



**ROANOKE CITY
PUBLIC SCHOOLS**

Strong Students. Strong Schools. Strong City.

Purchasing Department
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May 24, 2023

RFP 3122
DENTAL, MEDICAL, PRESCRIPTION, AND VISION COVERAGE
Addendum #1
Questions and Answers

- Q1: 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.
- A1: *Yes, a non-officer individual with authority to bind a contract may sign.***
- Q2: Please confirm if we may we use electronic signatures, which are considered binding, or if original wet signatures are required
- A2: *Both wet and electronic signatures are acceptable.***
- Q3: In reviewing the Request for Proposal in the Word version and the Dental and Vision Excel RFP Templates for Roanoke, we notice that in the word version, page 6, the RFP is requesting Hard Copy binders and in the excel documents, under the "Introduction" tab, Line 7, email submission is requested. Can you please confirm which way the proposal should be submitted?
- A3: *All RFP responses, including supporting schedules, must be submitted via mail to RCPS in binder or flash drive format. Any supporting schedules in Excel or Word format may be included on the submitted flash drive and do not have to be included in the printed binders. Email submission of proposals and supporting schedules will not be accepted by RCPS.***
- Q4: If binders are required, please confirm that in order to minimize printing, we can provide large attachments and requested samples and brochures on USB.
- A4: *See A3 above.***

Q5: Please confirm if we are able to add additional rows in the Excel workbook/RFP templates. We will do our best to keep our responses as brief as possible.

A5: Yes, you may add additional rows.

Q6: Please provide more information regarding the diabetes health plan currently in place. How is it being managed/tracked now? Is it carved out to a third-party vendor with the current carrier?

A6: Currently there is separate structure for the Diabetes Plans and members self-enroll and are moved into the appropriate subgroup. The diabetic services and medications are provided at no cost. It is all voluntary and there are no requirements to stay on the plan. The medical plan documents with "DHP" in the title are for the Diabetic Health Plan.

Q7: Dental - Delta Dental Out of Network Reimbursement is typically a proprietary calculation that is not industry standard. What Out of Network Reimbursement would you like all vendors to provide? (Common answers include In Network Fee, 50th%, 80th%, 90th%).

A7: Please provide In Network Fee and 90th% options.

Q8: Please confirm current and requested commissions for dental and vision.

A8: All plans are net of commissions.

Q9: On the dental census, please confirm that Dental EE + Child is equivalent to EE + 1 dependent.

A9: Yes, that is correct.

Q10: How much is the school division contributing to the dental employee/dependent premium?

A10: See % breakout below. The low plan is listed first, and the high plan is 2nd.

2023 % Contribution	
EE	ER
0%	100%
30%	70%
50%	50%
8%	92%
35%	65%
55%	45%
65%	35%
40%	60%

Q11: Please confirm vision enrollment is tied to medical and will continue to be tied to medical. If not, please confirm how much the employer is contributing to the vision employee/dependent premium.

A11: *The Base plan is tied to medical enrollment and is 100% paid by RCPS. The buy-up Vision plan is available to everyone and is Voluntary.*

Q12: Would the school division accept integrating the vision exam into the medical plan, rather than it being a separate plan that is provided when enrolled in the medical?

A12: *RCPS would prefer to match the current set-up.*

Q13: Please confirm the “basic vision claims experience report” includes combined experience for both the base and buy up plans. If possible, can monthly claims/lives experience be provided by plan?

A13: *There are two sets of reports – Basic Vision and Buy-up. Experience has been provided for the two plans separately.*

Q14: Have there been any dental/vision plan changes in the last 3 years? If so, please explain.

A14: *There have been no changes.*

Q15: Please provide the current medical admin fees.

A15: *We would prefer not to provide current admin fees. You should be able to use the Medical Claims Experience Reporting attachments to estimate admin fees.*

Q16: Regarding medical, please outline any allowances that are provided by the current vendors.

A16: *\$50,000 wellness fund and \$25,000 communications fund.*

Q17: For Stop Loss, please confirm the type of coverage requested, ISL amount, contract basis, if ASL then what %.

A17: *We are not evaluating stop loss at this time. It is currently carved out to VOYA. Please include carve-out fees in your response.*

Q18: For Stop Loss, if ASL is being requested, please provide the medical large claimant report run on a rolling 12-month basis (i.e., March 2022 through February 2023).

