ADDENDUM NO. 3

REQUEST FOR PROPOSALS (RFP) 041-PP10 FOR
GROUP TERM LIFE INSURANCE & FLEXIBLE BENEFITS PROGRAM
FOR
THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA
July 7, 2014

PURPOSE OF ADDENDUM

This Addendum has been prepared to provide additional proposal information.

ACKNOWLEDGMENT OF ADDENDUM TO RFP

As required in the RFP, proposers are reminded that they should either acknowledge receipt of this addendum on their proposal, or attach this addendum to their proposal. In order to acknowledge receipt of this addendum on their proposal, proposers should properly complete Proposal Forms.

ADDITIONAL DOCUMENTATION

- Retiree Flexible Benefit Census (Retiree Flexible Benefit Census.xlsx)
- Updated MetLife experience (Updated MetLife Experience 070314.xlsx)
- Voluntary Life census (Voluntary Life Census.xlsx)
- Business Associate Agreement (Business Associate Agreement.doc)

STATUS OF ADDENDUM

To date, this is the third (3rd) addendum that has been issued for Request for Proposals 041-PP10, Group Term Life Insurance & Flexible Benefits Program.

ADDITIONAL INFORMATION REQUESTED

The following is provided in response to proposers' specific requests for additional information:

Life Insurance

1. Q: There are two Supplemental life plans (labeled as Optional and Voluntary). It appears they have the same eligibility, but only the Voluntary is mentioned in the benefits booklet. Is the Optional plan an old plan that only applies to a small group of employees? What is the difference in the eligibility for these two plans? Is the optional plan still open to new participants?

   A: The optional plan is available to full time employees and allows employees to purchase up to 5 X annual earnings of life insurance. This includes the 1 X AE and 2 X AE of basic life insurance that is paid for by M-DCPS based on employee class.

2. Q: Same question as #1 for the Voluntary and Optional AD&D

   A: Both the Voluntary and Optional AD&D have the same eligibility and it is still open to new participants.

3. Q: Is the Voluntary AD&D for Retirees a closed group?

   A: No.

4. Q: Please provide open Waiver of Premium claims that include date of disability, gender, dob, certificate amount.

   A: There are no WOP claims.

5. Q: What is the difference between Basic Life Insurance employee paid 1-5x salary and the Optional Life Increments of $10,000 to $100,000 maximum
   A: The Voluntary Life increments of $10,000 to $100,000 is an entirely separate plan from question # 1 above.

6. Q: Do the step rates apply to both the Basic EE paid and the Voluntary Life?

   A: Please refer to the Metlife excel data document in the Life and AD&D zip file.

7. Q: Is the experience for the Basic EE paid plan reflected in the Basic Life premium/claim exhibit or the Optional Life Premium/claim exhibit?

   A: Basic Life.

8. Q: Please confirm that the Optional Retiree life rate is a flat $0.30/1000 or is it step rated like the employee Optional life? Please provide the rates.

   A: Please refer to the Metlife excel life data document in the Life and AD&D zip file.

9. Q: Retirees appear to be missing from the census (basic and supplemental life). Please provide this information.

   A: A retiree all coverage census has been provided with this addendum.

10. Q: The supplemental life participants on the census only show amounts for 1,975 lives and 2,172 for the optional participants (separate census), but the experience shows 20,007 lives (not including retirees). Please provide a census with the full amount of participants noted with their benefit amounts

    A: When formulating your offer base it on the total life experience.

11. Q: Please confirm that the Optional and Voluntary plans have the same rates and the "Optional Life" shown in the experience is inclusive of both plans experience.
    A: Please refer to the Metlife excel life data document in the Life and AD&D zip file.

12. Q: What was the change in 2011 that increased the participation in the Optional Life from 9138 lives to 17,268…approx. 89% increase.

    A: Updated experience and an optional life census have been included in this addendum which should provide more detailed information. Any increase in participation should be attributed to the District's continued education campaign increasing employee awareness.

13. Q: If the bidder is awarded multiple products, e.g. Life, AD&D and Disability, will one on-site representative for all products underwritten by the vendor be sufficient or is the expectation that each product will have its own dedicated on-site representative?

A: The District is expecting one on-site representative for Life and AD&D and another on-site representative for the Disability Component. However, depending upon the final recommendations for the award, the District reserves the right to negotiate the number of representatives per product and/or contract.

14. Q: Please confirm the original effective date with Met Life on the Life/AD&D coverage.

A: 1960.

15. Q: Please provide a current listing of open waiver of premium claims including date of birth, date of disability, coverage amount split between base, optional, and voluntary life.

A: There are no WOP claims.

15. Q: The experience provided with the RFP does not appear to include the Voluntary Life coverage. Please supply a complete experience report for the voluntary life coverage.

A: The Voluntary Life census is included in this addendum.

16. Q: The experience on the "Optional Life" shows the 2009 plan year with only $242,475,283 in average volume and $764,925 in annual premium compared with 2010 reported volume of $1,609,135,064 and premium of $3,195,765. Please explain this discrepancy.

A: We have requested this clarification from MetLife. See updated experience attachment.

17. Q: The reported volume on the experience reports for "Optional Life" of $2,500,175,134 does not agree with the reported volume in the RFP document of $172,473,000 or the provided census of $103,394,778. Please explain this discrepancy.

A: We have requested this clarification from MetLife. See updated experience attachment.

18. Q: The census file "Flexible Benefit Census.xlsx" showing supplemental (optional) life elections of either 1x earnings or 2x earning yet the plan design has up to 4x earnings options. Please explain why this census file is limited to 2x earnings.

A: This file only includes that Board paid basic life provided in either 1x or 2x. Optional life data can be found in the Optional Life Insurance AON file.

19. Q: There is a separate census file labeled "Optional Life Insurance AON file.xlsx". Is this the actual census for the supplemental (optional) life coverage rather than the elections under the Flexible Benefit census file?

A: Yes.

20. Q: We appear to be missing a census for the Voluntary Life coverage. Please provide this census data.

A: The voluntary life census is included with this addendum.

