UCONN
UNIVERSITY OF CONNECTICUT

ADDENDUM #2

DATE: November 26, 2018

TO: All Prospective Bidders

FROM: Kristin Allen, Senior Procurement Specialist

RE: **RFP# KA102918 Student Health Insurance**

All respondents are hereby advised of the following amendment to the Request for Proposal documents which are hereby made an integral part of the bid documents for the subject contract, prepared by the University of Connecticut, Purchasing Department.

Proposals submitted shall be deemed to include contract document information as shown in Addendum No. 2. Respondents shall be required to acknowledge receipt of this addendum in their proposal response. Failure to acknowledge receipt of this addendum by the respondent may result in the rejection of their proposal response.

BIDDER NOTE: This addendum must be completed, signed and submitted with your proposal response to be considered for award. If you have already submitted a proposal, please complete the addendum and submit same in a sealed envelope, clearly marked with the bid number, response date, and return address. This will be accepted as part of your proposal response, PROVIDING IT IS RECEIVED BY THE PURCHASING DEPARTMENT BY THE TIME AND DATE SPECIFIED IN THE RFP/ADDENDUM.

Questions and Answers for RFP# KA102918 Student Health Insurance

1. Gross Premium (Total Premium including PPACA fees): 2017/2018 Policy Period **See Attachment**
2. Total Paid Claims: 2018/2019 Policy Period (Please indicate the month that the claims are through) and 2017/2018 Policy Period **See Attachment**
3. Large Claims: 2018/2019 Policy Period, 2017/2018 Policy Period, 2016/2017 Policy Period, 2015/2016 Policy Period **See Attachment**
4. The Net Premium was provided in the submission for the 2016/2017 Policy Period and 2015/2016 Policy Period. I am in need of the Gross Premium for these Policy Periods (Total Premium including PPACA fees) **Deduct $120.00 from Net premium to see Gross premium.**
5. Dental utilization Data unavailable. **See Attachment. Claims data unavailable**
6. Please supply the TINs for the following provider question: PPO Network: Students must have PPO option with network that includes at least 75% of area providers (within a 20 minute drive of each campus). Windham Community Memorial Hospital, Eastern Connecticut Health Network, and

Office of the Executive Vice President for
Administration and Chief Financial Officer
Procurement Services
3 DISCOVERY DRIVE, UNIT 6076
STORRS, CT 06269-6076
PHONE 860.486.2619
FAX 860.486.5051
www.procurement.uconn.edu

An Equal Opportunity Employer

UCONN Health (Farmington) **must** be included in the network .**We do not have the TINs for these facilities.**

7. Do exclusions apply at the Student health center? **Only Storrs registered students that have paid the general Student Health Fee are eligible to be seen and treated at Student Health Services.**
8. Is there a referral for the Student health center? **No**
9. Does UConn provide student social security numbers in the enrollment file? **Yes**
10. Please confirm that the University of Connecticut administers its own waivers while the broker/insurance company administers all voluntary enrollments. **SHS manages all waivers and appeals until 10/15. The broker manages all waiver appeals after 10/15. Voluntary enrollments are handled by both SHS and the broker.**
11. Please provide premium and claims breakdown by Hard Waiver and Voluntary. **We do not track voluntary enrollments.**
12. Please provide premium and claims breakdown by Student and Dependent. **See Attachment**
13. Please provide copies of the dental brochure, dental enrollment numbers, dental premium and claims for 2015-16, 2016-17 & 2017-18 policy years. Data unavailable. Dental Plan overseen by Broker. **See Attachments**
14. *Page 4: "All full-time students receive mailings advising them of the on-line process required to waive".* **Can you confirm the type of mailing and the frequency? Mailing is sent to incoming fall semester students. It printed and mailed document. Mailing is sent in early May to approx. 23,000 students and the cost is paid by the insurance carrier.**
15. Page 4: **Who is responsible for the weekend nurse line? Is that provided by the insurance carrier? Or secured through the health center? SHS provides the weekend nurse call line when we are closed.**
16. Page 4: **How is the University owned ambulance handled? Do they bill fee for service? UConn Fire Dept provides ambulance service and fees are billed by a third party vendor.**
17. *"3.3.8 The University requires that renewal premium quotations for succeeding years of this plan be provided annually by October 1st for the plan year to begin August 15th in the same year."* **Do you mean August 15th the following year? August 15th of the following year.**
18. *"3.3.10 Expanded Coverage – The University requires the availability of optional coverage choices for students requesting such, due to special situations or responsibilities. Please provide details on available optional coverage choices."* **Please provide clarification on a typical request. Is this a request for alternative coverage periods? Voluntary plans such as dental or vision? Or a continuation option after the end of the policy period? Early enrollment prior to the plan start date of 8/15 is provided to athletes and International students who arrive on campus in mid-June and are enrolled in the full plan year in the fall semester.**
19. *"3.4.4 Other programs with members within the demographic group through not fully enrolled as students of the University of Connecticut are eligible for coverage"*. **Are these students voluntary or mandatory? These are International students enrolled in special UConn programs and they are mandatory.**

