

Questions as of September 18, 2015

Insurance, Medical, Dental, Vision, Cobra Administration,
FSA Administration, and Retiree Health

RFP 2015-299

9. Regarding 6.2.25 Provider Disruption, the indicators in the table Physician, Inpatient and Outpatient are not provided on Attachment Q. The file does provide a Network Benefit Level indicator, however if this is to be used to determine what should be included in the table please advise which value should be considered for each.

We are seeking a full disruption report as well as the summary listed in 6.2.25. The column labeled Network Benefit Level should provide the necessary information. We have contacted the current provider to see if additional descriptive information is available.

10. Regarding 6.2.24 GeoAccess, please confirm only a medical GeoAccess is requested and is to be based only on the two zip codes provided, 75070 and 75071, and not on the medical census file provided.

The GeoAccess is to be based on the 2 zip codes which were provided. In addition, a provider disruption report is to be provided based on the Provider Utilization Report which was attachment Q.

11. 4.4 Statement of Work confirm whether every response to the items in Section 6.0 are to include agree, confirmed, will provide, not applicable or exception taken within the response.

Every response in Sections 4, 5 and 6 (with the exception of 4.1) should include one of those statements. If an attachment is being provided it should be referenced in the response and should be tabbed/labeled so that it is easily found and identified.

12. 4.4 Statement of Work confirm, if we respond to an item as 'confirmed' or 'will provide', and include additional details about our services or resources, whether this is considered an item for Section 7?

If the item is "confirmed" or "will provide" exactly as requested and the details are purely informational on the process, it would not be considered a deviation and would not need to be listed in section 7. If any part of the requirement is not being fully met or if there are exceptions, it would need to be listed and explained in section 7.

13. 4.3.5 Required Documents, please confirm whether or not the items listed in this section as 'all proposals are to include' are the required format of the proposal response or a guideline of items to be included in addition to what is requested throughout the RFP. [These items are in addition to other information requested throughout the RFP. They should be tabbed/labeled so as to be easily identified in the submission packet](#)
14. Confirm which header on eBid will list any posted addendums. [Addendums are posted under the header ATTACHMENTS. All additional information including addendums will be at the top of the list of files under ATTACHMENTS.](#)
15. Provide the Rx plan design you would like quoted? Please also advise if there is an employer contribution. Will this information be posted on the bid site?

[There is a separate RFP for a pharmacy benefit manager. It will be posted on the bid site. The plan design is listed below.](#)

<i>Prescription Drug Benefits</i>		<i>Retail</i>	
Tier 1 (ex. Generic)		\$10 Co-pay	
Tier 2 (ex. Preferred)		\$25 Co-pay	
Tier 3 (ex. Non-Preferred)		\$50 Co-pay	
Diabetes Related Prescriptions		\$0 Co-pay	
<i>Prescription Drug Benefits</i>		<i>Mail Order</i>	
Tier 1 (ex. Generic)		\$25 Co-pay/ 90 day supply	
Tier 2 (ex. Preferred/Non-Preferred)		\$50 Co-pay/ 90 day supply	
Diabetes Related Prescriptions		\$0 Co-pay/ 90 day supply	

16. Provide current medical plan designs.
[See Attachment V and Attachment W.](#)