

1. What is the current stop loss level for the plan?

The Town's plan currently has \$110,000 specific stop loss and 115% aggregate stop loss reinsurance.

2. Question 27 in the questionnaire asks if the carrier will provide an 18/12 (specific and aggregate) stop loss for the 2007 policy year. The question should have asked about coverage for the plan year that begins July 1, 2016.

3. Town council members and their dependents are eligible to participate in the Town's medical plan. However, Exhibit E – Current Eligibility Requirements does not include that information. The council members are included in the Exhibit D – Census Data under the employee tab. They are indicated by "BC" in the Group/BU column (B).

4. I didn't see a section regarding standalone vision. Are you considering or willing to consider standalone vision?

The Town currently has a standalone vision plan, and they are not requesting quotes for that coverage at this time.

5. Is an extension to deliver by COB 12/22 allowable?

The Town will allow an extension to all carriers. Proposals must be delivered by 5:00 on December 22, 2015.

6. Please provide the following:

Current Medical fees
Current Pharmacy fees
Stop Loss rates

The current fees are not being released for this marketing.

Current year Individual Stop Loss threshold

\$110,000

Prior Year Individual Stop Loss threshold

\$110,000

Current Aggregate Stop Loss corridor

115%

Current Stop Loss contract basis (12/15, 12/24, etc...)

12/12 with the option to purchase runout coverage at termination

7. Please advise the amount of consultant compensation and/or commission included in the medical fees, pharmacy fees, and the stop loss rates.

The medical, pharmacy, and stop loss components are all bundled in the plan. The current commission is \$9.10 per contract per month.

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8. Please provide a Large Claims exhibit with the amount paid and diagnosis for the 10/1/13 – 9/30/14 experience period.

Rank	Active (Yes/No)	Relationship	Age Range	Primary Health Condition Category	Primary Medical Diagnosis Contributing to High Cost	Medical	Pharmacy	Total
1	Yes	Spouse/Partner	Ages 35-39	Nervous System	MIGRAINE	\$317,124	\$8,644	\$325,768
2	Yes	Employee/Self	Ages 65-74	Digestive System	ACUTE PANCREATITIS	\$16,207	\$154,735	\$170,942
3	Yes	Spouse/Partner	Ages 45-49	Injury & Poisoning	COMP FOLLOW INFUS TRANSFUS TX INJ	\$110,937	\$1,360	\$112,297
4	Yes	Employee/Self	Ages 55-59	Musculoskeletal System	DORSALGIA	\$2,717	\$101,278	\$103,995
5	Yes	Child/Other Dependent	Ages 20-24	Diseases of the Blood	PURPURA & OTH HEMORRHAGIC CONDITION	\$87,507	\$11,527	\$99,035
6	Yes	Employee/Self	Ages 65-74	Nervous System	PARKINSONS DISEASE	\$92,407	\$5,729	\$98,137
7	Yes	Employee/Self	Ages 60-64	Neoplasms - Malignant	MALIGNANT NEOPLASM OF OVARY	\$96,507	\$42	\$96,549
8	Yes	Spouse/Partner	Ages 45-49	Nervous System	OTHER DISORDERS OF BRAIN	\$1,672	\$63,619	\$65,291
9	Yes	Employee/Self	Ages 55-59	Digestive System	OTH & UNS NONINFECTIVE GE & COLITIS	\$6,281	\$54,507	\$60,789
10	Yes	Employee/Self	Ages 65-74	Injury & Poisoning	COMP INTRL ORTHO PROS DEV IMPL GFT	\$21,737	\$39,007	\$60,744
11	Yes	Employee/Self	Ages 45-49	Musculoskeletal System	DORSALGIA	\$2,279	\$58,442	\$60,722
12	Yes	Employee/Self	Ages 65-74	Neoplasms - Malignant	MALIGNANT NEOPLASM OF PROSTATE	\$11,082	\$47,892	\$58,973
13	Yes	Employee/Self	Ages 35-39	Diseases of the Blood	PURPURA & OTH HEMORRHAGIC CONDITION	\$49,836	\$1,092	\$50,928
14	Yes	Employee/Self	Ages 55-59	Nervous System	MULTIPLE SCLEROSIS	\$8,607	\$34,792	\$43,399
15	No	Spouse/Partner	Ages 65-74	Respiratory System	RESPIRATORY FAILURE NEC	\$38,529	\$3,286	\$41,815
16	Yes	Spouse/Partner	Ages 55-59	Musculoskeletal System	SPONDYLOSIS	\$40,882	\$621	\$41,503
17	Yes	Spouse/Partner	Ages 30-34	Infectious/ Parasitic	OTH BACTERIAL INTESTINAL INFECTIONS	\$38,367	\$1,710	\$40,077
18	Yes	Employee/Self	Ages 55-59	Circulatory System	ESSENTIAL PRIMARY HYPERTENSION	\$1,584	\$34,478	\$36,062
19	Yes	Employee/Self	Ages 60-64	Ill-Defined Conditions	PAIN IN THROAT AND CHEST	\$33,610	\$1,930	\$35,539
20	Yes	Employee/Self	Ages 30-34	Maternal complication of pregnancy	PRE-ECLAMPSIA	\$34,329	\$272	\$34,601
21	Yes	Spouse/Partner	Ages 50-54	Endocrine/ Metabolic	TYPE 1 DIABETES MELLITUS	\$28,443	\$5,164	\$33,607
22	Yes	Spouse/Partner	Ages 40-44	Genitourinary System	PAIN & OTH COND FE GEN ORGN & MENST	\$32,268	\$109	\$32,377
23	Yes	Employee/Self	Ages 40-44	Diseases of the Skin	PSORIASIS	\$1,664	\$30,041	\$31,705
24	Yes	Employee/Self	Ages 60-64	Circulatory System	OTH NONINFECTIVE D/O LYMPH VES NODE	\$26,794	\$2,574	\$29,368
25	Yes	Employee/Self	Ages 35-39	Ill-Defined Conditions	ABDOMINAL AND PELVIC PAIN	\$26,313	\$1,094	\$27,406
26	No	Spouse/Partner	Ages 40-44	Neoplasms - Benign	LEIOMYOMA OF UTERUS	\$22,088	\$3,915	\$26,004