A18: *We are not evaluating stop loss at this time.*

Q19: For Stop Loss, please provide the following Pharmacy large claim report with a \$25,000 threshold. The report should be on a rolling 12-month basis (i.e., March 2022 through February 2023).

A19: *We are not evaluating stop loss at this time.*

Q20: Though not noted for the other forms, the Minority & Women-Owned Business Enterprise Certification indicates that an ink signature, seal, and attest seal are needed. Is an e-signature on this (and all other) form(s) acceptable and can the seal requirements be

waived?

A20: *E-signature is acceptable. Seal requirement is waived on the Minority & Women-Owned Business Enterprise Certification.*

Q21: Is a possible extension possible due to the Memorial Day holiday and delay in mailing times?

A21: *Yes, we have extended the due date to June 9th. A new mailing label has been added to Addendum #2.*

Q22: Please confirm the required documents for this submission.

Q22: *Below is a list of required documents for submission:*

Medical RFP Template Workbook

Provider Disruption Template

Medical Claims Repricing Analysis

Medical RFP Financial Table

PBM RFP Questionnaire Template

Formulary Disruption Report

Dental RFP Template (there is a tab for rates in the workbook)

Network Provider Disruption Report

Vision RFP Template (there is a tab for rates in the workbook)

Vision Provider Disruption Report

Please also include full benefit summaries of proposed plans for each line of coverage.

Q23: The RFP does not specify any particular order or structure on how RCPS would like the proposal documents/binders to be laid out. Do you have a preference for organization?

A23: *Please follow the order of the RFP templates and just separate by line of coverage proposed. Any supporting items can be included after the RFP template for that line of coverage.*

Q24: The attached PBM questionnaire is in PDF. Can a Word version be provided so we can add our responses?

A24: *Below is a link to the secure site where the PBM Questionnaire in word is available.*

https://sendit.alliant.com/download/default.aspx?ID=vLpSrxijJUGjazTuH2FDW1qipU_X5OxKrKJ1o8nvV1U.

Q25: For the dental, can the claims experience be provided by plan?

A25: *Below is a link to the secure site where the dental reporting files can be downloaded.*

https://sendit.alliant.com/download/default.aspx?ID=ByAWmVhTDkWodohcyoTnZUutPNe_ygxBnTeXKF7gVGI.

Q26: For the dental, can the network utilization report be provided?

A26: Below is a link to the secure site where the dental network utilization files can be downloaded.

https://sendit.alliant.com/download/default.aspx?ID=LR4Ow9ZBIUCv5xP-p8qRJJwOo3Xd3CBFkaOZWsfW_R0.

Q27: Please confirm commission requested (dental, vision, medical).

A27: All plans are net of commission.

Q28: Please confirm that stop loss is not being requested at this time.

A28: Stop Loss is not being requested at this time.

Q29: Please confirm if the group contributes to the HSA accounts.

A29: HSA contribution amounts are listed below. They are monthly amounts over 10 months. RCPS does offer an additional contribution for an EE and Spouse and an EE and Spouse/Family where both are employees of RCPS.

Employee Only	(\$116.00)
Employee + 1 Child	(\$124.00)
Employee + Spouse	(\$118.00)
Employee + Family	(\$132.00)
2 Employees + Married	(\$250.00)
2 Employees + Family	(\$250.00)

Q30: For the dental plans that are currently insured by Delta Dental, how should we quote the OON reimbursement? The RFP documents reference R&C but we want to confirm as Delta has a 3-tiered network (PPO/Premier/OON). We usually quote 80th% will this be good?

A30: Please provide In Network Fee and 90th% options.

Q31: On the disruption report, please confirm that the paid amount column are the paid claims. Can submitted charges be provided?

A31: Yes, on the disruption report the paid amount column are the paid claims. We will request the submitted charges details from the current carrier. If they are available, they will be provided. Report has been requested and will be provided by Delta Dental as soon as possible.

Q32: Is the expectation to have your current FSA Administrator handle runout?

A32: RCPS currently utilizes WageWorks and is not being marketed at this time.

Q33: Does Roanoke City Public Schools allow rollover? If so, amount available to rollover?

A33: The FSA plan for RCPS is not being marketed at this time.

Q34: Would we expect to receive separate files for each school or combined file for entire school district?

