

ITN #24-00027
Addendum #3

1. Question:

- Please provide a copy of the current ancillary insurance agent's service agreement and or scope of services.

Answer:

- Please see Addendum #1.

2. Question:

- Please clarify the current dental broker compensation, is it a fee or commission? Amount?

Answer:

- The commissions for dental are fee based. Per Alexander & Company, the fee is \$1.74 per Employee.

3. Question:

- Does the School District use an online enrollment system for enrollment?
 - If so:
 - What is the name of the system?
 - Does the broker pay for the system or the school district?
 - Does the system provide a file feed to their payroll system?

Answer:

- Please see Addenda #1 and #2.
 - Only during open enrollment, the District receives a file which includes new benefits/deductions that they download from PlanSource. District staff then uploads to Skyward. Throughout the year, District staff manually input new hire elections and qualifying event changes.

4. Question:

- What is the commission percentage that FSHIP pays to other member schools?
 - Is it a flat fee or a commission percentage?

Answer:

- FSHIP does not pay commission to other member schools. However, they do pay medical & pharmacy commissions/fess, on behalf of the member school, to the member school's AOR/Contract Effectuation Service Provider (if they have one).
 - Each member school is responsible for negotiating a flat fee or commission percentage, whichever they choose, with their AOR/Contract Effectuation Service Provider.

5. Question:

- Is the Hendry County School Board open to being stand-alone and operate outside of the FSHIP?

Answer:

- No, Hendry County School Board recently joined FSHIP and has no interest in leaving at this time.

6. Question:

- Does the School district receive pharmacy rebates?

Answer:

- The School District has not yet received a rebate since joining FSHIP on September 19th, 2023. However, it is expected for the District to receive pharmacy rebates through its PBM, HealthTrust/OptumRx.

7. Question:

- What is the enrollment by tier level on the medical, dental, and vision insurance?

Answer:

Benefit	Total Employees
Medical	983
Decline	92
Open Access MC 1	790
Employee Only	769
Employee + Spouse	6
Employee + Child(ren)	7
Employee + Family	8
Open Access MC 2	44
Employee Only	12
Employee + Spouse	10
Employee + Child(ren)	15
Employee + Family	7
Open Access MC 3 HRA/HSA	40
Employee Only (HRA)	25
Employee + Spouse (HSA)	3
Employee + Child(ren) (HSA)	10
Employee + Family (HSA)	2
Retiree – Open Access MC1	17
Retiree Only	17
Dental	1346
Decline	75
Dental	935
Employee Only	655
Employee + Family	280
Retiree – Dental	336
Retiree Only	262
Retiree + Family	74
Vision	909
Decline	164
Vision Advantage Plan	745
Employee Only	512
Employee + Family	233

8. Question:

- What is the enrollment on all other lines of coverage? (i.e. voluntary life and AD&D, whole life, critical illness)?

Answer:

Benefit	Total Employees
Voluntary Short-Term Disability	877
Decline	458
Short-Term Disability – 60%	419
Voluntary Long-Term Disability	791
Decline	565
Long-Term Disability – 60%	226
Basic Employee Life	1381
Employee Basic Life – Class 1	650
Employee Basic Life – Class 2	101
Employee Basic Life – Class 3	212
Retiree Basic Life – Direct Pay	27
Retiree Basic Life – FRS Pay	197
Retiree Basic Life – Waive	194
Voluntary Employee Life	808
Decline	481
Voluntary Employee Term Life and AD&D	327
Voluntary Spouse Life	127
Decline	51
Voluntary Spouse Term Life and AD&D	76
Voluntary Child Life	146
Decline	69
Voluntary Child Term Life and AD&D	77
Employee Whole Life	662
Decline	572
Employee Whole Life	30
Maintain	60
Spouse Whole Life	202
Decline	185
Spouse Whole Life	6
Maintain	11
Child Whole Life	216
Decline	187
Child Whole Life	15
Maintain	14
Critical Illness – Employee	842
Decline	613
Critical Illness – Non-Tobacco	225
Critical Illness – Tobacco	4

Critical Illness – Spouse	73
Decline	33
Critical Illness – Non-Tobacco	39
Critical Illness – Tobacco	1
Critical Illness – Child(ren)	97
Decline	44
Critical Illness	53
Health Care Reimbursement Account	778
Decline	619
Health Care Reimbursement Account	159
Dependent Care Reimbursement Account	117
Decline	108
Dependent Care Reimbursement Account	9

9. Question:

- Is the STD and LTD employer paid?

Answer:

- No. STD and LTD premiums are paid by the employee.