21. Q. M-DCPS has indicated they are looking for Blanket coverage for their 179 police officers only. Is this inforce currently or virgin coverage? (If inforce can we get details…booklets, experience etc.)

A. This is inforce coverage. Refer to the RFP documents for plan description.

22. Q: Can we get Voluntary AD&D elections?

A: Refer to census included in RFP documents.

23. Q: The Voluntary Inforce AD&D (Active) rates appear very high…are these the true accurate rates?

A: Voluntary AD&D are $.013 (EE) and $.026 (FAM) / $1,000.

24. Q: In the RFP document, the request for on-site representatives states that there should be one on-site representative for Life(Basic)/AD&D, one for Life (Voluntary), and one for AD&D (Voluntary). The All RFP Proposer Specification section of the questionnaire indicates that the proposed vendor should provide one on-site representative for every 6,000 benefit eligible participants and then one each for Life (Voluntary), and AD&D (Voluntary), respectively. Please confirm the number of on-site representatives that are being requested for all basic and voluntary Life and AD&D coverages.

A: One onsite representative for Life and AD&D Coverage.

25. Q: Please confirm the number of on-site representatives for all basic and voluntary Life and AD&D coverages that are in place with the current carrier today.

A: One.

26. Q: Is the school board open to different staffing suggestions as it pertains to the on-site representatives?

A: As long as the minimum requirement is met.

27. Q: Please confirm the number of on-site representatives with the current carriers for the following additional coverages: Hospital Indemnity, Short Term/Long Term Disability.

A: There is no current on-site representative for the Hospital Indemnity program. There is one on-site representative for the Short Term/Long Term Disability program.

28. Q: Pertaining to all coverages, are these on-site representatives currently employed by the carrier?

A: Yes.

29. Q: The Life questionnaire document describes the role of the on-site representatives as being available to provide claims data inquiry, customer service, verification of employee coverage, etc. It further

states that this representative will adhere to regular business days/hours pursuant to the M-DCPS business schedule and that this representative will also assist in the annual open enrollment process and other duties as assigned by M-DCPS. Please describe in detail the nature and scope of other duties that may be assigned by M-DCPS to these on-site representatives. Specifically, please comment as to whether or not a given onsite representative would be assigned duties unrelated to that person's specific product?

A: The on-site representatives are expected to support the Office of Risk and Benefits Management with year round benefits activities and functions.

30. Q: Please describe the management and performance management expectations as it pertains to these on-site representatives. (specifically in the areas of feedback, performance reviews, potential performance management and possible disciplinary action and/or termination of employment for cause).

A: While all on-site representatives take day to day direction from District staff, their employer's HR guidelines would determine employment practices. However, MDCPS can request removal of any on-site representative with or without cause.

31. Q: Please describe the compensation range for current on-site representatives. Please describe the expected compensation range for future on-site representatives.

A: Unlike M-DCPS employees, on-site representatives are not public employees therefore their salaries are not public information. It is up to the proposer to determine competitive salaries/compensation.

32. Q: Life Insurance Census: - Is there a Key for the "Plan" columns / Unions? in the census (ex: 3100)

A: The column next to the "Plan" column has the description of the plan number, i.e., 3100 = Optional Life.

33. Q: Census: Flexible Benefit Census All Cvg" Who is the Group "Supp Life" with code "3100"? Benefit is 1X or 2X, Lives: 1,975 and volume $139,885,838? Volume does not seem to line up with the up with any other groups or benefit amounts listed in the Booklet certificates and Met Life Lives and Volumes.

A: The census file is active employees. Updated experience and a separate optional life census has been included in this Addendum.

34. Q: Census: Optional Life Insurance AON census File: Shows Tabs for benefits 1-4X, which would be consistent with the lives/volume for Basic Life (EE Paid) age banded up to 5X Benefit. Confirm no employees have 5X currently. Please confirm that no employee have 5x salary.

A: Rely on the census data provided within the RFP documents.

35. Q: Voluntary Life (increments $10K - $100K). Where do we find these employees on the census? There are 12,866 of them per RFP.

A: A voluntary life census is included in this Addendum.

36. Q: Part-Time employees: Are they identified on the census? Are they eligible for all coverage? It appears the part time benefit is $5,000 for United teaches and $10,000 for AFSCME.

A: There are no part time employees on the census.

37. Q: Retiree Life: where do we find them on the census? It appears that Retirees have Basic ($2K, $5K, $10K) & Optional Life (same as active plan $10K-$100K and another plan that is $7,500 to $30K).Are classes 3, 4, and 5 identified on the census?

A: A retiree census has been posted with the addendum.

38. Q: Disabled employees. Can they be identified on the census?

A: No, this information has been requested and an addendum will be posted when the information is received.

39. Q: Life Data-AD&D has a rider for Police officers. Please confirm Basic & Optional Life does not apply to this group.

A: Basic and Optional Life does apply to Officers. The AD&D rider is specifically for statutorily required coverage, F.S. 112.19.

40. Q: Confirm there have been no rate changes on the Optional Life or plan changes for all life and AD&D since 1-1-09.

A: Rates were changed effective 1/1/2010 pursuant to Agenda Item E-68 from the September 9, 2009 Board Meeting.

41. Q: Can we get a census with Voluntary AD&D elections broken out by employee only and Employee and Family?

A: The census posted should be utilized for your bid offer.

42. Q: Please describe the populations that apply to: 1) Dependent D&D 2) Optional D&D 3) Voluntary D&D.

A: Please refer to the Employee Benefit Guides provided with the RFP.

43. Q: Do employee pay for ID Watchdog?

A: Yes.

44. Q: Is ID Theft Solutions under the AXA Travel Assistance plan (Met Life) in addition to ID Watchdog?

A: The only identity theft product offered by the District is through ID Watchdog

45. Q: Are premiums deducted from the Retiree's Pension payments?

A: Retirees have the option to remit premium to the TPA or have their premiums deducted from their Florida Retirement System pension.

46. Q: Are Law enforcement employees eligible for Basic and Voluntary AD&D in addition to the Line of Duty coverage.

A: Yes.