A34: *The FSA plan for RCPS is not being marketed at this time.*

Q35: Who does Roanoke City Public Schools use as their BenAdmin, HRIS and Payroll vendors?

A35: *The FSA plan for RCPS is not being marketed at this time.*

Q36: What is the monthly FSA fee currently being charged today?

A36: *The FSA plan for Roanoke City Public Schools is not being marketed at this time.*

Q37: How long has Roanoke City Public Schools had the HDHP/HSA?

A37: *Roanoke City Public Schools has had the HDHP/HS since 2016.*

Q38: Can you please provide the total number of HSA Enrolled accounts?

A38: *Roanoke City Public Schools has a total of 801 HSA accounts with their current vendor.*

Q39: Can you please provide the total number of HSA Enrolled Employees Making Contributions?

A39: *Roanoke City Public Schools has a total of 130 employees making contributions.*

Q40: What is the frequency of the Employer Contributions? Monthly, quarterly or annually?

A40: *Roanoke City Public Schools provides the employer HSA contribution monthly – based on 10 months.*

Q41: Can you please provide the total amount of HSA assets?

A41: *Roanoke City Public Schools has a total of \$2,466,368 in HSA assets with their current vendor.*

Q42: What is the percentage of HSA participants with a Balance of less than \$1,000?

A42: *Roanoke City Public Schools has a total of 44% of participants with a balance of less than \$1,000 in their HSA.*

Q43: What is the monthly HSA fee currently being charged today?

A43: *The HSA plan for Roanoke City Public Schools is not being marketed at this time.*

Q44: Can you please provide the total number of HSA Participants Investing Assets?

A44: *Roanoke City Public Schools has a total of 36 HSA participants investing assets at this time.*

Q45: Can you please provide the total Invested Assets?

A45: *Roanoke City Public Schools has a total of \$285,315 in invested assets at this time.*

Q46: Will you please provide the PBM RFP Questionnaire Template in Excel?

A46: *Providers should contact Carrie Cohn (Carrie.Cohn@alliant.com) and/or Jessica Loving*

(Jessica.Loving@alliant.com) at Alliant Employee Benefits for the requested document.

Q47: For paper copies, we plan to include large documents such as the formulary disruption on USB instead of hard copy. Please confirm this is acceptable.

A47: Yes, this is acceptable and preferable.

Q48: What is the expected award date for this RFP?

A48: To be awarded by August 15th.

Q49: Please confirm that the current pharmacy formulary is an open formulary and that an open formulary should be quoted.

A49: Yes, open.

Q50: If possible, could you please provide the ASO rates.

A50: We are not providing current admin fees.

Q51: If possible, could you please provide the premium equivalents.

A51: Below is a link to the secure site where the premium equivalents can be downloaded.

https://sendit.alliant.com/download/default.aspx?ID=Sz-4Gv_KeEGJDjPlwg85JuWjUUGOC5OrmlYDu2SMQ.

Q52: Please confirm if an EAP quote could be included as part of this proposal.

A52: EAP does not need to be included at this time.

Q53: We do not see a Provider Disruption Template that is noted in 2.2 Part II. Can you provide the template?

A53: Please utilize the current carrier's provider disruption report and add your vendor specific information to the report. Below is a link to the medical provider disruption report.

https://sendit.alliant.com/download/default.aspx?ID=s_1-6thhyUKTm-S1_wSZHyUXI9mhsVBKtDkVRTobZsM.

Q54: Can you please confirm that you'd like us to match their current UHC vision base/buy up plan designs?

A54: Please match as closely as possible and note any deviations that you cannot match.

Q55: Can you please confirm the contribution for the base and buy-up plans(NV, VOL, Shared Contributions)?

A55: The base plan is paid by RCPS (tier corresponds to medical plan tier of enrollment) and the Buy-up premiums are paid by EE's.

Q56: I noticed the rates were the same for all 4 tiers on the base plan, can you confirm that this is accurate?

A56: Yes, that base plan is an exam only and the rate is the same for all tiers.

Q57: On page 15 in section M of the RFP there is reference to Roanoke City Public Schools Standard Contract form. Can a copy of this be provided for our legal team?

A57: *Roanoke City Public Schools does not have a specific contract form to provide for this RFP. Past practice for this type of solicitation has been for Roanoke City Public Schools to use the vendor's document, with modifications by Roanoke City Public Schools.*