Office of the Executive Vice President for
Administration and Chief Financial Officer
Procurement Services
3 DISCOVERY DRIVE, UNIT 6076
STORRS, CT 06269-6076
PHONE 860.486.2619
FAX 860.486.5051
www.procurement.uconn.edu

An Equal Opportunity Employer

20. "3.5.16 Enrollment Periods: Will occur in the summer/fall for the fall semester and winter/spring for the spring semester, with open enrollment period for specific programs." **Please confirm whether or not fall enrollments are annual enrollments. Do all students have access to the spring waiver form or just new spring students? If a student does not return for spring is there a spring termination process? Yes, fall enrolled students pay for the full plan year. Only new incoming spring students have access to the waiver form. No there is no spring termination process. They will continue to be on the plan the full plan year.**
21. *"3.5.19 On-Campus Coverage":* **What is the anticipated orientation schedule for the 2019-20 policy year? Is a representative expected to be on campus the entire final week of August? How many days is the University Health Fair? Orientation fairs begin mid-May and continues until mid-July. A representative is expected to be on campus at the fairs twice a week for 2 hours per day. Once the Orientation fairs are concluded a representative is expected to be on campus once a week.**
22. *"3.5.23 Short Term Coverage"* **How are Short Term Coverage students currently enrolled? Are they mandatory? Are they voluntary? Are the coverage period durations pre-determined? Short term coverage students are mostly voluntary. Coverage periods vary. Broker manages enrollment.**
23. *"3.5.12 Publication Requirements: The insurer will be required to design brochures, enrollment cards, claim forms, etc., and submit them for the University's review and approval. They must be delivered in sufficient quantities and to the campuses listed without any additional financial consideration from the University".* **Please define "enrollment cards". Is this the ID card? Please confirm how many printed copies will be requested for brochures, enrollment cards, claim forms, etc. Enrollment cards are the Plan ID cards. The number of ID cards vary each plan year based on the number of enrolled students and the cards are mailed to the enrollee. Other plan materials are typically printed 1500 to 2000 copies for each piece.**
24. *"6.1.12 "Joint Venture" in this sourcing context refers to firms that may have familiarity within particular areas but may not be subject matter experts in all necessary areas; therefore, the University welcomes joint venture proposals. Please see paragraph 3.13 for specific requirement(s) related to joint venture proposals."* **Please provide Joint Venture requirements, we don't see them referenced in a section 3.13. Please disregard the reference to paragraph 3.13. There are no specific requirements.**
25. With regard to the Standard Contract Terms and conditions in Section 7.0, will University of Connecticut request a contract with the broker or the broker and the insurance carrier? **This depend on the proposed and negotiated structure of the relationship.**
26. Please provide detailed paid claim reports with pharmacy broken out from medical for the policy years 2016/17, 2017/18, 2018/19 **See Attachment**
27. Please furnish large claimant details in excess of $25,000 and eligibility status of such claimants for the 2017/18 policy year **See Attachment**

Office of the Executive Vice President for
Administration and Chief Financial Officer
Procurement Services
3 DISCOVERY DRIVE, UNIT 6076
STORRS, CT 06269-6076
PHONE 860.486.2619
FAX 860.486.5051
www.procurement.uconn.edu

