

**THE SCHOOL DISTRICT OF HENDRY COUNTY, FLORIDA**  
**Fully Insured Group Medical Insurance**  
**RFP # 18-0004**  
**Addendum #1: Issued March 20, 2018**

**PURPOSE OF ADDENDUM**

This Addendum has been prepared to provide additional information and answers to specific questions submitted by proposers.

**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.

**STATUS OF ADDENDUM**

To date, this is the first (1st) addendum that has been issued for the Fully Insured Group Medical Insurance RFP. The question deadline has expired.

**NOTE: The following updated attachments are included with this addendum:**

1. Updated Exhibit 4 a, b, c. Please replace these exhibits from the original release.

**ADDITIONAL INFORMATION REQUESTED**

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

1. Q: Section IV, page 2; Ownership of Claim Data – Since the current contract is fully-insured, what type of data would be provided to the incoming carrier, should the Schools decide to leave the current vendor? Please confirm the same would be required of the new vendor at the time of future termination, as outlined.

*A: Proposers are asked to explain what data is available and needed when they are the incoming and outgoing carrier.*

2. Q: Audit requirement – is this a pre-implementation audit request to ensure the plan intent is followed from the RFP requirements? If not, what type of audit is requested for the fully-insured contract?

*A: We are asking if there will be a provision for an outside auditor to audit the plan(s) offered by Hendry Schools once implemented.*

3. Q: Section IV, page 3; Scope of Coverage – please confirm how the cost portion of the scoring will be measured between option 1 and option 2. Will the 50 points be awarded based on Option 1 (current plans), Option 2 or a combination of both? If both, please provide the weighing between the two options.

*A: The review of the plans will be combined. There will be no separation of points.*

4. Q: Section IV, page 4; Telemedicine – is this asking about our capability or would the District would like us to include Telemedicine services as part of our proposal?

*A: The District is interested in offering a telemedicine benefit whether through the insurer or a third party vendor. Please include telemedicine services within the proposal.*

5. Q: Section IV, page 11; #19 – if our EOB meets/exceeds the Health Care Reform requirements, would the District determine our EOB as approved for use?

*A: Yes.*

6. Q: Please clarify the District's Option #2 plans to propose. Option# 2 Florida Blue Plan 05903 & 05173, the request is asking for decreased max out of pockets. Is the District also requesting decreased deductible on that same plan as well? The bid refers to section VI exhibit #5 a,b,c for the benefit match up however, this attachment is not included.

*A: There are no additional match-ups for the changes. Please provide Option 2 pricing requested as follows:*

*1. Florida Blue Plan 03564 with increased deductibles and out-of-pockets.*

*Deductible at: \$3,000/\$6,000 (In-net only)*

*Max OOP at: \$5,000/\$10,000 (In-net only)*

*2. Florida Blue Plan 05903 and 05173 with decreased max out-of-pockets.*

*Max OOP at: \$5,000/\$10,000 (In-net only)*

*No changes to deductible*

7. Q: Can someone with binding authority sign any applicable forms?

*A: Where indicated, an authorized representative of the insurer must sign the applicable forms.*

8. Q: The current rates supplied seem to be the employee only portion of premium (for example, the single rates vary from \$0 -\$60 per month). Could you please provide the TOTAL Premium rate for each tier (Employee+ Employee) so that we can compare to total premium?

*A: Please review the retiree rates. The retiree rates show the entire premium as retirees pay the full cost of coverage.*

9. Q: I did notice the census is only enrolled, not eligible. Please provide the eligible number of employees as well.

*A: There are 58 employees that waived coverage. Please add these to the census number that was previously provided in the Exhibits.*