



MANATEE COUNTY FLORIDA

January 21, 2014

TO: All Proposers

SUBJECT:

Request For Proposal (RFP) #13-1775FL
Supplemental Medical Insurance for Manatee County Retirees

ADDENDUM #1

The following items are issued to add to, modify and clarify the Request For Proposal document. Proposals are to be submitted on the specified time and date due, in conformance with the additions and revision listed herein.

A. Clarification Requests as submitted by Proposer's

1. Can we get Detailed Claim Experience – preferably by product with corresponding lives for 12-24 months?

Not available.

2. Can we please get Plan Designs for your current Medicare Supplement Plans?

Attached – Plan F.

3. Would the County like to see Medicare Advantage plans that are similar to the active plans or only Medicare Supplement plans? Or both?

Both, however individual plans only, the County is not interested in group products at this time.

4. Is the County's objective to provide retirees with a private exchange, offering group Medicare coverage products with differing price points/benefit levels that mirror the individual market, given the low Medicare medical plan benefit levels generally available to individual/non-group retirees?

The County's objective is to partner with a private exchange vendor that can offer a full suite of plans and services to our retirees (Medicare eligible as well as early retirees). The intention is to give retirees the options to explore individual Medicare medical/rx plans, with the option for the vendor to administer an HRA account for subsidy.

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The County is not looking for group plans, but individual Medicare supplemental opportunities for Medicare eligible and individual medical plans.

15. Please confirm the requested proposed effective date.

Available to retirees who age in by July 1, 2014 and available as an option to group supplement and employer sponsored group plan for a 1/1/15 effective date.

16. Does the existing Aetna Rx plan include gap coverage?

The existing Aetna plan is the medical/rx plan that is offered to the active employees of Manatee County and for Medicare eligible retirees enrolled in that plan as secondary coverage, the rx gap is covered.

17. Please provide the most recent 24 months of prescription drug claim experience (on a monthly basis) separated out for Aetna commercial Rx plan and Coventry Part D plan for Medicare retirees- containing allowed, retiree cost share (copays, deductible, etc) by month and plan paid claims with corresponding monthly membership. Please include plan design changes and dates of plan design changes

Information is not available.

18. Current value of the Retiree Drug Subsidy (RDS) subsidy amounts on a pmpm basis for Aetna commercial Rx plan.

The County no longer receives RDS.

19. Current medical and pharmacy equivalent rates and renewal rates if available (Are the premiums reflected in your exhibit representative of the true full equivalent /ghost rates with Medicare Funding (do they include the cost for stop loss, commissions, admin fees, etc?) Or are they net of these additional expenses?)

The premium rates were provided with the proposal. The premium for the retirees who elect the employer sponsored plan (same as actives) as secondary coverage includes the medical and prescription. The premium for the retirees who elect the group Medicare Plan F Supplement with Transamerica reflect the medical cost, rx cost, subsidy (if applicable) and the retiree's share.

20. Proposed Employer Contribution (if strategy is changing)

Use current contribution rates or propose options.

21. Do the current eligibility and contribution subsidy remain the same for the new individual supplement plans as for the current options?

Yes.

22. There is a reference to administering an HRA on page 10 under B.03 – do you want carriers to quote an HRA? If so can you please share the parameters and which plan it will coordinate with?

No, the County is seeking a vendor who will administer the HRA, not an HRA product with a specific carrier.

5. Is the County willing to consider Medicare Advantage plans as a part of the exchange, but on an individual/non-group basis?

Yes, but not as the only option.

6. Is the County willing to consider Medicare Advantage plans as a part of the exchange, but on a group basis?

No. County is not interested in group products at this time.

7. Given that the vast majority of Medicare Part D PDP plans offered in the individual retiree market place do not provide full coverage in the coverage gap, like your current PDP plan, would the County be willing to consider Medicare PDP plan(s) on a group basis?

No, this RFP is not seeking proposals on group products.

8. Does the RFP number and title have to be on all documents in the binder?

No.

9. Can carriers add a supplemental section to the binder to hold all of their own pertinent documents?

Yes.

10. Is it sufficient for someone with Authority to Bind a contract to sign the Attachments?

Yes.

