

1. **Question:** Whether we need to come over there for meetings?

Response: Representatives from the winning proposal must be able to attend meetings such as annual open enrollment meetings and other meetings as requested.

2. **Question:** Current rates (medical)

Response:

Plan 5 Monthly Rates:

Employee	\$771.91
Employee +Spouse	\$1,850.65
Employee + Children	\$1,850.65
Employee + Family	\$2,015.31

Plan 6 Monthly Rates:

Employee	\$665.10
Employee +Spouse	\$1,594.19
Employee + Children	\$1,594.19
Employee + Family	\$1,741.23

3. **Question:** Current contribution strategy (single and family) (medical)

Response:

Plan 5 Monthly Employer Costs:

Employee	\$766.92
Employee + Family	\$1,080.51

Plan 6 Monthly Employer Costs:

Employee	\$665.10
Employee + Family	\$1,303.32

4. **Question:** Claims experience for most recent 12 month rolling period including monthly enrollment and 12 months claims experience for the prior 12 month rolling period including monthly enrollment (24 months total, in 12 month increments) to within at least 6 months of the effective date

Response: As of 4/23/2018, the most recent information that our current carrier is willing to provide us with show claims through January 31, 2018.

Twelve Month Experience:

CLAIM TYPE	PAID AMT	PREMIUM	LOSS RATIO
(0648) Winter Springs			
February 2017			
MEDICAL	21,408.00		
RX	5,804.00		
TOTAL	27,212.00	140,671.36	19.34%
March 2017			
MEDICAL	91,143.00		
RX	3,439.00		
TOTAL	94,582.00	139,617.49	67.74%
April 2017			
MEDICAL	63,690.00		
RX	8,834.00		
TOTAL	72,524.00	138,055.52	52.53%
May 2017			
MEDICAL	117,470.00		
RX	5,934.00		
TOTAL	123,404.00	133,420.20	92.49%
June 2017			
MEDICAL	15,444.00		
RX	9,230.00		
TOTAL	24,674.00	132,857.09	18.57%
July 2017			
MEDICAL	53,631.00		
RX	16,746.00		
TOTAL	70,377.00	130,241.51	54.04%
August 2017			
MEDICAL	69,414.00		
RX	10,405.00		
TOTAL	79,819.00	126,350.89	63.17%
September 2017			
MEDICAL	50,883.00		
RX	10,461.00		
TOTAL	61,344.00	126,699.16	48.42%
October 2017			
MEDICAL	65,221.00		
RX	14,173.00		
TOTAL	79,394.00	123,699.43	64.18%
November 2017			
MEDICAL	85,446.00		
RX	11,598.00		
TOTAL	97,044.00	128,381.61	75.59%
December 2017			
MEDICAL	128,353.00		
RX	7,490.00		
TOTAL	135,843.00	128,224.43	105.94%
January 2018			

	CLAIM TYPE	PAID AMT	PREMIUM	LOSS RATIO
	MEDICAL	44,468.12		
	RX	6,845.85		
	TOTAL	51,313.97	121,775.98	42.14%
GROUP TOTALS	MEDICAL	806,571.12		
	RX	110,959.85		
	TOTAL	917,530.97	1,569,994.67	58.44%

Subscriber Counts:

	Plan 5				Plan 6			
	EE + Children	EE + Family	EE + Spouse	EE Only	EE + Children	EE + Family	EE + Spouse	EE Only
Apr-18	0	0	0	6	7	20	7	101
Mar-18	0	0	0	6	7	20	8	102
Feb-18	0	0	0	6	8	19	7	103
Jan-18	0	0	0	7	7	19	6	103
Dec-17	1	0	0	7	6	20	7	103
Nov-17	1	0	0	7	6	20	7	101
Oct-17	0	0	0	7	6	20	7	99
Sep-17	0	0	0	12	4	20	6	91
Aug-17	0	0	0	10	4	20	6	93
Jul-17	0	0	0	11	4	21	6	95
Jun-17	0	0	0	10	4	22	7	96
May-17	0	0	0	10	4	21	8	96

5. **Question:** How many copies of and what format should the RFP be submitted?

Response: Please submit 3 paper copies of the RFP to the City. All bids should be sealed and hand delivered or mailed.

6. **Question:** What is the current service frequency for an eye exam, for lenses, for frame? (e.g. 12/12/24)

Response: The frequency is 12/12/24

7. **Question:** Are there any coverage, service and/or network issue with current vision carrier?

Response: No

8. **Question:** What is the current percent employer's contributions toward vision for employees? For dependents?

Response: The employee currently pays the entire premium for vision benefits. Employer contribution to employee and dependent vision benefits is 0%.

9. **Question:** To date, what other carriers have submitted and/or have sent an intent to quote

Response: Per state law this information is not available until the bid closes and a provider is selected, or until 30 days after the bid closes.

10. **Question:** Please provide us with the last 24 months of premium of claims for the City's dental coverage.

Response: We switched from United Healthcare to Humana effective 10/1/2017. Below are the claims information from UHC. DHMO information is not available since the plan has copays not actual paid claims.

Client Experience and Utilization for Fully Insured



Group Effective Date: 10/01/2010
 Group Renewal Month Day: 10/01
 Group Policy Number: 0730411

Selection Parameters
 Incurred Date Range: 4/1/2017 To 9/30/2017
 Group ID: 645390
 Business Category: PPO
 Parent Group ID: *

Values on Report
 4/1/2017 to 9/1/2017
 645390
 PPO
 10001

CITY OF WINTER SPRINGS

Business Category	Incurred Date	Insured			Collected Revenue	Incurred Claim (Includes IBNR)	BCR
		Subscribers	Dependents	Members			
PPO	04/2017	53	43	96	\$3,403	\$1,178	34.6%
PPO	05/2017	52	43	95	\$3,366	\$2,948	87.6%
PPO	06/2017	54	43	97	\$3,441	\$1,605	46.6%
PPO	07/2017	54	43	97	\$3,441	\$2,940	85.4%
PPO	08/2017	53	43	96	\$3,403	\$2,736	80.4%
PPO	09/2017	51	40	91	\$3,232	\$1,103	34.1%
PPO Total		317	255	572	\$20,285	\$12,510	61.7%