47. Q: What is the rate for the Line of Duty coverage?

A: $.009/1,000.00 as stated in Agenda Item E-68 from the September 9, 2009 Board Meeting.

48. Q: Census-Please provide a census file for the voluntary life plan of $10K increments to $100K that includes date of birth, gender and coverage amount.

A: This census is included in the addendum.

49. Q: Please provide a retiree census including date of birth, gender and coverage amounts for basic life, supplemental life, and basic AD&D.

A: Retirees are not eligible for basic life, supplemental life and basic AD&D.

50. Q: Please provide a Voluntary AD&D census including date of birth, gender, coverage status (Employee only, Family), and coverage amounts.

A: The information is on the employee census.

51. Q: Plan Design-Please provide a copy of the Met policy for the retiree life/AD coverages (basic and optional life).

A: All coverage COC's were provided in the bid files.

52. Q: Please provide further clarification on the Optional Life (1,964 employees with $172.5M of volume) plan. Confirm that this is the additional salary multiple plan that employees can use flex funding for to elect?

A: The only employees currently receiving flex funding are AFSCME employees.

53. Q: Then is it correct that if the employee wants additional coverage, they elect the Voluntary Life plan of $10,000 increments to $100,000?

A: yes.

54. Q: Please clarify how the Optional AD&D lives and volume noted on p6 of the RFP are 8,000 employees with $2.1B in volume if it's a matching benefit to the Optional Life with 1,964

employees and $172M of volume. Can the employee elect optional AD&D separate from the optional life? Or, is the Optional AD&D for the matching optional AD&D and Voluntary AD&D combined?

A: It is combined.

55. Q: Do either the basic or supplemental plans have waiver? If so, what are the parameters of the waiver of premium benefit? (i.e. disabled prior to age 60, 9 month elimination period, terminates the earlier of retirement or age 65).

A: Waiver of premium is included. Refer to the Metlife COC's.

56. Q: Are the retirees an open or a closed group?

A: Open

57. Q: When does the retiree coverage terminate. Does the coverage reduce?

A: All benefits are subject to reduction after age 64 as follows: At age 65 reduces to 65 percent of the original face value of coverage amount in force; at age 70 reduces to 45 percent of the original face value of coverage amount in force; at age 75 reduces to 30 percent of the original face value of coverage amount in force; at age 80 reduces to 20 percent of the original face value of coverage amount in force.

58. Q: Have there been any significant life/AD&D plan changes within the past 5 years (i.e. change in benefit schedules, acquisitions, mergers)?

A: No.

59. Q: Experience and Rates -Please provide a copy of the most recent (self) billing statement.

A: All information has been provided that is available.

60. Q: Did the rates change for any coverage's from 2013 to 2014? If so, please provide the current rates for each coverage.

A: The rates changed for the Dental Indemnity and DHMO plans.

61. Q: Please explain the dependent child life rates. The proposed rate exhibit requests one rate for $5,000 and $10,000 respectively. However, the current rates are in an age-banded table and begin with $.198 (assume per $1,000) for age <35 and then drops down the older the employee's age. Are you requesting that we move to a more standardized approach for child life coverage where it is one rate regardless of age of employee?

A: The child life rates are NOT age banded. The child coverage is either a 5,000 or 10,000 policy. It does not include AD&D and the coverage elected cannot be higher than 50% of the employee's selected life insurance coverage.

62. Q: On the experience provided from 2009-2013, please confirm the rates for the active Voluntary AD&D are $.013 (EE) and $.026 (FAM) / $1,000 (not $.13 and $.26 respectively).

A: Confirmed.

63. Q: The RFP (p. 6) shows 12,866 have enrolled but there is no volume noted. On the experience provided, there is an Optional Life section showing $2,500,175,134 in 2013 volume with an annual premium of $3.6M. Is this experience tied to the Voluntary Life ($10K incremental plan) with 12,866 enrolled elections? Or does it also capture the Optional Life (salary multiple) plan with 1,964 lives and $172,473,000 in volume as noted on p.6 of the RFP?

A: The experience is the optional life. We have requested voluntary life experience and census.

64. Q: On the Optional Life experience provided, the 2009 year shows a significantly lower volume and premium totals (242,475,283 in volume and $764,925 in premium) than all subsequent years to 2013. Is 2009 not a full year (maybe this program started mid to late year) or was there an enrollment change effective 2010? Please explain.

A: The numbers in 2009 only represent the optional life coverage. In 2010, Metlife was awarded both the optional life and the voluntary life.

65. Q: Please confirm that the current rates per $1,000 for the Optional Life ($10K incremental plan) is $.064 / month for Full-time and $.30 / month for Part-time and Retirees. If this is incorrect, please provide the accurate current rates.

A: All rates are provided within the benefit guide posted with the RFP.

66. Q: Please provide Life booklet certificates that include the noted coverage for Dependent Life, Retiree Life; and Basic Life for part time employees of United Teachers of Dade and AFSCME; as the booklet certificates provided do not include these coverages.

A: All COC's have been posted with the RFP.

67. Q: Please confirm that the fully insured coverages are subject to premium tax.

A: Confirmed

68. Q: Please provide the following Life insurance census information: Please confirm why 1,763 employees have "N/A" for Basic Life coverage.

A: These are part time food service.

69. Q: Please confirm that the AD&D coverage column is for Optional AD&D, not Basic AD&D or Voluntary AD&D.

A: Confirmed

70. Q: Please confirm how the Optional AD&D program is being administered. According to the Met Life contract, Optional AD&D amounts match the selected Optional Life amounts. As a result, we would expect the Optional AD&D lives to match the Optional Life lives. However, the census shows that there are 1,975 lives in the Optional Life coverage and 8,353 lives in the Optional AD&D coverage.

    A: Refer to the experience to evaluate rates and experience.

71. Q: Please provide an updated census that includes Retirees with all of their pertinent coverage amounts; Optional AD&D amounts for each employee; Voluntary Life coverage and amounts for each employee; and Voluntary AD&D coverage and amounts for each employee.

    A: This has been provided with this addendum.

