

**The following questions were submitted before the May 24, 2024 deadline –
As required, please see answers in red provided May 23, 2024 and before May 31, 2024
deadline-**

1. Of the 76 FT “employees” stated in your Overview section, you say only 56 are “eligible” to be enrolled. I would like to request clarification of the facts surrounding this. Are all remaining “not eligible” due to union bargaining agreement or “waiving” due to spousal or other qualified coverage? Confirmation requested.
As of this response, the Authority currently employs 70 full-time employees and 1 part-time employee. 53 of the 70 are deemed eligible for this group insurance coverage. 17 do not qualify due to their Union/Collective Bargaining Agreement.
2. The size of your organization (over 50 Full Time Equivalents) makes it impossible to provide proposals without a full census (this too is part of the download we provide at the weblink above and is discussed in our review at the initial consultation) Considering this is HIPAA protected sensitive data required, we ask that to comply with regulations you execute our documents which include a “Business Associate Agreement” and use our secure portal, which you already did to send us the RFP, so it should be familiar. All communications with sensitive data are encouraged to be sent through our portal.
Sensitive information will be provided via Census upon award
3. Are there reasons you have chosen to assume the liability associated with handling COBRA “in-house”? Compliance is a focus that we work with various vendors to implement due to the specialized nature and varying needs of each organization. COBRA can be handled, and liability averted for little cost, also saves a significant amount of labor and time.
Administration cost
4. All benefits mentioned are quite standard as part of our strategy are you currently utilizing a wellness program and/or tax advantage accounts, if so, what is the participation rate of those enrolled in each? We can offer wellness programs and tax advantaged accounts with various vendors some at no cost, again we will include these in our product and financial illustrations if selected. **Wellness program handled by CareFrist through direct with employee if they will to participate.
We currently have a tax advantage account with 46 enrollments**
5. What HRIS system do you work with? Integration is as successful as the ability of the programs utilized to communicate with each other and employees, capture elections, report and communicate with carriers as well as various partners directly. Partners such as payroll vendors and compliance vendors that are used in this area are an integral part of successful benefit implementation. Alignment should alleviate labor and liability for the organization, HR, and staff as well. There are immense compliance requirements that need to be met and that change under the COBRA rules, and they can be incredibly labor intensive to document without the right partners. **Paycor**
6. If you’d like us to provide an analysis of plans for comparison, we also need specifics related to contribution structures. Will you please provide this when returning your census.
To be provided during award
7. Self-funded and Level-Funded arrangements are proposed and can be valuable to a group. Evaluation of demographic and renewals over a period of a few years can provide insight to the efficacy and forecasts that can be made to evaluate it for YOUR group. Additionally, carriers do offer “book rates” and/or “medically underwritten” offers for the first year Self-Funded/Level Funded. We are prepared to review this with your organization to assess both the pros and cons of operating these types of arrangements. Would you say your group is

responsive? Would staff participate in filling out medical questionnaires for underwriting activities to see if we can achieve savings for them? We are known for being creative with benefit strategies yet mindful of risks and informative to protect our clients! We do have the capability to work with Self-Funded/Level Funded plan options when they make sense for a client. We can prepare a financial comparison for review, if this is the arrangement you'd like investigate. **Not opposed to looking at self-funding options but would prefer no employee medical questionnaires for underwriting**

8. Last the RFP timeline, I have a question about the timing of the request as to properly service the group and meet your desired deadline for enrollment with employees beginning on August 30, it appears we would only have a couple of weeks to execute quotes and prepare comparisons if awarded on 7/11/2024. That said, our standard timeline is attached and accommodates for the dates the carriers release rates to the market/brokers to quote and time for employee considerations with time to effectuate changes. If the 10/1 effective date is inaccurate, you may change it to update the deadlines for us to complete tasks accordingly if awarded. These deadlines can be moved but are structured based on our third party and carrier deadlines for product implementation. We like to have as much time as possible afforded clients. **We are holding to the deadlines as provided in the RFP based on the experience of knowing it takes at least 2 weeks for employees to enroll and another 2 weeks for processing with the carrier, integration between HRIS system and carrier and for the employee to receive benefit cards prior to and effective October 1, 2024.**
9. Attachment A – references- I do not request reference letters from clients to supply potential new clients typically. I have included their contact information as they've given permission to supply that to new clients for direct contact. Will that be sufficient? Please let us know if this alone will prevent us from being considered. **The Authority will accept Point of Contact information that includes Client Contract Name, address and phone number, and group size**

1. Do you have a preferred format for our presentation?
There is no preferred format for presentation
2. What is the current medical provider network?
CareFirst Blue Choice
3. What is the funding type currently?
 - a. Medical **Fully Insured**
 - b. Dental **Fully Insured**
 - c. Vision **Fully Insured**
4. Do you offer HRA/FSA/HSA accounts? **Yes, we offer HRA, and FSA accounts.**
 - a. If so, what is vendor's name? **SISCO**
5. What are the current networks for dental and vision?
United Concordia Dental
National Vision Administrators
6. Do you use a vendor for compliance? **Yes**
 - a. If so, who do you use? **Paycor**