11. In section B.03 Scope of Service, it states "however, the principle services (eg. Customer Service operations) must be owned and operated by the proposer". What if the platform for a Private Exchange is through an external partner and they own the call center for the individual, multi-carrier exchange. Post-enrollment, the call center belongs to the carrier. Would this be an acceptable situation for the County?

No, the County is seeking a full suite of services to be provided by vendor from initial enrollment through post-enrollment and ongoing use of the plan.

12. Is this truly a July 1, 2014 effective date, or just for the age-ins, with a full enrollment for a January 1, 2015 effective date?

July 1, 2014 will be for age-ins. Exchange option with individual plans will be added to existing group options for 1/1/15 effective date.

13. Would the County accept self-funded proposals?

The County is not interested in a self-funded proposal.

14. In receipt of the RFP for supplemental Medical insurance for the Medicare eligible retirees of Manatee County. In order to get this to the proper area to provide a quote, can you tell me if the county would be receptive to receiving a quote for a Group Medicare Advantage plan(s)? Or is the county only interested in individual Medicare Supplement offerings?

23. Is the County looking to make all options – both existing and the new individual options – available through the exchange?

No.

Are we to match the active plans with a Medicare Advantage option, match the Medicare Supplement plans and offer all via an Exchange?

The County is seeking a vendor that has access to a variety of individual plans that are similar in nature to the group supplement and the active plan, but will offer retirees an affordable option via a private exchange.

24. Would you consider a group exchange plan, rather than the individual programs in place today? This would not translate into an administrative burden on the County, but group rates are often better than individual.

The intent of the RFP is to seek a vendor to administer individual plans.

25. Is there a specific number of carrier options you are looking for? Will you consider single or multi-carriers?

The County seeks multi-carriers to give retirees a competitive selection and options.

26. We are confused as to what plans the County is looking for. The Introduction indicates “match as closely as possible to the current group medical supplement plans” and then second bullet on page 10 indicates the County would like to contract with an entity that can provide “effective and competitive contracting with medical insurers with a variety of plan options”. We would like to match as closely as possible the current group medical supplement plans. Is the intent to match each plan?

No; however, the County is mindful that retirees are familiar with existing plans and therefore the intent is to obtain proposals that have a variety of plan options, including plans that look similar to existing group plans.

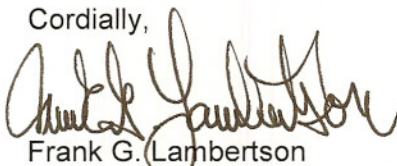
How many plan options does the County want you want to make available?

The County is interested in a vendor that has relationships with multiple carriers and plans to offer our retirees.

No additional questions will be considered after the issuance of this Addendum.

Proposals are to be prepared as instructed in this Request For Proposals and shall be received at Manatee County Purchasing Office, Suite 803, 1112 Manatee Avenue West, Bradenton, Florida, FL 34205 until **4:00 P.M., January 31, 2014.**

Cordially,



Frank G. Lambertson
Contracts Negotiator

SMW

Plan F

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies: First 60 days 61 st thru 90 th day 91 st day and after: While using 60 lifetime reserve days Once lifetime reserve days are used: Additional 365 days (lifetime) Beyond the Additional 365 days	All but \$1,132 All but \$283 a day All but \$566 a day \$0 \$0	\$1,132 (Part A Deductible) \$283 a day \$566 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0** All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital: First 20 days 21 st thru 100th day 101 st day and after	All approved amounts All but \$141.50 a day \$0	\$0 Up to \$141.50 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan F
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed \$162 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment: First \$162 of Medicare-Approved Amounts*	\$0	\$162 (Part B Deductible)	\$0
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	\$0
PART B EXCESS CHARGES (Above Medicare-Approved Amounts)	\$0	100%	\$0
BLOOD First 3 pints	\$0	All costs	\$0
Next \$162 of Medicare-Approved Amounts*	\$0	\$162 (Part B Deductible)	\$0
Remainder of Medicare-Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE Medicare Approved Services: Medically necessary skilled care services and medical supplies Durable medical equipment: First \$162 of Medicare Approved Amounts*	100%	\$0	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

FOREIGN TRAVEL Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA: First \$250 each calendar year Remainder of charges	\$0 \$0	\$0 80% to a lifetime maximum of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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