

**VOLUNTARY BENEFITS
CRITICAL ILLNESS & HOSPITAL INDEMNITY
REQUEST FOR PROPOSAL**

ADDENDUM NUMBER: TWO (2)

AUGUST 2, 2019

THIS ADDENDUM IS ISSUED PRIOR TO THE ACCEPTANCE OF THE FORMAL RFP's. THE FOLLOWING CLARIFICATIONS, AMENDMENTS, ADDITIONS, DELETIONS, REVISIONS, AND MODIFICATION FORM A PART OF THE CONTRACT DOCUMENTS ONLY IN THE MANNER AND TO THE EXTENT STATED.

Q&A

1. How are employee benefits communicated? Online only, benefit fair, etc.. **Online, post cards, posters, and benefit fairs.**
2. During enrollment what percentage of employees will be engaged? **84%**
3. How does Oracle fit into this opportunity? **Oracle is the HRIS/Ben admin system. Enrollment is being done on U2X and all products must be U2X compatible – as indicated in the minimum qualifications section of the RFP.**
 - Are they the ben admin platform? **Oracle is the HRIS/Ben admin system. Enrollment is being done on U2X and all products must be U2X compatible – as indicated in the minimum qualifications section of the RFP.**
 - Will the products in the RFP be hosted on Oracle? **Oracle is the HRIS/Ben admin system. Enrollment is being done on U2X and all products must be U2X compatible – as indicated in the minimum qualifications section of the RFP.**
4. Please explain the reason(s) that this RFP is out to the market. **To add two new voluntary benefits:
1.) Hospital Indemnity
2.) Critical Illness**
5. Who is the incumbent carrier? Is this a virgin group? **Virgin Group**
6. What is the current commission level included in the rates (if applicable)? **Heaped and indicated on RFP.**
7. What specific services would the requested credit(s) funds be covering? **No funds were requested. Who will be performing the services (customer, broker, TPA)? Custom Benefits Programs (CBP) an AON Company.**
8. Please describe current and desired enrollment methods. **Online; telephonic; cell phone.** Confirm any enrollment firms and specific platforms or systems involved. **CBP's Platform U2X.**

9. Please provide a census file that includes the run date as well as the following key information: Gender, Zip code, Date of birth, & Salary. **Census was provided to vendors that requested.**
10. Please confirm the effective date of the coverages. **1/1/2020**
11. When is the effective date? **1/1/2020**
12. When will open enrollment take place? **11/4/2019-11/15/2019**
13. Please provide a list of current benefits offered and the carrier for each.
Medical PPO; EPO; HDHP/HSA – Aetna
Dental DMO – Aetna
Vision – Aetna
Long Term Disability – Reliance Standard
Short Term Disability – Reliance Standard
Dental PPO – Reliance Standard
Group Basic & AD&D Life – Reliance Standard
Group Supplemental Life – Reliance Standard
Flexible Spending Medical/Dependent – TCA
403(b)/457(b) – Fidelity & VALIC
Cash Balance Pension Plan (Northern Trust/AXA Equitable)
Prescription Drugs -CVS

14. What is Broward’s Health Medical Deductible?

	Aetna Best Choice	Aetna Best Choice	Aetna EPO	Aetna HDHP	Aetna HDHP
	In Network	Out of Network		In Network	Out of Network
Individual	\$150.00	\$150.00	\$250.00	\$1,500.00	\$3,000.00
Family	\$400.00	\$400.00	\$750.00	\$3,000.00	\$6,000.00

15. Will the incumbent voluntary benefits continue to be payroll deducted or will they be removed from payroll? **N/A**
16. Please describe the current method used for open enrollment. **Lawson Employee Self Service (ESS).**
17. Will the selected vendor be allowed to conduct group meetings and meet with each employee face-to-face? **Yes**
18. Please describe any need for employee self-enrollment. **During Open Enrollment and as a new hire.**
19. Please describe any need for call center enrollment. **To assist employees with related questions.**
20. In the RFP it indicates that the vendor must be host on AON’s U2X Enrollment Platform, then later in the RFP it asks to describe the Vendor’s experience with the Oracle Enrollment System. Is this the same system or which one will be used? **AON’s U2X Enrollment Platform**

21. Will an exception be made for the attained age requirement for the Critical Illness request? **This has not yet been determined.** Can Issue Age rates be shown? **Yes**
22. Please provide a complete census containing DOB, Gender, and salary. **Census was provided to vendors that requested.**
23. Please confirm if this is virgin coverage for CI & HI. **Yes.** If not, please provide current elections on the census, current plan documents and rates.
24. Please confirm what commission level is desired. **Heaped, as listed in the RFP.**
25. Enrollment Conditions – Please provide the following:
 - a. Will the client use an enrollment firm? **Yes, CBP Certified Enrollers.**
 - b. What is the current Enrollment Platform being used for enrollment of Hospital Indemnity, Critical Illness and Accident? **N/A**
 - c. Is this the same platform used by employees when electing Medical Coverage/Employer Paid Coverages? **Yes, it will be.**
 - d. Please confirm who communicates plan design to the Employees (Broker, HR, Carrier). **HR/Vendors**
 - e. How is the information conveyed (through email, group meeting, etc.)? **Emails; Intranet; Benefit Fairs, etc.**
 - f. How many touchpoints for each year of enrollment? **This is not determined at this time.**

END ADDENDUM TWO