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Interim Director of  
Administration

**COUNTY OF DANE**  
DEPARTMENT OF ADMINISTRATION  
**PURCHASING DIVISION**  
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CHARLES HICKLIN  
Controller

DATE: March 8, 2016  
TO: All Proposers RFP #116021: Health Insurance  
FROM: Carolyn Ninedorf, Purchasing Agent  
SUBJECT: ADDENDUM #1

**The following responses are provided to questions received.**

*Question #1 Census with all eligible employees ( include gender, date of birth, home zipcode, coverage tier electing (single, employee+ spouse, employee+ children, family), active or retiree employee )*

**Answer #1** Data is being collected from providers and will be posted as soon as it becomes available, but no later than March 23, 2016.

*Question #2 Current SBC/SOB's (so we are able to match current plan designs)*

Answer #2 See material attached on website.

*Question #3 Two years of renewal history*

Answer #3 See material attached on website.

*Question #4 Two years claims experience including large claims over \$75,000*

Answer #4 See material attached on website.

*Question #5 50 top provider listing*

Answer #5 See material attached on website.

*Question #6 Current rates and contributions*

Answer #6 See material attached on website.

*Question #7 Retiree language*

- Answer #7 This is defined in section 1.2 of the RFP. Retirees have same coverage as regular employees. The summary of benefits is posted.
- Question #8 *Can we get a 4 tier census to include active employees, early retirees, and Medicare eligible retirees with Medicare status indicated?*  
*o Please also include zip code and what enrollment tier they are in (Employee or Family)*
- Answer #8 Data is being collected from providers and will be posted as soon as it becomes available, but no later than March 23, 2016.
- Question #9 *Can we get their 2015 & 2016 renewals to include rate history and calculations?*
- Answer #9 Data is being collected from providers and will be posted as soon as it becomes available, but no later than March 23, 2016.
- Question #10 *Can we get claims data for calendar years 2014, 2015 and January 2016?*  
*o Monthly breakdown of premium vs. claims, with corresponding contract & membership counts for active, early retirees, and Medicare-eligible retirees*  
*o Cat cases over \$125K to include amount, diagnosis, prognosis and active/termed*  
*o Top 100 utilized providers broken out by claim amount and number of services*  
*o Claims broken out by active employees and retirees*
- Answer #10 Data is being collected from providers and will be posted as soon as it becomes available, but no later than March 23, 2016.
- Question #11 *Can we get a rate history breakdown with WEA which includes plan descriptions so we can identify when and where plan changes were made?*
- Answer #11 The only change to the plan design was the addition of the current deductible amounts January 1, 2016.
- Question #12 *Are we to match benefits only to the level of detail provided or will you provide SBCs for us to match in greater detail? (Please note that matching benefit levels does not mean we will be able to match certificate language)*
- Answer #12 Option 1 in Attachment G is the current benefit coverage. Matching that would include matching the SBC and certificate language. The SBC's have been posted.
- Question #13 *Does the County have any intention of changing its contribution strategy for sole carrier?*
- Answer #13 At this time the County has not decided on whether it will change the contribution strategy to require employees to pay a portion or all of the premium. This should not

have any bearing on the rates.

*Question #14 What is the County's proposed contribution strategy for dual/multi carrier?*

Answer #14 At this time the County has not decided on a contribution strategy to require employees to pay a portion or all of the premium. This should not have any bearing on the rates.

*Question #15 Are we to quote HMO and POS options only?*

Answer #15 If the plan is for an HMO/POS combination, then quote those rates. If there is a PPO option, then quote those rates instead of the HMO/POS rates.

*Question #16 How many benefit plans (HMO,POS,PPO) does the county anticipate offering?*

Answer #16 The county intends to offer either a choice between an HMO and POS, or it will offer a PPO.

*Question #17 How would the \$50,000/year wellness payout be impacted in a dual/multi carrier situation?*

Answer #17 If there were two carriers, the \$50,000 could be split between the two carriers (\$25,000 each).

*Question #18 1.1 Introduction*

*The county wishes to contract with an insurance carrier(s) commencing on January 1, 2017 for a guaranteed rate, three (3) year contract with an option to renew annually for up to two (2) years or a five (5) year fixed contract.*

*Q. Would the 3-year or 5-year contracts be mutual? Meaning- if we agree on fixed rates through 2020, does the County also agree to remain with the carrier through 2020?*

Answer #18 Yes and yes.