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9. Please provide the effective date and a description of any plan changes during 2013, 2014 and 2015.

Effective	HealthKeepers 10 POS	KeyCare 10 PPO
4/1/2013	Women’s Preventive Health Benefits – 100% coverage for the benefits required under the ACA	Women’s Preventive Health Benefits – 100% coverage for the benefits required under the ACA
	Advanced Diagnostic Imaging–\$150 copay changed to 10% coinsurance.	Ambulance –20% coinsurance changed to a \$100 copayment.
	Chemotherapy/Specialty Medical RX– 20% coinsurance added.	Emergency Room – Copay increasing from \$100 to \$150.
	Dialysis– Changed from \$20/month copay to 20% coinsurance	Global Maternity–\$150 copayment or all pre- and postnatal care
	Durable Medical Equipment – Added 20% coinsurance	In-Network Out of Pocket Max– Increased from \$1,000/ \$2,000 to \$1,500/ \$3,000
	Home Health Care– Changed from a \$20/month copay to 10% coinsurance	Out-of-Network Out of Pocket Max– Increased from \$2,500/ \$5,000 to \$3,000/ \$6,000
	Global Maternity– Copayment increased from \$50 to \$150	
4/1/2014	In-Network Out-of-Pocket Limit increased from \$1,500/ \$3,000 to \$2,000/ \$4,000	Prescription Drug Out-of-Pocket maximum of \$3,500/\$12,700 added
	Prescription Drug Out-of-Pocket maximum of \$3,500/\$12,700 added	
4/1/2015	Prescription Out-of-Pocket maximums removed. Prescription copayments and coinsurance included in plan’s overall Out-of-Pocket limits.	Prescription Out-of-Pocket maximums removed. Prescription copayments and coinsurance included in plan’s overall Out-of-Pocket limits.
	In-Network Out of Pocket Max– Increased from \$2,000/ \$4,000 to \$3,000/ \$6,000	In-Network Out of Pocket Max– Increased from \$1,500/ \$3,000 to \$2,500/ \$5,000
	Out-of-Network Out of Pocket Max– Increased from \$3,000/ \$6,000 to \$4,000/ \$8,000	Out-of-Network Out of Pocket Max– Increased from \$3,000/ \$6,000 to \$4,000/ \$8,000
	Fourth tier added on prescription drugs	Fourth tier added on prescription drugs

10. Exhibit E in the RFP addresses contributions for Retirees, but not Active employees. What are the employer contributions for Active lives for Single and Family subscribers for each plan?