72. Q: Please provide the following additional Life insurance experience information: Please confirm that the Voluntary AD&D rates should be $0.013 for Employee and $0.026 for Family. The experience exhibit shows them to be $0.13 and $0.26, respectively.

    A: Confirmed

73. Q: Please confirm that experience for Optional Life and Voluntary Life are combined in the experience exhibit provided. If not, please provide Voluntary Life experience information.

    A: This information has been requested.

74. Q: Please provide Premium Waiver claim lists for Basic Life, Optional Life, and Voluntary Life.

    A: There are no WOP claimants.

75. Q: Please confirm that Child coverage is really step rated, and if so, that Child step rates are based on employee age.

    A: The child life rates are NOT age banded. The child coverage is either a 5,000 or 10,000 policy. It does not include AD&D and the coverage elected cannot be higher than 50% of the employee's selected life insurance coverage

76. Q: Please confirm that the rates shown in the Flex Benefits Rate page are per deduction rates.

    A: confirmed per the deduction period specified.

77. Q: Please provide updated experience information that is as of 5/31/2014.

    A: Not available.

78. Basic Life On-site representatives – The All RFP Proposer Tab included in the Flexible Benefits Questionnaire should have stated that 1 on-site representative was required and not 1 for every 6,000 eligible participants. Only one (1) on-site representative is required.

Disability

1. Q: Please confirm that the term "Annual OPEN Enrollment" in the RFP is a misstatement – Booklet references an Annual Enrollment.

   A: It is to be determined for 1-1-15.

2. Q: For both STD & LTD, what is the Leave of Absence and Lay-off period "allowable in accordance with the applicable Collective Bargaining Agreements for Union EE's or the School Board Administrative Policy for Non-Union EE's"?

   A: Please refer to the Hartford COC's.

3. Q: Confirm Billing Method on the STD with the ER funded base – appears that they pay the Core rate on ALL EE's – please confirm.

   A: Confirmed.

4. Q: LTD rate changes on 1/2011 and 4/1/2012 – are these a result of a plan change or experience?

   A: Due to anniversary dates and contract renewal.

5. Q: LTD Open Claims – please provide Gender and Offset Amount and Type. Gross Benefit would be helpful. (NOTE the Closed Claim info. does have Gender).

   A: Open claims listing has been provided.

6. Q: Is there any significance to the Experience Groups noted on the Claims Exhibits (15-EE PAID LTD, 16-EE Paid PTEE LTD, 18-STD/LTD FOR CLAIMS INTAKE, 3-EE PAID FTEE LTD, etc.)?

   A: EE paid signifies Employee paid.

7. Q: Life years exposure on LTD would be helpful.

   A: Experience to evaluate coverage is provided in the RFP documents.

8. Q: Currently inforce with PEPM rates with the exception of LTD Level 4 coverage – Bid Sheets ask for Covered Benefit and Rate Per $100 for STD and Volume and Rate Per $1,000 for LTD, is this a typo?

   A: STD rating should be per $10 benefit amount and LTD per $100 of monthly covered payroll.

9. Q: For open LTD claims we were provided net monthly benefit for each claimant. Please also provide either the gross monthly benefit amount and offset type or the monthly offset amount (and offset type) for each claimant.

A: This information was requested.

10. Q: For closed LTD claims, please provide total paid claims for each claimant.

    A: Experience to evaluate coverage is provided in the RFP documents.

11. Q: Please confirm if there have been any STD or LTD plan changes since 1/1/2010 and if so, please confirm what the change was and the date that it became effective.

    A: No plan changes.

12. Q: Flexible Benefit Questionnaire- LTD Open Claims Report illustrates the net benefit we would like to see the Gross Benefit & Off Sets and if possible the ICD9 code (diagnosis).

    A: his information was requested.

13. Q: Are the LTD and STD plans Erisa Plans or Non Erisa plans?

    A: no.

14. Q: Does Miami Dade contribute/ are they eligible for Social Security Disability Benefit?

    A: yes.

15. Q: Are employees eligible for the Florida PERS/TRS benefit?

    A: We do not know what PERS is. If you are referring to the Florida Retirement System (FRS), yes, our employees are eligible to participate. Additionally, yes we do have TRS, but that has been phased out and there are only less than a handful of employees on that currently. Yes, District employees are eligible for Social Security Disability Benefits.

16. Q: There are 1804 active employees who have N/A codes for the LTD and STD coverages - should these employees be included for coverage?

    A: No

17. Q: 3 out of the 4 LTD rates are on a PEPM basis - can we offer per $100 covered salary rates for all plans?

    A: PEPM rates

18. Q: Can you provide an open LTD claim listing which includes the gross benefit, offsets, net benefit and diagnosis?

    A: This information was requested.

19. Q: Can you provide a closed LTD claim listing which includes gross benefit and total paid amounts

    A: Refer to experience provided.

20. Q: Can you provide covered lives for the LTD incurral periods 2010, 20111, 2012 and 2013.

    A: Refer to the experience provided, census and rates.

21. Q: Can we get average covered lives and claim counts for the STD on a year by year basis? Please provide updated STD experience information that includes experience for 4/1/2011 through 3/31/2012.

    A: Refer to the experience provided, census and rates.

22. Q: Please provide the following additional LTD experience information: Please provide updated information that includes experience for 1/1/2008 through 12/31/2008 and 1/1/2009 through 12/31/2009.

    A: This information is not available.

23. Q: Please provide an update open claim list that also includes Gross Monthly Benefit and Offsets for each claim.

    A: This information was requested.

24. Q: Please confirm that employees are eligible for PERS and/or STRS benefits as well as Social Security benefits.

    A: We do not know what PERS is. If you are referring to the Florida Retirement System (FRS), yes, our employees are eligible to participate. Additionally, yes we do have TRS, but that has been phased out and there are only less than a handful of employees on that currently. Yes, District employees are eligible for Social Security Disability Benefits.

STD

1. Q: Monthly paid claims data was provided from 1/1/2010 to 3/31/2014 (51 months). Premium data was provided on the experience exhibit from Hartford from 4/1/2012 to 3/31/2014 (24 months). Please provide the historical premium data on the STD plan(s) from 1/1/2010 to 3/31/2012.