An Equal Opportunity Employer

28. Please furnish a detailed breakdown of the corresponding premium for the current and three prior policy years **See Attachment**
29. Please confirm if the $50 admin fee was in place for the last three prior policy years. **Yes**
30. Please describe the current broker's involvement with customer service support with respect to reviewing and auditing waivers, waiver denials and the waiver appeals process? **Broker manages after waiver deadline requests starting on 10/15 and 3/15. All waiver inquiries are directed to broker's office. Broker is responsible for presenting waiver requests to SHS for approval. Broker then communicates approval or denial to the student.**
31. Please confirm if there is a student insurance advisory board and if yes, who participates on the board and what is the decision making process for the SHIP? **No there is no student insurance advisory board. The SHIP is managed by the Practice Manager in conjunction with the Insurance Coordinator and Director of Fiscal and Business Operations.**
32. Please furnish a copy of the current year's waiver form so we can review the requirements and criteria sought by the University. **See Attachment**
33. Please explain the insurance requirements and criteria for international students? **International student's other /alternative medical insurance must meet the specific visa requirements and provide repatriation benefits.**
34. Is it the intent of UCONN to continue to manage the hard waiver process or would you consider having the broker manage waiver and enrollment as well as audit/verification? **UConn will continue to manage the hard waiver process. The broker will be involved as stated in Question 30.**
35. Does the university allow the internationals to purchase short term medical plans to use for the waiver process versus making it mandatory to enroll in UCONN's SHIP? **Yes internationals can purchase short term medical plans as long as it meets their visa requirements.**
36. Is the university interested in a self-funded quote that will include administrative services only (ASO)? **We are looking for a fully funded plan.**
37. Section 3.3.10 Expanded Coverage: Please define what is meant by "availability of optional coverage choices for students requesting due to special situations or responsibilities"? **Allowing students to add dependents or spouses due to a life event.**
38. Section 3.4.4: Please explain what is meant by "Other programs with members within the demographic group though not fully enrolled as students of UCONN are eligible" Please describe these programs? **International participants, visiting scholars, Doctoral candidates. Participants attending short term academic programs not matriculated.**
39. Section 3.5.9 On-Campus Coverage:

- How many hours per week? **Two hours per week Is usual. Additional hours if there is a need.**
- Is this person in the Cigna Center on campus? **We expect this person from the Insurance carrier or broker's office. There is no Cigna Center on campus.**
- Is this person a Bailey employee or a 1099 that is subcontracted by CHP? **This person is a Broker employee.**

- Is the person paid by Bailey or UCONN? How is the position funded today? **Person is paid by Bailey.**
- Is this person required to have E&O and CT license for health, etc? **No if they are an employee of the broker.**

40. Enrollment in the SHIP has decreased and experienced fluctuations. What are the factors attributed to the enrollment changes? **In the beginning Graduate Assistants and Teaching Assistants were included in the SHIP. Once they unionized they were removed from the plan and put into a state funded plan. Also more students are retaining parent's coverage until age 26 which has decreased enrollment in the SHIP.**
41. APEPENDIX D, page #2, Please provide more context surrounding the following question, "Contractor agrees to serve additional UCONN facilities as they become operational". Which other UCONN facilities have not been mentioned in the list on pages #1 and #2 of Appendix D? **The University includes this language in the instance another location, division, branch, etc. should need these services. At this time, the locations listed are all inclusive.**
42. APPENDIX D, page #2, "Maximum Amount Payable". Please explain what this question trying to answer. **This amount is required by our Att. General to provide an estimate of the value of the contract. Please note: Appendix D is not to be completed for your proposal response. We are providing the agreement template simply for your review so the awarded provider will be aware of the agreement format.**
43. RFP, page #4, there is a statement in the RRP, "Pharmacy claims will be ledger billed during the contract period." Is the student health center contracted with the current PBM in place? For the 19/20 contract, we assuming that the student health center will contract with APM. **Our Pharmacy is contracted with all major PBM's. We are looking for the successful bidder to develop the mechanism to allow pharmacy claims to be ledger billed.**
44. RFP, page #6, Vendor information, 3.3.8, requires that renewals in subsequent years must be provided by no later than October 1st. Is this an absolute condition, will Aetna be disqualified for non-compliance with this request? **This is a preferred date not absolute. We will review bidder's timelines during submission reviews to ensure we have adequate time for marketing for the next plan year.**
45. RFP, page #12, for the premium and claim information, we are going to need data for policy year '17/'18. Please provide all years broken down by any and all sub-classifications (i.e. Undergrad, Grad, Domestics, Internationals, etc.). **See Attachment.**
46. Please provide Premium for the following policy years, '16/'17and '17/'18. This data should be broken down by any sub-category that UCONN wishes to track. **See Attachment**
47. Please provide Large Claims for the following policy years, '16/'17, '17/'18 and any emerging large claims for '18/'19. This data should be broken down by any sub-category that UCONN wishes to track. **See Attachment**