*Question #19 4.10.6*

*Vendor must be able to use the County's enrollment form (See Appendix 5)*

*Q. How will enrollments be sent to the carrier? Will it be via the carriers website, paper applications or 834 file feed? If submitted to the carrier as a paper application is the County willing to make a few changes to their enrollment form? Examples: application does not allow employees to select a plan option (HMO,POS or PPO), application does not capture PCP/PCP clinic/current patient for each member and application does not capture different mailing addresses for dependents.*

Answer #19 Current process is to mail paper forms to the carrier. The County is willing to make changes to the form.

Question #20 4.10.8

*Vendor must provide regular explanation of benefit forms to subscribers?*

*Q. Please advise what is meant regular. Currently, explanation of benefits are not provided when there is no member (subscriber) responsibility. Is there a concern with our standard approach?*

Answer #20 Regular means what is required under the Affordable Care Act.

Question #21 Appendix 4

*County is provided \$50,000 per year to provide onsite wellness programming. Programming includes onsite classes, lunch n learns, biometric screenings, employee reimbursements for community supported agriculture, fitness events, fitness tracking devices, weight loss programs and wellness prizes. The program is overseen by the County's Wellness Committee which meets quarterly.*

*Q1. Our preference would be to offer a \$50,000 annual credit for the County to use toward UW Health-sponsored wellness programs or activities. Is this acceptable?*

*Q2. Biometric screenings are they required by all employees to complete?*

*Q3. Is there an incentive for employees to complete the biometric screenings?*

Answer #21 Q1. Would the UW health sponsored wellness programs or activities include all the programming listed above (ie. Onsite fitness, reimbursements)? If not, then no, it is not acceptable.

Q2. No they are not required. Wellness program is voluntary.

Q3. Incentive is employees do not have to make a doctor appointment to get screening done.

Question #22 5 most recent years of claims experience data

Answer #22 Data is being collected from providers and will be posted as soon as it becomes available, but no later than March 23, 2016.

Question #23 5 most recent years of high cost claims data with diagnosis information, total claims dollars, prognosis, with paid and incurred dates, and case management notes if available

Answer #23 Data is being collected from providers and will be posted as soon as it becomes available, but no later than March 23, 2016.

Question #24 5 most recent years of renewal exhibits (Physicians Plus and WEA), including renewal rates, medical loss ratios, renewal guarantees, and any plan change information

Answer #24 Data is being collected from providers and will be posted as soon as it becomes available, but no later than March 23, 2016.

*Question #25 Complete Census of all employees including: names, dates of birth, and employment status (fulltime, part-time, etc.), zipcode, and any segment information (active, retiree, etc.), and coverage status (single, family, waiving, etc.)*

**Answer #25** Data is being collected from providers and will be posted as soon as it becomes available, but no later than March 23, 2016.

*Question #26 Any current WEA employer contract language*

**Answer #26** This question is unclear, no attempt will be made to provide an answer.

*Question #27 Union agreement language*

**Answer #27** SUBJECT: HEALTH & DENTAL INSURANCE

This policy applies to all employees

a. A group hospital, surgical, major medical and dental plan shall be available to employees. For group health insurance for 2016, the County shall pay up to six hundred fifty one dollars and thirty cents (\$651.30) per month for employees desiring the "single plan" and up to one thousand five hundred thirty dollars and fifty-six cents (\$1530.56) per month for employees desiring the "family plan". *The County shall pay up to ninety percent (90%) of the cost of the Family Point of Service (POS) plan. Ten percent (10%) of the premium shall be the responsibility of the employee through payroll deduction. Employees enrolled in the single POS plan will contribute \$25 per month to the cost of the premium through payroll deduction. Employees with a spouse on Medicare Plus will receive a payment not to exceed that paid by the County for family coverage. If the health insurance premiums are raised, the dollar contribution caps cited herein shall be adjusted by the percentage equal to the increase in the premiums for the point of enrollment plans (this section is not applicable under the WEA Trust Insurance plan, which is contracted through 2016).*

The health insurance plan shall authorize coverage for the domestic partner of its employees. Such coverage shall be on the same basis as those participating in the family plan.

For group dental insurance for 2016 the County shall pay up to forty-six dollars and seventy-four cents (\$46.74) per month for employees desiring the "single plan", and up to one hundred thirty-one dollars and seventy-eight cents (\$131.78) per month for those desiring the "family plan." The dental insurance plan shall authorize coverage for the domestic partner of its employees. Such coverage shall be on the same basis as those participating in the family plan.