   A: No additional experience is available at this time.

2. Q: Please provide the historical STD employee lives from 1/1/2010 to 3/31/2012.

   A: No additional experience is available at this time

3. Q: Please confirm that the STD premium and claims data is for all 4 STD plans combined.

   A: Confirmed.

4. Q: Have there been any plan design changes to the STD plan from 1/1/2010 to current?

   A: Refer to the RFP documents to formulate your proposal.

5. Q: What is the original effective date of the STD plan(s) with the current carrier Hartford?

   A: 1/1/2010

LTD

1. Q: Please provide gender on the open LTD claims lists provided.

   A: Refer to the RFP documents to formulate your proposal.

2. Q: Please confirm that the LTD experience and premium reports provided are for all 4 LTD plans combined.

   A: Confirmed.

3. Q: Please provide the historical LTD employee lives from 1/1/2010 to present.

   A: Refer to the RFP documents to formulate your proposal

4. Q: Please provide gross benefit by individual for the open LTD claims.

   A: Refer to the RFP documents to formulate your proposal

5. Q: Please provide an indicator on the open LTD claims to identify which plan the LTD claim is in.

   A: Refer to the RFP documents to formulate your proposal.

6. Q: Please provide salary by individual for the open LTD claims.

   A: Refer to the RFP documents to formulate your proposal.

7. Q: Do the current LTD plans in place have PERS/STERS as an offset?

   A: Information has been requested.

8. Q: there been any plan design changes on the LTD plan from 1/1/2010 to present?

   A: Refer to the RFP documents to formulate your proposal.

9. Q: What is the original effective date of the LTD plan(s) with the current carrier Hartford?

   A: Refer to the RFP documents to formulate your proposal

10. Q: Based on the current carriers LTD P&I exhibit provided, the loss ratio and claims incidence has increased substantially in the current time period when compared to prior time periods. Any commentary on why such a large increase in the current period? (has anything recently happened with the group in terms of downsizing, layoffs, etc. that would help explain this?)

    A: No downsizing or layoffs.

Flexible Benefit Questionnaire

1. Q: On the Flexible Benefit Questionnaire on the All RFP Proposer Specification Tab, rows 173-208 are hidden. It appears there is wellness content in these questions. Did the County intend to purposely hide these questions and that subsequent information to be excluded from the RFP response?

   A: The only valid questions for this RFP are those you can view. You will see hidden rows that contain information not pertinent to this specific RFP. You should only respond to questions you can see.

2. Q: I am reviewing your request for the above and see that in Section V – Questionnaire(s), it requests we complete the Excel file but it was not attached. Could you please send me the Excel file so that we can complete it and return with our proposal?

   A: The Questionnaire is contained in the zip file. It is an Excel document.

3. Q: Flexible Benefit Questionnaire -Proposal Specifications (Confirmation Statements): Item #12 – The chart indicates that an on-site representative is needed for each product quoted. My question is, if the dental is awarded do we need two on-site reps, one for DHMO and one Indemnity or can we have one. Also, if multiple lines of coverage are awarded, can we work with the M-DCPS to determine the appropriate number of on-site representatives?

A: There can be one onsite for dental coverage if awarded to the same provider; however, depending upon the final recommendations for the award, the District reserves the right to negotiate the number of representatives per product and/or contract.

Dental

1. Q: Can you please confirm which tab of the Disruption Utilization report we are to use to provide a disruption report?

   A: The Dental disruption report contains two tabs separating the claims by High and Low plan. The information on both of the tabs need to be used for the disruption report.

2. Q: Flexible Benefit Questionnaire –Dental Questionnaire- Section IX Qualification of Staff – Account Management: The RFP refers to a "designated" Account Representative, do they mean dedicated?

   A: Yes

3. Q: Flexible Benefit Questionnaire –Dental Questionnaire Section X Qualification of Staff – Customer Service/Call Center Representative: Question #2 refers to a "dedicated" customer service/call center representatives, do they mean designated?

   A: Dedicated.

4. Q: Flexible Benefit Questionnaire –Dental Questionnaire -Question #3 is indicating assignment of a full time customer service/call center representative for M-DCPS, is this someone that would work closely with the on-site representative required by the Proposal Specifications?

   A: Yes.

5. Q: Flexible Benefit Questionnaire –Dental Questionnaire Section XI Qualification of Staff – Claim Adjudicators: Question #2 refers to a "dedicated" claims adjudicator, do they mean designated?

   A: Dedicated.

6. Q: Flexible Benefit Questionnaire –Dental Questionnaire Question #3 is indicating assignment of a full time claim adjudicator for M-DCPS, is this someone that would work closely with the on-site representative required by the Proposal Specifications?

   A: Yes.

7. Q: Flexible Benefit Questionnaire –Dental Questionnaire Section XVI Dentists and other Professional Staff – Utilization Management: Question #3 is asking for our standard for assigning FTE dentists employed on site dedicated for M-DCPS, can they expand on what services the dentist will provide? Utilization review or dental procedures? Or is this someone the assigned on-site representation should have access to when needed?

   A: A resource that the onsite representative should have access to.

8. Q: Can you confirm this is voluntary and you want a flat rate for 3 years?

A: Dental is voluntary and flat rate is for three years.

9. Q: There is only 1 DHMO rates section in the RFP response, yet there are currently 2 different DHMO plans. Where do we show a second DHMO set of rates in the RFP, or is one of these plans being eliminated? If so, which one?

   A: Please refer to the 2014 Flexible Benefits Rates file within this RFP

10. Q: Confirm there are no commissions.

    A: Confirmed there are no commissions in any coverage's currently and there should be no commissions prospectively.

11. Q: What changes, if any, have been made to the dental plans since Jan 2011? Provide changes by plan and by year.

    A: Refer to the RFP documents provided to formulate your offer.

12. Q: What are the current rates and rate history?

    A: Refer to the RFP documents provided to formulate your offer.