48. Please provide the enrollment for the following policy years, '16/'17, '17/'18 and the emerging policy year '18/'19. This data should be broken down by any sub-category that UCONN wishes to track. **See Attachment**
49. In regard to the fees provided for the Health Center, are these the fees that the health center charged for past policy years? Has there been any changes to these fees? Are the fees in the future planned to be changed? **The fee schedule is updated each Fiscal Year usually in June before the start of the Fiscal Year on July 1st.**
50. Please provide the commissions included in rate for the past number of policy years, '16/'17, '17/'18 and '18/'19. And also, please confirm anticipated pricing for commissions in the '19/'20 policy year. **We do not have information on the commissions included in the rate. We have information on the Broker's fee which is $70.00 and the SHS Admin fee which is $50.00. We have contracted with the Lockton Company to do our renewal rate negotiating with the carrier.**
51. In regards to Appendix B Point by Point Response - please confirm a separate document for questions in Appendix B which require a descriptive response will be accepted. Each response will be labeled according to the question being asked for easy reference. Or is it required that those responses be placed in the Exceptions Taken column even though they are not Exceptions to the question being asked. **It is preferred that all responses are provided in the Excel format that has been provided and saved as its own separate document.**
52. Section 6.27 Exceptions to Standard RFP and/or Contract Terms and Conditions –please confirm all exceptions to sections 4.0, 5.0, 6.0 and 7.0 must be outlined in Appendix B RFP Point by Point tab or can we provide a supplemental document if needed. **It is preferred that all responses are provided in the Excel format that has been provided and saved as its own separate document.**
53. In regards to Appendix D Purchasing Agreement Template - please confirm whether Appendix D has been provided for informational purposes or is a red lined version required to be returned with our proposal response? **Appendix D is not to be completed for your proposal response. We are providing the agreement template simply for your review so the awarded provider will be aware of the agreement format.**
54. In regards to 5.4.5 Company's Organization and Teaming Arrangements - is "teaming arrangements" referring to subcontractors? **This should include all members of the team to provide the proposed services to the University. If subcontractors are part of the proposed team, please identify them as such.**
55. In regards to 5.4.6.9 Non Discrimination Award- because the resulting contract would be a value greater than $50,000, is Form C all that would need to be returned with our proposal response? **Form C is acceptable.**
56. In regards to 5.4.6.10 Vendor Code of Conduct Form – Has this information been provided for informational purposes or is a redlined version of the information required to be returned with the RFP response? When accessing the link provided in the RFP a "Form" as noted in 5.4.6.10 title is not provided. If a Form is required please supply it as part of the vendor question responses. **Please**

print the Code of Conduct and initial. Provide a pdf of the acknowledgement in your proposal response.

57. Please provide copies of the 2015-16, 2016-17, 2017-18 Brochures. **See Attachment**
58. Please detail any plan design changes made to the program for 2015-16, 2016-17, 2017-18, 2018-19 **See Brochure Attachments**
59. Please provide a Top Provider Report for 2015-16, 2016-17, 2017-18– By Paid Claims, By ID number. **See Attachment**
60. Please provide Large Claims Data for 2015-16, 2016-17, 2017-18 (Claims Over $50K, include Diagnosis). **See Attachment**
61. Please provide Monthly Reporting Package Received by UConn (as of 10-1-18) for Policy Years 2015-16, 2016-17, 2017-18, 2018. Reporting should include:
    - Breakdown by IP/OP/RX/Health Center Claims.
    - RX (Generic versus Brand).
    - Claims Breakdown by Grad versus UG versus Deps.
    - Claims By Policy Year By In-Network versus Out of Network. **See Attachment**
62. Please provide the admin fee/premiums for each policy year available? **Admin fee is $50.00 and premiums for each plan year are in the attached brochures.**
63. Appendix B - Point by Point Response, Section 3 - Subparagraph 3.5.24 - Can we please have campus locations listed (with zip code) to run a GeoAccess Report:

3.5.24	PPO Network: Students must have PPO option with network that includes at least 75% of area providers (within a 20 minute drive of each campus). Windham Community Memorial Hospital, Eastern Connecticut Health Network, and UCONN Health (Farmington) **must** be included in the network. Storrs Campus zip code:06269, Farmington Campus zip code: 06030

