

**QUESTIONS AND ANSWERS REGARDING
REQUEST FOR PROPOSALS (RFP) NO. 24-0014
EMPLOYEE GROUP INSURANCE COVERAGE**

1.	Can you please provide a copy of the most current census. Please make sure the census includes DOB, Gender, Job Description, and Salary?
	Please review on our website or click link below. Employee Group Insurance
2.	Can you please provide certificates?
	Please review on our website or click link below. Employee Group Insurance
3.	Can you please provide experience?
	Please review on our website or click link below. Employee Group Insurance
4.	Can you please provide current rates?
	Please review on our website or click link below. Employee Group Insurance
5.	What percentage of brokerage commission will need to be included in the quote?
	There will be no commission to include.
6.	Please provide Employee Census in Excel format including (Date of birth, gender, home zip codes, coverage type, plan type, if COBRA, waivers, retirees).

	Please review on our website or click link below. Employee Group Insurance
7.	Can you please provide Questionnaire in Word Doc format?
	Please review on our website or click link below. Employee Group Insurance
8.	Can you please provide claims experience?
	Please review on our website or click link below. Employee Group Insurance
9.	Can you please provide enrollment history?
	Please review on our website or click link below. Employee Group Insurance
10.	Are commissions to be included?
	There will be no commission to include.
11.	Is coverage voluntary?
	We have requested employer and employee paid for short-term disability. All other lines are employer paid.
12.	Can you please provide carrier history?
	Please review on our website or click link below. Employee Group Insurance

13.	Can you provide current rate history?
	Please review on our website or click link below. Employee Group Insurance
14.	Can you provide census of full benefit eligible population that includes gender, date of birth, zip codes, occupation, salary and benefit enrollment information?
	Please review on our website or click link below. Employee Group Insurance
15.	Please provide plan design information for the new STD offering, including funding arrangement.
	Please review on our website or click link below. Employee Group Insurance
16.	Please provide Census (Name, DOB, Gender, Salary, DOH, Occupations, current voluntary elections, current classes).
	Please review on our website or click link below. Employee Group Insurance
17.	Please provide effective date of coverage.
	January 1, 2025
18.	Please provide renewal/in-force rates.
	Please review on our website or click link below. Employee Group Insurance

19.	Please provide current contracts.
	Please review on our website or click link below. Employee Group Insurance
20.	Please provide requested broker commissions (if any).
	There will be no commission to include.
21.	<p>Please provide claims experience. (if group is 100+ lives)</p> <ul style="list-style-type: none"> • Base Life/AD&D (250+ people on the plan) – we can use up to 5 years. Annual or monthly claims paid vs premium paid. Full incidence listing (claim amount, DOB, paid date) • Vol Life/AD&D (250+ people on the plan) – we can use up to 5 years. Annual or monthly claims paid vs premium paid. Full incidence listing (claim amount, DOB, paid date) • STD (100+ people on the plan) – we can use up to 5 years. Need monthly claims paid vs monthly premium paid. Need open/closed claim listing • LTD (250+ people on the plan) – we can use up to 5 years. Need monthly claims paid vs monthly premium paid. Need open/closed claim listing • Dental (100+ people on the plan) – we can use up to 5 years. Need monthly claims paid vs monthly premium paid vs monthly life count • Vision (250+ people on the plan) – we can use up to 5 years. Need monthly claims paid vs monthly premium paid vs monthly life count
	<p>Base Life/AD&D and Vol Life/AD&D is not applicable to this RFP. All other coverages can be reviewed on our website or link below.</p> <p>Employee Group Insurance</p>
22.	Can you please provide the questionnaires (Exhibit A), in the original excel format?