13. Q: The census shows 7975 in the DHMO High plan but the Metlife MDCPS Life and Dental 2013 Annual Presentation shows an average of 10,139 lives in 2013. Similarly the DHMO standard plan has 3184 in the census but 3942 as the average lives in the Presentation. Can you confirm there has been around a 20% decline in enrollment in the DHMO plans? If this is the case can you tell us why that occurred?

    A: Please rely on the RFP documents when formulating your proposal.

14. Q: Confirm orthodontia is only for children under the age of 19?

    A: Please rely on the COCs provided in the RFP documents.

15. Q: Dental claims experience by plan, DHMO, PPO & Indemnity and also by month with membership?

    A: Experience has been provided within the RFP documents.

16. Q: Is there a disruption file for the DHMO plans?

    A: Please see the Dental zip file within the RFP documents.

17. Q: Are there currently any differences in plan design between the labor unions?

    A: Please rely on the COC documents and RFP documents provided.

18. Q: You currently have a two-tier rating structure, but you are asking for four tiers. Please confirm this is correct?

    A: On the dental pricing tab we are requesting two tier rate structure.

19. Q: RFP refers to performance guarantees. However, we have not been able to find them. Can you clarify where the performance guarantees are?

A: Provide PGs commensurate with the size of M-DCPS. Final PGs will be negotiated with finalists.

20. Q: The RFP asks that vendors comply with MDCPS' BAA. Can you please provide your BAA for us to review?

    A: It is attached within this addendum.

21. Q: You ask that vendors front the cost of their portion of the pages in the benefit guides. Can you give us an estimate of what the cost is per packet and how many packets you produce annually?

    A: This will be negotiated with finalists.

22. Q: What file layout do you send you eligibility information in?

    A: HIPAA compliant format from the M-DCPS SAP system.

23. Q: Under the "Dental Plan Identification/Contacts" portion of the dental questionnaire, there is a reference to Pinellas County Schools. Can you confirm that it is indeed MDCPS?

    A: M-DCPS.

24. Q: Dental Rates tab - For the DHMO rate exhibit, M-DCPS has only supplied one place to enter one DHMO plan. However, M-DCPS has high and standard DHMO plan today and based upon what we reviewed it looks like M-DCPS still wants a high and standard DHMO plan in the Vendors proposals. If M-DCPS does want the high and standard DHMO plan proposed are we to adjust the DHMO rate exhibit or will you provide an updated exhibit?

    A: Enter the standard plan rate and then place a / and enter the high plan rate.

25. Q: When reviewing all the DHMO information, M-DCPS has shared some utilization information and then list an amount that is titled "Total Health Care Costs". Can you please clarify what this cost consists of? Does it include any portion of admin, certain admin functions and all costs for dental care delivery?

    A: Confirmed.

Legal

1. Q: Are the questionnaires within the Flexible Benefits Questionnaire Excel workbook allowed to be manipulated so that the cells can contain more content?

   A: No.

2. Q: Should the content not fit in the cells, may attachments be included with the workbook in the form of a Word document or PDF?

   A: No.

3. Q: Must the Explanation sheet be used or may Word/PDF attachments be used in its place?

   A: Explanation sheet.

4. Q: Do the documents and files have to be packaged in a specific order for the bid submission?

   A:Please refer to Page 2 of the proposers requirements.

5. Q: I noticed that the Group Legal Questionnaire has a maximum length of five pages, including all containers and content. Am I allowed to adjust the length to automatic? I am finding that the answers are not fitting in the cells because of the length requirement.

   A: The response blocks are fixed and there is no room to increase the cells.

6. Q: How many are enrolled in the legal plans? Can you break out numbers among the various offerings?

   A: Refer to the employee census provided and the retiree census that is posted with this addendum.

7. Q: How many legal programs will M-DCPS be offering in 2015?

   A: To be determined

8. Q: Under "Proposer Specifications", what if vendor is willing to do some things asked for in the question but can't do other things asked for in the same question? Do we mark "Will" and "Will Not" with a clarification in the "Explanation" section?

   A: Answer will or will not only.

9. Q: How do we respond if in the "Proposer Specifications" the question does not apply to our offering? Do we leave blank and note in the "Explanation" section?

   A:Insert N/A.

10. Q: Question 18 in the "Proposer Specifications" discusses the minimum performance objectives outlined in the "Performance Guarantees" section of the proposal. Where are the minimum performance objectives provided? Is it a separate attachment?

    A: Provide PGs commensurate with the size of M-DCPS. Final PGs will be negotiated with finalists.

11. Q: Do you want us to match the current legal plan design? May we offer additional services and alternative plan designs?

A: You may offer additional services in addition to matching the current plan design.

12. Q: Please provide historical premium and claims information by year for the past 3 years, including average lives, earned premium, paid claims, incurred claims, and historical claim counts.

    A:Please rely on the RFP documents to formulate your proposal.

13. Q: Please provide a history of the voluntary benefits programs, specifically, how long the coverage's have been in-force and a history of carrier changes.

    A: Refer to the data provided in the Group Life Insurance & Flexible Benefits Program.

14. Q: Section II, Number 12— Page 4-1. On-Site Representative: For Group Legal (including Senior Assistance), would M-DCPS be willing to consider the current service arrangements in place for claims data inquiry, customer service and verification of employee coverage (which includes dedicated multiple representatives, evening hours, multi-lingual, etc.)? If not, would M-DCPS accept an on-site representative presence one day a week?

    A: Yes, but subject to negotiations

15. Q: RFP Document Section II, Number 16— Page 5 2. Performance Guarantees: Please confirm the performance objectives as we have been unable to locate them within the Flexible Benefits Questionnaire.

    A: Provide PGs commensurate with the size of M-DCPS. Final PGs will be negotiated with finalists.

16. Please provide clarification for the Legal GeoAccess request in the Flexible Benefit Questionnaire. What types of providers and chains should we be providing?

    A: Providers can be sole providers or chains in multiple cities/locations.

Hospital Indemnity:

17. Q: Please confirm the effective date of the current coverage with the current carrier.

    A: 1-1-10 with Cigna.

