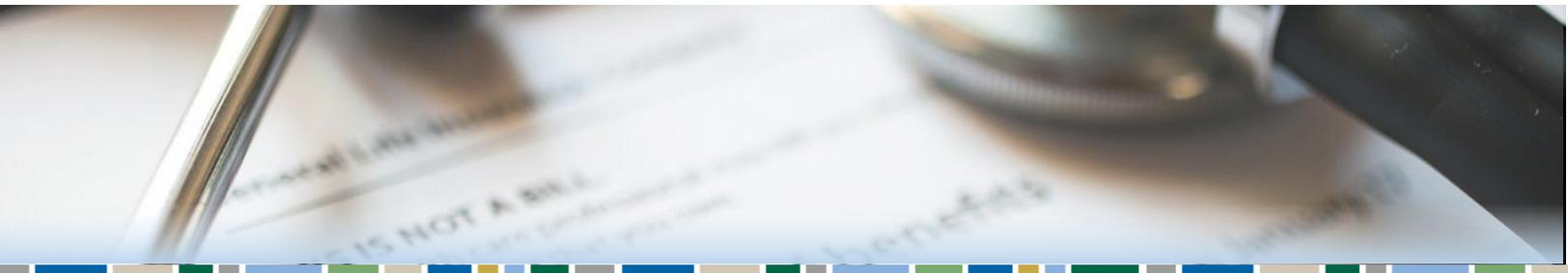
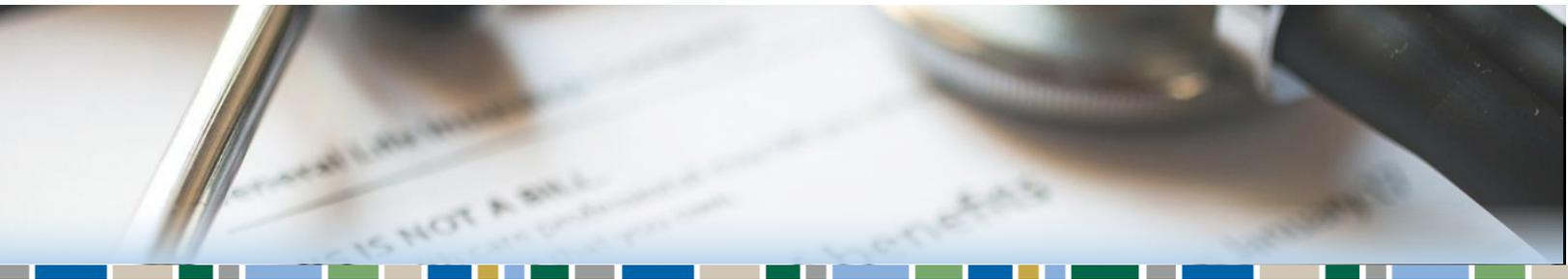


# Amendment 1 to Group Medical Request for Proposal

## Questions RE: Request for Proposal Group Medical Coverage

- 1) Can you help us understand what is needed in an 'overlay' report.  
If you are referring to provider utilization report, then you will need compare the report provided with the providers in the network that you are proposing and identify those that are in-network and the providers that would be out-of-network.
- 2) Who is the current benefits administration provider?  
CBIZolutions.
- 3) What telemedicine services are currently used by the customer?  
AmWell.
- 4) Is the District presently receiving a wellness allowance? If so, are the unused funds transferred to the following year?  
Yes, the District does receive a wellness fund. There are no unused funds at the end of the year to be transferred.
- 5) Clarification for Question #5. We are unclear on what is being asked or what form of documentation is needed.  
Please provide any documentation that you may have that would explain network options, provide discounts, Rx options that may reduce the overall plan cost, and any other options you would like PHSD to consider.
- 6) The RFP requests 3-tier and 4-tier rates, however, the census is provided on a 3-tier basis along with the current rates. If 4-tier rates are currently in place, please provide the rates and an updated census on a 4-tier basis. Or, if providing 4-tier rates, how should we assume the enrollment among the tiers?  
4-tier rates are not currently in place.
- 7) Please provide information on the current formulary, restrictions, utilization controls, etc.  
Not available.
- 8) Please indicate if you are seeking a Medicare Advantage quote at this time.  
No.
- 9) Does the provided claims experience include the retiree claims? If so, please clarify if the retirees are to be quoted with the actives. Should the post 65 retirees be excluded, we would need an updated claim file with these claims removed (this includes updated experience for LG claims).  
Claims experience does include retirees. Post 65 retirees should not be excluded.
- 10) Will the 2019 Renewal workup/rates be available for release?  
No.

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- 11) What are the reasons behind the RFP? Are there any issues that are driving the District at this time?  
The Board requires that all vendor contracts be bid out every three years.
  - 12) You've requested proposals with and without compensation for CBIZ, with and without the wellness fund, and with three and four tier pricing. This results in eight different combinations. Is it truly your desire to have this many options quoted?  
Yes.
  - 13) Do you have any proposed weighting of the evaluation criteria? Since benefits will be duplicated for all proposals, all carrier networks are robust and will have little, if any, disruption and claims administration capabilities are similar; it would seem the criteria will be predominantly based on price and wellness programs. Is that accurate?  
There is not a proposed weighting at this time. All factors as describe in the RFP will be considered.
  - 14) On page 9, the RFP indicates "any differential in unit premium cost between plan options should be solely reflective of the inherent differential in efficiency of the delivery systems." That would seem to mean pricing of the different plans is not impacted by plan design, demographics or actual experience of each plan. Is that correct? Is that the approach used by the District currently?
  - 15) Can you provide information/results of the Value-Based Drug Benefit (VBDB)? Which disease categories are currently included? How many participants are involved in each category?  
Preventive drugs are include. List was include in RFP posting on PHSD website.
  - 16) Item #2 under "Network" asks to include "a summary of which products are available." Could you clarify what you are looking for with this question?  
We are requesting details of the provider networks that are available with the plan design that is being proposed.
  - 17) How are the health screenings, flu shots, etc. provided to District plan members? Are employees not enrolled in a District health plan eligible for these services?  
Currently, they are provided by the carrier. The District does allow employees that are not enrolled to participate in the screening. The screening partner runs the screening as a claim to the participant's insurance provider.
  - 18) How is the District's wellness program and health coach currently funded?  
A portion of the program is funded by the wellness allowance provided by the carrier. Any amount needed over the carrier's allowance is funded by the District.
  - 19) Does the wellness fund help cover the costs of the weight loss programs, brown bag lunch seminars, onsite health coaching, blood pressure and blood profile screenings and onsite flu shot clinics? Or is the wellness fund in addition to these offerings?  
The Wellness fund is in addition to these offerings.



20) How are the additional cash incentives currently funded? Are they baked into any of the current carrier's fees?

Yes, these incentives are included in the current funding.

21) How is the District currently measuring and tracking success of the wellness program and the incentives? For example, it is mentioned that the expected outcome of incentivizing preventive care and employee wellness initiatives is avoided larger claimants. Has this been quantified? What are the current success measures?

Data not available.

22) What level of customer service is in place today?

Currently, there is a dedicate customer professionals assign to PHSD.