	<p>Please review on our website or click link below.</p> <p>Employee Group Insurance</p>
23.	Will you accept electronic signature of forms?
	Yes
24.	Are we able to get a census with dob, gender, occupation, class description (if applicable), and earnings? I think we have everything else like plan designs and inforce booklets, etc. to work on this quote for you.
	<p>Please review on our website or click link below.</p> <p>Employee Group Insurance</p>
25.	Please confirm tentative award date. Based on the RFP timeline, the award is showing as scheduled for the same date as the carrier proposals are due.
	September 1, 2024
26.	Is there any interest in a DHMO offering if there is a favorable network match?
	No
27.	Are there any current service issues or deficiencies you are seeking with this bid? If so, please elaborate.
	No

28.	Please provide a census file of all eligible employees with standard information (gender, date of birth, home zip, product enrollment and coverage tiering). If any are COBRA or retirees, please identify this also on the census.
	Please review on our website or click link below. Employee Group Insurance
29.	Will electronic signature be acceptable for the signature forms required or do you desire original “wet” signatures?
	Yes
30.	Please confirm the desired effective date for this RFP as the current policy is on a 1/1 renewal date and the RFP is seeking a 9/1. Are you looking to change all benefits to a consistent renewal date or planning to change renewal from 1/1 to a 9/1 going forward?
	All policies will start on January 1, 2024.
31.	A list of Complete Member Level Census for all eligible? <ul style="list-style-type: none"> • Included first name, last name, dob, gender & zip code (for enrollment dependents as well) • For those enrolled, please include current coverage tier + plan name (for all lines of coverage)
	Please review on our website or click link below. Employee Group Insurance
32.	Should we quote off anniversary? I show the group’s renewal date is 1/1/2024.
	All policies will start on January 1, 2024.

33.	<p>Can you provide current monthly rates for all lines please?</p> <ul style="list-style-type: none"> • The attachment does provide some rates but they are on the employee side + after contribution
	<p>Please review on our website or click link below. Employee Group Insurance</p>
34.	<p>Is there a broker involved? If so, how much commission needs to be included?</p>
	<p>There will be no commission to include.</p>
35.	<p>Please provide a census of all eligible employees.</p>
	<p>Please review on our website or click link below. Employee Group Insurance</p>
36.	<p>Why is there a separate dental plan for MS residents? Please explain. Will there need to be a separate plan for MS employees going forward?</p>
	<p>During the initial set up of the plans, we were previously told that MS has a specific provision when dentists are out of network. They were paid at the same percentage as in-network (without the guaranteed negotiated rate).</p>
37.	<p>Please provide 1/1/2025 renewal rates for dental and vision.</p>
	<p>Renewal rates are not available. They are not received until sometime after July 1st.</p>
38.	<p>Will you consider acceptance of an electronic proposal via email or a flash drive mailed to you instead of printing hard copies of the proposal?</p>
	<p>Please see Section 11, Response Structure, of the RFP.</p>

39.	Please provide the excel version of the questionnaire included in the RFP.
	Please review on our website or click link below. Employee Group Insurance
40.	Please provide current LTD rates.
	Please review on our website or click link below. Employee Group Insurance
41.	<p>Please provide a disability census with all of the following information:</p> <ul style="list-style-type: none"> a. DOB b. DOH c. Gender d. Salary e. Occupation f. Class number/designation (if applicable) g. Elections (if applicable) h. Sick leave in days (if applicable)
	Please review on our website or click link below. Employee Group Insurance
42.	Please confirm whether the group participate in Social Security and if so, if any occupations are exempt.
	Benefit eligible employees do not pay social security.
43.	Please confirm whether the premium contributions are paid with pre or post tax dollars.
	Dental, Vision, and LTD are 100% Employer paid.

44.	Please confirm what (if any) state retirement plan the group participates in, and which classes participate.
	All benefit eligible employees are participants in the City of Memphis Retirement System and have the ability to participate in the State of Tennessee 457 Plan
45.	Please clarify if there is a specific plan design requested for the new STD coverage or at a minimum, if coverage offered should be voluntary or non-contributory.
	Carriers should provide quotes for employer paid AND employee paid funding arrangements.
46.	Please provide LTD experience from a 3 to 5 year period showing: <ul style="list-style-type: none"> a. Earned Premium and number of insured lives by year b. Rate History (if not already provided) c. Paid Claims by Incurred Year d. List of open claims including date of loss, date of birth, gender, salary, gross benefit, offset amounts, net benefit and reserve
	Please review on our website or click link below. Employee Group Insurance

Questions are listed as submitted, company names are withheld.