18. Q: Please provide paid premiums and paid claims for the calendar years of 2011, 2012, and 2013 and for year to date 2014.

    A: Census and rate information was provided within the RFP.

19. Q: Please confirm the manner(s) in which employees are able to enroll in this coverage. For instance, is the enrollment an online process? Is paper enrollment allowed?

    A: Online enrollment.

20. Q: Please provide historical premium and claims information by year for the past 3 years, including average lives, earned premium, paid claims, incurred claims, and historical claim counts.

    A: All plan information has been provided.

21. Q: Please provide a history of the voluntary benefits programs, specifically, how long the coverages have been in-force and a history of carrier changes.

    A: All plan information has been provided.

22. Q: Hospital Indemnity Plan – is this the plan offered to MDCPS as an AFLAC type benefit through FBMC or is the AFSCME plan that pays a dollar amount per diem when hospitalized if an eligible member calls before being confined? Please clarify.

    A: Refer to the RFP documents within the Hospital Indemnity file and benefits guide. There are two HIPs.

23. Q: For Health & Indemnity and Critical Illness, are these plans attained age or issue age?

    A: Refer to the RFP documents within the Hospital Indemnity file and benefits guide.

Vision

1. Q: The census provided shows 35,610 employees. Please confirm the census includes only FT benefits eligible. Based on the overview, the total eligible for vision care would also include PT and retirees for an estimated total eligible employees of 54,000, correct?

   A: Refer to the vision enrollment and premium exhibit provided.

2. Q: Section 1- Page 1- Will you be providing the plan designs for the unions referenced? Does this apply to specific product lines or all lines of coverage?

   A: Plan designs are included in the benefits guide.

3. Q: Section 2- Page 4, #12- Can you please elaborate on the expectation of an onsite representative? It does not seem feasible for voluntary products. Will Aon have an onsite representative that vendors could utilize to fulfill this requirement?

A: An onsite representative will be involved in customer service and the promotion of the benefit within M-DCPS which will include working with M-DCPS and other vendors to promote health and wellness. Aon will not have an onsite representative.

4. Q: Section 2- Page 5, #14: Can you please clarify if M-DCPS is looking for vendors to offset the cost of communications they produce or is this just referring to communications that are standardly provided by the vendor.

   A: communications provided by the vendor.

5. Q: Section 2- Page 5, #16: Can you please provide the specific performance guarantees referenced? Or would you like vendors to provide standard PG's?

   A: Provide PGs representative of the size and scope of M-DCPS. Finalist PGs will be negotiated.

6. Q: Section 3- Page 4- Can you elaborate on the number of open enrollment meetings vendors may be requested to attend and the average number of employees at each event?

   A: This is unknown at this time for 2015.

7. Q: Section 3-page 5- Can you elaborate on the number of benefit fairs and the average number of attendees at each event?

   A: This is unknown at this time for 2015.

8. Q: Questionnaire- Page 1, #2: Will M-DCPS look favorably upon longer than requested rate guarantees?

   A: They will be considered.

9. Q: Questionnaire- Page 5, #1- Can you please provide the sample file layout that M-DCPS would like to utilize?

   A: This will be provided to finalists.

10. Q: Section I Introduction – is written as follows: "36,000 benefit eligible employees. Total benefit eligible full and part-time employees number approximately 48,000. Currently there are 6,000 eligible retirees." The Census provided contains only 36,000 eligible employees. Please provide a complete census for all eligible active and retired employees to include classification for FT/PT and retiree and their current enrollment tier as applicable.

    A: Please refer to answer #1 above.

11. Q: Please provide current & historical vision plan rates by enrollment tier (minimum 3 years; 5 years preferred).

    A: Please refer to answer #1 above and the census included in the RFP.

12. Q: Will all eligible Retirees (including over & under age 65) continue to be offered the vision program offered through the M-DCPS coverage effective 1/1/15? Could the over 65 potentially be offered benefits under a separate market offering?

    A: All retirees will be eligible to continue the vision plan offered through the District.

13. Q: The RFP refers to Performance Guarantees (PG's) – however it does not provide specific guidelines or criteria requirements by product line. Is it the intent of M-DCPS to accept the Performance Guarantee program as proposed by the responding carrier?

    A: Please refer to answer # 1 above.

14. Q: Section III Policy Provisions – "Proposers must be willing to accept retroactive additions and terminations as determined by M-DCPS." Please confirm the maximum number of months used by M-DCPS for reporting retroactive additions and terminations? Will these apply to both eligibility and premium payment?

    A: 12 months.

15. Q: Lens Options current plan design – please provide the complete listing of all covered lens options (formulary) and member cost associated with each?

    A: Plan designs are included in the benefits guide and COCs.

16. Q: With the current vision plan, do member copayments apply to out-of-network copayments?

    A: No.

17. Q: Please clarify the following benefit statement in the Vision Plan Schedule of Benefits - a. Covered Services* "One-time Copayment" (applies to Frames and/or lenses, contact lens fitting and follow up)"

    A: one time copayment per benefit per timeframe.

18. Q: i. Please clarify if this is an annual copayment or a one-type, lifetime Copayment?

A: Annual.

19. Q: ii. Is the One-time Copayment applicable separately for each Frames, lenses and contact lens fitting and follow up?

    A: Separately.

20. Q: Benefit Fairs – please confirm the total number of benefit fairs conducted, projected length of time (number of days/weeks), and potential locations?

    A: This is unknown at this time for 2015

21. Q: Please provide Vision claims and utilization for the past 12 months

    A: Vision premium, claims and utilization was provided with the initial posting.

22. Q: With regards to the census file (Flexible Benefit Census) it appears that it did not include retirees. Please provide census information relative to the retirees.

    A: The retiree census has been included with this Group Life Insurance and Flexible Benefits Program # 3 addendum.

23. Q: Please provide by month vision claims and enrollment (subscribers and members) for 2011, 2012, and 2013.

    A: Refer to the information provided in the vision zip file to formulate your offer.

24. Q: Please provide further details with the regards to the On-Site Representative. For example, what are the frequency and time parameters that are provided by the current vision vendor? Does this meet expectations?