64. Please confirm the plan's intended effective date. **8/15/19**
65. Section 5.3 Sealed Proposals states: Proposals must be submitted, in a media format as identified below in
    Section 5.4, in a SEALED envelope or carton, clearly marked with the label below and the name and address of the Proposer. Hard copies will not be accepted. - Please provide label, or provide details on what information should be included on the label. **The package should be clearly marked with the RFP# and title and addressed to University of Connecticut, Procurement Services, Attn: Kristin Allen, 3 Discovery Drive, Storrs, CT 06269.**
66. Bid 3.5.25 Administration Fee indicates addition of $50.00 to offset UConn expenses. Appendix A shows $25.00. Which is accurate? **$50.00 is accurate.**
67. Please provide the current Rx Formulary **See Attachment.**
68. Please provide rate/premium/enrollment/LR level for the most recent years 17/18, 18/19? **See Attachment**

69. The enrollment exhibit has an asterisk next to year 2017/2018. However, we do not see a footnote that explains the asterisk. Is it an estimate? Are the other counts averages for the 12 month period, or year-end counts, or year beginning counts? **See Attachment for accurate year end counts.**
70. The RFP states that UCONN is exempt from all state and federal excise taxes. Does this also make UCONN exempt from the ACA Insurers fees for 2020? **It is our understanding that the Insurers fee will not be assessed beginning in January 2019.**
71. Please provide samples of the Medical and Pharmacy ledger bills. **See Attachment for medical. Pharmacy leger billing is a new requirement.**
72. RFP indicates fees are charged for visits with MD's, APRNs, Psychiatrists and Mental health Clinicians. Additionally there are charges for lab, pharmacy and x-rays. Please clarify the level of benefits and cost share expected to be applied to these services. Are all services regardless of type covered at 100% w/out any student cost share and deductible waived? **With the exception of Pharmacy all other visits are billed at 100% of our fee schedule. There is no copay or deductible applied if seen at Student Health Services.**
73. Appendix B - Point by Point Response, Section 3 - Subparagraph 3.4.4 - Can you please provide additional information on the demographic group that would not be fully enrolled as students, but are eligible for coverage? **International students attending unique University programs that are eligible for coverage. Visiting Scholars are also eligible.**

3.4.4	Other programs with members within the demographic group through not fully enrolled as students of the University of Connecticut are eligible for coverage.

74. Does the University currently offer a separate Intercollegiate Sports plan? **The NCAA sports team are covered by a NCAA plan. Club sports members carry their own plan.**
75. If the student enrolls in the Fall for annual coverage, but graduates after the Fall Term, are they eligible to continue purchasing coverage for the full policy year? **Once enrolled for the full plan year their coverage continues until the end of the plan year if they leave the University after the fall term.**
76. Please provide updated claims and premium data for 2018/2019 policy year, 2017/2018 policy year and 2016/207 policy year, through November of 2018. **See Attachment**
77. Please provide the annual cost of the medical insurance for the years 2016, and 2017. **See brochure attachments.**
78. Please provide a breakdown of what the administrative fees are, which are included in the student insurance rate. By example the student insurance rate listed in the RFP shows a rate of $3,104. How much of that cost is fees and which organizations get that fee. **Broker fee is $70.00 and SHS Admin fee is $50.00. Broker retains their fee and Student Health retains the $50.00.**
79. Could you please identify the rate, total premium paid and the total claims paid for your dental insurance which is included in the student health cost. **See attachment**
80. Do you currently use any services for A Student Assistance Program? **Not at this time.**

Office of the Executive Vice President for
Administration and Chief Financial Officer
Procurement Services
3 DISCOVERY DRIVE, UNIT 6076
STORRS, CT 06269-6076
PHONE 860.486.2619
FAX 860.486.5051
www.procurement.uconn.edu

An Equal Opportunity Employer

81. Could you please explain the reason behind the drop in enrollment in the student health plan from 2015 at 2,539 students to 1,790 in 2017? **Graduate Assistants and Teaching Assistants unionized and moved to a State plan.**

82. Could you please provide an updated total number of students enrolled into the student insurance plan as of November of 2018 for the current academic year? **See Attachments.**

The bid opening date remains the same: Wednesday, December 5th @ 2:00 PM.

_____	_____
Name of Bidder	Date
_____	_____
Address	Signature and Title
_____	_____
Email	Printed Name

Office of the Executive Vice President for
Administration and Chief Financial Officer
Procurement Services
3 DISCOVERY DRIVE, UNIT 6076
STORRS, CT 06269-6076
PHONE 860.486.2619
FAX 860.486.5051
www.procurement.uconn.edu

An Equal Opportunity Employer