

ADDENDUM # 2 DATED 5/15/19 TO MONTGOMERY COUNTY, MONTGOMERY COUNTY SCHOOLS, VIRGINIA RFP#20-01

MEDICAL, PRESCRIPTION DRUGS, CLAIMS ADMINISTRATION AND STOP LOSS. PLAN EFFECTIVE 10/1/19

1. Please confirm that the plan labeled as “HMO” on the census is actually the “HK POS OA 15/20%/3500” plan from the plan grid with both in and out of network benefits? **Correct**
2. The combined census reflect 1,642 enrolled employees, however the monthly claims/enrollment file “MONTGOMERY COUNTY AND SCHOOLS - MONTGOMERY COUNTY PUBLIC SCHOOLS” shows 1,258 enrolled employees in March 2019. Is there a separate monthly claims/enrollment file for the County employees? If so, please provide it. **I believe this is due to some of the school employees showing up twice on the census (the second entry is for payroll purposes) This report was pulled from their system.**
3. Have any plan design changes been made within the last 12 months? If yes, please outline the changes made **The only change was the H.S.A. plan deductible went from \$1300/\$2600 to \$1350/\$2700 last October.**
4. Does the current wellness plan include incentives? If yes, what % of the population is participating in incentive activities? **Checking**
5. Please clarify the requested claim fiduciary arrangement. Does Montgomery County and MCPS want the vendor to act as full claim fiduciary or would MC and MCPS like final authority on all disputed claims? **The group would like the ability to have final authority**
6. Please provide the current wellness, technology, and communication allowances provided by the current vendor. **None**
7. Regarding #38 - Please confirm the frequency of claim files to be sent to the consultant (monthly, quarterly, etc.)? **monthly**
8. Please provide more detail regarding the on-site clinic. **HealthStat is the vendor** What services are offered? **Wellness and basic services.** Will you require data feeds exchanged between the vendor and clinic? **We are hoping to be able to capture this.** Can we get the tax IDs for the clinic? **We don't have this**

9. Please provide the current equivalent rates by plan

Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Modified KC 15/20%/2500	Modified HK 15/20%/2500	Modified KC HSA 1300/3425 - Schools	Modified KC 200/20%/3500	Modified KC 1000/20%/5000	Modified KC HSA 1300/3425 - County

RENEWAL RATES - EXPECTED LIABILITY RATES

Employee Only	\$668.80	\$648.73	\$575.16	\$648.06	\$604.60	\$575.16	
Employee and One Child		\$1,404.49	\$1,362.35	\$1,207.86	\$1,360.94	\$1,269.66	\$1,207.86
Employee and Children	\$936.31	\$908.22	\$805.23	\$907.28	\$846.43	\$805.23	
Employee and Spouse	\$1,404.49	\$1,362.35	\$1,207.86	\$1,360.71	\$1,269.66	\$1,207.86	
Employee and Family	\$1,872.62	\$1,816.44	\$1,610.46	\$1,814.54	\$1,692.87	\$1,610.46	

10. Are large claims above the \$250k pooling point included in the monthly claim data? **Yes**

11. In the RFP Response Required excel workbook, tab Admin Provision, it asks about COBRA costs. Please confirm you are looking for a COBRA quote? **Those questions are really just asking if those services are provided in your proposal**