The Town contributes 89% of the cost of single coverage in the HealthKeepers 10 POS plan and 78% for family coverage. They contribute 84% of the cost of single coverage in the KeyCare 10 PPO plan and 74% for family coverage.

11. In addition to employer contributions toward the monthly premium, what amount does the Town of Leesburg contribute toward the annual out-of-pocket expenses?

None.

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12. Missing historical and renewal rate information

Please refer to other questions and answers in this addendum.

13. There is a retiree census attached in file, but there is no gender or zip listed for each person. This is an additional 57 people with coverage. Would we be able to get this information to be included? Or do we not include the retirees? Also, we can present a standalone retiree medical plan that assists with the GASB liability and removes the retiree from the active plan.

The updated retiree census will be sent separately by Celeste Kane to anyone who requested a copy of the original census document.

The Town welcomes alternative plan designs that would help reduce costs while continuing to provide the retirees with a valuable plan.

14. Are all retirees (pre- and post-65) covered the same? Is the health plan primary for all?

Pre- and post-65 retirees are eligible for the same plans as active employees. As a retiree, Medicare would be primary when the member is eligible for Medicare.

15. With respect to the CPT – there are several zip codes listed, are you looking for us to submit numbers for each zip (which would require us to expand the provided template to accommodate that information, which is currently arranged only to accommodate 1 set of numbers, not 3) -OR- are you looking for a composite of those 3 zips into averages to be entered into the 1 area they have set up for results?

Please provide for each zip code separately. You can copy and paste the template to accommodate all three zip codes.

16. The disruption file is missing a large number of TIN's – which are needed to complete that part of the RFP – we will need them.

The missing taxpayer identification numbers are not available from the incumbent carrier. Please try to make a determination based on the information provided.

17. There was a comment in the minimum services about billing on a bi-weekly basis. Is this for the fixed costs or is this banking?

The Town would like to consider funding claims on a bi-weekly basis, but it is not a requirement.

18. Does the Town really want to see a fully insured underwriting analysis?

If an offeror would like to submit a fully-insured quote, it will be considered. However, the Town's intent is to remain self-funded.

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19. There is a passing mention of requested references but then I don't see anywhere in the RFP where they are actually request them. Do we need to provide now or can we wait to see if we are named a finalist?

It will only be necessary to provide references if you are considered as a finalist.

20. The RFP addresses the offeror absorbing printing expenses in the minimum services of the RFP. Does the Town expect the carrier to provide printed booklets and directories?

If there is a need for printed carrier materials, the Town would like to carrier to absorb those costs. However, most material is distributed electronically during open enrollment, but a small number of printed materials may be requested.

21. We will need NDC codes to complete the Rx Tier Analysis.

Attached is a revised listing with the NDC codes.

22. Please confirm whether or not the month by month claims include all claim dollars, including capitated and fee-for-service claim dollars. If they do not, please forward exhibits that include all claim dollars.

The claims include capitated and fee-for-service claims.

23. The plan documents do not address infertility benefits. Please advise if any of the following are covered and advise the benefits & maximums that apply:

Artificial Insemination – *not covered*
Ovulation Induction – *not covered*
In vitro fertilization (IVF) – *not covered*
Zygote intrafallopian transfer (ZIFT) – *not covered*
Gamete intrafallopian transfer (GIFT) – *not covered*
Cryopreserved embryo transfers – *not covered*
Intracytoplasmic sperm injection (ICSI) – *not covered*
Ovum microsurgery – *not covered*

24. The plan documents do not address Bariatric Surgery benefits. Please advise if this service is covered and the benefits & maximums that apply

Bariatric surgery is not covered.

25. If we are to complete claims re-pricing, we need a detailed member level claim file. We cannot use the monthly Rx claims provided in the PDF for a claims re-pricing.

This will be addressed in the next addendum.