10. Question:

- What is the contribution percentage split between the employer and employee for the medical, dental, and vision insurance?

Answer:

- See attached rate sheet that includes Employer/Employee contribution shares along with total monthly premium.

11. Question:

- Of the 580 employees, how many are on the health plan?

Answer:

- There are not 580 employees. The ITN states the District has 1004 benefit eligible employees and 580 retirees. Refer to #7 above for the enrollment numbers on the medical plan.

12. Question:

- What is the current enrollment technology used to assist employees in enrolling in the group benefits programs?

Answer:

- See Addenda #1 and #2.

13. Question:

- Does the School District need an online enrollment system?

Answer:

- Not necessarily. It depends on the service level provided by the awarded AOR/Contract Effectuation Service Provider. The District is open to other alternative methods offered by Respondents in replacing an online enrollment system.

14. Question:

- Please provide a de-identified copy of the billing invoice for the dental, vision, life and voluntary products or list the monthly premium for each product.

Answer:

- Please refer to Attachment 8.2 Rate Information Sheet of the ITN. Annual premiums are provided for each line of coverage. Respondents can use this information to get an average monthly premium.

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Addendum #3 attachment

PLAN NAME MEDICAL	PLAN TYPE	MONTHLY EMPLOYER COST	MONTHLY EMPLOYEE COST	MONTHLY TOTAL
OA P1	Employee Only	\$ 804.85	\$ -	\$ 804.85
	Employee + Spouse	\$ 820.64	\$ 950.00	\$ 1,770.64
	Employee + Children	\$ 817.66	\$ 792.00	\$ 1,609.66
	Family	\$ 829.52	\$ 1,424.00	\$ 2,253.52
	Family Both Spouse work	\$ 1,619.52	\$ 634.00	\$ 2,253.52
OA P2	Employee Only	\$ 647.80	\$ -	\$ 647.80
	Employee + Spouse	\$ 815.19	\$ 610.00	\$ 1,425.19
	Employee + Children	\$ 813.62	\$ 482.00	\$ 1,295.62
	Family	\$ 821.85	\$ 992.00	\$ 1,813.85
	Family Both Spouse work	\$ 1,613.85	\$ 200.00	\$ 1,813.85
OA HRA	Employee Only	\$ 539.31	\$ -	\$ 539.31
	Employee + Spouse	\$ 810.50	\$ 376.00	\$ 1,186.50
	Employee + Children	\$ 808.62	\$ 270.00	\$ 1,078.62
	Family	\$ 816.08	\$ 694.00	\$ 1,510.08
	Family Both Spouse work	\$ 1,510.08	\$ -	\$ 1,510.08

PLAN NAME MEDICAL	PLAN TYPE	MONTHLY EMPLOYER COST	MONTHLY EMPLOYEE COST	MONTHLY TOTAL
RETIREE: OA P1	Retiree Only	\$ -	\$ 804.85	\$ 804.85
	Retiree + Spouse	\$ -	\$ 1,770.64	\$ 1,770.64
	Retiree + Children	\$ -	\$ 1,609.66	\$ 1,609.66
	Family	\$ -	\$ 2,253.52	\$ 2,253.52
RETIREE: OA P2	Retiree Only	\$ -	\$ 647.80	\$ 647.80
	Retiree + Spouse	\$ -	\$ 1,425.18	\$ 1,425.18
	Retiree + Children	\$ -	\$ 1,295.62	\$ 1,295.62
	Family	\$ -	\$ 1,813.85	\$ 1,813.85
RETIREE: OA HRA	Retiree Only	\$ -	\$ 539.31	\$ 539.31
	Retiree + Spouse	\$ -	\$ 1,186.50	\$ 1,186.50
	Retiree + Children	\$ -	\$ 1,078.62	\$ 1,078.62
	Family	\$ -	\$ 1,510.08	\$ 1,510.08

PLAN NAME DENTAL	PLAN TYPE	MONTHLY EMPLOYER COST	MONTHLY EMPLOYEE COST	MONTHLY TOTAL
Ameritas	Employee only	\$ 36.00	\$ -	\$ 36.00
Ameritas	Employee + Family	\$ 36.00	\$ 28.00	\$ 64.00

PLAN NAME VISION	PLAN TYPE	MONTHLY EMPLOYER COST	MONTHLY EMPLOYEE COST	MONTHLY TOTAL
EYEMED	Employee only	\$ -	\$ 5.90	\$ 5.90
EYEMED	Employee + Family	\$ -	\$ 13.56	\$ 13.56