- a. *County Employees and their dependents selecting a health care provider offering Dane County both the Point of Enrollment/Point of Service and HMO plans will be allowed one (1) thirty (30) day open enrollment period per year*

*during which time an employee enrolled in the plan specified above can choose between that provider's POE/POS or HMO. The County shall pay the costs for employees and dependents choosing other plans equal to the dollar amounts stated in (a) (this section is not applicable under the WEA Trust Insurance plan, which is contracted through 2016).*

Employees on a leave of absence without pay, on layoff status, or who are retired and desirous of maintaining group insurance coverage shall make the required payments directly to the insurer, prior to the 10th of the month preceding month of coverage. Failure to make timely payments shall be grounds for termination from the group plan. The above requirement shall not apply to retired employees who are using accumulated sick leave to pay for insurance coverage under the Retirement Sick Leave Credit Conversion policy.

For permanent employees working less than full time, the County shall pay the health and dental premium contributions as provided in (a) above on a pro rata basis to the closest 10% incremental equivalent, as determined by the percentage of time compensated the employee. Time worked shall be initially established by the number of hours budgeted for the position, based upon a full time equivalency of 2,080 hours in a payroll year. When a department head determines that an employee's work time will increase or decrease by more than 10% during a three (3) month period of time or more, the County's health and dental premium contribution shall be adjusted accordingly, effective with the next premium contribution payment by the County. For permanent employees working less than full time, the County shall pay the health and dental premium contributions as provided in (a) above on a pro rata basis. The County will, on a quarterly basis, average the number of hours worked in the preceding quarter, as compared to a full time employee. This percentage will be used in the subsequent quarter as the share of insurance premiums paid by the County and the share paid by the employee. The calculated percentage will remain in effect for the next three months, at which time a new calculation will be made, using the hours worked in that quarter. The average hours worked, compared to a full time employee will continue to be updated each quarter, based on the previous quarter's hours worked, and will be applied to the upcoming quarter's insurance premium. The proration calculation shall not be reduced below the full-time equivalent (FTE) level certified for the position. Permanent part time employees and job sharers who are currently receiving the full County health and dental premium contribution as of March 16, 1985 shall be grandfathered (i.e., continue to receive the full contribution until such time as the employee resigns, retires or assumes permanent full time employment).

*Question #28    Retiree language*

**Answer #28**    See answer to question 7.

*Question #29 Pertinent language applying to other special segments of employees (Associated Agencies, surviving spouse, etc.)*

*Answer #29 See section 1.2 of the RFP.*

*Question #30 Employer Group reporting information*

*Answer #30 This question is unclear, so it cannot be answered.*

*Question #31 Summary of Benefits & Coverage (SBC) and/or Member Certificate for current benefit designs*

*Answer #31 See material attached on website.*

*Question #32 Cost format spreadsheet: We will supply rates in the following format:*

- o Without transgender services and without weight loss services (columns D,E,F)*
- o With transgender services option 1 / Without weight loss services (columns H,I,J)*
- o With transgender services option 2 / Without weight loss services (columns L,M,N)*
- o With weight loss services option 1 / Without transgender services (columns P,Q,R)*
- o With weight loss services option 2 / Without transgender services (columns T,U,V)*
- o If Dane County requires rates for all services together (medical+transgender1+weight loss1, then medical+transgender2+weightloss1, etc.) please let us know. That will result in 4 additional rate options needing to be shown*

*Answer #32 Provide a cost response using the format provided with the RFP.*

*Question #33 4.10.5 says “Vendor must provide funding for the County wellness program as identified in Appendix 4.” In Appendix 4 \$50,000 in funding is listed as well as Good Health Bonus funding. Is it being requested for the vendor to provide the \$50,000 to the County or to provide a program that utilizes the \$50,000 that Dane County already has, or only work with the Wellness Committee to assist with the program?*

*Answer #33 Dane County is requesting the vendor to provide \$50,000 for wellness programming as well as offering a Good Health bonus program through the vendor for \$100 single/\$200 family per year for wellness reimbursements (ie. \$25.00 for completing online health assessment, reimbursement for gym membership, weight loss programs, community supported agriculture).*

*Question #34 Is Dane County utilizing an independent wellness vendor? If so, does the health insurance vendor need to work with the existing wellness vendor?*

*Answer #34 No it is internal. Employee Relations does the wellness program along with a*

wellness committee made up of County employees.

*Question #35 Will there be a “best and final” offer period similar to what was extended during the 2012 RFP process?*

*Answer #35 Best and final offers may be requested.*

Please acknowledge receipt of this addendum by noting “Addendum #1 Received” on the bottom of the Signature Affidavit when you submit your bid. If you have any questions regarding this addendum, please contact me at 608-266-4966.

Sincerely,

Carolyn A. Ninedorf, CPPB  
Purchasing Agent