

Always trying to give options, our 125 Co-op clients, get to choose from BenefitSolver platform or FFEnroll platform (powered by Selerix)

a. What HR/payroll system is currently being used (if different than Enrollment Platform)?  
This is not part of the 125 Co-oP. We work with any payroll system and we take their payroll file format config to give them to import their payroll files for OE and ongoing.

29. Will the incumbent VB continue to be payroll deducted?

Answer:

In the 125 Coop, the entity/group will get to decide to keep their existing IF we cannot offer a better/same plan with Better/same rates. Or go with a bid from one of our approved vendors. Very seldom has this ever happened but sometimes in a rate guarantee that due to claim history we cannot beat and at renewal they will change over to new 125 Coop vendor

a. If not, will the current coverage be cancelled and moved to the awarded carrier?  
When new coverage with the 125 Coop is chosen, yes, we move current coverage to the same coverage with the new carrier's plan.

b. Is there an expectation each carrier will provide no loss/no gain for the replaced coverage?  
Yes, to get the business they will need to do so.

30. What is the current participation per line for the following products?

- a. Accident
- b. Dental
- c. Group Term Life
- d. Cancer
- e. Critical Illness
- f. Hospital Indemnity
- g. Medical Gap

Answer:

We have provided the information that is needed for the bid proposal.