Bid 15137 Clarifications for the Benefit Consultant

Responses to questions and Requests for Clarification

For all Questions/Requests received a response appears below. In the event of similar questions from multiple providers, the question is summarized before the response.

1. Should copies of Licenses be provided of is reference to them in the response sufficient?

A. Copies for at least the key representatives should be provided

2. Please clarify: " A brief Statement of how your firm will handle both Surplus and Deficit situations after balancing services provided against commissions received".

A. The City assumes that the Firm selected will be named Agent of Record for some or all employee benefit plans covered in the agreement and that commissions received will be used to offset required consulting services. It will be rare for the applicable costs for consulting and the offsetting commissions to be identical. This item asks for specifics on carry-over of surplus or deficit amounts for future years or whether another mechanism is proposed.

3. Please provide the current contract.

A. The current contract includes information which appears to convey 'competitive advantage' which is excluded from disclosure by the Arkansas FOIA and cannot be provided

4. What was total compensation for the past three (3) years?

A.

5. Data Mining: sources of data, data available and timing?

A. Detailed information is provided by the Health Insurance Provider (Coding, costs/procedure, costs/participant, facilities used, prescription utilizations and cost, etc.). The City and/or selected consultant coordinate with the provider to receive data as soon as reasonably possible after close of the policy year (typically 60-90 days after the yearend).

6. Please provide copies of current benefits, costs, contribution structure.

A. Information is available on the City website (www.littlerock.org) on the Human Resources page.

7. What Open Enrollment support is currently provided?

A. Consultant's role is primarily in decision making and coordination. Internal staff conducts meetings and processes paperwork.

8. Benefits procurement schedule.

A. Except for LTD, all current benefits contracts are set to be a 1-1 renewal (LTD is May 1 and the plan was bid in 2015). State law allows a maximum of seven (7) years between actual bids (depending on product, service and renewal quotes the City often bids on a shorter schedule).

9. Number of employees and retirees.

A. The City and Affiliated agencies eligible to participate represent approx. 2100 employees (about 3,800 covered lived for health care) and average about 200 covered retirees at a given point in time).

10. Why was the RFQ issued?

A. The City Manager determined that 2015 was an appropriate time to compare consultant services and service models. The most recent RFQ was three (3) years ago. The incumbent provider is eligible to submit a Response and continues to provide services during the process.

11. Is the scope of service in the RFQ the same as the current contract?

A. Yes

12. How do employees and retirees enroll? Are outside services used?

A. Enrollments are done typically during October and November by way of a series of meetings with changes captured on forms developed by the HR staff.

13. Please provide renewals for all benefits for two (2) years.

A. Because the various benefit policies have been renewed on different schedules and have involved numerous options provided by carriers (some w/ regular RFPs, others with multi-year guarantees it is not practical to list all plans in this format. But please not that the City does consider multi-year options, annual renewal reviews and may issue a new request as deemed in the best interest of the City and its employees.

14. Provide information regarding wellness programs.

A. The City operates several programs within the Wellness area. These range from offering services of an Employee Assistance Program, offering various vaccinations to 'at risk' employees as well as programs aimed at physical, financial and emotional wellness. Other than the EAP program, most activities are either operated internally or are designed to coincide with options available within the Health Care Plan.