    A: Answer the question to the best of your ability.

25. Q: Have there been any benefit changes to the vision plan from 2011 to present? If yes please provide the details of each change as well as the effective date of each change.

    A: No

26. Q: How are progressive lenses covered in-network and out-of-network under the current vision plan.

    A: Refer to the information provided in the vision zip file to formulate your offer.

27. Q: With regards to the frame allowance under the current vision plan the vision plan summary notes a $130 allowance for both private practice and retail chain providers, and the certificate of coverage notes a $50 wholesale allowance for private practice providers and a $130 retail

allowance for retail providers. Please clarify and confirm the current frame allowance for both private practice and retail chain providers.

A: The COC is the guiding document.

28. Q: Would a retail frame allowance of $130 for both private practice and retail chain providers be acceptable?

    A: Match current benefits a closely as possible. A benefit different than current is subject to bargaining.

29. Q: Are any broker commissions or fees included under the current vision rates? If yes please provide details.

    A: Vision is net of commission and or fees.

30. Q: Please provide the disruption file.

    A: Vision disruption file is within the vision disruption zip file on the procurement site under the Group Life Insurance and Flexible Benefits Program.

31. Q: Please provide the historical vision rates from 1/1/2011 to 12/31/2013.

    A: Refer to the RFP documents within the vision file and benefits guide.

32. Q: Please confirm that the vision experience provided is combined for both actives and retirees.

    A: Confirmed

33. Q: Have there been any plan design changes on the vision plan from 1/1/2011 to present?

    A: No

34. Q. What is the original effective date of the vision with the current carrier United Health Care?

    A: 1-1-10.

Supplemental Questions

1. Q: 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.

   A: A non officer is not sufficient.

2. Q: Please confirm the number of on-site representatives that are required. Our preference would be to use as many multi-coverage representatives as are necessary to provide customer service.

However, based on the RFP requirements, we estimate that 9 representatives would be required for Life, AD&D, and Disability.

A: There is one onsite required for life and AD&D and one onsite for Disability.

3. Q: When will answers to carrier questions be provided?

   A: They are being provided with the Addendum's for the Group Term Life Insurance & Flexible Benefits Program on July 3, 2014.

4. Q: Is the School Board looking to replace the current Plan Designs?

   A: Not necessarily, all options are being considered.

5. Q: Census – can you please confirm we have a full complete census file. When you compare the enrollment totals from the census file to the counts provided on page 6 of the RFP document there is a discrepancy in the totals. The RFP shows for Dental 30,604 enrolled between all plans and census shows 24,810 enrolled between all plans. For Vision RFP shows 23,166 enrolled and census shows 18,617 enrolled. Is it possible the retirees were not included on the census file.

   A: The retiree census file has been posted with the Addendum's for the Group Term Life Insurance & Flexible Benefits Program.

6. Q: Can you please confirm the OON reimbursement for the Dental plans.

   A: Refer to the RFP documents within the dental file and benefits guide.

7. Q: Can you please confirm there is no Provider Disruption request for the DHMO products.

   A: We are requesting a provider disruption. Please refer to the dental files within the RFP documents.

8. Q: Section II – General Requirements Proposal Specifications and General Requirements #12 – Onsite rep requirement – is it not to exceed 6; if medical, dental, life is awarded to one carrier will that mean 6 medical onsite reps, 1 dental and 1 life/disability for a total of 8? Please clarify.

   A: It is expected that the medical vendor have 6 on site representatives. One representative is required for each dental, Life and Disability.

9. Q: Census-The census file provided labeled Flexible Benefit Census appears to only be for the active employee population. Please provide a retiree census file similar to the active census listing coverage amounts by product, etc.

   A: A retiree census is included in this addendum.

10. Q: Please confirm that M-DCPS is tax exempt.

A: The School Board of Miami-Dade County, Florida, as a political subdivision of the State of Florida, is a tax exempt organization.

11. Q: Census – Life Products – it does not appear that the retirees are included on the census file. Please provide a revised census file.

A: A retiree census has been provided with this addendum.

12. Q: RFP shows approximately 800 inactive employees. How many are disabled?

A: Please rely on the RFP STD and LTD documents.

13. Q: How many disabled's are currently being covered? Are they on the census?

A: Please rely on the RFP STD and LTD documents.

14. Q: Confirm Dependent Life Experience includes Spouses and Children

A: Confirmed.

15. Q: Does the group participate in SS? If not, what retirement plan do they participate in?

A: Employees are eligible for SS.

16. Q: When did the LTD plan go from 8 levels to 4?

A: We have never offered 8 levels.

17. Q: What is the difference between the closed LTD claims listings 1236154 and 1236360?

A: The report run date. 1236154 was run on 4-30-14 and 1236360 was run on 5-2-14.

18. Q: Can we get the LTD claims listing in excel?

A: This is not available.

19. Q: Is the STD experience shown on a paid or incurred basis?

A: Paid basis

20. Q: From AON's data request in the RFP -
Individual life death / waiver claim listing for the most recent 5 years including the following detail:

A: **Additional information has been requested from Hartford. This answer is for the entire listing below which was the data request listing from Aon Hewitt to Hartford.**

- Date of death

- Gender
- Date of birth
- Date reported
- Date approved
- Date of Disability
- Face amount by product
- Reserve Amount
- Interest paid
- Relationship (employee, spouse/domestic partner, child)

Why is the Life claims listing as N/A. Cigna would like this information.

The following reports were provided but did not contain all the necessary information. Please see the comments noting the additional needed information.

LTD Individual open claims listing including: attached

- Assumed Discount Rate
- Valuation Date Need
- Date of Disability
- Date of birth
- Gender Need
- Current Reserve
- Paid to Date Amount Need
- Net Monthly Benefit
- Gross Monthly Benefit Need
- Offset amounts Need
- Status of Social Security Awards Need
- Diagnosis

LTD Individual closed claim listing including: attached

- Date of Disability
- Date of Closure
- Paid to Date Amount Need
- Valuation Date Need